Eating Disorder Intensive Programme (EDIP)

Operational policy

What is the Intensive Programme?

The intensive programme is based off a hospital at home model and is designed for young people needing extra level of support beyond their core eating disorder care, while still keeping in mind the holistic care of the young person. The programme allows young people and their families to receive intensive physical and therapeutic support whilst remaining in their local community.

Two overarching goals of EDIP are:

- To provide enhanced support in community which leads to the avoidance of the need for an admission for young people
- If an admission is needed to work with the inpatient team, close to the point of discharge, to support the safe return to the community.

The Eating Disorders Intensive Programme is commissioned with a target of seeing 15 patients per year.

General Referral Criteria:

- Live and have a GP within East London boroughs of City and Hackney, Newham and Tower Hamlets
- Have a diagnosed eating disorder and have been allocated a therapist (and ideally have had a trial of evidence-based treatment) within the Community Eating Disorders Service
- Young person is under 18 years of age
- The young person must be willing to engage in an informal community care package that involves multiple sessions per week.
- A risk assessment determining suitability of a community care package must be undertaken in advance of this offer commencing.

Eligibility Criteria:

CEDS eligibility criteria is in accordance to national access and waiting time standards for Intensive outpatient programmes.

- Lack of progress for a young person in existing core community eating disorder treatment, as defined by:
    - Lack adequate weight gain in anorexia nervosa, despite accessing first line therapy. *Literature defines this as at least 2.5Kg by session 3 in family-based treatment.*
        - *Rationale:* Literature states that this - gaining at least 2.65Kg by session 3 - is the earliest predictor of end of treatment (EOT) remission during FBT, whilst the strongest predictor of EOT remission in FBT is a weight gain of 5.08Kg by session 8 (Doyle et al., 2010; Le Grange et al., 2014).
    - No reduction in compensatory behaviours in bulimia nervosa after 4 weeks of treatment.

        - *Rationale:* Fairburn et al. (2004), showed that more than 50% reduction in purging frequency within the first 4 weeks of treatment (cognitive-behavioural therapy and interpersonal psychotherapy for bulimia nervosa) was predictive of response. This was an adult-based study. Similar findings were found in the adolescent population by Le Grange et al. (2008) - i.e., that symptom reduction at week 4 treatment (family-based treatment for bulimia nervosa or supportive psychotherapy) predicted remission post-treatment and at 6-month follow-up.
    - No reduction in binges in binge eating disorder by 4th week of treatment.
        - *Rationale:* Grilo et al. (2006) showed that adult patients who had a 65% or greater reduction in binge eating by the 4th treatment week were more likely to reach remission.
    - No increase in 'sometimes' or 'never' foods in ARFID despite evidence-based/informed treatment. (At the moment, the team is not commissioned to accept ARFID)

- Young person at risk of requiring hospital admission, both paediatric/medical and/or psychiatric MH Inpatient unit admission.
- Young people have been medically stabilised on an acute medical hospital setting and require intensive eating disorder support in the community to prevent re-admission.
- Young person on inpatient mental health unit requiring intensive support to transition them back into community CEDS care.

In complex cases, the intensive programme should engage in collaborative discussion about the most appropriate way to meet the need of the patient.

A comorbid diagnosis of ASC or EUPD should not be an exclusion criterion.

Exclusion criteria:

- Young people who do not engage informally with the intensive programme
- Young people who have not yet started eating disorder therapy
- Young people who do not have a diagnosis of an eating disorder
- Young people who have aggression and/or violence toward others or who cannot be kept safe in a clinic space due to risk of self-harm.

Eating Disorder Intensive Programme (EDIP)

Operational policy

How to refer:

Eating Disorder Intensive Pathway (EDIP)
East London Community Eating Disorder Service, Children and Young People (EL-CEDS-CYP)
Duty Email: *elt-tr.ELCEDS-CYP@nhs.net*
Duty Phone: 0208 215 5270
Document written 15.11.23 by Dr Erica Cini (Consultant Psychiatrist) and Alex Bell (Senior Specialist Paediatric Dietitian)

Eating Disorder Intensive Programme (EDIP)

Operational policy

The pathways on the Intensive Programme:

Community Programme	In-Reach Programme
☐ For young people in CEDS treatment who are needing additional support to shift care and/or prevent admission	☐ For young people admitted to SEDU's with aim to support transition back to CEDS team through gradual step down of care
☐ Individualised plan set out within initial care plan meeting	☐ Inpatient support starting 2 weeks prior to discharge
☐ 6 week programme with possibility of additional 2 weeks, if needed, for phased reduction of intensive support	☐ 6 weeks of community intensive support post-discharge from SEDU
☐ Discharge from EDIP back to core CEDS or step-up to day care or inpatient	☐ Discharge from EDIP to core CEDS

The initial care plan meeting:

A tailored care plan will be created for each young person on EDIP. These plans will be decided at the initial care planning meeting which is run by the young person's allocated EDIP key worker, and attended by the family, young person and any key professionals working with the young person. This includes their therapist or care-coordinator.

A template initial care plan document has been created for staff. (Appendix 3.)

Package of care will include the following care:

- 3-4 sessions/week of supported meals either in clinic, home, school or community area. The initial few sessions will be held in clinic to familiarise young people and carers to the meal support process and to ensure the team can provide the opportunity for 3 step support of ONS orally or via NGT, if needed.
    - For young people on the in-reach arm of EDIP, the first two weeks some sessions may be at the hospital, however, the aim is to begin community sessions as soon as possible as part of the transition back to community.

- Option for additional feeding support via ONS orally or via NGT, if required.
    - For clinical safety and to avoid iatrogenic dependence/harm with use of ONS orally or via NGT with eating disorder patients, particularly for anorexic young people, ONS orally or via NGT will only be offered in clinic. This is ultimately a clinical decision and should be evaluated on a case by case basis, in discussion with the Consultant Psychiatrist (or Responsible Clinician for the patient, if this is different to the Consultant Psychiatrist) and Senior Dietitian.

Eating Disorder Intensive Programme (EDIP)

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- Weekly individual key working session. Key work sessions are facilitated by the use of workbooks, worksheets or manuals. See below for more details on the types of manuals/workbooks used to support key working sessions. (An additional key work session may be added, on a case by case basis, to support a specific need.)
- Physical health monitoring including bloods and ECG, pelvic ultrasound scan, DEXA monitoring, as required.
    - A pelvic ultrasound scan may be requested if a young person is underweight <95% W4H yet menstruating regularly OR because a young person is at healthy weight >95% W4H for at least 3 months, but has not had their period return.
    - A DEXA scan should be requested following 1 year of Secondary Amenorrhea in under 18yrs population to review bone health, in line with NICE guidelines.
- Meal plan written by the Dietitian, if required.
- At least one dietetic session for family and/or young person, with follow-up as needed.
- Psychiatry oversight with assessment and reviews, as required.
- Paediatrician review, as required
- On-going therapy with the core team, whereby the evidence based treatment for eating disorders is provided.

Keyworker resource options:

Anorexia Nervosa	Bulimia Nervosa	Binge Eating Disorder	Compulsive exercise	Body image	Distress tolerance
Hunger for understanding by Alison Eivers and Sophie Nesbitt The eating disorders recovery journal by Cara Lisette Relevant CCI workbooks	FT-BN information sheets Overcoming Binge eating second edition by Dr Christopher Fairburn Self-monitoring food diary Relevant CCI workbooks	Overcoming Binge eating second edition by Dr Christopher Fairburn Self-monitoring food diary Relevant CCI workbooks CEW Barts health Bitesize learning workbooks	LEAP manual by Loughborough University	Be body positive website modules Banish your body image thief by Kate Collins-Donnelly	DBT worksheets

Initial care plan meeting outcome measures:

As part of the initial care plan meeting, young people on EDIP will be asked to complete outcome measures.

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East London Community Eating Disorder Service, Children and Young People (EL-CEDS-CYP)
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Outcome measure	Age criteria	Who completes this outcome?
YEDE-Q	Designed for young people and adolescents with literacy level of 8-9yrs of age. Good for children 8yrs+ or adolescents with low literacy levels	Completed by young person
EDE-A	12-13years	Completed by young person
EDE-Q	14+ years	Completed by young person
EDSOC		Completed by young person
HONOSCA	N/A	Completed by key worker with therapist
CGAS	N/A	Completed by key worker with therapist

Initial care plan meeting research consent:

EDIP is undergoing a rolling service evaluation.

Families and young people will be informed of the service evaluation happening within EDIP at the initial care plan meeting and given the opportunity to consent to be a participant in the service evaluation.

