Summary of Key Revisions to QED 3rd Ed. Standards

Previous Standard Number	Previous Standard Type	Previous Standard	Revised standard number	Revised standard type	Revised Standards	Changes made	CCQI Core Standard Number
[NEW]	N/A	N/A	1.1.3	2	The team offers appointments both in person and virtually and patient preference is taken into account.	New CCQI Core standard	1.7
1.2.3	1	The team assess patients, who are referred to the service, within locally-agreed timeframes. *Guidance: Where timeframes are not in place, services should comply with NHS constitution standards.*	1.2.3	1	The team assess patients, who are referred to the service, within an agreed timeframe.	CCQI Core Standard - wording updated	1.6
1.2.4	1	Outcomes of referrals are fed back to the referrer, patient and carer (where appropriate with the patient's consent) in writing. If a referral is not accepted, the team advises the referrer, patient and carer on alternative options.	1.2.4	1	Outcomes of referrals are fed back to the referrer, patient and carer (where appropriate with the patient's consent) in writing.	Original standard has been separated into two standards	
[NEW]			1.2.5	1	If a referral is not accepted, the team advises the referrer, patient and carer (where appropriate with the patient's consent) on alternative options.	Original standard has been separated into two standards	
1.2.6	1	When on the waiting list for treatment, there is a care plan in place to	1.2.7	1	When on the waiting list for treatment, there is a care plan in place that	Standard split into bullet points	

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		ensure risk is monitored, that there is a crisis plan and a named professional within the eating disorder service for the patient, carer (if appropriate) and the GP to contact if they have concerns or questions.			demonstrates that: - risk is monitored, - there is a crisis plan - there is a named professional within the eating disorder service for the patient, carer (if appropriate) and the GP to contact if they have concerns or questions.		
1.2.7	**2**	There is a protocol to follow for patients who are on the waiting list, including support for carers and frequency of follow ups with a defined timescale and medical monitoring.	1.2.8	**2**	There is a protocol to follow for patients who are on the waiting list, including: - support for carers - frequency of follow ups with a defined timescale and medical monitoring.	Standard split into bullet points	
1.3.2	**1**	Patients have a comprehensive evidence-based assessment which includes their: - Mental health and medication; - Psychosocial and psychological needs; - Strengths and areas for development; - Suicide risk; - Eating disorder history (assessment performed in line with NICE guidelines).	1.3.2	**1**	Patients have a comprehensive evidence-based assessment which includes their: - Mental health and medication; - Psychosocial and psychological needs; - Strengths and areas for development; - Eating disorder history (assessment performed in line with NICE guidelines).	Removed "suicide risk" as covered by CCQI core standard 3.4 in fourth edition CCQI Core Community Standards	3.2
1.3.3	**1**	A physical health review is conducted by a professional with specialist	1.3.3	**1**	A physical health review is conducted by a professional with specialist ED	Reworded to include "mental and physical co-morbidities".	3.3

Previous Standard Number	Previous Standard Type	Previous Standard	Revised standard number	Revised standard type	Revised Standards	Changes made	CCQI Core Standard Number
		ED knowledge as part of the initial assessment or as soon as possible. The assessment includes consideration of: - Physical health checks (including blood pressure, skin and mouth condition, and squat (SUSS) test); - Medical complications of an eating disorder; - Details of past medical history; - Current physical health medication, including side effects and compliance with medication regime; - Any co-morbidities which may increase risk (e.g. pregnancy or diabetes); - Lifestyle factors.			knowledge as part of the initial assessment or as soon as possible. The assessment includes consideration of: - Physical health checks (including blood pressure, skin and mouth condition, and squat (SUSS) test); - Medical complications of an eating disorder; - Details of past medical history; - Current physical health medication, including side effects and compliance with medication regime; - Any mental and physical co-morbidities which may increase risk (e.g. pregnancy or diabetes); - Lifestyle factors. **Sustainability Principle: Prioritise Prevention**	Sustainability Principle: Prioritise Prevention	
1.3.4	1	Patients have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers risk	1.3.4	1	Patients have a risk assessment and management plan which is co-produced where possible (including carers, if the patient's consent is given), updated regularly and shared where necessary with relevant agencies (with consideration of	Sustainability Principle: Prioritise Prevention	3.4

