

Information Governance

The Green
1 Roger Dowley Court
Russia Lane
London
E2 9NJ

Email elft.foi@nhs.net

Website: <https://www.elft.nhs.uk>

28 October 2021

Our reference: FOI DA3657

I am responding to your request for information received 5 January 2021 which you clarified on 28 January 2021. I am sincerely sorry for the delay in responding to your request. This has been treated as a request under the Freedom of Information Act 2000.

I am now enclosing a response which is attached to the end of this letter. Please do not hesitate to contact me on the contact details above if you have any further queries.

Yours sincerely,



Keshia Harvey
Information Governance Manager

If you are dissatisfied with the Trust's response to your FOIA request then you should contact us and we will arrange for an internal review of this decision.

If you remain dissatisfied with the decision following our response to your complaint, you may write to the Information Commissioner for a decision under Section 50 of the Freedom of Information Act 2000. The Information Commissioner can be contacted at:

Information Commissioner's Office
Wycliff House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Tel: 0303 123 1113
Web: www.ico.org.uk

Please note that the data supplied is not allowed to be re-used and/or published without the explicit consent of East London NHS Foundation Trust. Please contact the signatory to request permission if this is your intention

Chair: Mark Lam

Chief Executive: Paul Calaminus

We care

We respect

We are inclusive

Request:

I am writing to you as part of a Freedom of Information Request looking specifically at eating disorder services for adults and children between 2018 and 2021.

Clarification 2018-2020 inclusive - so January 2018 - December 2020

Question 1. Between 2018 and 2021 what percent of those referred to your eating disorder service are refused access? (adult and children)

Clarification - Refused Services: Turned away from treatment because they did not fit criteria

Answer: Please see table below

Year	CAMHS	Adults
2018	4.5%	47%
2019	9.1%	41%
2020	3.4%	33.2%

Please note, the Trust works in an integrated healthcare system alongside other NHS and third sector partners, and individuals can have multiple and complex needs, and that criteria have validity (eg diagnostic criteria for eating disorders when accepting for evidence based treatment of eating disorder), the data will not accurately represent a definition of 'refused access' as it will include recommendation and facilitation of appropriate treatment in other services.

Question 2. Between 2018 and 2021 what level of severity of illness are you commissioned to treat in eating disorder services for adults and children? E.g. can treat severe eating disorders, not very severe/moderate

Answer: For children, the Trust does not have specific criteria for referral other than that the young person must be within the CCG areas we cover, aged under 18, and the reason for the referral is concern about a possible eating disorder. This covers all range of eating disorder from at-risk, sub-threshold, mild to severe eating disorders. We do not accept referrals for eating problems that are accounted for by a known neurodevelopmental condition (e.g. sensory eating difficulties linked to autism spectrum disorder).

For adults, please see below taken from the Operational Policy:

“HONOS clustering represents a method of rating the severity of a service user’s mental health problems, their associated risk and the level of input required from mental health services in order to facilitate recovery from their mental health problems. See the Mental Health Clustering Tool Booklet issued by the DOH for further information. We aim to work with service users whose presenting problems would be at the level of severity known as Cluster 4 or greater according to the Health Of the Nation Outcome Scale (HONOS) clustering assessment.

It is also important to note that there continue to be on-going discussions nationally about the fit between mental health clustering and adapting it to clustering eating disorders. In order to facilitate our thinking about clustering we have taken advice from the Consultant Psychiatrists at the Specialist Eating Disorders Service at Addenbrookes Hospital.

This will be explained further below (Stepped Care Threshold Criteria), but for service users whose needs would fall within Clusters 1 to 3, their needs would most obviously be met by our stepped care charity partner organisation 'Caraline'."

Question 3. Between 2018 and 2021 was your admission policy for children's eating disorder services based on a patient's BMI, or other factors (such as amount of purging? Their demographic)?

Clarification - Admission to ward and community eating disorder service (both inpatient and outpatient)

Answer: Access to children's eating disorder services is not based on BMI. Access to services is only limited to GP being in the boroughs we serve and having eating disorder symptoms that require an eating disorder service, as described in 2 above.

Question 4. Between 2018 and 2021 was your admission policy for adult's eating disorder services based on a patient's BMI, or other factors (such as amount of purging? Their demographic)?

Clarification - Admission to ward and community eating disorder service (both inpatient and outpatient)

Answer: Referral criteria would be a diagnosable eating disorder and HONOS cluster 4+ (severe, complex, see question 2, above) which is based on a holistic assessment of many factors.

Question 5. Currently how long is your waiting list (priority and normal) for adult patients to access eating disorder treatment? (as of September 2020-Jan 2021)

Answer: The current waiting list for non-urgent referrals is 67

Question 6. Currently how long is your waiting list (priority and normal) for children patients to access eating disorder treatment? (as of September 2020 - Jan 2021)

Answer: The current waiting list for non-urgent referrals is 25..

Question 7. In your trust how many people have made appointments at CAMHS in the last 8 weeks to discuss an eating disorder?

Clarification - This is for a referral either professional or self-referral.

Question 8. In your trust how many people have made appointments for adult services in the last 8 weeks to discuss an eating disorder?

Answer: The Trust has reviewed questions 7 and 8 of your request for information under the Freedom of Information Act 2000. In order to collate this information, staff would have to review each appointment record to ascertain what was discussed.

Therefore, the Trust is unable to comply with this particular part of your request as the cost of compliance and extracting your exact requirements would exceed the appropriate cost limit of £450 which is specified in Section 12 of the Freedom of Information Act 2000. This is based on a rate of £25 per hour, regardless of the rate of pay of any individual involved in the retrieval of requested information, and equates to 18 hours work.

Question 9. Between 2018 and 2021 what was your rate of relapse for CAMHS eating disorder services i.e. what percentage of your patients who are discharged from treatment return and are readmitted?

Clarification - Re-referral to service - community / assessment - not necessarily inpatient treatment.

Answer: Please see table below:

Year	CAMHS
2018	2.3%
2019	7.6%
2020	9.7%

Question 10. Between 2018 and 2021 what was your rate of relapse for adult eating disorder services i.e. what percentage of your patients who are discharged from treatment return and are readmitted?

Clarification- Readmitted back to the service either as outpatient/ inpatient: a return to the service.

Answer: Please see table below:

Year	Adults
2018	11.7%
2019	12.1%
2020	17.6%

Question 11. Between 2018 and 2021 what percentage of your patients who access treatment for adult eating disorder services are male?

Answer: Please see table below:

Year	Male
2018	3.6%
2019	6.1%
2020	8.6%

Question 12. Between 2018 and 2021 what percentage of your patients who access treatment for CAMHs eating disorder services are male?

Answer: Please see table below:

Year	Male
2018	14.8%
2019	11.7%
2020	18.1%