

National Audit of Eating Disorders 2024-2027

Organisational Survey I

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/s in completing the first organisational survey for NAED, which covers commissioning, types of service provided, eating disorders treated, and referrals/signposting to other services. We also ask that you provide the Care Professional Team Local Identifier, details of which can be found in this guidance.

Organisational Survey I should be submitted by **21 February 2025**.

This survey should be completed at a **team level**. One survey should be completed **per team**, as identified in the NAED Service and Team ID email prior to the distribution of Organisational Survey I. Please enter your assigned **NAED Team ID** code into question 1 of the survey.

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 the age groups and eating disorders that they treat. These differences would not be accurately captured in a single service-level survey.

The second organisational survey will be distributed in February 2025. A timeline for the service mapping exercise is available on [our website](#). 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.

Questions and Guidance for Organisational Survey I

Question & Response Options		Guidance
Service Description		
1.	<p>Please enter the NAED Team ID for your service:</p>	<p>The NAED Team ID is a unique identifier for your service in the audit, allocated by the NAED team following registration. This was provided in the Organisational Survey I distribution email.</p> <p>Identifiers should be in the format NAEDXXXXXYYYY (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 NAED@rcpsych.ac.uk.</p>
2.	<p>Is your eating disorder service commissioned by the NHS?</p> <ul style="list-style-type: none"> • Yes • No 	<p>'Yes' responses include:</p> <ul style="list-style-type: none"> • NHS commissioned services, including those commissioned by specialised commissioning and Clinical Commissioning Groups (CCGs)/Integrated Care Systems (ICs) and Provider Collaboratives. • Services delivered in partnership with and by the voluntary, community and social enterprise (VCSE) sector that are commissioned by the NHS. <p>Teams should respond 'No' if the service is delivered by a private organisation or another entity.</p> <p>If No – go to 2.1</p>
2.1.	<p>Is your eating disorder service commissioned to treat NHS patients?</p> <ul style="list-style-type: none"> • Yes • No 	<p>If your service is not commissioned by the NHS, but your service (or part of your service) has been officially contracted or authorised to treat patients who are funded by the NHS, please select 'Yes'.</p> <p>If your service is not delivered by the NHS or commissioned to treat NHS patients, it is not eligible for the audit. You can stop completing the form and press submit.</p>
3.	<p>Who delivers your service? (Please select all that apply)</p>	<p>This refers to the running of the service. For example, your service might be commissioned by the NHS but delivered</p>

	<ul style="list-style-type: none"> • NHS staff • Voluntary/community organisation • Private organisation • Other 	<p>by a voluntary or community social enterprise (e.g. a charity). Or your service might be commissioned to treat NHS patients but delivered by a private organisation.</p> <p>If Other – go to 3.1</p>
3.1	Other, please describe:	
Services Offered		
4.	<p>Do you provide an outreach service (e.g. prevention/ primary care/ school outreach service/ university outreach service) (Please only tick yes if this is part of your registered team)</p> <ul style="list-style-type: none"> • Yes • No 	<p>This does not include outreach related to intensive community services.</p> <p>If Yes – go to 4.1</p>
4.1.	<p>Please select the age groups this service covers (select all that apply)</p> <ul style="list-style-type: none"> • 0-4 • 5-12 • 13-17 • 18-25 • 26-65 • 65+ • Other 	<p>If Other – go to 4.1.1</p> <p>If 65+ - go to 4.1.2</p>
4.1.1.	Other, please describe:	
4.1.2.	<p>Does this service have an upper age limit?</p> <ul style="list-style-type: none"> • Yes • No 	<p>If Yes - go to 4.1.3.</p>
4.1.3.	Please enter the upper age limit for this service	
4.2.	<p>Is this an eating disorder specific service or part of a general service?</p> <ul style="list-style-type: none"> • Eating disorder specific service/team • Eating disorder pathway within a general service 	<p>If the service is focused exclusively on treating eating disorders, please select Eating disorder specific service/team.</p> <p>If the service is part of a broader mental health service that addresses a variety of conditions but has an eating disorders pathway within it (e.g. a Community</p>

