

SECTION B PART 1 - SERVICE SPECIFICATIONS

Service Specification No.	
Service	Community Eating Disorder Service
Commissioner Lead	<ul style="list-style-type: none"> • NHS Greater Preston CCG • NHS Chorley & South Ribble CCG
Provider Lead	
Period	2014/15
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

Eating disorders are severe mental illnesses with serious psychological, physical and social impacts and often chronic conditions. These illnesses usually begin in adolescence with consequential effects on the individual's development since the prognosis for recovery is inversely related to the duration of illness. This makes early identification and effective service access critical for those individuals with an eating disorder.

The most common eating disorders are; Anorexia, Bulimia Nervosa, Binge Eating Disorder and Eating Disorder Not Otherwise Specified.

Although eating disorders are relatively rare, the prevalence varies significantly by age, gender and demographics. Mortality is the highest of any mental health problem usually from medical complications such as circulatory problems, gastric problems, and electrolyte imbalance leading to heart failure. It can also be as a result of suicide, the rate of which is 200 times greater than in the general population. The most recent Adult Psychiatric Morbidity in England survey (2009) reported 1.6 in 100 people will experience an eating disorder at some point in their adult life:

The table below shows district estimates for numbers of people with eating disorders (Joint Strategic needs assessment for Lancashire, 2012)

Area	Males	Females
Chorley	1432	3759
Greater Preston	1151	3198
South Ribble	1416	3959

Further estimates of disorder specific prevalence are detailed below.

Anorexia

Prevalence	Estimated cases in Chorley & South Ribble and Greater Preston
0.4% of girls aged 10-14	37
1% of girls aged 15-19	106
1-2% of adult women	1426 - 2853

Bulimia

Prevalence	Estimated cases in Chorley & South Ribble and Greater Preston
3% of girls aged 15-19	317
2% of adult women	2,853

Less is known about the precise incidence and prevalence of binge eating disorder, though there is some evidence that this is more common than anorexia and bulimia combined.

2012/13 figures suggest there were approx. 90 patients requiring day therapy with eating disorder specialist providers with a further 70 referrals in community eating disorder services for those requiring support though not with a BMI of below 17.5.

Guidance on the treatment of eating disorders is given by NICE guideline 9 (NICE Guidance, Clinical Guideline 9, (NICE 2004): Eating Disorders - Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders) and recommends the majority of patients be managed in their local community with psychological treatment and self-help programmes with complimentary dietetic input.

Patients should expect to have access to specialist inpatient treatment and local mental health services as necessary. Pathways and partner agencies associated with this service must be straightforward and complementary to meet the patient's needs.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	x
Domain 2	Enhancing quality of life for people with long-term conditions	x
Domain 3	Helping people to recover from episodes of ill-health following injury	x
Domain 4	Ensuring people have a positive experience of care	x
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	x

2.2 Local defined outcomes

The service provider will be responsible for ensuring that work is undertaken to achieve the following outcomes:

Principal Desired Outcomes

- People living in Greater Preston, Chorley & South Ribble, who are diagnosed with an eating disorder will have easy access to appropriate help according to their individual needs.
- People caring for those with an eating disorder will be offered help according to their needs.

NHS Greater Preston CCG & NHS Chorley & South Ribble CCG aim to secure high quality services that deliver clinically effective services to individuals with eating disorders and their carers, and utilise the available resources and partnerships efficiently. The quality of services for people with eating disorders will be measured by:

- Mortality among people with Eating Disorders in CCG areas.
- Reduction in demand of resource to the acute sector including bariatric services, dentistry, orthopaedics, acute inpatient.
- Reduction in numbers of admissions to specialist eating disorder services in CCG areas.
- Patient experience/satisfaction.
- Carer satisfaction and experience.
- Recovery rate, length of time of interventions and referral to treatment time.
- Demonstrable smooth transitions between the following agencies; primary care, local mental health services, specialist eating disorder inpatient services.
- Clinical audit of agreed standards of care.
- Eliciting the views of professionals within each relevant agency.
- Evidence of multidisciplinary team working.
- Health of the Nation Outcome Scales (HONOS).
- Weight monitoring data/BMI.
- Average health status score on assessment and discharge via EQ-5D.
- Maintenance of employment or education held prior to referral.

