

# National Audit of Eating Disorders 2024-2027

## Organisational Survey 2

During the first year of the National Audit of Eating Disorders (NAED), we are mapping the eating disorder services in England to understand service provision. Teams are asked to complete two surveys on their commissioning and provision.

This guidance has been provided to assist your team in completing the second organisational survey for NAED, which covers staffing, pathways, outcomes, interventions and referrals to your team. This document includes every question and their response options.

Organisational Survey 2 should be submitted by **31 March 2025**.

This survey should be completed at a **team level**, with one survey per team as identified by your **NAED Team IDs**.

The surveys are being conducted at team level to get a detailed understanding of how and where care is being provided. Whilst we understand that teams may work very closely under the same service, it is important for the audit to identify where things might vary within a service. For example, an inpatient team and a community team might be classified as being within the same service, but may differ in their referral pathways, exclusion criteria, or caseloads. These differences would not be accurately captured in a single service-level survey.

The service mapping activity is not intended to assess performance but to gather a deep understanding of the nature of care provision across the country. Understanding the structure of each service is important as we look forward to years 2 and 3 of the audit, in which the audit will collect patient level data that will require stratification by service type (CYP/adult; inpatient/community). The team level data can be aggregated to view service level information where required.

Data obtained through these surveys will be collated in a Service Mapping Report that will be published in November 2025.

If you have any questions about this survey, please contact the NAED team at [NAED@rcpsych.ac.uk](mailto:NAED@rcpsych.ac.uk).

## Questions and Guidance for Organisational Survey 2

Question		Guidance
Staffing		
1.	<p>Please enter the NAED Team ID for your service:</p>	<p>The NAED Team ID is a unique identifier for your team in the audit, allocated by the NAED team following registration.</p> <p>Identifiers should be in the format NAEDXXXXXXXXXX (e.g. NAED00101CCYP). Please note, the number of 'Y' will vary between teams.</p> <p>If you are unsure of this identifier, please contact the team at <a href="mailto:NAED@rcpsych.ac.uk">NAED@rcpsych.ac.uk</a>.</p>
2.	<p>Please indicate the whole time equivalent (WTE) of each type of staff you have working within your team</p> <ul style="list-style-type: none"> <li>• Consultant Psychiatrist</li> <li>• Trainee Psychiatrist</li> <li>• Consultant Psychologist</li> <li>• Assistant Psychologist or Higher Assistant Psychologist</li> <li>• Consultant Paediatrician</li> <li>• Trainee Paediatrician</li> <li>• Specialty Doctor</li> <li>• Consultant Nurse</li> <li>• General Nurse</li> <li>• Mental Health Nurse</li> <li>• Consultant in another medical specialty (e.g. GP, Consultant Dietician)</li> <li>• Psychotherapists (including clinical psychologists, counselling psychologists, psychotherapists and CBT therapists)</li> <li>• Dietitian</li> <li>• Home Treatment Specialists</li> <li>• Physicians Associates</li> <li>• Healthcare Assistants</li> <li>• Occupational Therapist</li> <li>• Social Worker</li> <li>• Youth Worker</li> <li>• Family or Systemic Therapist</li> <li>• Peer Support Worker</li> <li>• Administrative Staff</li> <li>• Other</li> </ul>	<p>Whole time equivalent (or Full Time Equivalent) is the number of determined full-time positions in an organisation.</p> <p>WTE is calculated by total actual hours worked, divided by total full-time hours.</p> <p>For example, if you have one full-time Consultant Psychiatrist who works 37.5 hours a week. That person is 1 WTE. If you have two part-time Consultant Psychiatrists who each work 18.75 hours a week (WTE=0.5), together they also make up 1 WTE.</p> <p>If you do not have any staff members within the profession listed, enter 0.</p> <p>If you do not know the WTE of each staff working within the team, tick 'The WTE of each staff working within the team is <b>unknown</b>'.</p>