	<ul style="list-style-type: none"> • General service with no dedicated eating disorder pathway • Other 	<p>Mental Health Team (CMHT) with a dedicated eating disorders pathway), select Eating disorder pathway within a general service.</p> <p>If the service is part of a general mental health service with no eating disorders pathway (e.g. CYP inpatient service with no dedicated eating disorders pathway), select General service with no eating disorder pathway.</p> <p>If Other – go to 4.2.1</p>
4.2.1.	Other, please describe:	
5.	<p>Do you provide a Community Outpatient Service? (Please only tick yes if this is part of your registered team)</p> <ul style="list-style-type: none"> • Yes • No 	<p>Includes community mental health services if they provide an eating disorder service.</p> <p>If Yes – go to 5.1</p>
5.1.	<p>Please select the age groups this service covers (select all that apply)</p> <ul style="list-style-type: none"> • 0-4 • 5-12 • 13-17 • 18-25 • 26-65 • 65+ • Other 	<p>If Other – go to 5.1.1</p> <p>If 65+ - go to 5.1.2</p>
5.1.1.	Other, please describe:	
5.1.2.	<p>Does this service have an upper age limit?</p> <ul style="list-style-type: none"> • Yes • No 	<p>If Yes - go to 5.1.3.</p>
5.1.3.	Please enter the upper age limit for this service	
5.2.	<p>Is this an eating disorder specific service or part of a general service?</p> <ul style="list-style-type: none"> • Eating disorder specific service/team 	<p>Please see guidance for question 4.2.</p> <p>If Other – go to 5.2.1</p>

	<ul style="list-style-type: none"> • Eating disorder pathway within a general service • General service with no dedicated eating disorder pathway • Other 	
5.2.1.	Other, please describe:	
6.	<p>Do you provide a Intensive community service (e.g. home outreach service)? (Please only tick yes if this is part of your registered team)</p> <ul style="list-style-type: none"> • Yes • No 	<p>Intensive community treatment may include:</p> <ul style="list-style-type: none"> • A brief period of outreach support provided by a community eating disorder service • Increased frequency of community treatment to maintain momentum towards progress, including supervised mealtimes and support for families around meals, provided by the CED service for an agreed period of time. <p>If Yes – go to 6.1</p>
6.1.	<p>Please select the age groups this service covers (select all that apply)</p> <ul style="list-style-type: none"> • 0-4 • 5-12 • 13-17 • 18-25 • 26-65 • 65+ • Other 	<p>If Other – go to 6.1.1 If 65+ - go to 6.1.2</p>
6.1.1.	Other, please describe:	
6.1.2.	<p>Does this service have an upper age limit?</p> <ul style="list-style-type: none"> • Yes • No 	If Yes - go to 6.1.3.
6.1.3.	Please enter the upper age limit for this service	
6.2.	<p>Is this an eating disorder specific service or part of a general service?</p> <ul style="list-style-type: none"> • Eating disorder specific service/team 	If Other – go to 6.2.1

	<ul style="list-style-type: none"> • Eating disorder pathway within a general service • General service with no dedicated eating disorder pathway • Other 	
6.2.1.	Other, please describe:	
7.	<p>Do you provide Day patient service? (Please only tick yes if this is part of your registered team)</p> <ul style="list-style-type: none"> • Yes • No 	<p>Step-down care from inpatient treatment or an alternative to admission. This includes intensive day patient treatment. It may be provided by either an inpatient unit or a CED service, at least four to five times a week.</p> <p>If Yes – go to 7.1</p>
7.1.	<p>Please select the age groups this service covers (select all that apply)</p> <ul style="list-style-type: none"> • 0-4 • 5-12 • 13-17 • 18-25 • 26-65 • 65+ • Other 	<p>If Other – go to 7.1.1 If 65+ - go to 7.1.2</p>
7.1.1.	Other, please describe:	
7.1.2.	<p>Does this service have an upper age limit?</p> <ul style="list-style-type: none"> • Yes • No 	<p>If Yes - go to 7.1.3.</p>
7.1.3.	Please enter the upper age limit for this service	
7.2.	<p>Is this an eating disorder specific service or part of a general service?</p> <ul style="list-style-type: none"> • Eating disorder specific service/team • Eating disorder pathway within a general service • General service with no dedicated eating disorder pathway • Other 	<p>Please see guidance for question 4.2.</p> <p>If Other – go to 7.2.1</p>