3. Scope

3.1 Aims and objectives of service

The aims of the Community Eating Disorders Service are to;

- Provide an outpatient service to the population of Greater Preston and Chorley & South Ribble for people with eating disorders.
- Support eating disorder interventions and advice to referrers across other services
- Provide intensive community treatment and support to patients and their carers

Objectives

In Primary Care and the Community:

- The general public and community agencies will have easy access to information and advice on eating disorders.
- All relevant agencies in the community (education, youth services, voluntary agencies, social services, primary health care teams) will know how to access help for someone with an eating disorder.
- Transition and liaison with paediatric services.
- Relevant staff within each agency will have been offered training on early identification and intervention. Those staff will also have a basic understanding of the causes and consequences of eating disorders and on how to support carers.
- Explicit access pathways and advice for all referrers, patients and their carers.
- High quality evidence based interventions in a timely way for an appropriate length of time.
- A NICE compliant service.
- All staff will have access to specialist supervision and skill development.
- Referrals to the service will be monitored and reported monthly.
- The outcome of intervention will be evaluated by standardised measures of outcome.
- Clinical standards will be agreed, written and audited on an annual basis, in conjunction with commissioners.
- Innovative interventions and transitional pathways will be in situ.

3.2 Service description/care pathway

The community Eating Disorders service will be easily accessible and accept referrals for persons over the age of age of 16 years. Advice and support will be available for cases below this age threshold where sought. For patients under the age of 16; a pathway of care is available through CAMHS.

The service will be most effective levelled towards early identification and recent onset cases with higher risk indicators, although a proportion of service provision will be in supporting and treating those in mental health services. Prioritisation will be considered for those with co-morbid physical health conditions, such as diabetes and pregnancy or at substantial risk of harm (e.g. electrolyte disturbances or suicidality).

The primary intervention for the patients is psychological therapy. The NICE guidelines recommend self-help and CBT as a first line intervention for those patients with Bulimia Nervosa and Binge Eating Disorder. For those with Anorexia Nervosa the recommendation is for Cognitive Analytic Therapy (CAT), Psychodynamic psychotherapy, Family/Systemic Therapy or Cognitive Behavioural Therapy (CBT). It is anticipated that the NICE guidelines will be followed for the diagnosed conditions.

In order to provide a safe effective and co-ordinated service, nutritional and dietetic skills, medical input and administrative support are required. Patients should expect to have access to local generic Mental Health Services and specialist provision as required. (NICE 2004)

The Eating disorders service will organise and interpret relevant investigations and ongoing physical health monitoring (e.g. Bloods, ECG, bone densitometry, weight) related to eating disorders. Regular written updates to GPs regarding patients within the service will be communicated.

Days/ hours of operation

The main operating hours will cover 8 – 6pm Monday to Friday with a Saturday morning and phased development of creative out of hours' provision, such as access to online resources (e.g. online support such as White Wall) or telephone support.

Referral processes

Referrals will be from a number of sources, though the majority from general practice, though these could come from MH services, education etc. self-referrals ought to be considered in conjunction with liaison with their GP.

- Referrals from GP, signposted from local mental health services or inpatient services using the team referral form which includes details of height, weight and relevant history.
- In-reach services to support early inpatient discharge, when appropriate.

Response times

It is recognised a range of factors will impact on waiting times and judgements for response and offer of appointment.

- High Risk cases identified by the referrer will be assessed within 2 working days.
- The majority of individuals will require a routine response time; within 28 working days.

Care pathways (where applicable to meet each care cluster)

There will be explicit care transitions and interfaces between local, regional and National services and agencies (CAMHS, Local adult mental health services, Specialist eating disorder inpatient beds, NHS England, CCGs, GPs, Further and Higher Education establishments, paediatrics, acute hospitals)

The community eating disorder service will have the expertise to be able to provide

- comprehensive psychiatric assessments to include eating disorder psychopathology
- detailed risk assessments (both psychiatric and physical)
- monitoring of physical health
- prescribing of medications to treat physical and mental health conditions
- a range of psychological therapies
- intensive community support
- family therapy
- dietetic advice
- medical assessment and monitoring
- rapid response to referrals

Discharge process

Discharge planning will include discussion about relapse prevention, crisis planning, after-care, re-referral routes etc.

- In general for non-CPA (Care Programme Approach) cases: discharge will involve a review with therapist, discussion in multi-disciplinary team as appropriate, liaison with GP and discharge to GP care with explicit written discharge plans including ongoing care strategies on anticipated outcomes for progress/recovery, and advice on how to deal with any diversions from recovery plan, contact details and routes for re-referral.
- For CPA cases: MDT CPA meeting which will include reviews of the care needs experienced, further monitoring/ support needs, liaison with and discharge to identified team or primary care as appropriate and routes for re-access.