Previous Standard Number	Previous Standard Type	Previous Standard	Revised standard number	Revised standard type	Revised Standards	Changes made	CCQI Core Standard Number
		to self, risk to others and risk from others.			confidentiality). *Guidance: The assessment considers risk to self, risk to others and risk from others.* **Sustainability Principle: Prioritise Prevention**		
1.3.5	**2**	The team sends correspondence detailing the outcomes of the assessment to the referrer, the GP and other relevant services within one week of the assessment.	1.3.5	2	The team sends correspondence detailing the outcomes of the assessment to the referrer, the GP and other relevant services within one week of the assessment. The patient receives a copy.	Updated CCQI Core Standard	3.6
1.4.1	**1**	The team follows up patients who have not attended an appointment/assessment. If patients are unable to be engaged, a decision is made by the assessor/team, based on patient need and risk, as to how long to continue to follow up the patient.	1.4.1	1	The team follows up patients (including carers, if the patient's consent is given) who have not attended an appointment/assessment. If patients are unable to be engaged, a decision is made by the assessor/team, based on patient need and risk, as to how long to continue to follow up the patient. *Guidance: There is a protocol in place for staff to follow up on patients who are classed as Did Not Attend (DNA)/ Was Not*	Wording changed by group consensus, guidance added. Updated CCQI Core Standard	4.1

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					Brought (WNB). Where patients consent, the carer is contacted.		
2.1.1	**1**	The service has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels, including: - A method for the team to report concerns about staffing levels; - Access to additional staff members; - An agreed contingency plan.	2.1.1	**1**	The service has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels, including: - A method for the team to report concerns about staffing levels; - Access to additional staff members; - An agreed contingency plan, such as the minor and temporary reduction of non-essential services. **Sustainability Principle: Staff Empowerment**	Updated CCQI Core community standard Sustainability Principle: Staff Empowerment	19.1
2.1.2	**1**		2.1.2	**1**	There is dedicated sessional input from psychiatrists to: - Provide biopsychosocial assessment; - Provide medical and psychological treatments - Coordinate care, including assessment, diagnosis and management of comorbidities; - Monitoring and managing of physical and	New Standard based on AED Guidance - https://www.england.nhs.uk/wp-content/uploads/2019/08/aed-guidance.pdf	

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Previous Standard Number	Previous Standard Type	Previous Standard	Revised standard number	Revised standard type	Revised Standards	Changes made	CCQI Core Standard Number
					psychological risks, especially for people with complex needs - Hold medico-legal responsibilities around using the Mental Health Act and Mental Capacity Act if needed		
3.2.2	**1**	There is dedicated sessional time from psychologists to: - Provide assessment and formulation of patients' psychological needs; - Ensure the safe and effective provision of evidence based psychological interventions adapted to patients' needs through a defined pathway.	2.1.3	**1**	There is dedicated sessional time from psychologists to: - Provide assessment and formulation of patients' psychological needs; - Ensure the safe and effective provision of evidence based psychological interventions adapted to patients' needs through a defined pathway.	Moved to Staffing and Training section. Previously 3.2.2	6.1.2
3.2.3	**2**	There is dedicated sessional time from psychologists to support a whole team approach for psychological management.	2.1.4	**2**	There is dedicated sessional time from psychologists to support a whole team approach for psychological management.	Moved to Staffing and Training section. Previously 3.2.3	6.1.3
3.2.4	**1**	There is dedicated sessional input from occupational therapists to: - Provide an occupational assessment for those patients who require it; - Ensure the safe and	2.1.5	**1**	There is dedicated sessional input from occupational therapists to: - Provide an occupational assessment for those patients who require it; - Ensure the safe and	Moved to Staffing and Training section. Previously 3.2.4	6.1.4

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		effective provision of evidence based occupational interventions adapted to patients' needs.			effective provision of evidence based occupational interventions adapted to patients' needs.		
3.2.6	**1**	There is dedicated sessional input from dietitians to: - Provide nutritional assessments for all patients; - Ensure the safe and effective provision of evidence-based nutritional interventions adapted to patients' needs.	2.1.6	**1**	There is dedicated sessional input from dieticians to: - 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	Moved to Staffing and Training section. Previously 3.2.6. Wording updated in line with AED Guidance	
[NEW]			2.1.7	**1**	There is dedicated sessional input from medical professionals (e.g. clinical nurse consultant, GP, physician) to: - Facilitate medical monitoring, blood tests, electrocardiograms (ECGs) - Liaise with other medical professionals (e.g. gastroenterologists and primary care)	New Standard based on AED Guidance - https://www.england.nhs.uk/wp-content/uploads/2019/08/aed-guidance.pdf	
[NEW]			2.1.8	**1**	There is dedicated sessional input from nursing staff to: - Conduct initial patient contact - Facilitate engagement and	New Standard based on AED Guidance - https://www.england.nhs.uk/wp-	

