



# Concerns relating to capacity of Norfolk Community Eating Disorders Service (NCEDS)

For: Norfolk Health Overview and Scrutiny Committee

We are seriously concerned about access to treatment for adults with eating disorders and their carers in Norfolk, as well as the staff of NCEDS who must be under immense pressure, given the low capacity of the service.

## Beat's work with NCEDS

Beat has a contract with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to work with Norfolk Community Eating Disorders Service (NCEDS) to help organise GP training (although NCEDS designs and delivers the training), to provide a telephone-based peer-coaching and support scheme for carers (called ECHO), and a two-day care skills training course for carers.

We have had difficulty in filling the course for carers, given the low number of patients which NCEDS currently has the capacity to provide treatment for.

## Access to treatment at NCEDS

The limited capacity of NCEDS means that in practice most adults with an eating disorder in Norfolk will be unable to access specialist treatment. We would like to highlight to the commissioners that when treatment is only accessible to the most severely ill, this sends a terrible message to people with eating disorders that they are not 'ill enough' to deserve treatment. Access based on BMI can encourage those who are desperate for help to try to lose more weight. It is also a false economy because of the severe deterioration that is likely as people wait for treatment, often leading to planned or emergency hospital admissions.

The limited capacity of NCEDS will also mean that the safety of a high proportion of adults with eating disorders will be dependent on GPs and other non-specialists, who may not be equipped to detect signs of deterioration and medical risk. **We would like the committee to consider whether NCEDS current capacity is limiting their ability to offer advice and assistance to GPs, including in terms of the interpretation of blood results.**

A GP has recently said to us that NCEDS is only accepting referrals of people with a BMI of less than 15 (presumably with the exception of the priority groups mentioned in the [January Norwich CCG board paper](#)). Making decisions about offering treatment based purely on BMI alone (or any other single measure) contradicts NICE guidance. BMI *alone* is a very unreliable measure of medical risk. Patients who are losing weight rapidly or those with an average BMI but who are frequently bingeing and purging can be at just as much or even greater medical risk than someone with a very low BMI. **Whilst the current staffing levels make high access thresholds inevitable, we would like the commissioners and provider to clarify the criteria being used to determine the severity of referrals to NCEDS.**

## Staffing levels and mix

The [Norwich CCG governing body's January board paper](#) refers to a backlog of referrals having built up "*whilst awaiting decision from CCG*". The CCG is not named but presumably this refers to the lead commissioner. **Why was the decision to recruit a Band 7 Psychologist delayed, given the serious risks to the lives of patients that will result from understaffing an eating disorders service?**

In response to the PHSO report NHS England commissioned the NHS Benchmarking Network to conduct a national audit of Adult Eating Disorders Services in 2017. **There may be opportunities through this network for the Trust and commissioners to identify and make contact with others who could offer advice on service model/staffing and recruitment and retention.**

### **Transitions/Coordination of care**

Following a review commissioned by North Norfolk CCG, in 2014 Dr Christine Vize made a series of recommendations to the CCG, one of which was that: *“Patients receiving active treatment from another service, who are then transferred to the care of NCEDS need to carry on in treatment without interruption. Transfers therefore require a different care pathway to that used for new referrals.”* [The January CCG board paper for Norwich CCG](#) stated that patients transitioning from children and young people’s services and from inpatient treatment are treated as priority cases at NCEDS. [Evidence provided to the Norfolk Safeguarding Adults Board](#) (NSAB) detailed a procedure for managing transitions between the local eating disorders service for children and young people to NCEDS but did not outline any such protocol for patients being transferred between services in different areas. **We would like the committee to investigate whether patients being transferred from Adult services in other parts of the country (including University students who are living away from home) are being sufficiently prioritised?**

In her review Dr Vize also recommended that: *“Two specifically named doctors should be given contracts with NNUH to enable them to share information about joint patients as a matter of course”*. In her [2018 report for Norfolk Safeguarding Adults Board](#), Gill Poole noted that this had not been achieved, although a Service Level Agreement between NCEDS and NNUH regarding information sharing for joint patients had been. **We would like to know if these honorary contracts are in place yet and if not, whether this is likely to hinder the ability of NCEDs and NNUH to share information on joint patients.**