Mid-point review:

- At the midpoint review the initial care plan will be reviewed, with young person goals and overall progress evaluated.
- There may be discussion at the midpoint review of extending to an 8 week programme, stepping down from EDIP at 6 weeks or sooner, or in some cases escalation of care.
- The midpoint review should include the young person, parents/carers, EDIP psychiatry, their therapist, care coordinator, EDIP key workers and any other relevant staff involved with the young person e.g. Dietitian.
- This meeting can be virtual or face to face.

Discharge:

Young person is discharged following completion of either a 6 week or 8 week programme. An MDT discussion including psychiatry and the young person's therapist will be completed prior to discharge.

Young person may be discharged to any of the below:

- Back to the core CEDS team, if progressing well
- To an inpatient mental health unit, if greater support needed
- To adult services, if young person transitioning to adulthood
- To local the CAMHS team, if they no longer need core eating disorder team support

Eating Disorder Intensive Programme (EDIP)

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A discharge summary will be completed within one week of the final session. This will be sent to the young person's GP, family, therapist and any relevant professionals involved in the young person's care.

A Discharge Template is in place for consistent discharge information (Appendix 5.)

As part of discharge, outcome measures will be repeated for evaluation of progress.

Outcome measures will be as follows:

Outcome measure	Age criteria	Who completes this outcome?
YEDE-Q	Designed for young people and adolescents with literacy level of 8-9yrs of age. Good for children 8yrs+ or adolescents with low literacy levels	Completed by young person
EDE-A	12-13years	Completed by young person
EDE-Q	14years+	Completed by young person
EDSOC		Completed by young person
HONOSCA	N/A	Completed by key worker with therapist
CGAS	N/A	Completed by key worker with therapist
ESQ (Evaluation of Service Questionnaire)	N/A	Completed by young person and parent/carers

Operating hours in detail:

EDIP operates Monday to Friday across two working patterns to allow greater access for families and young people to care.

In the initial care plan meeting it will be determined the pattern that most suits the young person's needs. This could be a combination of hours across the week.

Work pattern 1. 8am till 4pm

Work pattern 2. 10am till 6pm.

A weekend service does not operate. This is following feedback that families would like some time outside of the service and to prevent families feeling dependant on CEDS from lack of opportunities to implement their own parenting skills.

On weekdays (Mon-Fri 9am-5pm), CEDS duty line is open to EDIP patients. The number is 0208 215 5270.

CAMHS crisis team continue to operate as point of call over the weekend, if crisis support is needed.

Locations of sessions:

Eating Disorder Intensive Pathway (EDIP)
East London Community Eating Disorder Service, Children and Young People (EL-CEDS-CYP)
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- 3 clinic sites (Newham CAMHS, Hackney CAMHS, Tower Hamlets Emmanuel Miller Centre)
- Home
- School
- Local community site e.g. café, park

Exclusion - Staff will not see patients for an out-of-borough session.

Staffing

Staffing allocation (WTE):

- 0.4WTE Consultant C&A Psychiatrist and Medical EDIP lead
- 0.4WTE Band 7 Non-Medical EDIP lead
- 0.6WTE Band 7 Senior Specialist Paediatric Nurse
- 2.0WTE Band 6 Paediatric Nurse
- 3.0WTE Band 4 Support Worker
- 0.7WTE Specialty Doctor (funded through core CEDS)
- 0.1WTE Paediatric support (funded through core CEDS)
- 0.5WTE Dietetic support (funded through core CEDS)
- Administration support (funded through core CEDS)
- Therapy will remain within core CEDS

Staff Capacity:

x1 key worker (leading case) and x1 co-worker (supporting case) per young person for individualised care and continuity of care. This also allows for development of therapeutic relationship across the programme.

Staff will have a capacity of 2 young people per staff member (1 as a key worker and 1 as a co-worker).

