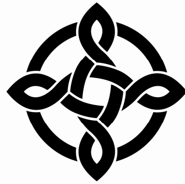

GIG CYMRU
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Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

Specialised Services Policy: Tier 4 Specialised Eating Disorder Services

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Revision History		
Revision date	Previous revision date	Summary of Changes
05/10/2011	04/10/2011	1. Reference to engagement with Tier 2 2. Definition of the three tiers provided within Wales
07/10/2011	05/10/2011	3. Replaced DSM definitions 4. Role of responsible clinician specified
09/10/2011	07/10/2011	5. South London and Maudsley risk assessment guidelines inserted 6. Tier 4 referral form inserted 7. Annexes renumbered 8. Minor ammendments to text 9. References inserted
10/11/2011	09/10/2011	10. Paragraph on concerns process added 11. Paragraph on equality impact assessment
15/12/2011	10/11/2011	12. EQIA section added
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Approvals		
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Policy Statement

<table>
<tr><td>Background</td><td>Welsh Health Specialised Services has the responsibility for planning Tier 4 Specialised Eating Disorder Services on behalf of all seven LHBs. Each Local Health Board local Eating Disorder Services, including re-feeding of patients within local acute services.</td></tr>
<tr><td>Statement</td><td>All referrals into the Tier 4 services must be managed through the specified gatekeeping arrangements. All referrals must have been seen and assessed by the Tier 3 Specialist Eating Disorders Service, and evidence of engagement by the local teams must be demonstrated. The aim is to ensure that the pathway of care between each tier and service is well coordinated.

Referral for in-patient treatment will be considered for those patients where all of the following criteria are met:
The Primary Diagnosis is that of an Eating Disorder.
AND
Community & inpatient treatment has been exhausted and is recognised as failing to bring about recovery
AND
level of severity of physical risk due to the eating disorder is indicated by at least 1 parameter being within the ‘Concern’ range of the South London & Maudley risk assessment guidelines (see attached) apart from BMI
AND
The patient must be compliant with the interventions or require involuntary treatment under a Section of the Mental Health Act in order to preserve the safety of the patient in the short-term.</td></tr>
<tr><td>Responsibilities</td><td>All referrals to Tier 4 services must be considered by the Tier 3 MDT which acts as the gatekeeper for all out of area referrals to specialised inpatient eating disorder services. The Tiers 2 and 3 MDT services are responsible collectively for undertaking the case formulation and the Tier 3 Clinical Lead will manage the decision making process and will liaise with Tier 4 services.</td></tr>
</table>

Table of Content

1. Aim 5
1.1 Introduction 5
1.2 Relationship with other Policy and Service Specifications. 5
2. Scope 6
2.1 Definition 6
2.2 Codes 6
3. Access Criteria 7
3.1 Clinical Indications 7
3.2 Criteria for Treatment 7
3.3 Referral Pathway 8
3.3.1 Tier 2 and 3 roles and responsibilities 8
3.3.2 Gatekeeping Process 9
3.4 Exclusions 10
3.5 Putting Things Right: Raising a Concern 11
3.6 Equality Impact Assessment Statement ...... **Error! Bookmark not defined.**
4. Checklist 12
Appendix i South London and Maudsley Risk Assessment Guidelines ... 14
Appendix ii Referral Pathway 15
Appendix iii Tier 4 Referral Form 16

1. Aim

1.1 Introduction

The document has been developed as the policy for the planning of Tier 4 Specialised Eating Disorder Services for Welsh patients.

The purpose of this document is to:

- clearly set out the circumstances under which patients will be able to access Tier 4 Specialised Eating Disorder services;
- clarify the referral process and gatekeeping arrangements for Tier 4 services;
- and define the criteria that patients must meet in order to be referred.

1.2 Relationship with other Policy and Service Specifications.

This document should be read in conjunction with the following documents:

- Commissioning policy for Child and Adolescent Mental Health

.

