

PURPOSE OF THIS PAPER

This paper seeks to introduce the Health Overview and Scrutiny committee to the work to date on the Eating Disorder Service review currently under way across Kent and Medway PCT Cluster (NHS Kent and Medway). Due to the nature of the project being cross PCT boundaries, we would request consideration be given as to how Kent and Medway HOSC's will form a joint HOSC or working group in order to consider the draft options appraisal, when prepared, for service change.

INTRODUCTION

Kent and Medway NHS and Social Care Partnership Trust are the main providers of services to people with eating disorders in Kent and Medway. Inpatient treatment is provided at the Red House in Maidstone, which also offers Outpatient treatment and a Day programme. Outpatient treatment for the population of East Kent is provided by a small team working out of a number of locations in the area. From April 2010-March 2011, the service saw just over 1,700 patients. In March 2011 there were 32 admissions, 15 for Eastern and Coastal Kent, 7 for Medway and 11 for West Kent.

There are 4 Primary Care Specialist Nurses who offer Early Intervention on eating disorders in East Kent, Dartford and Medway; there is no specialist nurse in Maidstone. Tertiary care for complex cases, where interventional feeding if necessary is administered via a nasogastric tube, is provided out of area by Cygnet Hospital and Maudsley Hospital.

The following table sets out the services according to current location (NB. these services are available to *all* residents in Kent and Medway, irrespective of where they live):

	Primary Care Liaison	Outpatient	Inpatient treatment	NG feeding
West Kent	√ (in D,G&S)	√	√	x
East Kent	√	√	x	x
Medway	√	x	x	x

The Kent and Medway Specialist Mental Health commissioners are committed to providing an accessible, high quality Eating Disorders Service (EDS). They recognise that the current service is inadequate in clinical and financial terms: there is disparity across the county in terms of access to services, very long waiting lists and an disproportionate amount of funding being spent on out of area placements. Conducting a draft options appraisal has allowed the stakeholder steering group to focus on a more effective use of the resources in order to provide a quicker, more responsive Eating Disorders Service for the population of Kent and Medway.

CONTEXT

In order to understand the current model of care, the information below gives an overview of service provision across Kent and Medway.

Primary Care Liaison Service:

- This service is made up of (4) Primary Care Specialist Nurses in East Kent (2), Medway (1) and Dartford, Gravesham and Swanley (1), who work out of their respective localities with referrals from primary care, aged 14 upwards who have recent onset eating disorders or difficulties, for early intervention. There is no Primary Care Specialist Nurse in Maidstone.
- The overall capacity of this service is 40 patients
- From January - December 2010 the service saw 78 patients

Outpatient service.

- This service holds a caseload of patients with severe eating disorders, referred from secondary care and who are treated in the community
- The service is based at the Red House (for patients in West Kent) and in various localities in East Kent.
- This service has a capacity of approximately 60 patients.
- Between April 2010 and February 2011 the service was provided to 154? patients.

Day Programme:

- This service is for patients who require intensive treatment but whose condition can be managed effectively through the Day programme
- This service is based at the Red House
- This service has a capacity of 4 patients.
- In 2010-2011 the service was provided to 22 patients.

Inpatient provision:

- This service is for acute cases of patients with chronic and often enduring eating disorders
- This service is based at Red House
- This service has a capacity of 6 patients
- In 2010-2011 the service saw 22 patients

Inpatient provision with interventional feeding:

- Some complex cases patients require intensive tertiary care treatment involving nasogastric feeding. Currently patients in Kent and Medway who require this treatment are sent out of area to Cygnet Hospital. Cygnet Hospital Ealing is a specialist inpatient services for severely ill patients. Treatment includes therapy, nutritional counselling, group support and complementary therapies; average length of stay is a minimum of 6 months.
- In 2010-2011, 14 patients were sent to Cygnet and 1 to the Maudsley (7 for complex needs, 3 due to lack of beds at the Red House, 2 for NG feeding and 1 for unmanageable behaviour)

COMMISSIONING OBJECTIVES

The objective to **identify a model of care that will enable timely access to a good quality Eating Disorders Service for the population of Kent and Medway**. Improving access to high quality, responsive, community-based, Primary Care Specialist Nurses is a key component of this objective.

PROGRESS TO DATE

In February 2011 an options appraisal of the service was commissioned. On February 11 2011 a stakeholder steering group meeting of service users, carers, healthcare professionals and providers was held to initiate discussions about the options appraisal.

From February to May 2011, the project lead contacted staff, providers, GP's, staff and services users to generate a list of options for the service. A carer's questionnaire has been undertaken across Kent and Medway to gather initial insight into patient experience of the service. During this pre consultation stage, the project lead interviewed staff and attended a sufferers group to meet directly with patients. Telephone interviews with a small sample of service users was also undertaken.

Feedback from pre consultation work indicates that the issue is substantive for a small number of patients. Early engagement shows that patients are supportive of the general direction of travel. The main issues arising from a patient perspective was the waiting times for treatment, and an inequality in access to the service across the region. Patients felt that more education for primary care practitioners was needed to ease speedy referral to the service, with more support needed in the community.

In May, a draft options appraisal was circulated to the stakeholder steering group in order to discuss and debate the options and the criteria. Following this feedback and the findings from the pre consultation work, the options were amended and a financial analysis undertaken in order to assess the feasibility of the options.

NEXT STEPS

Good progress has been made to date, but more work needs to be done with support from the emerging Clinical Commissioning Groups across Kent and Medway, and with service users and carers before a finalised options paper can be presented.

It is anticipated that members of HOSC will be invited to attend, another stakeholder meeting as observers. The purpose of this will be for both Medway and Kent HOSC to better understand the case for change, and the complexity and sensitivity of issues surrounding the service, before they consider the case for change.

Following consideration of the substantial variation form it is expected that both Medway and Kent HOSCs will need to form a joint committee, or hold joint meetings to consider the Kent and Medway wide service, before moving into a formal consultation process.

This has initially been raised with both committees to consider how best this should be taken forward.