

Medical Emergencies in Eating Disorders

(Replacing MARSIPAN and Junior MARSIPAN)

**Annexe 2: What our National Survey found
about local implementation of MARSIPAN
recommendations**

May 2022



The Royal College of Psychiatrists' Medical Emergencies in Eating Disorders: Guidance on Recognition and Management has been endorsed by the Council of the Academy of Medical Royal Colleges, which represents all the Medical Royal Colleges and Faculties in the UK.

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Methods

In 2018, an online survey of UK clinicians and their use of MARSIPAN and Junior MARSIPAN was conducted.

The clinicians surveyed were:

- An adult physician and paediatrician from every acute NHS trust in the UK (n = 2 x 207 = 414)
- A senior clinician from every NHS and independent adult eating disorders service in the UK (n = 71)
- A senior clinician from every NHS child and adolescent mental health eating disorders service in the UK (n = 77)

All were sent a questionnaire to complete online. Two subsequent email reminders were sent over the course of the next 4 weeks, and non-responders were followed-up by the survey team via email and up to three telephone calls to optimise response rate. The questionnaire was sent to 562 contacts across the UK and 214 responded, giving a response rate of 38%.

Response rates for each professional cohort were as follows:

- Adult physician/gastroenterologists = 48/207 (23%)
- Paediatricians = 72/207 (37%)
- Adult EDS clinicians = 40/71 (56%)
- CAMHS eating disorder clinicians = 50/77 (65%)

Results

67.3% (n=132)	of respondents said that they had a Junior or Adult MARSIPAN pathway in their area
44.2% (n=87)	said that there was a local Junior or Adult MARSIPAN Working Group.
73.4% (n=146)	said that they had experienced successes with the use of Junior or Adult MARSIPAN.

143 comments were received.

There were many examples of local Junior and Adult MARSIPAN pathways and working groups working well, promoting collaborative working, and enhancing local knowledge and skills through training and joint working. Many reported that the Junior and Adult MARSIPAN guidance had helped with the development of local MARSIPAN protocols and had helped guide risk assessment and decision-making, particularly in relation to refeeding and refeeding rates.

“ **Has enabled clarity in discussions with acute hospital colleagues”**

“ **Good joint working with local CAMHS and paediatric staff and close links have developed and continued to improve at all levels of staff in paediatrics and CAMHS”**

“ **Good framework to justify decision-making”**

49.7% (n=99)	reported experiencing problems with Junior or Adult MARSIPAN
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199 comments were received.

Many reported problems establishing collaborative working due to a lack of awareness of MARSIPAN and eating disorders, differing views on risk, and fragmented care across health trusts. There were many examples of limited resources including a lack of nursing support, limited in-reach from liaison psychiatry or specialist eating disorder services, acute trusts not being registered to admit detained patients and difficulties identifying a MARSIPAN lead. Many reported experiencing problems accessing SEDU beds leading to delayed discharges, while there were several examples where a high turnover of junior and senior medical staff had led to a lack of continuity, hampering efforts to establish and maintain joint working across services.

- “ Difficulties establishing protocols/joint working with paediatric colleagues in another acute trust on the patch, leading to us only admitting to one acute trust”
- “ Resources – side rooms, 1:1 nursing, lack of specialist eating disorder beds to transfer out of acute trust, lack of resources in community eating disorder teams”
- “ Reluctance of some colleagues to appreciate that patients with eating disorders require senior input and close monitoring, particularly those at risk of refeeding syndrome. High turnover of junior medical and nursing staff makes education challenging”
- “ Some acute providers are not registered to admit detained patients making the development of MARSIPAN pathways extremely challenging”
- “ A lack of in-reach liaison psychiatry services for district general hospitals. Lack of interest from gastroenterology colleagues. A lack of clear commissioning around MARSIPAN pathways with most partnership working based on good will alone”
- “ Difficulties establishing protocols/joint working with paediatric colleagues in another acute trust on the patch, leading to us only admitting to one acute trust...”

Conclusions

The response rate to the survey was disappointing, especially among non-specialist staff. However, overall, the survey results suggested that the guidance is being widely read and implemented. Adult physicians are the group with the lowest response rate to the survey and are particularly important because many of the reported difficulties have been in acute medical inpatient services, although response to the survey may not reflect whether or not the guidance was implemented. However, it does appear that particular attention and effort needs to be paid to this vital group of clinicians.