



Quality Network for Community CAMHS

3rd Edition Standards for
Eating Disorder Services :
Key Changes | 2023-2024

QNCC-ED 3rd Edition Key Changes

Previous Standard Number	Previous Standard Type	Previous Standard	New standard number	New standard type	New standard criteria	Changes made	CCQI Core Standard
1.1.2	2	Where referrals are made through a single point of access, these are passed on to the community team within one working day unless it is an emergency referral which should be passed across immediately.	1.1.2	2	Where referrals are made through a single point of access, these are passed on to the community team within one working day unless it is an urgent referral which should be passed across immediately.	Standard wording updated	1.3
1.1.3	1	A clinical member of staff is available to discuss emergency referrals during working hours.	1.1.3	1	Referrers are able to discuss urgent referrals with a clinical member of staff during working hours.	Standard wording updated	1.4

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1.1.5	1	<p>Outcomes of referrals are fed back to the referrer, young person and parent/carer (with the young person's consent). If a referral is not accepted, the team advises the referrer, young person and parent/carer on alternative options.</p> <p>If a referral is accepted the service should provide information on:</p> <ul style="list-style-type: none"> - How young people can access help while they wait for an appointment (e.g. letter, leaflet or telephone call; points of contact to access help may include the referrer, the school nurse, other local service or online services) - Information about expected waiting times for assessment and treatment - With any updates of any changes to their appointment. 	1.1.5	1	<p>Outcomes of referrals are fed back to the referrer in writing, young person and parent/carer (with the young person's consent). If a referral is not accepted, the team advises the referrer, young person and parent/carer on alternative options.</p> <p>If a referral is accepted the service should provide information on:</p> <ul style="list-style-type: none"> • How young people can access help while they wait for an appointment (e.g. letter, leaflet or telephone call; points of contact to access help may include the referrer, the school nurse, other local service or online services) • Information about expected waiting times for assessment and treatment • With any updates of any changes to their appointment. 	<p>Standard wording updated</p>	
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QNCC-ED 3rd Edition Key Changes

1.2.1	1	<p>Appointments are flexible and responsive to the needs of young people and their parents/carers where appropriate</p> <p>Guidance: For example, young people and their parents/carers can choose a suitable appointment time and appointments can be offered out of school or college hours; home-based or school-based treatments are offered where appropriate</p>	1.2.1	1	<p>Appointments are flexible and responsive to the needs of young people and their parents/carers where appropriate</p> <p>Guidance: For example, young people and their parents/carers can choose a suitable appointment time and appointments can be offered out of school or college hours; home-based or school-based treatments; or virtually via tele-appointments are offered where appropriate</p>	Standard wording updated	
1.2.3	1	<p>The team follows up with young people who have not attended an appointment or assessment. If they are unable to engage with the young person, a decision is made by the assessor/team, based on need and risk, as to how long to continue to follow up the young person.</p> <p>Guidance: Where young people consent, the parent/carer is contacted.</p>	1.2.3	1	<p>The team follows up with young people and parents/carers (if appropriate) who were not brought for an appointment or assessment. If they are unable to engage with the young person, a decision is made by the assessor/team, based on need and risk, as to how long to continue to follow up the young person.</p>	Standard wording updated	4.1

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1.3.1	1	Young people with a routine referral receive a mental health assessment within 15 days with a view of starting a NICE concordant treatment within four weeks in line with eating disorder referral to treatment.	1.3.1	1	<p>80% of Young people with a routine referral for a suspected eating disorder receive a mental health assessment within 15 days with a view of starting a NICE concordant treatment within four weeks in line with eating disorder referral to treatment.</p> <p>Guidance: Where services are not able to meet this standard, there must be an action plan in place to demonstrate they are working towards meeting this standard.</p>	Standard wording updated	1.6
			1.3.2	2	<p>95% of Young people with a routine referral for a suspected eating disorder receive a mental health assessment within 15 days with a view of starting a NICE concordant treatment within four weeks in line with eating disorder referral to treatment.</p> <p>Guidance: Where services are not able to meet this standard, there must be an action plan in place to demonstrate they are working towards meeting this standard.</p>	New Standard introduced in 3 rd edition	1.6

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1.3.2	1	Young people with urgent mental health needs receive a mental health assessment within one week (in line with the eating disorder RTT standard)	1.3.3	1	<p>80% of Young people with urgent mental health needs for a suspected eating disorder can access a mental health assessment within one week. (in line with the eating disorder RTT standard)</p> <p>Guidance: Staff should be aware of the different pathways available and the urgent assessment process should be completed by an appropriately skilled clinician.</p>	Standard wording updated	1.6
			1.3.4	2	<p>95% of Young people with urgent mental health needs for a suspected eating disorder can access a mental health assessment within one week. (in line with the eating disorder RTT standard)</p> <p>Guidance: Staff should be aware of the different pathways available and the urgent assessment process should be completed by an appropriately skilled clinician.</p>	New standard introduced in 3 rd edition	1.6