2. Scope

2.1 Definition

This planning policy covers Tier 4 Eating Disorder Services as set out in WHC (2003) 63 (B Mental Health). The term eating disorders refers to a variety of disorders:

- Anorexia nervosa
- Atypical anorexia nervosa
- Bulimia nervosa
- Atypical bulimia nervosa
- Eating disorder, unspecified

Anorexia Nervosa is a syndrome in which the individual maintains a low body weight as a result of a preoccupation with body weight, construed either as a fear of fatness or pursuit of thinness (NICE 2004[1]).

Bulimia Nervosa is characterised by recurrent episodes of binge eating and compensatory behavior (vomiting, purging, fasting or exercising or a combination of these) to prevent weight gain (NICE 2004[1])..

Eating disorders syndromes encompass physical, psychological and social features. They are frequently chronic conditions with substantial long-term physical and social sequalae from which recovery is difficult. The resulting morbidity and cost of treatment can be considerable, impinging on primary health care and hospital inpatient and outpatient facilities.

Welsh Health Specialised Services has the responsibility for planning Tier 4 Specialised Eating Disorder Services on behalf of the LHBs. Local Health Boards retain the responsibility for planning local Eating Disorder Services, including refeeding of patients within local acute services.

2.2 Codes

ICD 10 Code	Description
F50.0	Anorexia nervosa
F50.1	Atypical anorexia nervosa
F50.2	Bulimia nervosa
F50.3	Atypical bulimia nervosa
F50.9	Eating disorder, unspecified

[1] National Institute of Clinical Excellence (2004): *Eating Disorders, Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related disorders*, Jan 2004. Clinical Guideline 9. National Institute of Clinical Excellence.

3. Access Criteria

3.1 Clinical Indications

The clinical indications for referral to Tier 4 services are recognised eating disorders such as anorexia nervosa, or bulimia nervosa, where the patient requires specialist inpatient intensive treatment, structure and support in order to recover.

Patients must demonstrate motivation and a commitment to every aspect of their treatment plan. Specialist inpatient treatment may still be considered if motivation and compliance is low but:

- the patient is very high risk;
- use of Mental Health Act procedures are appropriate;
- and specialist inpatient care is considered by the treating team to be instrumental in improving the patient's motivation and commitment to treatment.

Those who are very ill because of the severity of their eating disorder may need to be admitted to a general medical unit before being referred to the Tier 4 eating disorder service. At an appropriate stage, the patient may be transferred to the Tier 4 Specialist Eating Disorders Service, to a local psychiatric inpatient unit, or into the community, according to the agreed goals of further intervention at that time.

3.2 Criteria for Treatment

Referral for in-patient treatment will be considered for those patients where all of the following criteria are met:

- The Primary Diagnosis is that of an Eating Disorder;

AND

- Community & local inpatient treatment within the local Tier 2 and 3 eating disorders services have been exhausted and are recognised as failing to bring about recovery;

AND

- level of severity of physical risk due to the eating disorder is indicated by at least 1 parameter being within the 'Concern' range of the South London & Maudsley risk assessment guidelines (Appendix i) apart from BMI;

AND

- The patient must be compliant with the interventions or require involuntary treatment under a Section of the Mental Health Act in order to preserve the safety of the patient in the short-term.

As an emergency presentation, there should be at least 1 parameter within the 'alert' range of the South London and Maudsley risk assessment guidelines (Appendix i) apart from BMI, and the patient should be medically stable for admission to a Tier 4 Specialist Eating Disorder Unit. If the patient is not stable a medical re-feeding and stabilisation programme should be undertaken on a designated local medical ward in accordance with the guidance set out in MARSIPAN Guidelines[2] and Eating Disorders Framework for Wales[3].

Leave from hospital should be planned through negotiation with the care team after discussion with service users, carers, and local services, where appropriate. The practicalities in relation to leave arrangements should be considered. Service users local teams must be informed in advance of periods of leave and a risk assessment undertaken with a clear contingency plan for return to Tier 4.