EDIP training requirements:

- ☐ New to Eating Disorders Book by Morris and Nahman
- ☐ Core Eating Disorder skills - BEAT online training
- ☐ MEED guidelines accessible through Royal College of Psychiatrists and online BEAT training for medical emergencies
- ☐ Family based treatment for Anorexia and Bulimia
- ☐ Motivational enhancement
- ☐ Break-away training
- ☐ DBT skills
- ☐ Trust mandatory training

Resources to read:

Eating Disorder Intensive Pathway (EDIP)
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Eating Disorder Intensive Programme (EDIP)

Operational policy

- ☐ Welcome pack for young people and families
- ☐ Staff Induction pack
- ☐ Lone working policy
- ☐ ELFT Physical health policy (currently being updated)
- ☐ NICE Guidance for Eating Disorders

Team meetings:

- Weekly Thursday EDIP MDT meetings for clinical and non-clinical (including business) agenda items.
- New referrals will be reviewed weekly in the above mentioned MDT meetings.
- Weekly Wednesday Core MDT meeting for coordination and consistency of care across services.
- Weekly clinical team meetings will include case discussion on EDIP young people. The young person's therapist or care-coordinator should be invited to these case discussions.

Lone working:

- Know the lone working policy
- Buddy system for community visits
- Fully charged phone
- Know the emergency alarm system of your phone
- Staff trained in ILS
- Risk assessment of home completed

Appendix 1. Referral form.

NCEL Eating Disorder Hospital at Home Services

Referral recording form

This form should be used for **all** referrals to NCEL Eating Disorder Hospital at Home Services (ED H@H) including in cases where a young person is currently receiving care from the Community Eating Disorder Service (CEDS) within the same locality.

Referrers are required to complete and submit this form to NCEL PFT:
elft.ncelbedmanagementservice@nhs.net

Date of referral:	
CEDS intervention duration (start/end dates):	
Referrer key contact:	

Patient Details	
Name:	
Address:	
Telephone number:	
DOB:	
NHS Number:	
Parent/Guardian telephone number:	
Parent/Guardian email address:	
GP contact information	
Is young person aware of referral?	Click to choose answer:
Who is consenting to the referral?	Click to choose answer:

Eating Disorder Information			
Weight (kg)		**Height (cm)**	
Weight trend			
Current Mental Health Risks:			

Please summarise (a) the rational (b) work done so far (c) main challenges of the referral

Appendix 2. EDIP referral outcome template

East London NHS
NHS Foundation Trust

Private and confidential

Address

Community Eating Disorders Service for Children and Young People
Emanuel Miller Centre
11 Gill Street
London E14 8HQ

Tel: 0208 215 5270
Email: elt-tr.ELCEDS-CYP@nhs.net
www.elft.nhs.uk
Date: XX XXX XXXX

PRIVATE & CONFIDENTIAL

Dear [Referrer Name]

Thank you for the referral for [Patient Name] [DOB] to the Eating Disorder Intensive Programme (EDIP). The EDIP team referral discussion occurred on the [date] and the following professionals were involved in the discussion: [Names of Professionals Involved in the Discussion].

With the information we have to hand, we [agree/do not feel that at present it is appropriate] for [Patient NAME] to be started on the eating disorders intensive programme.

[If accepted] [Keyworker name] will be in touch to set up an initial care planning meeting to discuss goals, expectations and the next steps.

[If not accepted] [Patient Name] does not meet criteria for intensive support at this time based on the information provided. EDIP would welcome a re-referral for [Patient Name] if needed in the future.

If you have any further questions or concerns, please get in touch with the team.

Many thanks,

[Name of clinician]

EDIP Team
Eating Disorder Intensive Pathway (EDIP)
East London Community Eating Disorder Service, Children and Young People (EL-CEDS-CYP)
Duty Email: *elt-tr.ELCEDS-CYP@nhs.net*
Duty Phone: 0208 215 5270
Document written 15.11.23 by Dr Erica Cini (Consultant Psychiatrist) and Alex Bell (Senior Specialist Paediatric Dietitian)

CC: patient and parents, GP, professionals involved in their care.

Appendix 3. EDIP initial care plan document

Intensive Programme Care Plan

Name: **DOB:** **NHS:**

Date:

Diagnosis:

Care Co-ordinator:

EDIP Psychiatrist:

Eating Disorder Intensive Programme (EDIP) key worker:

Outcome measures completed? (Y/N)

Welcome pack given to young person and family? (Y/N)

My SMART Goals: (What am I working towards on the programme?)

Examples: Use the examples below as a guide to creating specific SMART goals for the patient.

- *Normalise eating behaviour by being able to eat regular meals and snacks*
- *Increase self-confidence around a healthy food intake*
- *Decrease fear of food by incorporating a greater variety of foods*
- *Decrease disordered eating rituals and routines through challenging these in sessions and at home*
- *Gaining the support at meals that will help me eat at home*
- *Gaining the confidence that I can cope with meals in clinic and at home*

- *Learn coping skills for during meals*
- *Adhering to a meal plan orally that will support me to restore weight (Aim of 500g-1kg per week)*

Individualised Goal:

1. .
2. .
3. .

