FOI DA5725 - Appendix 2 - ELFT Bedfordshire and Luton services

Dear Information Officer,

Please release the following information relating to treatment and outcomes for adult patients with eating disorders:

All available treatment pathways for patients with eating disorders in the Trust's various specialist services (e.g. inpatient / day patient / community)?

Please select all treatments and settings that apply:

- a. Early intervention pathway (such as FREED)
- b. Recovery focused pathway (not early intervention)
- c. Medical management or stabilisation pathway (such as MEED)
- d. Pathway for long-standing eating disorders (such as SEED)
- e. End of life pathway (such as palliative care)
- f. Any other type of treatment pathway not otherwise included
- g. No named pathway (e.g. monitoring rather than active treatment)

Suggested table to provide answers split by available pathways and available settings.

a. Early intervention	Inpatient service	Day Patient service	Outreach service	Community service	Other service (please specify)
pathway (such as FREED)	X]		20	
b. Recovery focused pathway (not early intervention)	X	X	X		Virtual Intensive Treatment Service (VIT) and ICS are part of the outpatient Community Eating Disorder Services.
c. Medical management or stabilisation pathway (such as MEED)	X	X	X	~	VIT and ICS
d. Pathway for long- standing eating disorders (such as SEED)	X	X	X	\boxtimes	
e. End of life pathway (such as palliative care)	X	X	X	\boxtimes	
f. Other pathway (please specify)	X	X	X	X	

(e.g. monitoring)	g. No named pathway	X	X	X	X	
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Additional narrative – MEED refers to a pathway that is on Acute General Hospitals therefore inpatient but not eating disorder unit. We also have our outpatient MDT medical monitoring clinics.

- The number of eating disorder patients in total on each available pathway and in each available setting so far this year and in each of the past 5 years.
 - If you can't break the pathways down by setting, please provide the total number on each pathway across the Trust, regardless of setting.
 - If you can't break the settings down by pathway, please provide the total number in each setting within the Trust, regardless of pathway.
 - If possible, please give inpatient numbers separately for SEDU / acute wards / mental health wards / general wards etc.

Answer: Please see table below:

		2024 to date	2023	2022	2021	2020	2019
Early intervention pathway (such as FREED)	TOTAL						
	Inpatient			-10	*	(2)	
	Day Patient						
	Outreach						
	Community			c	10 10		
Recovery focused	TOTAL						
pathway (not early	Inpatient						
intervention)	Day Patient						
	Outreach						
	Community				Os. at	(A)	
Medical management or stabilisation pathway (such as MEED)	TOTAL	2			er v		
	Inpatient						
	Day Patient		4			110	
	Outreach						
	Community						
Pathway for long- standing eating disorders (such as SEED)	TOTAL						
	Inpatient						
	Day Patient				6.	On D	
	Outreach	2					
	Community						
End of life pathway	TOTAL		<			100	
(such as palliative care)	Inpatient						
	Day Patient						
	Outreach						
	Community						
Other pathway (please	TOTAL	·		-	On at	The last section is a second section of the second section of the second section of the section of th	
specify)	Inpatient	2					
	Day Patient	Þ	1				
	Outreach				[] [] [] [] [] [] [] [] [] [] [] [] [] [

	Community			
No named pathway (e.g. monitoring)	TOTAL			
	Inpatient			
	Day Patient			
	Outreach			
	Community			
Total in Inpatient services				
Total in Day Patient Services				
Total in Outreach services				
Total in Community Services				
OVERALL TOTAL EATING				
DISORDER PATIENTS IN TRUST				

Answer:

The Trust has reviewed question 2 of your request for information under the Freedom of Information Act (FOI) 2000.

Section 12(1) of the Freedom of Information Act 2000 states: Section 12(1) does not oblige a public authority to comply with a request for information if the authority estimates that the cost of complying with the request would exceed the appropriate limit

The Trust has reviewed your request for information and in order to collate this information, it would be necessary to contact each service directly as the information is not held centrally. It is estimated to take over 18 hours to collate.

3. The number of patients in total with an eating disorder that have died of any cause so far this year and in each of the past 5 years.

Answer:

The Trust recorded one service user who was open to BL Eating Disorders at time of death. This was in June 2022.

4. Of the patients in question three, above, please provide the location in which the death occurred, for example, in an acute hospital, in the Specialist Eating Disorder Unit, in a palliative care setting, elsewhere in the Trust, or outside any Trust setting.

Answer: The patient death was recorded to be outside of Trust premises.

5. Please provide a copy of your Trust's SEED (Severe and Enduring Eating disorder) pathway or similar pathway for patients with long-standing eating disorders.

Answer:

The Trust has reviewed question 5 of your request for information under the Freedom of Information Act (FOI) 2000.

Section 1(1) of the Freedom of Information Act 2000 states:

Any person making a request for information to a public authority is entitled—
(a) to be informed in writing by the public authority whether it holds information of the description specified in the request, and

(b) if that is the case, to have that information communicated to them.

East London NHS Foundation Trust does not record the information requested and is therefore unable to provide a response.

Please note, regarding Bedfordshire and Luton, the Trust does not have a pathway reserved only for severe and enduring eating disorders. People with

longstanding eating disorders will be seen in any of the pathways according to their needs (except for FREED), for example psychological therapies etc. In practice, if somebody has longstanding eating disorder and risk remains high and unstable, they will be seen on the pre and post SEDU pathways (gatekeeping, monitoring and support) in between admissions until sufficient stability exists. Recovery focused therapies remain available for any patient who is ready for them without exclusion based on length of illness.