



**Healthy London  
Partnership**

# **Eating disorder access and waiting time standards for children and young people**

Overview of provider self-assessment against the Access and Waiting Time Standard for Children and Young People with an Eating Disorder

August 2018

Supported by and delivering for:



Public Health  
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London's NHS organisations include all of London's CCGs, NHS England and Health Education England

# Overview

- July 2015 – NHS England published “Access and Waiting Time Standard for Children and Young People with an Eating Disorder”.
- To identify a baseline of service provision in London against the standard, we asked hospitals/community providers to complete a self-assessment tool to reflect the eating disorder service they provide in January 2017.
- Understand areas where HLP CYP Programme could provide support to help hospitals/community providers meet the standard.
- In July 2018 in order to get an update on meeting the access and waiting time standard, providers were asked to update their self-assessment using the same tool.
- This summary report gives an high level overview of the self assessment.

# Overview

Self-assessment tool required hospitals/ providers to:

- Rag rate (Red, Amber, Green) their current position against 41 statements across 8 areas/themes.
- Provide an update against the statements:
  - including barriers to implementation
  - potential solutions to meet statements
  - action plan to meet/maintain compliance with statements.
- Responses from all hospitals/community providers in London received.

# Provider self-assessment 2017

Provider	Statement areas/themes							
	Co-morbidities management	Needs and provision	Evidence based care	Community model	NICE Concordant treatment standard	Engagement with CYP, families/carers	Demonstration of evidence based care	Transition and partnership working
NELFT	Amber	Green	Amber	Amber	Amber	Amber	Red	Amber
CNWL	Red	Red	Amber	Amber	Green	Red	Red	Red
WLMHT	Amber	Green	Amber	Amber	Amber	Amber	Red	Amber
Royal Free	Amber	Green	Red	Amber	Amber	Red	Amber	Green
SLAM	Green	Green	Green	Green	Amber	Amber	Amber	Green
SWLStG	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber
ELFT	Amber	Amber	Amber	Green	Green	Amber	Amber	Amber

Key	
Green	Statement met
Red	Statement is not met and to date no plans are in place that will help meet it
Amber	Plans in place to meet and working towards achievement of the statement

**Note:**  
Rag rating presented for area/theme rather than individual statements.

# Provider self-assessment 2018

Provider	Statement areas/themes							
	Co-morbidities management	Needs and provision	Evidence based care	Community model	NICE Concordant treatment standard	Engagement with CYP, families/ carers	Demonstration of evidence based care	Transition and partnership working
<b>NELFT</b>	Same rating: No changes	Maintained full compliance	Same rating: No changes	Same rating. Comments: No additional investment to meet additional demand	Same rating: No changes	Same rating: No changes	Improved Comments: Contract negotiations underway; QNCC self review completed	Same rating: No changes
<b>CNWL</b>	Improved Comments: Protocols/ care pathways now in place; relationships with paed, and CAMHS improved	Improved Comments: Needs assmt starting; baseline of provision done	Moved to full compliance	Same rating. Comments: Improved understanding of local need	Maintained full compliance	Improved Comments: Self referral; intensive 3 x per week support in place	Improved: Transitions CQUIN in place; evaluating impact started.	Improved. Comments: Training been delivered to schools; liaison protocols with paed.
<b>WLMHT</b>	Same rating. Comments: Care pathways/protocols now in place	Maintained full compliance	Same rating. Comments: Training with a range of professionals completed	Moved to full compliance: Fully staffed	Same rating. Comments: Improved compliance with waiting standard	Same rating. Comments: Duty system improved	Improved. Comments: CQUIN not needed as meeting standard; team training complete	Same rating. Comments: NMoC now in place
<b>Royal Free</b>	Same rating. Comments: Dropped rating on standardised assessment tool and links with CAMHS	Maintained full compliance	Same rating. Comments: CCGs do not wish self referral to be in place; improved links with schools	Moved to full compliance	Same rating. Comments: Not meeting routine RTT	Same rating. Comments: CCGs do not wish move to self referral	Same rating: Comments: Not members of QNCC-ED	Maintained full compliance
<b>SLAM</b>	Maintained full compliance	Maintained full compliance	Maintained full compliance	Maintained full compliance	Same rating. Comments: Not offering guided self help	Same rating. Comments: Continue to be unable to offer drop in due to lack of space	Same rating. Comments: Have recently joined QNCC-ED; CQUIN funding remains unclear	Maintained full compliance
<b>SWLStG</b>	Same rating. Comments: Some care pathways with outreach team	Fallen. Comments: Commissioned provision not able to meet demand	Fallen. Comments: No commissioning support for self referral	Same rating. Comments: Workforce needs to increase to meet increased demand	Same rating. Comments: More supervisory capacity needed; improved ability to respond to emergencies	Fallen. Comments: Commissioners have not agreed self referral; improved signposting	Same rating. Comments: CQUIN in place; evaluation in place	Same rating: No changes
<b>ELFT</b>	Same rating. Comments: Improved paed relationships and with GPs	Same rating. Comments: CYP now on recruitment panels; demand exceeding planned capacity	Moved to full compliance	Maintained full compliance	Maintained full compliance	Same rating. Comments: Home treatment more limited due to demand	Same rating. Comments: Team now had national training; joined QNCC-ED	Same rating. Comments: Developed protocol with paed using MARSIPAN

# 2018 Common areas of improvement

**Co-morbidities management**

Care pathways/protocols in place

**Needs and provision**

Overall understanding of need

**Evidence based care**

Self referral in place in most CEDS

**Community model**

In place in all areas

**NICE Concordant treatment standard**

Progressing to achieving waiting time standards

**Engagement with CYP, families and carers**

Duty systems and intensive support

**Demonstration of evidence based care**

CQUIN in place; some have joined QNCC-ED; completed whole team training

**Transition and partnership working**

Stronger relationships with schools and partners

# 2018 Common areas to develop

## Co-morbidities management

Continue to develop and strengthen care pathways/protocols

## Needs and provision

Demand exceeding commissioned capacity needs to be managed

## Evidence based care

Commissioners do not support self referral in all areas

## Community model

Strengthen understanding of need and capacity to meet that need

## NICE Concordant treatment standard

Continue to ensure progress to waiting time standards

## Engagement with CYP, families and carers

Commissioners do not support self referral in all areas

## Demonstration of evidence based care

Ensure all CEDS are members of QNCC-ED and have peer reviews

## Transition and partnership working

Continue to strengthen