What will I get from the programme?

- Three supported meals in the clinic for 6 weeks,(The times/dates are non-negotiable)
- One support session per week, to focus on; coping skills, motivation enhancement and food challenges.
- The supported meals will be 1-1.5 hours long
- A three step plan for each meal to help make sure the whole amount of food is completed *(Food→ Oral supplement → Nasogastric tube feeding)*
- Regular physical health checks at each session to ensure my physical health remains stable
- Weight check once a week to ensure the pathway is working for me
- A meal plan I can trust is the right amount for me
- My regular therapy sessions
- Psychiatry oversight and reviews, as needed
- Dietetic input and reviews, as needed
- Paediatric review, if required

What are my expectations to stay on the pathway?

- Engagement at all sessions.
- You and a parent/carer can attend all sessions and are committed for the length of the 6 weeks, to achieve best outcomes. We do not recommend holidays or trips away during this time. If you do have a trip planned during this time and you are unwilling to postpone, this may not be the right time for EDIP.
- You are consenting to be on the programme for 6 weeks, which includes option of ONS orally or if needed, via NG tube.
- Bringing appropriate food that follows the meal plan.
- Arriving to the clinic on time.
- Completing the meals in the allocated time.
- Maintaining the physical safety of myself and others.

Eating Disorder Intensive Programme (EDIP)

Operational policy

What are my warning signs that I am becoming distressed or upset?

What helps me manage, what is my safety plan?

Do I need any sensory adaptations to help me manage at meal times? (e.g. Sound, lighting, space, reduced choice of foods due to sensory sensitivities to food).

Have I been told about the EDIP service evaluation and do I and my family consent to participate in feedback of the service, to better help service development?

Future dates:

First session date -

Mid-point review date-

Week 6 review date -

Psychiatry review- TBA

Dietetics review -TBA

I understand and agree to the intensive programme care plan. I understand what is expected of me. I am aware that the intensive programme may be stopped if it is not working for me.

Signed:

Young Person: .....

Parent/Carer: .....

Care co-ordinator/Therapist: .....

Intensive programme key worker: .....

Appendix 4. Mid-point review template

East London NHS
NHS Foundation Trust

Private and confidential

Address

Community Eating Disorders Service for Children and Young People
Emanuel Miller Centre
11 Gill Street
London E14 8HQ

Tel: 0208 215 5270
Email: elt-tr.ELCEDS-CYP@nhs.net
www.elft.nhs.uk
Date: XX XXX XXXX

PRIVATE AND CONFIDENTIAL

Dear GP,

Re: (patient) DOB: Day Month Year NHS No:

Subject: EDIP Mid-point review letter

[NAME] was seen for a mid-point review on the [DATE] by Dr Erica Cini (Consultant Child and Adolescent Psychiatrist for the Eating Disorder Intensive Programme, known as EDIP) together with [Add additional clinicians attended].

Both parents joined the session.

The purpose of this review was to look at [NAME] progress so far on EDIP and to review if current care plan is sufficient or whether a step up in care is needed.

The review occurred over MSTeams.

Diagnosis:	Anorexia Nervosa
Care Co-ordinator:	[NAME]
EDIP Keyworker:	[NAME]
EDIP Psychiatrist:	[NAME]
Main CEDS Psychiatrist:	[NAME]
Therapist:	[NAME]
Medication:	[MEDICATION/DOSE/FREQUENCY]

Eating Disorder Intensive Programme (EDIP)

Operational policy

Alert: [NKDA/NKS – according to HIE]

Progress and Update

[NAME] is currently on week [X] of EDIP. [HE/SHE] has been receiving regular Supported Meal Sessions [INPUT INTERVENTIONS eg.- 3 per week, Dietetic input, weekly Physical Health Checks - including weight, 1:1 Support Sessions with his Keyworker where he is working through the 'Hunger for Understanding' workbook and Family Therapy for Anorexia Nervosa.]

[Sessions during the first two weeks were held in our clinic and have this week been moved to [NAME] school].