Training/ Education/ Research activities

Training and consultation on assessing and managing Eating Disorders will be important. Awareness, screening and community support for local services, universities, and colleges will assist in early intervention and reaching vulnerable groups.

Patient participation

The provider will work with patients in ways that foster partnerships and include patient view on:

- location and access to services
- treatment and outcome
- support received around self-management
- information provided regarding their condition

- overall satisfaction

The provider is expected to demonstrate a variety of patient partnership approaches including working with 3rd sector and local communities, PALS and establishing service user groups. Patient feedback will form an important part of continuing service improvement.

3.3 Population covered

The population served by NHS Greater Preston is approximately 212,000, with a higher than national average population in the 15-24 age range. NHS Chorley & South Ribble CCG represents a population of 170,000.

Eating disorders affect men, women and children, but the group most at risk are younger females (15-24 years). A number of colleges and a large university are located in the area which attracts a large number of transient young adults.

Men make up only 10 – 15% of cases of anorexia nervosa and far fewer cases of Bulimia Nervosa. Those that access the community service will come from all sections of society, including black and minority ethnic individuals, students and all age ranges therefore the service will be flexible, responsive, sensitive and accessible to the local population need.

3.4 Any acceptance criteria

The service will accept referrals from the age of 16 with no upper age limit. Those caring for people under 16 with a recent onset presentation may receive consultation advice regarding cases within agreed parameters. The Provider will ensure that the service offered is respectful and must not discriminate on grounds of age, gender, sexuality, ethnicity or religion. The service should be sensitive to the needs of patients whose first language is not English and those with hearing, visual or learning disabilities.

There will be seamless transition from paediatric services and those progressing beyond their 16th birthday. Any transitions between inpatient and community services will be unified and facilitated by clear pathways, policies and communication.

The service is accessible to those registered with a GP within the boundaries of NHS Greater Preston and NHS Chorley & South Ribble CCGs.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

The service should adhere to NICE Guidance, Clinical Guideline 9, (NICE 2004): Eating Disorders - Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders.

The service will be required to adhere to any further relevant standards, guidelines and local formulary. The service should notify commissioners should any benchmarking against these standards identify gaps in commissioned services.

Information Management & Technology:

Providers will need to note that in order to record and handle Patient data and management reports, it would be expected that an IT System(s) would be deployed. Furthermore, providers should also note the NHS Security requirements for either an N3 connection and or NHS Mail, as to the only secure method of sending/receiving electronic Patient Confidential Data.

Human Resources and statutory and NHS employment regulations:

The HR requirement is to seek assurance that the provider will employ sufficiently qualified and appropriately trained staff to work to the service specification and within current statutory and NHS employment regulations.

Safeguarding:

The Service Provider shall devise, implement and maintain a procedure for its staff which ensures compliance with pan-Lancashire procedures for Safeguarding Children and Safeguarding Vulnerable Adults, and shall supply a copy of its procedure to the Commissioner before commencement of the service.

Pan Lancashire safeguarding children policies and procedures can be accessed at:

<http://panlancashirescb.proceduresonline.com/index.htm>

Pan Lancashire safeguarding adult policies and procedures can be accessed at:

<http://plcsab.proceduresonline.com/>

The service provider will comply with the lead commissioner's standards for safeguarding as detailed in the CCGs safeguarding policy and will provide evidence of their safeguarding arrangements on request, at a minimum this will be annually. Monitoring of on-going compliance will be on a regular basis in year determined by the commissioner.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

- Mortality among people with Eating disorders in CCG areas.
- Reduction in demand of resource to the acute sector including bariatric services, dentistry, orthopaedics, acute inpatient.
- Reduction in numbers of admissions to specialist eating disorder services in CCG areas.
- Patient experience/satisfaction.
- Carer satisfaction and experience.
- Recovery rate and length of time of interventions.
- Referral to treatment time.
- Demonstrable smooth transitions between the following agencies; primary care, local mental health services, specialist eating disorder inpatient services.
- Clinical audit of agreed standards of care.
- Eliciting the views of professionals within each relevant agency.
- Evidence of multidisciplinary team working.
- Health of the Nation Outcome Scales (HONOS).
- Weight monitoring data/BMI.
- Average health status score on assessment and discharge via EQ-5D.
- Maintenance of employment or education held prior to referral.
- Safeguarding

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises will be located within the Greater Preston, Chorley and South Ribble area.