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1.3.4	1	<p>For non-urgent assessments, the team makes written communication in advance to young people that includes:</p> <ul style="list-style-type: none"> • The name and title of the professional they will see; • An explanation of the assessment process; • Information on who can accompany them; - How to contact the team if they have any queries, require support (e.g. an interpreter), need to change the appointment or have difficulty in getting there. 	1.3.6	1	<p>For non-urgent assessments, the team makes written communication in advance to young people that includes:</p> <ul style="list-style-type: none"> • The name and title of the professional they will see • An explanation of the assessment process • Information on who can accompany them • How to contact the team if they have any queries, require support (e.g. an interpreter), need to change the appointment or have difficulty in getting there • Who to contact if the situation worsens significantly, and Crisis lines. 	Standard wording updated	2.1
1.3.5	1	<p>The team sends correspondence detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the assessment.</p>	1.3.7	1	<p>The team sends correspondence detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the assessment. The young person receives a copy.</p>	Standard wording updated	

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1.4.3	1	<p>Young people have a comprehensive evidence-based assessment which includes:</p> <ul style="list-style-type: none"> • Mental health and medication; • Psychosocial and psychological needs; • Strengths and areas for development; • Risk, including risk of suicide. 	1.4.3	1	<p>Young people have a comprehensive evidence-based assessment which includes:</p> <ul style="list-style-type: none"> • Mental health and medication • Psychosocial and psychological needs • Strengths and areas for development • Risk, including risk of suicide • Educational background • Experience of Social Care/Youth Justice 	Standard wording updated	3.2
1.4.4	1	<p>Young people have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality and consent). Assessment considers risk to self, risk to others and risk from others.</p>	1.4.4	1	<p>Young people have a risk assessment and management plan which is co-produced where possible, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality and consent).</p> <p>Guidance: The assessment considers risk to self, risk to others and risk from others.</p>	Standard wording updated	3.4

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1.4.7	1	Young people assessed as requiring treatment see an appropriate clinician within access and waiting times guidelines relevant to the practice area and local agreements.	1.4.7	1	<p>80% of young people assessed as requiring urgent treatment for an eating disorder start NICE concordant treatment within 1 week of referral.</p> <p>Guidance: If a service is unable to meet waiting time guidelines, appropriate steps have been taken to work towards their reduction.</p>	<p>Standard wording updated</p> <p>Added guidance</p>	6.1.1
			1.4.8	2	<p>95% of young people assessed as requiring routine or non-urgent treatment for an eating disorder start NICE concordant treatment within 4 weeks of referral.</p> <p>Guidance: If a service is unable to meet waiting time guidelines, appropriate steps have been taken to work towards their reduction.</p>	<p>New Standard introduced in 3rd edition.</p>	2.8
			1.6.4	1	<p>Protocols for collaborative mental health and medical care are in place with primary care to support early identification and for any young person requiring medical monitoring.</p>	<p>New Standard introduced in 3rd edition.</p>	

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2.1.5	1	<p>Young people and their parents/carers (with consent, see guidance below) are supported to understand the benefits, functions, expected outcomes, limitations and side effects of their medications, intervention options and non-intervention options.</p> <p>Guidance: This is where the child or young person has capability/competence to consent. HeadMeds or YoungMinds' websites, for example, could be used to access this information.</p>	2.1.5	1	<p>Young people and their parents/carers (with consent, see guidance below) are supported to understand the benefits, functions, expected outcomes, limitations and side effects of their medications, intervention options and non-intervention options.</p> <p>Guidance: This is where the child or young person has capability/competence to consent. HeadMeds, BEAT or YoungMinds' websites, for example, could be used to access this information.</p>	Standard wording updated	2.1.5
			2.3.3	2	<p>Young people and parents/carers are guided in their use of social media and helpful links where appropriate</p> <p>Guidance: This may include those waiting between assessment and treatment;</p>	New Standard introduced in 3 rd edition.	
2.3.3	2	<p>The team provides information, signposting and encouragement to young people to access local organisations for peer support and social engagement such as:</p> <ul style="list-style-type: none"> • Voluntary organisations; • Community centres; • Local religious/cultural groups; 	2.3.4	2	<p>The team provides information, signposting and encouragement to young people to access local organisations for peer support, social engagement and work/education opportunities such as:</p> <ul style="list-style-type: none"> • Voluntary organisations 	Standard wording update.	6.1.6