	<ul style="list-style-type: none"> <li>The WTE of each staff working within the team is <b>unknown</b>.</li> </ul>	Please note, if you select this option, any data entered into the above cells will be removed.
3.	<p>Can you provide an estimate of current staff vacancies in your team?</p> <ul style="list-style-type: none"> <li>0%</li> <li>1-10%</li> <li>11-20%</li> <li>21-30%</li> <li>Over 30%</li> <li>Unknown</li> </ul>	
3.1	Please list the current staff vacancies in your team	List the full job title for each vacancy. If there are multiple vacancies for the same role, please state the number of vacancies.
3.2	<p>What is the primary reason for vacancies in your team?</p> <ul style="list-style-type: none"> <li>Difficulties recruiting</li> <li>Recruitment freeze</li> <li>Other, please describe</li> <li>Unknown</li> </ul>	<p>Difficulties recruiting: For example, through a lack of skilled candidates, struggles to attract and retain staff.</p> <p>Recruitment freeze: Select this option if posts are vacant because of a temporary halt on hiring new staff due to financial or other reasons.</p>
3.2.1	(If 'Other') Please describe:	
4.	<p>In the past year, what was the average number of days of sick leave per staff member within your eating disorder team?</p> <ul style="list-style-type: none"> <li>0-2 days</li> <li>3-5 days</li> <li>6-10 days</li> <li>11-15 days</li> <li>More than 15 days</li> <li>Unknown</li> </ul>	
5.	How many members of your team are trained to deliver therapy?	<p>Please enter the number of staff, not the percentage.</p> <p>This includes any member of staff listed in question 2 who have received accreditation from a recognised institution to deliver therapy (e.g. <i>qualified and accredited</i>)</p>

		<i>Psychological Professions staff)</i>
5.1	What is the average caseload for full-time Agenda for Change Band 7 (or equivalent if non-NHS) therapists in your team?	Please answer this based on their <b>current</b> caseload (February/March 2025)
6.	How many people are currently under treatment (of any type) with your eating disorder team?	
6.1	How many people are currently assessed and accepted to the caseload of your team, whether or not they have started treatment yet?	
7.	Does your team deliver care as part of a private organisation?  <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
7.1	(If Yes to Q7) How many NHS-funded patients are you commissioned to treat?	
7.1.1	(If Yes to Q7) Please select whether the number entered is:  <ul style="list-style-type: none"> <li>• Per annum</li> <li>• At any one time</li> </ul>	
7.2	(If Yes to Q7) What percentage of the total number of patients that you treated in the past year were NHS-funded?	Please calculate as:  $\frac{\text{Total number of NHS-funded patients treated}}{\text{Total number of patients treated}} \times 100$

<b>Pathways and Protocols</b>		
8.	<p>If you treat binge eating disorder (BED), do you have a documented BED care pathway?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not applicable</li> </ul>	<p>Please select not applicable if you do not treat BED in your team</p> <p>To select 'Yes', this documentation should provide a detailed plan that outlines the steps and processes for caring for individuals with <b>BED specifically</b>, rather than a general pathway for all eating disorders.</p>
9.	<p>If you treat avoidant restrictive food intake disorder (ARFID), do you have a documented ARFID care pathway?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not applicable</li> </ul>	<p>Please select 'Not applicable' if you do not treat ARFID in your team</p> <p>To select 'Yes', this documentation should provide a detailed plan that outlines the steps and processes for caring for individuals with <b>ARFID specifically</b>, rather than a general pathway for all eating disorders.</p>
10.	<p>Do you have a recovery focused/rehabilitation arm in your service?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
11.	<p>Do you use the First Episode Rapid Early Intervention for Eating Disorders (FREED) model to provide rapid, specialised treatment for people with a recent onset eating disorder?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not applicable</li> </ul>	<p>FREED is a treatment approach for 16 to 25-year-olds who have had an eating disorder for three years or less</p> <p>Please select 'Not applicable' if your team does not treat 16 to 25-year-olds or is an inpatient only setting.</p>
<b>Joint Working Arrangements</b>		
12.	<p>For every patient is there a multidisciplinary discussion to clarify eating disorder diagnosis, comorbidities and formulation?</p>	