3.3 Referral Pathway

Under the policy all individuals that meet the specified access criteria can be referred through the gatekeeping process (Appendix ii) to Tier 4.

3.3.1 Tier 2 and 3 roles and responsibilities

The provision of services for people with an eating disorder includes a range of clinical services across a number of tiers in line with the Eating Disorders Framework for Wales[3] as follows:

Tier 1: These encompass the range of services available within Primary Care. This should involve assessment and brief interventions for patients who have mild Eating Disorders. Medical monitoring will also be provided by General Practitioners in primary care for patients who have moderate to severe Eating Disorders.

Tier 2: These include the range of services within the secondary adult mental health service of the Local Health Board. This should involve assessments and interventions for patients who have moderate to severe Eating Disorders, including care coordination of all patients held jointly by local Tier 2 & 3 services. Tier 2 services will also retain the role of Responsible Medical Clinician, with consultation from the Tier 3 consultant psychiatrist.

[2] Royal College of Psychiatrists (2010): MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa *available at* http://www.rcpsych.ac.uk/files/pdfversion/CR162.pdf
[3] Welsh Assembly Government (2009): Eating Disorders: A Framework for Wales *available at http://wales.gov.uk/docs/dhss/publications/090703eatingdisorderframeworken.pdf*

Tier 3: These include the range of services available within the specialist eating disorders services that are provided across four regions of Wales.:

- Abertawe Bro Morgannwg and Hywel Dda
- Aneurin Bevan and South Powys
- Betsi Cadwaladr and North Powys
- Cardiff and Vale and Cwm Taf

These services include direct input with patients and their families for assessment and intervention, and indirect clinical activity in the form of consultation and training for professionals within Tier 1 and 2. The four regional Tier 3 services are linked through the Wales Eating Disorders Clinical Network.

Each Tier 3 Specialist Eating Disorders Multi Disciplinary Team has established systems to enable:

- Safe and timely referral of high risk Eating Disorder Patients from Tier 2 to Tier 3
- Responsive, comprehensive multi disciplinary Tier 3 Service assessment.
- Forum for shared Tier 2 and Tier 3 formulation of need, risk and care planning.

For those patients who require more intensive specialist inpatient Tier 4 Treatment as described in the referral criteria of the WHSSC policy, Tier 2 and Tier 3 clinicians will collectively identify:

- The Tier 2 Care Co-ordinator who will remain involved during the Tier 3 and 4 Treatment pathway
- The lead clinician at Tier 3
- Clear goals for Tier 4 treatment
- Discharge indicators for a managed transition to local Tier 3 and Tier 2 services.

3.3.2 Gatekeeping Process

Under the policy all individuals that meet the specified access criteria can be referred through the gatekeeping process (Appendix ii) to Tier 4.

All referrals to Tier 4 services must be considered by the Tier 3 MDT in consultation with the Tier 2 MDT, with the Tier 3 team acting as the gatekeeper for all out of area referrals to specialised inpatient eating disorder services. The Tiers 2 and 3 MDT services are responsible collectively for undertaking the case formulation and the Tier 3 Clinical Lead will manage the decision making process and will liaise with Tier 4 services. If the Tier 3 Clinical Lead from the patient's area is not available

to participate in this process, then the Tier 3 team will contact the Clinical Lead of one of the other Tier 3 teams to undertake this role. If it is indicated that the patient would benefit from admission to Tier 4 services, the Tier 3 Clinical Lead will liaise with the Tier 4 inpatient service to discuss the need for an admission and agree a date for admission with the appropriate risk management arrangements for transfer. The Tier 3 MDT will also be responsible for identifying the clinical goals and the determining discharge criteria from the Tier 4 service in agreement with the local Tier 2 service, and these will be included within the referral from Tier 3 and the care plan developed by Tier 4. All referrals are made using the Tier 4 referral form (Appendix iii)

Prior to admission the receiving service will undertake an assessment in an appropriate setting. Such assessments include information on physical, psychological and social functioning, risk factors and family support.