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		<ul style="list-style-type: none"> Peer support networks; Recovery colleges. 			<ul style="list-style-type: none"> Community centres Local religious/cultural groups Peer support networks Recovery colleges, pre-vocational training or employment programmes 		
			2.1.6	3	There is a separable gender-specific space which can be used as required.	New Standard CCQI Core standard	17.22
2.4.4	2	<p>The team provides each parent/carer with accessible carer's information.</p> <p>Guidance: Information is provided verbally and in writing (e.g. carer's pack). This includes:</p> <ul style="list-style-type: none"> - The names and contact details of key staff members in the team and who to contact in an emergency; - Local sources of advice and support such as local carers' groups, carers' workshops and relevant charities. 	2.4.4	2	<p>The team provides each parent/carer with accessible carer's information.</p> <p>Guidance: Information is provided verbally and in writing (e.g. carer's pack). This includes:</p> <ul style="list-style-type: none"> The names and contact details of key staff members in the team and who to contact in an emergency (threat to life should be a call to emergency services) Local sources of advice and support such as local carers' groups, carers' workshops and relevant charities. 	Standard wording updated	13.4

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2.5.3	2	Clinical outcome measurement data, including progress against user defined goals, is collected as a minimum at assessment, after six months, 12 months and then annually until discharge. Staff can access this data.	2.5.3	2	Clinical outcome measurement and experience of care data, including progress against user defined goals, is collected as a minimum at assessment, after six months, 12 months and then annually until discharge. Staff can access this data.	Standard wording updated	23.3
			2.5.4	3	<p>The team supports young people to access local green space on a regular basis.</p> <p>Guidance: This could include signposting to local walking groups or arranging regular group activities to visit green spaces. Consideration should be given to how all young people are able to access these sessions including, for example, access to appropriate foot or rainwear.</p>	New standard introduced in 3 rd edition.	6.1.7

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3.1.1	1	<p>Young people are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes:</p> <ul style="list-style-type: none"> • Their rights regarding admission and consent to treatment; • Their rights under the Mental Health Act; • How to access advocacy services; • How to access a second opinion; • Interpreting services; • How to view their records; • How to raise concerns, complaints and give compliments. 	3.1.1	1	<p>Young people are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes:</p> <ul style="list-style-type: none"> • Their rights regarding consent to treatment • Their rights under the Mental Health Act • Their rights in the instance that they may need to be admitted to an inpatient service • How to access advocacy services • How to access a second opinion • Interpreting services • How to view their records • How to raise concerns, complaints and give compliments. 	Standard wording updated	2.2
3.1.4	1	<p>Young people and parents/carers are offered written and verbal information about the young person's difficulties.</p>	3.1.4	1	<p>Young people (and carers, with young person consent) are offered written and verbal information about the young person's mental illness and treatment.</p> <p>Guidance: Verbal information could be provided in a 1:1 meeting with a staff member or in a psychoeducation group. Written information could include leaflets or websites.</p>	Standard wording updated Added guidance	6.1.8

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3.1.6	2	Siblings of young people with an eating disorder are provided with clear information in an appropriate format.	3.1.6	2	Siblings of young people with an eating disorder accessing the service are provided with clear information in an appropriate format e.g. Young Minds.	Standard wording updated	
3.3.1	1	Confidentiality and its limits are explained to the young person and parent/carer, both verbally and in writing. The young person's preferences for sharing information with third parties are respected and reviewed regularly.	3.3.1	1	Confidentiality and its limits are explained to the young person and parent/carer on acceptance, both verbally and in writing. The young person's preferences for sharing information with third parties are respected and reviewed regularly.	Standard wording updated	16.1
3.3.2	1	Patients are asked if they and their carers wish to have copies of correspondence about their health and treatment.	3.3.2	1	Young people are asked if they and their parent/carers wish to have copies of correspondence about their health and treatment.	Standard wording updated	15.1
4.1.1	1	Young people and parents/carers feel welcomed by staff members when attending the team base for their appointments. Guidance: Staff members introduce themselves to young people and address them using the name and title they prefer.	4.1.1	1	Young people and parents/carers feel welcomed by staff members when attending the team base for their appointments. <i>Guidance: Staff members introduce themselves to young people and address them using their preferred name and preferred pronouns.</i>	Updated CCQI core standard Updated Guidance	3.1

