East London
NHS Foundation Trust
Information Governance
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25 November 2025

Our reference: FOI DA6323

I am responding to your request for information received 21 October 2025 and clarified on 20 November. 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,

Information Rights Coordinator

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: **I am writing to request information under the Freedom of Information Act 2000. In order to assist you with this request, I am outlining my query as specifically as possible.**

This Freedom of Information request question is for your Community Mental Health Teams in your area (i.e. NOT your Early Intervention in Psychosis team; Crisis Resolution or Home treatment team; or Rehabilitation and Recovery team or Assertive Outreach team).

Please can you provide information on the below questions in relation to the following case example.

A 35-year-old person with severe OCD and BDD has been assessed by your local Talking Therapies service as being too complex and inappropriate for them. They are severely impaired, virtually housebound, have no social life and unable to work. Their basic needs are provided by the family, but the family is struggling to support them. They are not an immediate risk of suicide, self-harm or violence to others and do not need admission to an acute ward. They are not personality disordered. The GP has already followed the NICE guidelines for OCD/BDD, and the patient has had 2 trials of SSRIs at maximum dose for at least 4 months each with little benefit. The patient and their family are seeking an assessment by a consultant psychiatrist and cognitive behaviour therapy with exposure and response prevention which is specific for OCD/BDD.

Clarification: Please can this FOI request cover CMHTs only and not community neighbourhood teams.

Question 1: **How long approximately is the wait list (e.g. number of weeks) to obtain an assessment by the CMHT and would this be by a consultant psychiatrist or their specialist trainee?**

Clarification: Please can this be your current estimated waiting times for a new referral to get an assessment.

Answer: The approximate wait time to obtain an assessment by the CMHT is 33 weeks.

The assessment would be carried out by any member of the Multi-Disciplinary Team (MDT) and not specifically or only a doctor.

Question 2: **Are there criteria used to accept a rereferral onto your Community Mental Health Teams to have a care co-ordinator and provide treatment? If you have criteria, please can you supply them?**

Answer: East London (EL): There should be no barriers to referrals, and this includes re-referrals. The community transformation program encouraged an alternative way of care provision that moves away from individualistic care that has limited evidence of successfully supporting an individual's recovery. Care coordinators are typically appointed to those who are under the Care Programme Approach. As part of Transformation, the emphasis has been towards the individuals identified needs rather than an automatic allocation of resources. All requests for care coordination are screened by Senior Practitioners and challenges are discussed at the multidisciplinary team meetings. Current practice supports allocation for care coordination when complexity is defined by the following assessment:

- Identified needs under a Care Act Assessment

- Safeguarding challenges to the individual in combination of the factors identified within the policy.
- We are clear about specific Capacity Assessments that are required.

Bedfordshire and Luton (B&L) - there is no set criteria for a re-referral for care coordination, this is looked at by risk and discussed and agreed in CMHT MDT meetings.

Question 3: How long approximately is the wait list to obtain (a) a psychological assessment.

Answer: The approximate wait time to obtain a psychological assessment is 20 weeks.

(b) how long is wait for CBT for OCD/BDD in secondary care (e.g. number of weeks)?

Answer: The Trust has reviewed 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 as CBT is embedded into the MDT CMHT teams. The Trust is therefore unable to provide a response.

Question 4: What is the documented or expected care pathway (e.g. do they have to be seen first by the CMHT and then referred by the CMHT for secondary care psychological therapies or can the referral be done directly by the Talking Therapies or GP for example)?

Answer: EL: There are various routes which include IAPT (talking therapies) handover following their assessment, GP referral and contact with the relevant Neighbourhood Mental Health Teams (NMHTs). Some psychological therapy is within the NMHTs and some is offered in borough level services.

B&L: All referrals to the CMHT, including those presenting with OCD, will need to be sent via the referral inbox elft.lutoncmhtreferrals@nhs.net. CMHT Psychology services are integrated in the CMHT, there is no standalone service.
Treatment for OCD may include consideration of medication as per NICE guidelines, either through pharmacist or psychiatrist consultations.
Once psychological therapy is indicated as the most appropriate next treatment option to consider, CMHT Psychology will provide an assessment in the first instance to confirm appropriateness, readiness and motivation for CBT for OCD (including Exposure and Response Prevention (ERP).
If other difficulties need to be addressed first, this could be considered in the wider CMHT MDT (e.g. social issues such as housing).
If the person does not want or is not able to engage with ERP, CBT could be adapted on an individual basis, with communication that CBT including ERP is the evidence-based psychological treatment.
If the person has other psychological priorities (non-OCD) this could be considered.

CMHT Psychology does not accept any direct referrals as is integrated in the CMHT and there is no standalone service.

Question 5: **Do your policies or procedures indicate that any alternatives offered to CBT with ERP, for people in the above scenario, e.g. a different type of psychological therapy?**

Clarification: ERP stands for exposure and response prevention as in the NICE guidelines for OCD and BDD where the recommended treatment is CBT including ERP.

Answer: EL: if OCD was the presenting complaint, we would expect to offer CBT with ERP as the first line intervention, as per NICE guidance.

B&L: CBT for OCD (including ERP) is the NICE recommended psychological therapy, and this is what we offer in CMHT Psychology. As per above, medication can be considered as a NICE recommended treatment.

Question 6: **Has your team made a referral to tertiary services for OCD/BDD in the last 5 years a) under the Highly Specialised Service stream of funding or b) under local funding?**

Answer: EL: None made via local or Highly Specialised Service funding.

B&L: None as such external referrals go through ICB panels.