

Eating Disorder services FOI

1. Introduction

I am writing to make request for all the information to which I am entitled under the Freedom of Information Act 2000.

I would like the below information to be provided to me as electronic copies.

If this request is too wide or unclear, I would be grateful if you could contact me as I understand that under the Act, you are required to advise and assist requesters. If any of this information is already in the public domain, please can you direct me to it, with page references and URLs if necessary.

If the release of any of this information is prohibited on the grounds of breach of confidence, I ask that you supply me with copies of the confidentiality agreement and remind you that information should not be treated as confidential if such an agreement has not been signed.

I understand that you are required to respond to my request within the 20 working days after you receive this letter. I would be grateful if you could confirm in writing that you have received this request.

2. Referral Criteria

1. Does your service have BMI criteria for Anorexia Nervosa outpatient referrals?

- ☐ Yes
☒ No

2. If yes, what is your BMI criteria for accepting Anorexia Nervosa referrals? (Tick all that apply)

- ☐ Referral accepted for Extreme AN (BMI <14)
☐ Referral accepted for Severe AN (BMI <15)
☐ Referral accepted for Moderate AN (BMI < 16)
☐ Referrals accepted for Mild AN (BMI < 17)
☐ Other (e.g. comorbidity with other condition - please specify in comments)

Comments:

3. Does your service have criteria based on frequency of binge eating and compensatory behaviour in Bulimia Nervosa outpatient referrals?

- ☐ Yes
☒ No

4. If yes, what criteria based on frequency of binge eating and compensatory behaviour does your service have? (Tick all that apply)

- ☐ Referral accepted for Extreme BN (14+ episodes a week)
☐ Referral accepted for Severe BN (7-14 episodes a week)
☐ Referral accepted for Moderate BN (4-7 episodes a week)
☐ Referral accepted for Mild BN (1-3 episodes a week)
☐ Other (e.g. comorbidity with other condition - please specify in comments)

Comments:

If you have criteria for accepting referrals, what is the reason for this?

5. Does your service accept patient self-referrals?

☐ Yes

☒ No

3. Effect of Referral Criteria

6. What percentage of referrals for outpatient treatment are declined due to not meeting referral criteria?

N/A – no referral criteria

7. What is the population size of the catchment area for your service?

598,194

4. Referral from Primary or Acute services

8. How many of your patients are typically admitted to acute hospitals in a given year?
(For both medical and psychiatric reasons)

11 medical
5 Mental Health

5. Waiting times

9. What is the average waiting time in your ED service (in weeks) following assessment?

Average waiting
time for non-
urgent referrals
to begin
evidence-based
outpatient
treatment:

1.6

Average waiting
time for urgent
referrals to
begin evidence-
based
outpatient
treatment:

0.6

Average waiting
time following
non-urgent
referral for a
specialist ED
inpatient bed to
be offered:

4.2

Average waiting time following urgent referral for a specialist ED inpatient bed to be offered:

Referrals to SEDU are not recorded as urgent/non urgent so average for all referrals 4.2

Average waiting time following referral for a place in a day care ED service to be offered:

No day service available

If you have different waiting times based on different levels on urgency, please specify below:

We do not operate a waiting list.

10. Do waiting times vary depending on the eating disorder diagnosis?

- ☐ Yes
☒ No
☐ Unsure

If yes, how?

6. Treatments offered: Anorexia Nervosa

11. For Anorexia Nervosa, what individual treatments are offered by your service?

- ☒ CBT-E (Enhanced Cognitive Behavioural Therapy)
☒ MANTRA (Maudsley Model of Anorexia Nervosa Treatment for Adults)
☒ SSCM (Specialist Supportive Clinical Management)
☐ FPT (Focal Psychodynamic Therapy)
☒ Other (please specify, eg CAT, CFT or DBT):
DBT
CFT
CRT
MOPED (Motivation and Psychoeducation for Eating Disorders)

12. Has your service offered group therapy as a main treatment for Anorexia Nervosa?

- ☐ Yes
☒ No

If yes, why?

13. For each treatment or therapy offered for Anorexia Nervosa, with current funding how many individual sessions on average (or estimated average) is your service able to offer each patient?

CBT-E (Enhanced Cognitive Behavioural Therapy)	20-40 (40 session for underweight patients)
MANTRA (Maudsley Model of Anorexia Nervosa Treatment for Adults)	Dependant on patient progress
SSCM (Specialist Supportive Clinical Management)	20
FPT (Focal Psychodynamic Therapy)	N/A
Other (please state what types and how many sessions)	DBT – dependent on patient's needs and progress; usually 40-50 sessions. CFT – Dependent on patient needs and progress (average 15) CRT – 9 MOPED – 6-10 sessions

14. What approximate percentage of your outpatient Anorexia Nervosa patients receive dietetic input?

7. Treatments offered: Anorexia Nervosa Outcomes

15. What percentage of your Anorexia Nervosa patients are discharged from your service with a BMI equal to or greater than 20 (18.5 for certain ethnic groups)?