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			4.2.6	1	The team records which young people are responsible for the care of children and vulnerable adults and takes appropriate safeguarding action when necessary.	New standard introduced in 3rd edition New CCQI Core Standard	8.1
			4.2.7	1	Where a young person is identified as a young carer, the service is able to signpost to specific young carer support for the young person.	New standard introduced in 3rd edition	
5.2.1	1	There are clear procedures for staff to follow in situations when inpatient beds are required but are not immediately available within the relevant service	5.2.1	1	There are clear procedures for staff to follow in situations where appropriate inpatient beds are required but not immediately available. Guidance: The service ought to involve local commissioners.	Added guidance Standard wording updated	

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6.1.1	1	<p>[The service has identified links within a range of services and agencies, including]</p> <p>Local GP surgeries</p>	6.1.1	1	<p>[The service has identified links within a range of services and agencies, including]</p> <p>Local GP surgeries or primary care services</p>	Standard wording updated	
6.1.3	1	<p>[The service has identified links within a range of services and agencies, including]</p> <p>Education, education support services and school health services, including community paediatricians and school or college nurses</p>	6.1.3	1	<p>[The service has identified links within a range of services and agencies, including]</p> <p>Education, education support services and school health services, including community paediatricians and school or college nurses.</p> <p>Guidance: This should include specialist education provisions such as Special Schools and Pupil Referral Units.</p>	Added guidance	
6.1.8	2	<p>[The service has identified links within a range of services and agencies, including]</p> <p>Dietetics</p>	6.1.8	1	<p>[The service has identified links within a range of services and agencies, including]</p> <p>Dietetics</p>	Upgraded to Type 1	

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6.2.1	2	<p>Documented inter-agency agreements clearly state the roles and responsibilities allocated to each organisation.</p> <p>Guidance: This should follow the service specification.</p>	6.2.1	2	<p>Documented inter-agency agreements clearly state the roles and responsibilities allocated to each organisation, and the names of responsible contacts.</p> <p><i>Guidance: This should follow the service specification.</i></p>	Standard wording updated	
6.2.2	1	<p>There are locally agreed health-based places of safety that are designed for young people.</p>	6.2.2	1	<p>There are locally agreed health-based places of safety that are designed for young people with appropriate staffing levels and safeguards.</p>	Standard wording updated	
7.1.4	1	<p>There is an identified senior clinician available at all times who can attend the team base within an hour. Video consultation may be used in exceptional circumstances.</p> <p>Guidance: Some services may have an agreement with a local GP to provide this medical cover.</p>	7.1.4	1	<p>There is an identified senior clinician available at all times who can attend the team base within an hour. Video consultation may be used in exceptional circumstances.</p> <p>Guidance: Some services may have an agreement with a local GP to provide this medical cover. Rural services may require more frequent use of video consultation.</p>	Guidance updated	19.3

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			7.1.8	1	<p>There is dedicated sessional time from psychologists in order to:</p> <ul style="list-style-type: none"> • Provide assessment and formulation of young peoples' psychological needs • Ensure the safe and effective provision of evidence based psychological interventions adapted to young peoples' needs through a defined pathway. 	New standard introduced in 3rd edition	6.1.2
			7.1.9	2	<p>There is dedicated sessional time from psychologists to support a whole-team approach for psychological management</p>	New standard introduced in 3rd edition	6.1.3

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			7.1.10	3	<p>There is dedicated sessional input from occupational therapists in order to:</p> <ul style="list-style-type: none"> • Provide an occupational assessment for those young people who require it • Ensure the safe and effective provision of evidence based occupational interventions adapted to young peoples' needs 	New standard introduced in 3rd edition	6.1.4
			7.1.11	3	<p>There is dedicated sessional input from arts or creative therapists</p>	New standard introduced in 3rd edition	6.1.5
			7.1.12	1	<p>There is dedicated sessional input from a dietitian with responsibility to:</p> <ul style="list-style-type: none"> • Provide dietetic assessment, advice and treatment to patients and to staff • Support staff to devise meal plans, manage risk related to refeeding • Oversee the nutritional care plan and psychoeducation regarding nutrition, weight and food 	New Standard introduced in 3rd edition	

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			7.1.13	3	All staff members who deliver therapies and activities are appropriately trained and supervised.	New Standard introduced in 3rd edition	6.1.9
7.2.3	1	All staff who come into contact with young people or who have access to information about them undergo a Disclosure and Barring Service (DBS) check (or local equivalent) before their appointment is offered. Ongoing monitoring of this is carried out at least once every three years, in line with national guidance.	7.2.3	1	All staff who come into contact with young people or who have access to information about them undergo a Disclosure and Barring Service (DBS) check (or local equivalent) before their appointment is offered.	Standard wording updated	
7.2.4	2	Appropriately experienced young person or parent/carer representatives are involved in the interview process for recruiting staff members.	7.2.4	2	Appropriately experienced young person or parent/carer representatives are involved in the interview process for recruiting staff members. Guidance: These representatives should have experience of the relevant service.	Added guidance	20.1

