Specialist Child & Adolescent Eating Disorder Service for Oxfordshire and Buckinghamshire

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Background

• Mini teams based within CAMHS since 2010
• Community model of care developed
• Limited resources to promote early intervention & to develop and retain specialist skills
• New funding available for whole ED pathway
• Need to transform services
  – New access and waiting times standard
  – Responsive to patient/parent need
  – Collaboration with stakeholders
New service structure

- Expert patient/parent group
- National & local best practice/stakeholder feedback

Oxon Team
Oxford

Shared leadership & staff

Bucks Team
Aylesbury

Outreach service

North & South Oxon satellite clinics

Paediatric & psychiatric inpatient units & adult service

South Bucks satellite clinics

Caring, safe and excellent

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Key aims of the service

- Easy access and minimal waiting times
- Safe delivery of specialist care
- Outcome monitoring & innovation
- Seamless transitions
1. Patient & Family Centred

- More awareness training for schools
- Quicker referral to CAMHS
- More help at the beginning
- To be treated as an individual
- Better continuity of care
- More trained therapists

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Patient & Family Centred

- Culture of listening and responsiveness
- Collaborative approach
- Information provision
- Patient/parent participation forum
- Qualitative & quantitative feedback & research
- Parent groups
- Partnership with BEAT (National Eating Disorder Charity)
“I felt like that in the darkness, somebody was holding my hand”

2. Easy access and minimal waiting times

• Who will we see?
• What is the referral pathway?
• What are the response times?
• How do we communicate with referrers?
• How do we ensure early intervention?
• How will we be accessible to patients?
Who will we see?

• Young person under the age of 18
• GP in Oxon or Bucks
• Suspected eating disorder (anorexia nervosa, bulimia nervosa and EDNOS)
• Symptoms include:
  – Avoidance/restriction of food
  – Loss of weight
  – Fear of weight gain
  – Bingeing/purging
  – In the context of concerns about weight/shape
What is the referral pathway?

- **GP**
- **Any professional**
- **Patient/parent**

**Single point of access SPA**
- More info collected
- Patient may be asked to see GP

**CAEDS**
- Review GP information
- Tel call to family
- Clarify urgency
- Send Appointment

**Electronic referral form**
- Self referral by phone

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What are the response times?

- Urgent cases treated within 1 week
- Routine cases treated within 4 weeks
- Treatment starts at first appointment
- Emergencies seen within 24 hours
- Follow-ups x1-2 per week according to need
How do we communicate with referrers?

- Assessment report sent to referrer within a week
- Care co-ordinator identified as main contact
- Invitation to Care Plan Approach (CPA) reviews and review summaries sent
- Permission sought to contact other professionals at assessment
- Joined up risk management
How do we ensure early intervention?

• Training provided to primary care
• Consultation available to referrers through SPA and CAEDS Consultation number
• Eating disorder school guidelines made available for every school
• Meetings with school staff where necessary
• Working with BEAT on media campaign and additional workshops for referrers
How can we be accessible to patients and families?

• Accept self-referrals
• Information on website
• Home treatment can be offered if higher intensity required
• 24/7 telephone line for patients/families referred to Crisis/Outreach service
• Possibility of early evening appointments
3. Safe delivery of specialist care

- How do we plan to achieve this?
- Who is in the team?
- What does the evidence say?
- What interventions do we offer?
- What are the key treatments?
- How do we ensure & maintain specialist knowledge?
- How do we evaluate what we do?
How do we plan to achieve this?

• Robust leadership
  – Senior ED leadership team (operational lead and two clinical leads)
• Multi-disciplinary team working
• Workforce trained in evidence-based treatment
• On-going training and supervision
• Developing strong research culture
• Clinical governance/quality assurance
Who is in the team?

- Operational lead
- Clinical Leads – Consultant Psychologist and Consultant Psychiatrist
- Administrators for each county
- Psychologists
- Nurses
- Family therapists
- Psychiatrists
- Dietitians
- Paediatrician (1/2 day in Bucks; 1 day in Oxon)
- Students and trainees
What does the evidence say?