Following the assessment if the Tier 4 service agrees that admission is appropriate, with reference to the clinical goals and discharge criteria, they will agree a date for admission with the patient. If there are no beds available, the patient will be placed on a waiting list for admission and prioritised according to clinical need.

The arrangements for authorising funding vary according to the contractual arrangements for Tier 4 in North and South Wales.

South Wales

Tier 4 services for South Wales are commissioned on a cost and volume contract with Oxfordshire Health NHS Foundation Trust. This means that the gatekeepers in South Wales can approve referrals for admission under the contract, without seeking funding authorisation from WHSSC.

However, in the rare cases where the gatekeeper approves a referral to an alternative centre, funding authorisation will be required from WHSSC prior to the receiving centre admitting the patient.

North Wales

There is no contract in place with a Tier 4 service for North Wales, and as a consequence services are commissioned on a cost per case basis. This means that whilst the gatekeepers in North Wales can approve referrals for admission, funding authorisation will be required from WHSSC prior to the receiving centre admitting the patient.

3.4 Exclusions

Referral under this policy does not cover the following groups:

- Patients who need admission to a forensic service.
- Patients who have a severe learning disability.
- Patients that do not have an Eating Disorder as a primary diagnosis, for example depression, personality disorder or alcoholism, the patient must be referred to the appropriate Adult service for treatment of their Primary Disorder.

3.5 Putting Things Right: Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided. The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern:

- When a patient or their representative is unhappy with the decision, of the gatekeeper, that the patient does not meet the criteria for treatment and that the patient is not an exceptional case, the patient and/or their representative has a right to ask for this decision to be reviewed. The review should be undertaken, by the patient's Local Health Board, in line with section 7 of the All Wales Policy: Making Decisions on Individual Patient Funding Requests;

When a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB arrangements for NHS Putting Things Right.

4. Checklist

The following checklist should be completed and retained as evidence of policy compliance by the receiving centre. It is expected that this evidence will be provided at the point of invoicing by the receiving centre.

Please tick the appropriate boxes:

Patient is Welsh resident		Patient is English but has Welsh G.P.	
Authorised via IPM / IPFR		Authorised via TRM	
IPM / IPFR / TRM Reference Number	*Please enter IPM / IPFR/TRM reference number*		
Referral for in-patient treatment will be considered for those patients where all of the following criteria are met:			
• The Primary Diagnosis is that of an Eating Disorder;			
• Community & local inpatient treatment within the local Tier 2 and 3 eating disorders services have been exhausted and are recognised as failing to bring about recovery;			
• level of severity of physical risk due to the eating disorder is indicated by at least 1 parameter being within the 'Concern' range of the South London & Maudsley risk assessment guidelines (Annex 1) apart from BMI			
• The patient must be compliant with the interventions or require involuntary treatment under a Section of the Mental Health Act in order to preserve the safety of the patient in the short-term.			
Please specify the exceptional circumstances in this case			

