

Our Ref: NG/RM/24408
Date: 5th December 2024

Nicola Griffiths
Deputy Director of Governance
North Staffordshire Combined Healthcare NHS Trust
Lawton House
Bellringer Road
Trentham
ST4 8HH

Reception: 0300 123 1535

Dear

Freedom of Information Act Request

I am writing in response to your e-mail of the 13th November 2024. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:

Please find attached a request for information relating to treatment and outcomes for adult patients with eating disorders in the North Staffordshire Combined Healthcare NHS Trust.

To reiterate a note from the letter, none of my questions relate to any patients' personal or identifiable information, and that is in no way the intention of my questions.

Please see Appendices 1 and 2 attached.

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely



Nicola Griffiths
Deputy Director of Governance

Dear Information Officer,

Please release the following information relating to treatment and outcomes for adult patients with eating disorders:

1. All available treatment pathways for patients with eating disorders in the Trust's various specialist services (e.g. inpatient / day patient / community)?

Please select all treatments and settings that apply:

- a. Early intervention pathway (such as FREED)
- b. Recovery focused pathway (not early intervention)
- c. Medical management or stabilisation pathway (such as MEED)
- d. Pathway for long-standing eating disorders (such as SEED)
- e. End of life pathway (such as palliative care)
- f. Any other type of treatment pathway not otherwise included
- g. No named pathway (e.g. monitoring rather than active treatment)

Suggested table to provide answers split by available pathways and available settings.

	Inpatient service	Day Patient service	Outreach service	Community service	Other service (please specify)
a. Early intervention pathway (such as FREED)				✓	
b. Recovery focused pathway (not early intervention)				✓	
c. Medical Management or stabilisation pathway (such as MEED)				✓	
d. Pathway for long-standing eating disorders (such as SEED)				✓	
e. End of life pathway (such as palliative care)				x	
f. other pathway (please specify)					
g. No named pathway (e.g. monitoring)					

2. The number of eating disorder patients in total on each available pathway and in each available setting so far this year and in each of the past 5 years.
 - If you can't break the pathways down by setting, please provide the total number on each pathway across the Trust, regardless of setting.
 - If you can't break the settings down by pathway, please provide the total number in each setting within the Trust, regardless of pathway.
 - If possible, please give inpatient numbers separately for SEDU/ acute wards/ mental health wards / general wards etc.

We are unable to provide the requested information due to the data collection system.

Suggested table to provide answers:

		2024 todate	2023	2022	2021	2020	2019
Early intervention pathway (such as FREED)	TOTAL						
	Inpatient						
	Day Patient						
	Outreach						
	Community						
Recovery focused pathway (not early intervention)	TOTAL						
	Inpatient						
	Day Patient						
	Outreach						
	Community						
Medical management or stabilisation pathway (such as MEED)	TOTAL						
	Inpatient						
	Day Patient						
	Outreach						
	Community						
Pathway for long-standing eating disorders (such as SEED)	TOTAL						
	Inpatient						
	Day Patient						
	Outreach						
	Community						
End of life pathway (such as palliative care)	TOTAL						
	Inpatient						
	Day Patient						
	Outreach						
	Community						
Other pathway (please specify)	TOTAL						
	Inpatient						
	Day Patient						
	Outreach						
	Community						
No named pathway (e.g. monitoring)	TOTAL						
	Inpatient						
	Day Patient						
	Outreach						
	Community						
Total in Inpatient services							
Total in Day Patient Services							
Total in Outreach services							
Total in Community Services							
OVERALL TOTAL EATING DISORDER PATIENTS IN TRUST							

3. The number of patients in total with an eating disorder that have died of any cause so far this year and in each of the past 5 years.

Year	2024 to date	2023	2022	2021	2020	2019
Number of deaths	0	0	0	0	N/A	N/A

4. Of the patients in question three, above, please provide the location in which the death occurred, for example, in an acute hospital, in the Specialist Eating Disorder Unit, in a palliative care setting, elsewhere in the Trust, or outside any Trust setting.
N/A

Location	2024 to date	2023	2022	2021	2020	2019
Acute hospital						
SEDU						
Palliative care setting						
Elsewhere in Trust (please specify)						
Outside Trust						

5. Please provide a copy of your Trust's SEED (Severe and Enduring Eating disorder) pathway or similar pathway for patients with long-standing eating disorders.

Please see Appendix 2 attached.

To be clear, none of my questions relate to any patients' personal or identifiable information, and that is in no way the intention of my questions.

Seeds pathway/Physical Health Monitoring Clinic

Aim/purpose of SEEDS pathway.

To ensure that those patients with severe and enduring eating disorders still receive good care, that continues to support patients reach their goals and manages risk as safely as possible.

The SEEDS pathway is responsive and patients can move into active therapy at any point.

Aim of pathway will also be to review in person centred way the physical, psychological and social difficulties they may be experiencing.

Support for carers will also be part of this pathway if appropriate and consent given.

Protocol

- Discussion to be had at MDT to decide if pt should move to the SEEDS pathway.
- Risk assessments, care-plan outlining agreed plan to be completed.
- Capacity assessed and documented.

Plan

Review Clinic held on monthly basis, frequency of attendance for each service user to be agreed as part of care plan. Psychiatrist, Dietitian, Therapist to attend. HCSW to support physical obs. To review current physical/psychological state and suitability to engage/re-engage in active therapy.

Physical obs

Height, weight, BP sitting and standing, SUSS.

Glucose, Temperature to be taken depending on presentation on the day.

Bloods

AN- low but stable-Minimum of annual bloods and ECG. Dexa and pelvic scan if appropriate. Dexa could be up to every 2 yrs once base line obtained.

For BN minimum of bloods every 3mts-depending on presentation.

Loss of 1kg or more over 4wk period will trigger bloods.

Crisis Management

Preferred option is admission to Kinver via Collaborative.

To consider threshold for this.

Physical Health Monitoring Clinic

Clinic to be held on Tuesday mornings.

HCSW will conduct the clinic with ANP overseeing.

Those patients that will move to monitoring pathway will have review with Psychiatrist, therapist/care-co and dietitian if appropriate, to develop physical health care plan. Capacity will also be assessed at this review and documented. This information will also be part of weight charts for each patient saved on x drive for ease of access.

Frequency of review at monitoring clinic to be discussed as part of MDT. Section will be included on agenda.

Bloods -as agreed in careplan-

Blood pressure-sitting and standing.

Pulse

SUSS

BM and temp as needed if patient presenting with symptoms. Other tests such as urine (pregnancy/diabetes) as required/requested by medic.

Escalation if not attending

If patient does not attend. Phone call from HCSW/ACP that day to see why did not turn up. Therapist/care co to be advised that did not attend. Further clinic apt to be sent via letter and documented on Lorenzo of non-attendance. If 2 or more appointments missed to be brought to MDT and agree plan. Noted on risk assessment if not engaging.

Qualified member of staff to be available for support/guidance for HCSW on clinic day. Will be ACP unless other commitments.