8. Treatments offered: Bulimia Nervosa

16. What individual therapies do you offer for Bulimia Nervosa?

☐ Guided self-help
☒ CBT-E
☐ None
☒ Other (please specify):

17. With current funding, how many individual sessions on average (or estimated average) of therapy are you able to offer each patient?

Guided self-help	
CBT-E	20
Other (please specify type)	CBT-T 10 CFT dependent on patient's needs and progress (average 15) DBT – dependent on patient's needs on progress; usually 40-50 sessions. MOPED – 6-10 sessions

9. Treatments offered: OSFED and Binge Eating Disorder

18. What individual treatments do you offer for OSFED?

- ☐ Guided self-help
☒ CBT-E
☒ Other
☐ None

19. With current funding, how many sessions of treatment on average (or estimated average) are you able to offer each patient for OSFED?

Guided self-help	
CBT-E	20
Other	CBT-T 10 CFT dependent on patient's needs and progress (average 15) DBT – dependent on patient's needs on progress; usually 40-50 sessions. MOPED – 6-10 sessions

20. What treatments do you offer for Binge Eating Disorder?

- ☐ Guided-self help
☐ Group sessions
☐ CBT-E
☐ Other
☒ None

21. How many sessions per patient on average (or estimated average) are you able to offer for each of the following for BED?

Group sessions	
CBT-E	
Other	<input type="checkbox"/>

10. Treatments offered: For families and carers

22. What is currently offered by your service to support relatives/carers of patients with EDs?

Relatives and carers are offered an initial session of their own when loved one comes into service. Allocated their own key worker within the service if required. Monthly relative / carers group.

11. Service usage in 2020

23. How many patients did your service offer treatment for in the last one calendar year (2020)?

Anorexia Nervosa	27
Bulimia Nervosa	8
Other Specified Feeding and Eating Disorders (OSFED)	6
Binge Eating Disorder	0
Avoidant restrictive food intake disorder (ARFID)	<5
Others (Please indicate the type and numbers)	
Do not know	

12. Capacity from 2015-2020: Staff

24. What was the number of whole time equivalents (WTE) employed in your ED service in 2015?

Consultant Psychiatrists	0.1
Nurse	1 WTE (Clinical Specialist)
Service Manger	N/A
Psychologist	0
Head of Services	1 (Nurse)
Dietician	0.75
Family Therapist	0
CBT Therapist	0
Other (please specify)	Specialist Clinician 1 WTE (OT) Admin 1 WTE

25. What was the number of whole time equivalents (WTE) employed in your ED service in 2019?

Consultant Psychiatrists	0.1
Nurse	2.8 (Job titles Specialist Practitioner 1 WTE, Clinical Specialist 1 WTE, Specialist Clinician 0.8 WTE)
Service Manger	N/A
Psychologist	0
Head of Services	1 WTE
Dietician	1 WTE
Family Therapist	0
CBT Therapist	0 (2 members of team CBT trained)
Other (please specify)	OT - 1 WTE HCSW- 2.8 WTE Admin 1 WTE

26. What is the number of whole time equivalents (WTE) employed in your ED service currently?

Consultant Psychiatrists	0.3 WTE
Nurse	4 (2 WTE Specialist Practitioners, 2 WTE Specialist Clinicians)
Service Manger	N/A

Psychologist	0
Head of Services	1 (Nurse)
Dietician	3 (1 WTE Clinical Specialist, 1 WTE Specialist Clinician)
Family Therapist	0
CBT Therapist	0
Other (please specify)	Clinical Specialist 1 WTE, OT HCSW 4 WTE, Admin 1.6 WTE

13. Capacity and demand from 2015-2020: Day care/day patient places

27. Please indicate the number of day care/day patient places per week your outpatient service had access to within your NHS trust in 2015.

No day care service

28. Please indicate the number of day care/day patient places per week your outpatient service had access to within your NHS trust in 2019.

No day care service

29. Has your service had access to day patient care during the COVID-19 pandemic? If this has changed throughout, please give details on how this has changed.

No day care service

14. Demand from 2015-2020: Referrals

30. How many referrals for specialist inpatient ED treatment did your service make...

in 2015?	8
in 2019?	6
in 2020?	7

31. How many admissions for specialist inpatient ED treatment were there from your service...

in 2015?	8
in 2019?	5
in 2020?	<5

32. How many outpatient referrals did your service receive...

in 2015?	75
in 2019?	52
in 2020?	53