5. Equality Impact and Assessment

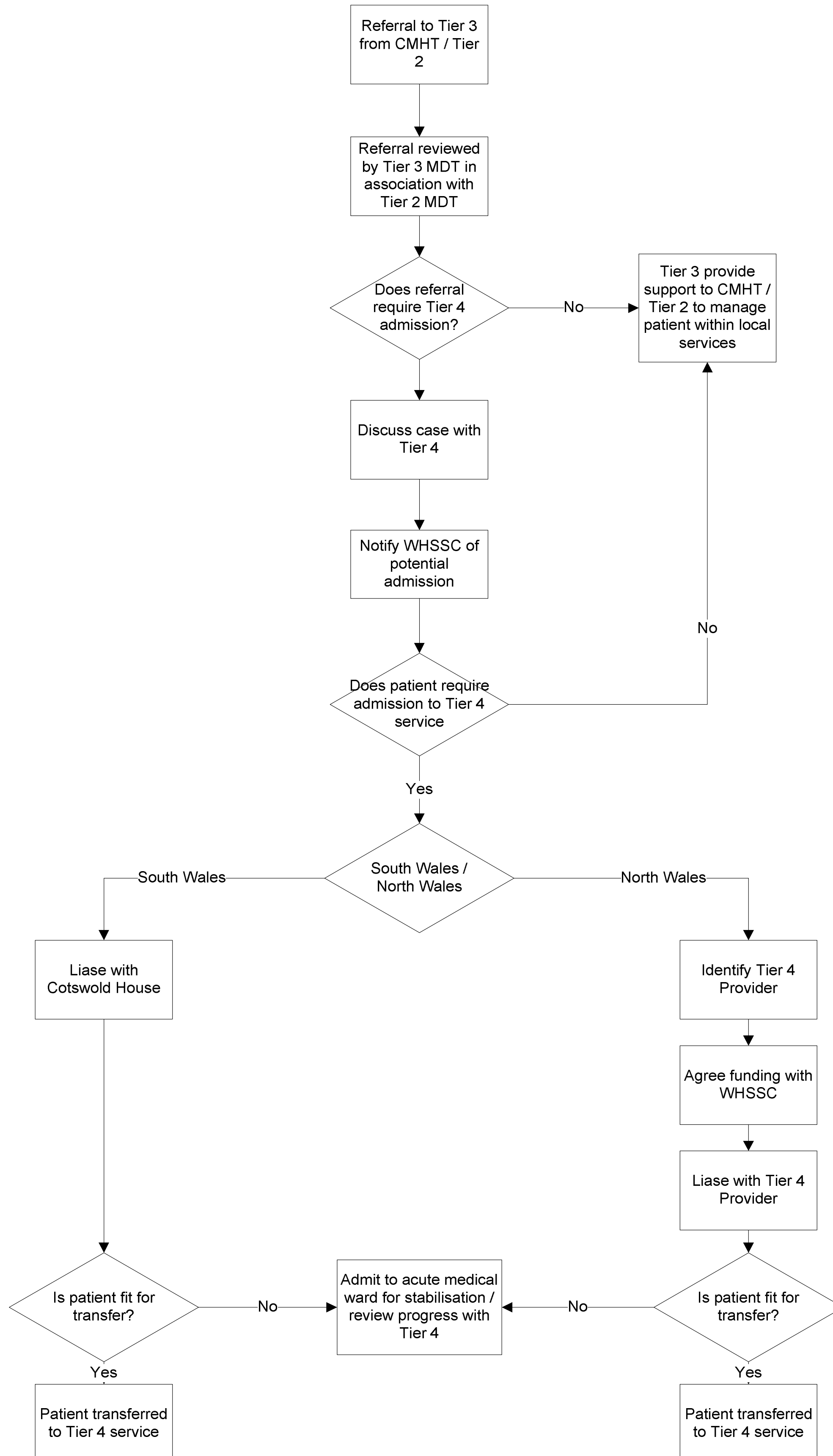
The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (welsh).

This policy has been subjected to an Equality Impact Assessment. The Assessment has shown that there will be no adverse effect or discrimination made on any individual or particular group.

