Eating Disorders Young People’s Service (EDYS, Alder Hey CAMHS)

A Local Comprehensive Eating Disorder Service for Young People in Liverpool and Sefton.
1. Introduction:

Alder Hey Children's NHS Foundation Trust is a major teaching hospital of the University of Liverpool and one of the biggest Paediatric Hospitals in the United Kingdom. It serves not only the local population of children, but is the tertiary referral centre for children from Merseyside, Cheshire, parts of Lancashire, Shropshire and North Wales for many sub-specialities of paediatrics.

Alder Hey Specialist CAMHS provides a comprehensive primary and specialist CAMHS service to children and young people up to the age of 18, for those with a general practitioner in Liverpool and Sefton (total population approximately 500,000).

The service model consists of a Single Point Access Team and Specialist teams. There are 3 Specialist Tier 3 CAMHS teams in Liverpool and 2 in Sefton. The service model incorporates planned and unplanned care pathways.

Eating disorders (Anorexia Nervosa, Bulimia Nervosa, EDNOS (Eating Disorder Not Otherwise Specified) and Binge Eating Disorders are very complex Psychiatric disorders and there is significant evidence to suggest that early access to comprehensive treatment improves the prognosis of these young people, reduces need for inpatient treatment and decreases long term morbidity and mortality.

The mental health needs of children and young people with moderate and severe Eating Disorders are currently not being met in a comprehensive and streamlined manner, because there is no dedicated local community based Eating disorder service in Liverpool and Sefton. Currently, Eating Disorder Patients receive services from generic Tier 3 Child and Adolescent Mental Health services (CAMHS).

Evidence suggests Eating Disorders cause nearly a quarter of all Child and Adolescent Psychiatric Admissions and each admission lasts about 18 weeks on an average. Inpatient admissions for 13-19 year olds Eating Disorders have almost doubled between 2011 to 2014 increasing from 959 to 1815. The service cost of ED is projected to be more than £24 million by 2026 and cost of lost employment to £77 million. These figures do not include the emotional, financial and social cost to the family and the society at large.
In UK in 2009 the incidence of Eating disorders among females between the ages of 10-19 was reported to be 120/100000 (For Merseyside with a population of 500000 it means 600 females/year). The incidence of ED in 2009 among males between ages of 10-19 was 31/100000 (hence in Merseyside a total of 155 males in this age group every year). The highest incidence of Anorexia Nervosa, Bulimia Nervosa and EDNOS is among females between the ages of 16-19 at 86/100000 (430 females between the ages of 16-19 in Merseyside). Depression is the most common co-morbidity among the patients of ED and can affect up-to 75% of the young people with Eating Disorders. Self-harming behaviour is one of the other most common presentations among the patients with Eating Disorders.

This new service is being set-up as part of NHSE access and waiting time standard initiative as set-out in NHSE Access and Waiting Time Standard for Children and Young People with an Eating Disorder Commissioning Guide published in July 2015.

This proposed Dedicated Community Based Eating Disorder Service (EDYS) will provide timely access to multi-disciplinary assessment and intervention for children and young people from across Liverpool and Sefton aged up to 18 years. Improved and timely access to specialist, evidence based services will reduce morbidity, co-morbidity, chronicity, social disability and mortality associated with Eating Disorders, improving both the short and longer term health outcomes for this population.

This dedicated service will have provision of day care and home outreach services besides out patient based care for young people with Eating disorders to cater to more complex cases which struggle to engage in outpatient clinics to prevent complexity and hospital admissions.
2. Aims and Objectives:

The aim of this service (EDYS) is to deliver a high quality community based Eating Disorder Service to young People in Liverpool and Sefton. The objective of this service is to continue to monitor the quality of our service against the national standards and also to listen to our service users and carers and involve them in our service delivery and service development.