	<ul style="list-style-type: none"> <li>• Never</li> <li>• Rarely (less than 25% of cases)</li> <li>• Sometimes (25-50% of cases)</li> <li>• Often (51-75% of cases)</li> <li>• Usually (more than 75% of cases)</li> </ul>	
13.	<p>Do you produce care plans for <b>all</b> people being taken on by your team?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Only in certain cases</li> </ul>	This should only include people who have been assessed by your team and confirmed to have an eating disorder. It does not include those who are assessed and confirmed not to have an eating disorder.
13.1	(If 'Only in certain cases') Please describe:	
14.	<p>How often do you work with other mental health services/teams to provide care for your service users?</p> <ul style="list-style-type: none"> <li>• Never</li> <li>• Rarely (less than 25% of cases)</li> <li>• Sometimes (25-50% of cases)</li> <li>• Often (51-75% of cases)</li> <li>• Very often (more than 75% of cases)</li> </ul>	This can include other teams within your service, as well as services or teams external to your service.
14.1	<p>(If response 2-5 in Q14) Where people with eating disorders are supported by more than one mental health service or team, do you have regular liaison (e.g. via meetings, calls or email) to discuss care plans between your service and others?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Only in certain cases</li> </ul>	
14.1.1	(If 'Only in certain cases') Please describe:	
14.2	<p>(If positive response to Q14) Where people with eating disorders are supported by more than one mental health service or team, do you produce a care plan that explains how they will work together?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Only in certain cases</li> </ul>	
14.2.1	(If 'Only in certain cases') Please describe:	
15.	<p>Do you have a protocol for shared care of disordered eating behaviour in the context of other psychiatric comorbidities, if open to another team for help with these difficulties? (e.g. anxiety, PTSD)</p>	

	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	
16.	<p>Do you have a protocol for shared care of disordered eating behaviour in the context of neurodivergence, if open to another team for help with these difficulties? (e.g. autism, ADHD)</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	
17.	<p>Do you have a protocol for shared care of disordered eating behaviour in the context of other physical comorbidities, if open to another team for help with these difficulties? (e.g. diabetes, obesity)</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	
18.	<p>Do you have a protocol for shared care of disordered eating behaviour in perinatal women?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not applicable</li> <li>• Unknown</li> </ul>	Please select 'Not applicable' if your team would never treat perinatal women.
<b>CCQI Quality Network Accreditation</b>		
19.	<p>Is your service accredited with any of the following Royal College of Psychiatrists College Centre for Quality Improvement (CCQI) Quality Networks? (Select all that apply)</p> <ul style="list-style-type: none"> <li>• Quality Network for Eating Disorders (QED)</li> <li>• Quality Network for Community CAMHS (QNCC)</li> <li>• Quality Network for Inpatient CAMHS (QNIC)</li> </ul>	<p>Quality Network for Community CAMHS: If you are a community CAMHS team but are not a member of QNCC, select No. Select N/A if you are not a community CAMHS team.</p> <p>Quality Network for Inpatient CAMHS: If you are an inpatient CAMHS team but are not a member of QNIC, select No. Select N/A if you are not an inpatient CAMHS team.</p>
<b>Outcomes</b>		
20.	<p>What outcomes are routinely collected by your team?</p> <ul style="list-style-type: none"> <li>• Clinician reported outcome measures (e.g. Health of Nation Outcome Scales (HoNOS), Children's Global Assessment Scale)</li> </ul>	Select all that apply.