7.2.1.	Other, please describe:	
8.	<p>Do you provide an Inpatient service? (Please only tick yes if this is part of your registered team)</p> <ul style="list-style-type: none"> • Yes • No 	<p>Patients must be admitted to a clinical ward.</p> <p>If Yes – go to 8.1</p>
8.1	<p>Please select the age groups this service covers (select all that apply)</p> <ul style="list-style-type: none"> • 0-4 • 5-12 • 13-17 • 18-25 • 26-65 • 65+ • Other 	<p>If Other – go to 8.1.1</p> <p>If 65+ - go to 8.1.2</p>
8.1.1	Other, please describe	
8.1.2	<p>Does this service have an upper age limit?</p> <ul style="list-style-type: none"> • Yes • No 	<p>If Yes - go to 8.1.3</p>
8.1.3	Please enter the upper age limit for this service:	
8.2	<p>Is this an eating disorder specific service or part of a general service?</p> <ul style="list-style-type: none"> • Eating disorder specific service/team • Eating disorder pathway within a general service • General service with no dedicated eating disorder pathway • Other 	<p>Please see guidance for question 4.2.</p> <p>If Other – go to 8.2.1</p>
8.2.1.	Other, please describe	
9.	Do you provide any other type of service? (Please only tick yes if this is part of your registered team)	<p>If Yes – go to 9.1</p>

	<ul style="list-style-type: none"> • Yes • No 	
9.1	Please describe:	
9.2	<p>Please select the age groups this service covers (select all that apply)</p> <ul style="list-style-type: none"> • 0-4 • 5-12 • 13-17 • 18-25 • 26-65 • 65+ • Other 	<p>If Other – go to 9.2.1</p> <p>If 65+ - go to 9.2.2</p>
9.2.1	Other, please describe	
9.2.2	<p>Does this service have an upper age limit?</p> <ul style="list-style-type: none"> • Yes • No 	If Yes – go to 9.2.3
9.2.3	Please enter the upper age limit for this service:	
9.3	<p>Is this an eating disorder specific service or part of a general service?</p> <ul style="list-style-type: none"> • Eating disorder specific service/team • Eating disorder pathway within a general service • General service with no dedicated eating disorder pathway • Other 	<p>Please see guidance for question 4.2.</p> <p>If Other – go to 9.3.1</p>
9.3.1	Other, please describe	
9.4.	<p>Do you provide any other type of service? (Please only tick yes if this is part of your registered team)</p> <ul style="list-style-type: none"> • Yes • No 	If Yes – go to 9.4.1
9.4.1	Please describe:	

9.4.2	Please select the age groups this service covers (select all that apply) <ul style="list-style-type: none"> • 0-4 • 5-12 • 13-17 • 18-25 • 26-65 • 65+ • Other 	If Other – go to 9.4.3 If 65+ - go to 9.4.4
9.4.3	Other, please describe	
9.4.4	Does this service have an upper age limit? <ul style="list-style-type: none"> • Yes • No 	If Yes – go to 9.4.5
9.4.5	Please enter the upper age limit for this service:	
9.5	Is this an eating disorder specific service or part of a general service? <ul style="list-style-type: none"> • Eating disorder specific service/team • Eating disorder pathway within a general service • General service with no dedicated eating disorder pathway • Other 	Please see guidance for question 4.2. If Other – go to 9.5.1
9.5.1	Other, please describe:	
		If you offer any additional services to those listed above, please contact the NAED team at NAED@rcpsych.ac.uk
10.	Are there any limitations around gender within the service/s provided above? <ul style="list-style-type: none"> • Yes • No 	If Yes – go to 10.1
10.1.	Please describe	
Types of Eating Disorders Treated		
11.	Does your team treat Anorexia Nervosa?	Excluding Atypical Anorexia Nervosa.

	<ul style="list-style-type: none"> • Yes • No • Only in certain cases 	<p>If you only treat this eating disorder in part of your service as described above, then please tick 'only in certain cases' and describe.</p> <p>For example, if you have told us your service treats inpatient adults and children, but you only treat this eating disorder in inpatient children, then please describe.</p> <p>OR</p> <p>If you say your service has community and inpatient services, but you only treat this eating disorder in community settings, please tick 'only in certain cases' and describe in 11.1</p> <p>If No – go to 11.2</p>
11.1.	Please describe:	
11.2.	<p>Do you signpost people with this eating disorder to another service?</p> <ul style="list-style-type: none"> • Yes, within locality (Trust or ICB) • Yes, within region • Yes, nationally • No 	<p>Signposting involves directing a patient to another service or resource without initiating any formal process.</p> <p>Within locality refers to within your Trust or ICB.</p> <p>Within region refers to the 7 regional teams of NHS England: East of England, London, Midlands, North East and Yorkshire, North West, South East, South West</p> <p>Please select Nationally if you signpost to a service outside your region. This includes signposting to national charities such as BEAT.</p> <p>If Yes – go to 11.2.1</p>
11.2.1.	Please tell us where you signpost them to:	Please be as specific as possible regarding name and location.
11.3.	<p>Do you refer people with this eating disorder to another service?</p> <ul style="list-style-type: none"> • Yes, within locality (Trust or ICB) • Yes, within region • Yes, nationally • No 	<p>Referring is a more formal process where a clinician contacts another service on behalf of the patient, often providing relevant medical information and arranging appointments.</p> <p>Within locality refers to within your Trust or ICB.</p> <p>Within region refers to the 7 regional teams of NHS England: East of England, London, Midlands, North East and Yorkshire, North West, South East, South West</p>