There is a provision of suitable supervision and performance monitoring of individual members of the team as per the Alder Hey Children's NHS Foundation Trust Governance policies to make sure that team continues to deliver high quality of care in timely and patient friendly manner. The progress of patient's treatment will be monitored by suitable outcome measure tools (EDQ and HONOSCA). Audit of service and patient's outcome measure tools will be conducted from time to time to monitor quality standard (As set by NICE guidelines and expected in NHSE July 2015 document) of the service and also the quality of service being delivered by this dedicated community based Eating Disorder service.
3. Service Structure and Service Composition

This service is based at Alder Park with easy access for patients from Liverpool and Sefton, however the team will reach out to patients in different parts of Liverpool and Sefton by offering assessment and therapy sessions at different CAMHS bases (Southport, Alder Hey, GP services and homes) if needed.

This team is headed by a Consultant Psychiatrist and this team is composed of Clinical Psychologist (Band 8A, 1WTE), Family Therapist (Band 7, 0.8WTE), MHP (Band 6, 1WTE), Nurse with CBT experience (1WTE, Band, 5), Health Care Assistant (1 WTE, Band 3), Operational Support Manager (0.5 WTE, Band 5), Secretary (0.5 WTE, Band 3), Dietician (0.8, Band 7), Consultant Paediatrician (0.3 WTE).
4. Eating Disorder Pathway

Initial referral is sent to Liverpool and Sefton Eating Disorder Service, date and time stamped on the referral letter from the time referral is received:

1. GP
2. Self/Family/Carer Referral
3. School/College
4. CAMHS/SPA
5. Other Health and Social Care Agencies.

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Referral Received at ED service (Clock Starts)

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Day-1

Assess Referral

Classify Risk in High, Medium and Low (Based on reported physical health condition, BMI, Rate of recent loss of weight, history of lack of food and fluid intake etc)

Inform the Referrer and Family/Young People about the possible course of action within 24 hours in urgent cases and within 48 hours in non-urgent cases:

1. Urgent Medical Management and Medical stabilisation (In cases of High Risk) through GP, A&E and Inpatient Paediatric Units.
2. Assessment at ED service within 5 days in Urgent cases once medically Stable.
3. Assessment within 2 weeks for Routine Cases.
Referral Received from GP/Self/CAMHS/Schools/Colleges/Other Agencies and Triage in MDT and identified as a case of ED. Referral not suitable for the service will be sign-posted as such and a letter sent to the referrer with reasons for not accepting the referral and directing them to suitable services where possible.

MDT Assessment (Psychiatrist, Psychologist, Dietician and other team members in two way mirror setting) of patient (If Medically Stable and urgent medical risks have been ruled out) to take place with the family (as applicable).

1. **ED identified** - Start on Evidence based Treatment - 1. CBT/CBT-E+ Art Therapy as indicated 2. Parenting Session for parents 3. Family Therapy (and Multi Family Group) as indicated 4. Dietetic Advise-to educate on adverse physiological effect of ED on the body and offer suitable meal plans and check progress. 5. Psychiatric Review to check progress in terms of weight gain as planned, review of physical health, risks and offer management of co-morbid mental health condition. 6. Paediatric review will be arranged as required. 7. GP/Family/School will be kept informed and involved in the management process. AN and BN need treatment and follow-up for at least one year.

2. For Milder cases of ED Psychoeducation/consultation and treatment in primary care can be offered with supervision from ED Team professional.

3. **ED not identified** - Check for past history of ED-Relapse prevention work, psycho-education offered. Signposted and Discharged from service.

1. Progress reviewed initially at 4 weeks to check suitability of treatment offered and then every 6 weeks.

2. Patient will be offered Day care/Home based treatment if needed and Community Care will be re-commenced once patient are suitable for them.