	<ul style="list-style-type: none"> <li>• Patient reported outcome measures <b>focused on eating disorder symptoms</b> (e.g. Eating Disorder Examination Questionnaire, Outcome Rating Scale)</li> <li>• Patient reported outcome measures <b>focused on comorbidities</b> (e.g. measures of depression and anxiety)</li> <li>• Patient reported experience measures (e.g. Carers' and Users' Expectations of Services-User version)</li> <li>• Parent reported outcome measures (e.g. friends and family tests)</li> <li>• Physical health outcomes (e.g. weight or BMI, blood pressure, blood tests, bone mineral density)</li> <li>• Paired outcome measures (outcome measures that are recorded at two time points or more during treatment time, e.g. start of treatment, follow-up second time point or at the end of treatment)</li> <li>• Outcomes before and after transition from children and young people to adult services</li> <li>• Quality of life (only validated measures, e.g. Eating Disorder Quality of Life (IEDQOL) scale)</li> <li>• Mortality</li> <li>• Other, please specify</li> </ul>	
20.1	(If 'Other') Please specify:	
20.a – 20.m	(For each outcome selected) Where are these data held? <ul style="list-style-type: none"> <li>• Electronic Patient Record (EPR) system</li> <li>• Paper records</li> <li>• A separate database</li> </ul>	
20.a.i – 20.m.i	(If 'A separate database') Please specify:	
21.	How many <b>formal</b> complaints has your team received in the past year? <ul style="list-style-type: none"> <li>• Enter number:</li> <li>• Unknown</li> </ul>	This number should only include formal complaints. It <b>should not</b> include informal expressions of dissatisfaction, for example, emails from patients expressing dissatisfaction with waiting times.  Please be assured that the number of complaints received will not be used as a measure of your service's performance. This question aims to explore the variation

		among eating disorder services and how they compare to other mental health services.
21.1	<p>Please select the main topics of complaints:</p> <ul style="list-style-type: none"> <li>• Waiting times</li> <li>• Quality of care</li> <li>• Certain care pathways not being available</li> <li>• Communication</li> <li>• Other</li> </ul>	
21.1.1	(If 'Other') Please describe:	
<b>Interventions</b>		
22.	<p>We have trained therapists to deliver the following interventions...</p> <ul style="list-style-type: none"> <li>• Individual eating-disorder-focused cognitive behavioural therapy (CBT-ED)</li> <li>• 10-session cognitive-behavioural therapy (CBT-T) for eating disorders</li> <li>• Group eating-disorder-focused cognitive behavioural therapy (CBT-ED)</li> <li>• Maudsley Anorexia Nervosa Treatment for Adults (MANTRA)</li> <li>• Specialist supportive clinical management (SSCM)</li> <li>• Eating-disorder-focused focal psychodynamic therapy (FPT)</li> <li>• Adolescent-focused psychotherapy for anorexia nervosa (AFP-AN)</li> <li>• Eating-disorder-focused family therapy for children and young people</li> <li>• Cognitive behavioural guided self-help programmes</li> <li>• Other psychotherapy (e.g. CAT, Schema, Mentalisation)</li> </ul>	Select all that apply.
22.1	(If 'Other psychotherapy') Please describe:	
23.	<p>Is there an option for patients (and their parents or carer as appropriate) to have a discussion with a healthcare professional about their options for psychological treatment?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Only in certain cases</li> </ul>	
23.1	(If 'Only in certain cases') Please describe:	
<b>Referral</b>		
24.	What are the pathways of referrals for patients to your team?	Select all that apply.