Early intervention has best outcome

Specialist outpatient treatment best for most cases

Early weight gain predicts good outcome

Treatment approaches
- Family Based Treatment
- CBT-E
- MFT
- Guided self-help

Family involvement emphasised
What interventions do we offer?

Assessment

Psycho-education

Treatment plan

Home-based treatment

Inpatient
- CBT-E
- Family-based

Parent group
Carer workshop

Medical review

CBT-E and other individual therapies

Links with schools

Multi-family therapy

Systemic family therapy

Referral accepted
Physical illness excluded

Family-based treatment
Including dietary intervention

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What is family-based treatment?

• An outpatient intervention designed to:
  (i) restore weight and normalise eating
  (ii) promotes healthy adolescent development
• Delivered over 6-12 months via 10-20 sessions
What is family-based treatment?

Engagement

Helping families take charge
- Focus on maintaining factors
- Decrease blame

Handing back responsibility to young person

Managing independence and autonomy, identity, other family issues
Relapse prevention
What is multi-family therapy?

- Intensive 4 day treatment for anorexia nervosa
- 5-8 families attend facilitated workshop
- Aims to increase understanding, capitalise on family resources and facilitate change
- Can reduce need for admission
- Offered alongside individual family treatment
What is CBT-E?

- Designed as an ‘enhanced’ version of original Cognitive-Behavioural Therapy for bulimia nervosa
- Adapted for adolescent patients
- Guided self-help version available
- 20-session version for patients with normal weight/minimal loss (bulimia/EDNOS)
- 40-session version for underweight patients (anorexia nervosa)
CBT-E

• Phase 1
  – Behavioural change
  – Establish normal eating pattern

• Phase 2
  – Review of maintenance factors

• Phase 3
  – Addressing maintenance factors such as over concern about weight and shape, rituals, self-esteem, perfectionism

• Phase 4
  – Relapse prevention
How do we ensure and maintain specialist knowledge?

- All staff trained in key evidence-based approaches
- Whole team training to be available from early next year.
- Regular update training/away days
- Regular supervision for all staff (individual and team)
- Culture of learning from feedback and outcome
Quality assurance

• Performance reporting
  – Health outcomes and process of treatment
• Quality network
  – QNCC standards/benchmarking
  – Peer review/Accreditation
• Eating disorder Best Practice Group
• National groups and network
4. Seamless transitions

- Paediatric input and better links
- Collaborative care pathways with inpatient units
- Positive interface with adult service
- Safe & supportive discharges
Experience of the transition (8 women)

Lost in the middle
- That magic 18
- Thrown in the deep end
- The whole BMI thing
- The right time, the right place, the right way

Doing it for myself
- Controlled or cared for
- Having a voice
- Owning recovery

Finding a normal life
- Looking ahead
- Changing roles and relationships
- Fresh starts and new identities

Middleton & Holliday
2013

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5. Outcome monitoring & innovation

- Are our treatments effective?
- Are we meeting commissioning requirements?
- Are we delivering what patients & families want?
- How do we help the patients who don’t do well?
Are our treatments effective?

• Regular audits of care
• Health outcomes
  • Eating disorder symptoms, physical and emotional health
• Patient/carer satisfaction
• Feedback from stakeholders
• Maintenance of health (follow-up)
• Learning from research
What is our commitment to research?

• Consent for data to be used
• Patient/parents invited to participate in research studies
• Recent studies
  – Parents/young people’s views on transition to adult services
  – Parents views on home treatment
  – Evaluation of carers’ workshop
• Close links with University of Oxford
How do we collaborate with stakeholders?

• Informal feedback encouraged.
• Stakeholders reference group
• Communication regarding specific cases
• Audit of care provided

• PLEASE CONTACT US
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How to find out more information on our service?

• Website  www.oxfordhealth.nhs.uk
• Leaflets – patients/professionals/GPs
• Consultation
• Contact details
  – Tel:
  – E mail:
How can you find out more about eating disorders?

• Locality training events
• BEAT training
• Eating disorder school guidelines booklet
• Websites – b-EAT.
• www.oxfordhealth.nhs.uk
• MindEd
Small group discussion

• What do we need to know about the challenges you face?
• What more would you like to know about our service?
• What are the priorities for you in the new service?

• Feedback and discussion