QNCC-ED 3rd Edition Key Changes

7.3.1	1	<p>All staff members receive an annual appraisal and personal development planning (or equivalent). Clinical staff appraisals include 360 degree feedback including from people who access the service.</p> <p>Guidance: This contains clear objectives and identifies development needs</p>	3.2.12	1	<p>All staff members receive an annual appraisal and personal development planning (or equivalent).</p> <p><i>Guidance: This contains clear objectives and identifies development needs.</i></p>	Standard wording updated	
7.4.5	1	<p>Staff members, young people and parents/carers who are affected by a serious incident are offered post incident support.</p>	7.4.5	1	<p>Staff members, young people and parents/carers who are affected by a serious incident are offered post incident support.</p> <p>Guidance: This includes attention to physical and emotional wellbeing of the people involved and post-incident reflection and learning review.</p>	Added guidance	21.3
			7.5.6	1	<p>Inequalities in mental health access, experiences, and outcomes for patients that acknowledge, accommodate and respect their protected characteristics</p> <p>Training and associated supervision should support the development and application of skills and competencies required in role to deliver equitable care.</p>	<p>New standard introduced in 3rd edition.</p> <p>New CCQI Core Standard</p>	22.1

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			8.2.3	2	If it is and a preference for the individual and for family work/consultations, Practitioners are equipped and supported to offer treatment using digital technology	New standard introduced in 3rd edition	
8.3.4	2	<p>CAMH services provide low-stimulation environments for young people who require them, including designated quiet areas</p> <p>Guidance: For example, waiting areas are kept tidy or materials can be easily put away; there is access to low stimulation areas for 'quiet time' if necessary; this is particularly relevant for services working with learning disabilities</p>	8.3.4	2	<p>Low-stimulation environments are available to meet the needs of young people who require them, including designated quiet areas</p> <p>Guidance: Rooms may be multi-functional if necessary, although young people with additional needs must be able to access quiet spaces. For example, waiting areas are kept tidy or materials can be easily put away; there is access to low stimulation areas for 'quiet time' if necessary; this is particularly relevant for services working with learning disabilities.</p>	Added guidance	

QNCC-ED 3rd Edition Key Changes

<p>9.2.1</p>	<p>2</p>	<p>The following groups are involved in and consulted on the development of the commissioning strategy:</p> <ul style="list-style-type: none"> • Young people who may access the service • Families of young people who may access the service • People from different religious, cultural and minority ethnic groups, whether or not they are patients of the service • CAMHS staff, including frontline staff • Local community groups and partner agencies 	<p>9.2.1</p>	<p>2</p>	<p>The following groups are involved in and consulted on the development of the commissioning strategy:</p> <ul style="list-style-type: none"> • Young people who may access the service • Families of young people who may access the service • People from diverse backgrounds, whether or not they are patients of the service • CAMHS staff, including frontline staff • Local community groups and partner agencies 	<p>Standard wording updated</p>	
<p>9.2.3</p>	<p>3</p>	<p>The service has a meeting, at least annually, with all stakeholders to consider topics such as referrals, service developments, issues of concern and to re-affirm good practice.</p> <p>Guidance: Stakeholders could include staff member representatives from inpatient, community and primary care teams as well as young person and carer representatives.</p>	<p>9.2.3</p>	<p>3</p>	<p>The service has a meeting, at least annually, with all stakeholders to consider topics such as referrals, service developments, issues of concern and to re-affirm good practice.</p> <p><i>Guidance: Stakeholders could include staff member representatives from inpatient, community, adult, acute/paediatric, social care, voluntary sector partners and primary care teams as well as young person and carer representatives.</i></p>	<p>Standard wording updated</p>	

QNCC-ED 3rd Edition Key Changes

			9.2.5	2	<p>Feedback received from young people and parents/carers is analysed and explored to identify any differences of experiences according to protected characteristics.</p>	New standard introduced in 3rd edition	
			9.2.8	3	<p>The service reviews the environmental and social value of its current practices against the organisation's or NHS green plan. It identifies areas for improvement and develops a plan to increase sustainability in line with principles of sustainable services (prevention, service user empowerment, maximising value/ minimising waste and low carbon interventions).</p> <p>Guidance: Progress against this improvement plan is reviewed at least quarterly with the team.</p>	<p>New standard introduced in 3rd edition</p> <p>New CCQI Core Standard</p>	18.3