	<ul style="list-style-type: none"> <li>• Direct referral from General Practitioners</li> <li>• Direct referral from social care professionals</li> <li>• Self-referral</li> <li>• Parent or carer referral</li> <li>• Via a Community Mental Health Service (e.g. generic CAMHS, CMHTs)</li> <li>• Via a Community Eating Disorder Service</li> <li>• Via acute hospital medical wards</li> <li>• From inpatient psychiatric units</li> <li>• From educational establishments (schools, colleges, universities)</li> <li>• Other</li> </ul>	
24.1	(If 'Other') Please describe:	
24.2	<p>(If 'Yes' to <b>Q11</b>) How are <b>FREED</b> patient referrals managed and prioritised within your eating disorder service?</p> <ul style="list-style-type: none"> <li>• First come first served basis</li> <li>• Referrals are categorised as 'Priority'/'Urgent' or 'Routine' based on defined criteria (e.g. severity of clinical need, risk of harm)</li> <li>• Referral source (e.g. whether the referral was from a healthcare professional or self-referral)</li> <li>• Age and transition needs</li> <li>• Other, please describe</li> <li>• I don't know how referrals are operationalised</li> </ul>	Ensure these responses refer to patients on the <b>FREED pathway only.</b>
24.2.1	(If 'Other') Please describe:	
25.	<p>How are <b>non-FREED</b> patient referrals managed and prioritised within your eating disorder service?</p> <ul style="list-style-type: none"> <li>• First come first served basis</li> <li>• Referrals are categorised as 'Priority'/'Urgent' or 'Routine' based on defined criteria (e.g. severity of clinical need, risk of harm)</li> <li>• Referral source (e.g. whether the referral was from a healthcare professional or self-referral)</li> <li>• Age and transition needs</li> <li>• Other, please describe</li> <li>• I don't know how referrals are operationalised</li> </ul>	<p>If you do not have a FREED pathway within your service, this question refers to how <b>all</b> referrals to your team are managed and prioritised.</p> <p>Non-FREED is specified for those who have a FREED pathway and therefore also answered Q21.2.</p>
25.1	(If 'Other') Please describe:	
26.	Are there any exclusion criteria for accessing your team?	

	<ul style="list-style-type: none"> <li>• Current severe psychiatric (e.g. psychosis, substance dependence, severe acute suicidality) or physical comorbidity which requires treatment in its own right</li> <li>• Learning disability</li> <li>• Specified period of abstinence following the misuse of/dependency on illicit substances and/or alcohol</li> <li>• Lower BMI criterion</li> <li>• Upper BMI criterion</li> <li>• Living within a certain geographical area</li> <li>• Other</li> </ul>	
26.1	(If 'Other') Please describe any other exclusion criteria for patient referrals to your team:	This should not include restrictions on age or eating disorders treated, as this has been captured in Organisational Survey I.
<b>Waitlists</b>		
27.1	How many patients are currently on your waiting list to receive an initial assessment?	Please answer with the waitlist number for February/March 2025.
27.2	How many patients are currently on your waiting list to receive treatment?	Please answer with the waitlist number for February/March 2025.
28.1	How long, on average, is the current waiting time for assessment by your team?	Please enter number in <b>days</b> .
28.2	How long, on average, is the current waiting time for treatment by your team?	Please enter number in <b>days</b> . Please average over all psychological therapies/pathways.
29.	<p>What are the primary reasons for the waitlist? (Select all that apply)</p> <ul style="list-style-type: none"> <li>• Demand exceeds capacity of service</li> <li>• Limited workforce / shortage of qualified professionals</li> <li>• Complex diagnoses requiring longer therapy sessions, reducing the number of patients that can be seen in a given timeframe</li> <li>• Insufficient service space (e.g. lack of beds)</li> <li>• Other, please describe:</li> </ul>	
29.1	(If 'Other') Please describe:	
<b>Discharge</b>		
30.	<p>How do you determine whether a patient is ready to be discharged?</p> <ul style="list-style-type: none"> <li>• Medical stability (e.g. stable and healthy weight, stable heart rate, blood pressure)</li> </ul>	Select all that apply.

	<ul style="list-style-type: none"> <li>• Nutritional stability (e.g. ability to maintain adequate nutritional intake without significant issues)</li> <li>• Psychological readiness (e.g. reduced symptoms of eating disorder behaviours, development of effective coping mechanisms)</li> <li>• Progress towards the person's goals for treatment and recovery agreed at admission</li> <li>• Reaching the end of a set number of planned treatment sessions</li> <li>• Other</li> </ul>	
30.1	(If 'Other') Please describe:	
<b>Additional comments</b>		
31.	Do you have any other comments about the information submitted and/or the survey?	