		Please select Nationally if you signpost to a service outside your region. If Yes – go to 11.3.1
11.3.1	Please tell us where you signpost them to:	Please be as specific as possible regarding name and location.
12.	Does your team treat Atypical Anorexia Nervosa? <ul style="list-style-type: none"> • Yes • No • Only in certain cases 	A patient with Atypical Anorexia Nervosa meets all the criteria for Anorexia Nervosa, but despite significant weight loss, the individual's weight is within or above the normal range. Please see guidance for question 11. If Only in certain cases – go to 12.1 . If No – go to 12.2
12.1.	Please describe	
12.2.	Do you signpost people with this eating disorder to another service? <ul style="list-style-type: none"> • Yes, within locality (Trust or ICB) • Yes, within region • Yes, nationally • No 	Please see guidance for question 11.2. If Yes – go to 12.2.1
12.2.1	Please tell us where you signpost them to:	Please be as specific as possible regarding name and location.
12.3	Do you refer people with this eating disorder to another service? <ul style="list-style-type: none"> • Yes, within locality (Trust or ICB) • Yes, within region • Yes, nationally • No 	Please see guidance for question 11.3. If Yes – go to 12.3.1
12.3.1	Please tell us where you refer them to:	Please be as specific as possible regarding name and location.
13.	Does your team treat Bulimia Nervosa? <ul style="list-style-type: none"> • Yes • No • Only in certain cases 	Excluding Atypical Bulimia Nervosa. Please see guidance for question 11. If Only in certain cases – go to 13.1 . If No – go to 13.2
13.1.	Please describe:	

13.2.	<p>Do you signpost people with this eating disorder to another service?</p> <ul style="list-style-type: none"> • Yes, within locality (Trust or ICB) • Yes, within region • Yes, nationally • No 	<p>Please see guidance for question 11.2.</p> <p>If Yes – go to 13.2.1</p>
13.2.1	<p>Please tell us where you signpost them to:</p>	<p>Please be as specific as possible regarding name and location.</p>
13.3	<p>Do you refer people with this eating disorder to another service?</p> <ul style="list-style-type: none"> • Yes, within locality (Trust or ICB) • Yes, within region • Yes, nationally • No 	<p>Please see guidance for question 11.3.</p> <p>If Yes – go to 13.3.1</p>
13.3.1	<p>Please tell us where you refer them to:</p>	<p>Please be as specific as possible regarding name and location.</p>
14.	<p>Does your team treat Atypical Bulimia Nervosa?</p> <ul style="list-style-type: none"> • Yes • No • Only in certain cases 	<p>A patient with Atypical Bulimia Nervosa will present the same binge and purge behaviours as those with BN, however, the regularity of the episodes is far less frequent. This means these patients may not show the same weight loss or body changes as someone with bulimia nervosa.</p> <p>Please see guidance for question 11.</p> <p>If Only in certain cases – go to 14.1 If No – go to 14.2</p>
14.1.	<p>Please describe:</p>	
14.2.	<p>Do you signpost people with this eating disorder to another service?</p> <ul style="list-style-type: none"> • Yes, within locality (Trust or ICB) • Yes, within region • Yes, nationally • No 	<p>Please see guidance for question 11.2.</p> <p>If Yes – go to 14.2.1</p>
14.2.1.	<p>Please tell us where you signpost them to:</p>	<p>Please be as specific as possible regarding name and location.</p>
14.3.	<p>Do you refer people with this eating disorder to another service?</p>	<p>Please see guidance for question 11.3.</p>