Physical Aspects
CEDS' Medical Aspects
[DATE] – taken by [NAME]:
Sitting BP: HR:
Standing BP: HR:

[ADDITIONAL INFORMATION – eg. The above parameters indicate that XXX is bradycardic on sitting. Her blood pressure is within normal ranges for age and gender and there are insignificant changes in physical parameters.]

Weight: kg
WFH: %

[NAME] has [GAINED/LOST] some weight since commencing EDIP. [ADDITIONAL INFORMATION – eg, This is still short of the minimum 500g per week that we discussed. She is currently gaining weight at a rate of 270g per week.]

Clinician feedback:

(From keyworker, dietitian, therapist, nursing etc.)

Parent/Carer feedback:

YP feedback:

Review of Goals (set at Initial Goal Setting Meeting):

CARE Plan:
Medical Handover & Recommendations:

Psychiatry Handover & Recommendations:

Medication Handover & Recommendations:

Key Work Handover & Recommendations:

Therapy Handover & Recommendations:

*If you are experiencing a crisis during working hours, please reach out to our duty line number on **020 8215 5270.***

CC: XXX and parents; professionals mentioned above.

Appendix 5. Discharge Summary

East London NHS Foundation Trust

Private and confidential

Address

Community Eating Disorders Service for Children and Young People
Emanuel Miller Centre
11 Gill Street
London E14 8HQ

Tel: 0208 215 5270
Email: elt-tr.ELCEDS-CYP@nhs.net
www.elft.nhs.uk

Date: XX XXX XXXX

PRIVATE AND CONFIDENTIAL

Dear GP,

Re: (patient) **DOB: Day Month Year** **NHS No:**

Subject: Discharge letter Eating Disorder Intensive Programme (EDIP)

[name of patient] was referred to the Eating Disorders Intensive Programme (EDIP) on the [date] for [reason for referral].

[name of patient] completed [type of intervention e.g. 8 week pathway] of EDIP with their final session on [date]. From the week commencing [date], *they will be stepped down to our Core Community Eating Disorders Service (CEDS), where her physical health will continue to be monitored by our nursing team and her Family Therapy sessions will also continue. [patient] will continue to work together with her therapist on her care plan going forward.*

OR

they will be stepped up to inpatient services for greater intensive support.

Diagnosis:	
Care Co-ordinator:	

Eating Disorder Intensive Programme (EDIP)

Operational policy

EDIP Keyworker:	
EDIP Psychiatrist:	
Main CEDS Psychiatrist:	
Therapist:	

Summary of EDIP:

During their time on EDIP, [patient] received intensive support from the team.

This included: regular supported meal sessions *[outline all the therapeutic offers e.g. a minimum of 3 per week meal support, Dietetic input, weekly Physical Health Checks - including weight, 1:1 Support Sessions with Keyworker where she has worked through the 'Hunger for Understanding' workbook and also learnt different distraction techniques, psychiatry input].*

[Patient] SMART goals of EDIP:

-

-

-

These were [achieved, mostly achieved.. etc] during the intervention time

Physical Health summary:

Since commencing EDIP [patients] weight has been on an [upward] trajectory, evidenced by improving WFH from ?? at the start to ??? in completing EDIP.

[Insert weight for height chart- if appropriate]

[Patients] initial physical parameters at start of EDIP:

BP sitting: HR:

BP standing: HR:

[Patients] final physical health parameters take on [date] were:

BP sitting: HR:

BP standing: HR:

These are within normal range for the patient's age and gender.

Temperature:

Sats:

SUSS:

ECG:

Blood results:

DEXA: (if applicable)

Pelvic ultrasound: (if applicable)

Medication:

Other physical investigations or appointments? (Paediatrician?)

Outcome measures: (completed/not completed)

Discharge Recommendations/plan:

- .
- .
- .
- .

It was a pleasure working with [patient] through this part of their recovery journey. We wish [her/him/they] the best of luck with [his/her/their] continued path to recovery.

Please do not hesitate to contact if you have any questions.

Kind regards,

[Your name]

[Your job title]

Eating Disorder Intensive Pathway (EDIP)
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Eating Disorder Intensive Programme (EDIP)

Operational policy

Eating Disorders Intensive Programme

Community Eating Disorders Service for Children and Young People

Cc:

Young person and family

Care-coordinator in CEDS

Relevant professionals

Eating Disorder Intensive Pathway (EDIP)
East London Community Eating Disorder Service, Children and Young People (EL-CEDS-CYP)
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