3. Outcome Measures would be Completed to assess patient’s progress.

Patients would be discharged from the service once they have recovered from ED and are stable or they would be transitioned to Adult Eating Disorder Service if they continue to need help once they turn Eighteen.
Referral Form for EDYS (Eating Disorders Young People’s Service)

Phone Number- 0151 293 3662 (SPA) Fax: 0151 293 3698 (SPA)

(This service accepts referral for Liverpool & Sefton patients from 0- 18 years)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
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<tr>
<td>Date</td>
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<tr>
<td>Gender: Male/Female</td>
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<tr>
<td>NHS Number:</td>
<td></td>
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<tr>
<td>AH Number:</td>
<td></td>
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<tr>
<td>Address</td>
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<tr>
<td>Contact Telephone/Mobile number:</td>
<td>Name/Designation/Relation with the patient/Contact number of the Referrer:</td>
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Parent / Carer Contact Name:  
Parent / Carer Contact Number:  
Name of the School & Contact name and number

Main Difficulties (Please Tick)
- Restricting Food Intake
- Restricting Fluid Intake
- Fear of being fat
- Increased preoccupation with weight and shape
- Excessive exercising
- Bingeing/ Purging
- Recent excessive loss of weight
- Blackouts
- Dizziness
- Feeling weak and cold
- Low mood
### Anxiety

### Obsessive behaviour or thoughts

### Amenorrhoea

**Difficulties occurring within the last 4 weeks:**

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<th>Suspected stressors leading to main difficulties:</th>
<th><strong>Current:</strong></th>
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<tr>
<td></td>
<td>Weight</td>
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<td></td>
<td>Height</td>
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<td></td>
<td>BMI (if Known)</td>
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<tr>
<th>Any known medical conditions (low BP/low pulse/abnormal ECG/abnormal blood test results):</th>
<th>Please give brief outline of patient's current daily food/fluid intake:</th>
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<th>Current Medications:</th>
<th>Allergies:</th>
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**Risks** (Self-Harm, Suicidal ideation, self neglect, Abuse, Bullying, Poor School Attendance, Harm to others, Safe-guarding issues)

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<th>Decision made by ED Team/Designation/Date/Name of the staff</th>
<th><strong>Accepted</strong></th>
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<td>Signposted</td>
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<td>Advice given</td>
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Update on EDYS

1. Alder Hey CAMHS was given the contract by Liverpool, Sefton and Formby CCG to establish a comprehensive Eating disorder service for Young people in Liverpool and Sefton area.
2. £478000.00/annum was allocated to Alder Hey CAMHS to develop this service under NHSE access and waiting time initiative (July 2015).
3. A business case was developed and pathway and service structure agreed with the commissioners and stakeholders in a series of meetings since August 2015 (Please refer to pathway above).
4. Care bundle which included evidence based resources and Junior MARSIPAN based leaflet developed and shared with stakeholders.
5. Service users and families were involved at each stage of pathway and resource development.
6. A naming the ED service competition was held among the young people in Liverpool and Sefton, later it was opened to staff too. This generated immense awareness among all the young people and families about the service and about Eating Disorders.
7. This competition helped in identifying the name of this service (EDYS, Eating Disorders Young Peoples Service).
8. We advertised the posts as finalised in business case (page 5 above) in March 2015, however because of some internal matters we are awaiting completion of recruitment process. Consultant Psychiatrist's job will be advertised once we receive the Royal College of Psychiatrists approval (will come anytime now).
9. We started our EDYS service in First week of April 2016 with 6 sessions of Consultant Psychiatrists input, 2 sessions of Paediatric Consultant input, 4 sessions of CBT based therapists input, 1 session of Family Therapy input and 0.5 WTE admin support input.
10. We interviewed and offered job to our 0.8 dietician three weeks ago and she will join our team soon.
11. We identified our base at 2nd Floor of Dewi Jones Unit (at Crosby) and we are hoping to complete the refurb of the estate in near future.
12. We hope to complete recruitment process for our team soon.
13. We are accepting referrals (including self-referrals) and have been using referral form (page 8-9 above) for referrals of young people to our service.
14. We are using evidence based outcome measures for the patients we have accepted for treatment.
15. We have developed SOP for our service and hope to deliver high quality of care to our patients.

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Liverpool Specialist CAMHS
Alder Hey Children’s NHS Foundation Trust