

Information Governance

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Our reference: FOI DA3351

I am responding to your request for information received on 13th January 2020. 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
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

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

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Request:

Question 1. What are the referral criteria for adults (18 and above) for your community eating disorder service? Please include any current restrictions on urgent or routine referrals.

Answer: From Operational Policy:

1.3 Geographical area

“The target population for the CEDS is people living in the Bedfordshire and Luton area who are registered with GPs in these two commissioning areas.”

1.4 Age Range

“Our service is commissioned to work with adults who are age 18 to 65 although we initiate contact in preparation for transition for CAMH referrals age 17 ½ who are likely to continue to need our input after age 18. New referrals of individuals aged 65+ are considered on a case-by-case bases in liaison with other teams (eg Older Adults Services) as appropriate.”

4.1 Referral Sources

“We accept referrals from GPs, secondary mental and physical health services (eg Community Mental Health Teams, Psychiatric Liaison Teams, Diabetes Services, IAPT Wellbeing Services etc), other statutory services, and NHS commissioned voluntary sector partner organisation ‘Caraline’.”

4.2 Severity/Complexity

“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’.”

4.3 Diagnosis/Presenting Problem

“Our service users will meet the criteria for an eating disorder as defined by ICD10. The DSM V may be used to clarify diagnosis, since it incorporates more operational definitions of key symptoms, such as objective binge eating episodes. As a psychological therapy service we pay especial attention to the transdiagnostic ‘core cognitive psychopathology’ of eating disorders, ie overvaluation of eating, weight, shape and control over eating, weight and shape as an indicator for suitability for our service, because of its relationship to evidence based therapy (Fairburn, 2008).

Unfortunately our service is unable to provide support to service users with the following support needs:

- Eating/food phobia
- Food avoidance (ARFID)
- Food fads
- Fear of choking and fear of vomiting
- Pica – persistent eating of non-nutritive, non-food substances over a period of at least one month
- Where the eating problem is secondary to other mental health or physical health issues we will co-work or consult to other professionals”

4.4 Other Referral Criteria

- “Referrals where there is an immediate risk of suicide would not be appropriate for our team and would require more intense support from the CMHT or Crisis Resolution and Home Treatment Team in the first instance.
- For service users with co-morbid problems of regular self-harm, we would hope to consult to other teams who are providing the main support for a service user in the first instance.
- Generally eating disorder therapy would not be the first step of a care plan with service-users whose main or dominant presenting problems relate to alcohol or substance misuse if this will interfere with eating disorder therapy.
- The service user should be motivated to engage with the CEDS and their motivation to engage should be assessed prior to making a referral by the referrer ideally and established via an active ‘opt in’ process.
- Work with service users who have Severe and Enduring Eating Disorders (SEED) may exceed the therapy and case management resources of the CEDS. We are unable to act as long term care co-ordinators for service users with these needs so our role will be gatekeeping for admission if needed, relapse prevention support after discharge from specialist eating disorder units, therapy when service users are ready to use it or consultation to GPs, CMHTs etc around care plans.”

4.6 Stepped Care Thresholds

"We have agreed the following thresholds between our client group (severe or complex) and individuals suitable for intervention in the charity 'Caraline' (mild to moderate).

Severe or complex eating disorders:

- o BMI <16 or BMI >17.5 but dropping weight weekly
- o Co-existing mental health concerns/complex needs presenting significant risks or complication to eating disorder treatment (mild or moderate difficulties may not exclude clients if their priority is eating disorder treatment)
- o High levels of purging/laxative use (on > 7 times in a week or > 3 times in a day)
- o Very high levels of binge eating (>14 times in a week)
- o Concerns as identified by medical monitoring from GP including abnormal investigations and any signs meeting 'concern' criteria (Kings Guidelines)
- o Recent history of severe eating disorder (<1 year) if it indicates current mild/moderate presentation may be unstable

A degree of clinical judgment may be used considering severity and a service user's needs holistically. This will in particular occur for clients with a stable BMI between 16 and 17.5. A consultation discussion by telephone between Caraline and CEDS or during our monthly clinical and service stepped care review meetings may be recorded and joint review is an option for threshold cases.

Caraline may be stepping up due to comorbidity. If the primary presenting problem requiring treatment is not eating disorder, we will offer consultation to Caraline and/or the patient's GP or other services involved (eg CMHT) making recommendations for appropriate referrals, eg CMHT, Primary Care MH Link Worker, Substance Misuse Services, PLS.

Question 2. What are the referral criteria for children and young people (17 and under) for your community eating disorder service?

Answer: We do not have specific criteria for referral other than that the young person must be within the CCG areas the Trust covers, aged under 18, and the reason for the referral is concern about a possible eating disorder.

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)

All new referrals are triaged by the service to establish the above and to assess risk/urgency

Question 3. Is access to any element of your community eating disorder services mentioned above defined by Body Mass Index alone?

Answer: Adults: No

Chair: Marie Gabriel

Chief Executive: Dr Navina Evans

Children and young people: No

Question 4. How many adults (18 and above) were referred to the community eating disorder service in the following years: 2019-2020 (to date), 2018-19, 2017-18?

Answer:

2017-2018	200
2018-2019	184
2019-2020 (to date)	197 (as of 26/01/2020)

Question 5. How many children and young people (0-17 years) were referred to the community eating disorder service in the following years: 2019-2020 (to date), 2018-19, 2017-18?

Answer:

2017-2018	246
2018-2019	229
2019-2020 (to date)	214 (as of 26/01/2020)

Question 6. How many adults were rejected for treatment by your community eating disorder service due to the patient's body mass index?

Answer: None.

Question 7. How many children and young people were rejected for treatment by your community eating disorder service due to the patient's body mass index?

Answer: None.

Question 8. What was the most common reason for patients not meeting referral criteria in your community eating disorder service? Please state this for both adults (18 and above) and children and young people (0-17 years)?

Answer: Adults: 2018-2019: "Referred to Caraline"
NB. Locally commissioned is a Stepped Care Partnership involving the specialist NHS eating disorder service (treating severe and complex eating disorders) and a charity partner ('Caraline', treating mild to moderate eating disorders) hence treatment is available across the full range of severity of eating disorders.

Children: Non-eating disorder referrals, and normally referrals are transfer back to Specialist Community Mental Health Service (CAMHS).