	<ul style="list-style-type: none"> • Yes, within locality (Trust or ICB) • Yes, within region • Yes, nationally • No 	If Yes – go to 14.3.1
14.3.1	Please tell us where you refer them to:	Please be as specific as possible regarding name and location.
15.	Does your team treat Binge Eating Disorder? <ul style="list-style-type: none"> • Yes • No • Only in certain cases 	Please see guidance for question 11. If Only in certain cases – go to 15.1 If No – go to 15.2
15.1	Please describe:	
15.2	Do you signpost people with this eating disorder to another service? <ul style="list-style-type: none"> • Yes, within locality (Trust or ICB) • Yes, within region • Yes, nationally • No 	Please see guidance for question 11.2. If Yes – go to 15.2.1
15.2.1	Please tell us where you signpost them to:	Please be as specific as possible regarding name and location
15.3	Do you refer people with this eating disorder to another service? <ul style="list-style-type: none"> • Yes, within locality (Trust or ICB) • Yes, within region • Yes, nationally • No 	Please see guidance for question 11.3. If Yes – go to 15.3.1
15.3.1	Please tell us where you refer them to:	Please be as specific as possible regarding name and location
16.	Does your team treat Avoidant/Restrictive Food Intake Disorder (ARFID)? <ul style="list-style-type: none"> • Yes • No • Only in certain cases 	Please see guidance for question 11. If Only in certain cases – go to 16.1 If No – go to 16.2
16.1	Please describe:	
16.2	Do you signpost people with this eating disorder to another service?	Please see guidance for question 11.2. If Yes – go to 16.2.1

	<ul style="list-style-type: none"> • Yes, within locality (Trust or ICB) • Yes, within region • Yes, nationally • No 	
16.2.1.	Please tell us where you signpost them to:	Please be as specific as possible regarding name and location.
16.3.	Do you refer people with this eating disorder to another service? <ul style="list-style-type: none"> • Yes, within locality (Trust or ICB) • Yes, within region • Yes, nationally • No 	Please see guidance for question 11.3. If Yes – go to 16.3.1
16.3.1.	Please tell us where you refer them to:	Please be as specific as possible regarding name and location.
17.	Does your team treat Purging Disorder? <ul style="list-style-type: none"> • Yes • No • Only in certain cases 	Please see guidance for question 11. If Only in certain cases – go to 17.1 If No – go to 17.2
17.1.	Please describe:	
17.2.	Do you signpost people with this eating disorder to another service? <ul style="list-style-type: none"> • Yes, within locality (Trust or ICB) • Yes, within region • Yes, nationally • No 	Please see guidance for question 11.2. If Yes – go to 17.2.1
17.2.1	Please tell us where you signpost them to:	Please be as specific as possible regarding name and location.
17.3	Do you refer people with this eating disorder to another service? <ul style="list-style-type: none"> • Yes, within locality (Trust or ICB) • Yes, within region • Yes, nationally • No 	Please see guidance for question 11.3. If Yes – go to 17.3.1
17.3.1.	Please tell us where you refer them to:	Please be as specific as possible regarding name and location.

18.	Does your team treat Night Eating Syndrome? <ul style="list-style-type: none"> • Yes • No • Only in certain cases 	Please see guidance for question 11. If Only in certain cases – go to 18.1 If No – go to 18.2
18.1.	Please describe:	
18.2.	Do you signpost people with this eating disorder to another service? <ul style="list-style-type: none"> • Yes, within locality (Trust or ICB) • Yes, within region • Yes, nationally • No 	Please see guidance for question 11.2. If Yes – go to 18.2.1
18.2.1.	Please tell us where you signpost them to:	Please be as specific as possible regarding name and location.
18.3.	Do you refer people with this eating disorder to another service? <ul style="list-style-type: none"> • Yes, within locality (Trust or ICB) • Yes, within region • Yes, nationally • No 	Please see guidance for question 11.3. If Yes – go to 18.3.1
18.3.1.	Please tell us where you refer them to:	Please be as specific as possible regarding name and location.
19.	Does your team treat any other eating disorders? <ul style="list-style-type: none"> • Yes • No • Only in certain cases 	If Yes or Only in certain cases – go to 19.1
19.1.	Please describe	
Data Processes		
20.	Please enter your Care Professional Team Local Identifier (CareProfTeamLocalID) code:	In year 2, the audit will collect and analyse patient level data relating to the care and treatment of people using eating disorder services. To minimise audit burden on teams, we will use routinely collected data by linking to national databases such as the Mental Health Services Data Set (MHSDS). We require each team to tell us their 'Care Professional Team Local Identifier (CareProfTeamLocalID)' code in order to use this routine data in the audit. This

		<p>code will help us to identify where people have received care.</p> <p>The code is a variable in the MHSDS, in table 'MHS101Referral'. The field is M101930 Care Professional Team Local Identifier (CareProfTeamLocalID), with description "A unique local CARE PROFESSIONAL TEAM IDENTIFIER within a Health Care Provider and may be assigned automatically by the computer system".</p> <p>If you are struggling to identify this code, please contact the department in your service that submits data to the MHSDS, as they will know this information. This may be an information management, IT or Business department.</p>
Additional Comments		
21.	Do you have any other comments about the information submitted and/or the survey?	