Appendix i South London and Maudsley Risk Assessment Guidelines

SYSTEM	Test or Investigation	Date	Outcome	Concern	Alert
Nutrition	BMI			**<14**	**<12**
	Weight loss per week			**>0.5kg**	**>1.0kg**
	Skin Breakdown			**>0.1cm**	**>0.2cm**
	Purpuric				**+**
Circulation	Systolic BP			**<90**	**<80**
	Diastolic BP			**<70**	**<60**
	Postural drop (sit –stand)			**>10**	**>20**
	Pulse Rate			**<50**	**<40**
	Extremities				**Drk blue cold**
Musculo-skeletal (squat Test Sit up test)	Unable to get up without using arms for balance			**+**	
	Unable to get up without using arms as leverage				**+**
	Unable to sit up without using arms as leverage			**+**	
	Unable to sit up at all				**+**
Bone scan (DEXA)	Osteopenia			**+**	
	Osteoporosis				**+**
Temperature				**<35C <98.0F**	**<34.5 <97.0F**
Bone Marrow	WWC			**<4.0**	**<2**
	Neutrophil count			**<1.5**	**<1.0**
	Hb			**<11**	**<9.0**
	Acute Hb drop (MCV and MCH raised – no acute risk				**+**
	Platelets			**<130**	**<110**
Salt /water balance	K+			**<3.5**	**<3.0**
	Na+			**<135**	**<130**
	Mg++			**<0.5-0.7**	**<0.5**
	PO4--			**<0.5-0.8**	**<0.5**
	Urea			**>7**	**>10**
Liver	Bilirubin			**>20**	**>40**
	Alkaline Phosphatase			**>110**	**>200**
	AsT			**>40**	**>80**
	ALT			**>45**	**>90**
	GGT			**>45**	**>90**
Nutrition	Albumin			**<35**	**<32**
	Creatine Kinase			**>170**	**>250**
	Glucose			**<3.5**	**<2.5**
Differential Diagnosis	TFT				
ECG	Pulse rate			**<50**	**<40**
	Corrected QT intervals (QTc)				**>450 msec**
	Arrhythmias				**+**

Appendix ii Referral Pathway



Appendix iii Tier 4 Referral Form

<table>
<tr><td>Date:</td><td colspan="2">TIER 4 REFERRAL FORM</td><td></td></tr>
<tr><td>Name:</td><td>DOB:</td><td>Marital Status:</td><td>Hospital No.:</td></tr>
<tr><td rowspan="2">Address:

Tel:</td><td colspan="2">Occupation:</td><td>MHA Status:</td></tr>
<tr><td colspan="2">NOK:</td><td>Current observation level:</td></tr>
<tr><td>Tier 2 CMHT Address</td><td colspan="2">Tier2 Care Co-ordinator:

Tel:
Mob:
Email</td><td rowspan="2">GP Contact Details:</td></tr>
<tr><td rowspan="2">Tier3 Address:</td><td colspan="2">Tier2 Consultant Psychiatrist

Tel:
Mob:
Email</td></tr>
<tr><td colspan="2">Tier 3 Specialist Eating Disorders Service Lead Therapist :

Tel:
Mob:
Email</td><td>Tier3 Specialist Eating Disorders Service Clinical Lead:

Tel:
Mob:
Email</td></tr>
<tr><td colspan="4">History Genogram</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">History: see guidance notes.</td></tr>
</table>

TIER 2/3 CARE PLAN GOALS TO DATE		OUTCOME	
1		**1**	
2		**2**	
3	.	**3**	
4		**4**	.

CURRENT PRESENTATION (INCLUDE ESTIMATION OF RISK IN EACH DOMAIN AND OVERALL RISK)	
Medical + risk sheet Page 4	
Mental State	
Psychological	
Dietetic	
Psychosocial	
Other	
Overall Risk	

	TIER 4 REFERRAL OBJECTIVES	KEY DISCHARGE INDICATORS
Physical		
Nutritional		
Psychological		
Psychosocial		
Mental State		
Other		

COMMUNICATION REPORTING PLAN	**RESPONSIBILITY OF:**
Tier 4 and Tier 3	
VERBAL/TELEPHONE:	
WRITTEN INCLUDING E: MAIL:	
MEETINGS:	
PATIENT:	
CARER:	
Tier 3 and Tier 2	**RESPONSIBILITY OF:**
VERBAL/TELEPHONE:	
WRITTEN INCLUDING MAIL:	
MEETINGS:	
PATIENT:	
CARER:	
Tier 3 and WHSSC	**RESPONSIBILITY OF:**

Tier4 Referral Form completed by:	
Name	**Designation:**

Written Reports to be cc to:			
Name/Designation	Address	Tel:	Email: