

MEED Highlights for the CAMHS Clinician

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Overview

- Location of care/transfer between services
- Policies & protocols
- Commissioning & managerial challenges



Where should treatment take place?

Decisions about location of care should be made in the patient's best interest;

- Medical/paediatric bed (typically 3 weeks).
- Specialist eating disorders bed (SEDB): this is a general psychiatric bed that has all services that would be provided in a SEDU.
- Specialist eating disorders unit (SEDU) bed, which may be in the NHS sector, or the independent sector commissioned by the NHS.

Units treating patients with eating disorders should be members of a quality network (QNIC).

Transfer between services

- **Primary to secondary care;** Normal blood tests can be falsely reassuring. A patient with a severe eating disorder can deteriorate rapidly, and should be referred without delay.
- **Transfer from one unit to another;** Consider different needs of paediatric/medical and psychiatric units.
- **Transfers between CAMHS and adult services;** Often there is a significant cultural and resource difference, which results in less than 5% having an optimal transition (TRACK).

Young People aged 16-18

- **Young people aged 16–18** are particularly at risk if they fall between paediatric and adult services. We advocate specific discussion with local providers about patients in this age group, in which many ‘paediatric’ issues such as impaired growth and development are still prominent and need of paediatric expertise. Moreover, at any age, discussions about physical, psychiatric, dietetic and nursing management should take place between members of those professional groups in both locations, with written handovers. In any setting, it is essential that, if the patient’s needs exceed the capability of ward staff, help, support and advice is requested from the appropriate service.

Checklist of key stages to address around transfer

From Royal College of Psychiatrists report CR208153:

- Awareness of possible problems including lack of capacity
- Early identification of need to transfer and notification
- Involve family and carers
- Flexible timing
- Good communication between services, patient and family
- Transition coordinator appointed
- Provide comprehensive information
- Both sending and receiving units to have clear protocols and pathways
- Patient-centred transition plan
- Multidisciplinary discharge planning meeting with both units represented
- Overlap period of joint working
- Respect for patient's attachments and therapeutic alliances
- Follow RCPsych CR208 standards for transfer and QED standards for EDSs154

Appendix 4:
Handover
template from one
clinical area to
another for eating
disorders

Policies and protocols

- Recommendation to develop formal groups between EDSs and acute Trusts, with commissioning representation and establish local protocols/SOPs;
 - Developing joint protocols and clear policies across the different tiers of healthcare services
 - Ensuring seamless transitions of care
 - Clarifying the roles and responsibilities of the members, including the lead professional(s)
 - Collating contact details of relevant services
 - Agreeing frequency of reviews, and process for seeking advice and consultation

Clinical Guidance

- Admission and discharge across services
- Psychiatry input
- Nutritional rehabilitation
- Physical complications
- Behavioural manifestations of eating disorders.
- Nursing
- Legal framework
- Responsibilities of primary care teams

Challenges for commissioners and managers

- Knowledge and training about the content of MEED should be required for all frontline staff. Trusts and other relevant NHS organizations should ensure junior and senior medical and nursing staff, dietitians and other relevant staff receive mandatory training, both at induction and ongoing.
- There should be clear guidance on the funding of special nursing.
- MEED proposes psychiatric units develop resources and training to treat EDs, including the offer of NGT feeding.
- Support developments of day care.
- Require that standards are audited, monitored and maintained.

“Commissioners and managers have a crucial role to play in improving the clinical care of patients with eating disorders. They can demand that awareness of the issues raised in this guidance is integrated into policy and practice in all relevant NHS contexts, especially emergency departments, medical and paediatric wards and psychiatric inpatient units”