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Previous Standard Number	Previous Standard Type	Previous Standard	Revised standard number	Revised standard type	Revised Standards	Changes made	CCQI Core Standard Number
					assessments - Deliver evidence-based individual and family psychological interventions - Liaise with the wider network	content/uploads/2019/08/aed-guidance.pdf	
[NEW]			2.1.9	**2**	There is dedicated sessional input from family therapists to: - Provide family therapy - Support other clinicians within the team to work with the patient's families, partners, carers and support network	New Standard based on AED Guidance - https://www.england.nhs.uk/wp-content/uploads/2019/08/aed-guidance.pdf	
[NEW]			2.1.10	**2**	There is dedicated sessional input from social workers to: - Provide individual, couple and family support - Facilitate support groups - Facilitate links to other community resources	New Standard based on AED Guidance - https://www.england.nhs.uk/wp-content/uploads/2019/08/aed-guidance.pdf	
[NEW]			2.1.11	**2**	There is dedicated sessional input from peer support workers to: - Support the recovery model - Act as a mentor - Assist in the delivery of peer support groups, eating disorder training, education and awareness (with appropriate training and clinical supervision)	New Standard based on AED Guidance - https://www.england.nhs.uk/wp-content/uploads/2019/08/aed-guidance.pdf	

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Previous Standard Number	Previous Standard Type	Previous Standard	Revised standard number	Revised standard type	Revised Standards	Changes made	CCQI Core Standard Number
[NEW]			2.1.12	**2**	There is dedicated sessional input from support workers to: -Provide interventions and support for individuals or groups (with appropriate supervision and training) - Work with clinicians to collect and analyse outcomes and feedback	New Standard based on AED Guidance - https://www.england.nhs.uk/wp-content/uploads/2019/08/aed-guidance.pdf	
[NEW]			2.1.13	**2**	There is dedicated sessional input from administrative staff to provide administrative support to the service	New Standard based on AED Guidance - https://www.england.nhs.uk/wp-content/uploads/2019/08/aed-guidance.pdf	
3.2.5	**3**	There is dedicated sessional input from creative therapists.	2.1.14	**3**	There is dedicated sessional input from arts or creative therapists.	Moved to Staffing and Training section. Previously 3.2.5 Updated CCQI Core Community Standard	6.1.5
[NEW]			2.1.16	**1**	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. *Guidance: Some services may have an agreement with a local GP to provide this medical cover.*	New CCQI Core Community standard	19.3

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Previous Standard Number	Previous Standard Type	Previous Standard	Revised standard number	Revised standard type	Revised Standards	Changes made	CCQI Core Standard Number
2.2.1	**2**	Appropriately experienced patient or carer representatives are involved in the interview process for recruiting staff members.	2.2.1	2	Patients and carer representatives are involved in the interview process for recruiting potential staff members. *Guidance: These representatives should have experience of the relevant service.* **Sustainability Principle: Empowering Individuals**	Updated wording to CCQI Core Community Standards. Sustainability Principle: Empowering Individuals	20.1
2.2.5	**2**	Patients and carers who volunteer with the service receive monthly supervision.	2.2.5	2	Patients and carers who collaborate the service receive monthly supervision.	Wording updated	
2.3.1	**1**	The service actively supports staff health and well-being. Guidance: *For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.*	2.3.1	1	The service actively supports staff health and well-being. *Guidance: For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.*	Sustainability Principle: Staff Empowerment	21.1

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					Sustainability Principle: Staff Empowerment		
2.3.3	1	Staff members, patients and carers who are affected by a serious incident are offered post incident support.	2.3.3	1	Staff members, patients and carers who are affected by a serious incident are offered post-incident support. *Guidance: This includes attention to physical and emotional wellbeing of the people involved and post-incident reflection and learning review.* **Sustainability Principle: Empowering Individuals**	Sustainability Principle: Empowering Individuals	21.3
2.4.1c	1	Safeguarding vulnerable adults and children. *Guidance: This includes recognising and responding to the signs of abuse, exploitation or neglect.*	2.4.1c	1	Safeguarding vulnerable adults and children. *Guidance: This includes recognising and responding to the signs of abuse, exploitation or neglect.* **Sustainability Principle: Prioritise Prevention**	Sustainability Principle: Prioritise Prevention	22.1c
2.4.1d	1	Risk assessment and risk management. *Guidance: This includes assessing and managing suicide risk and self-harm and the prevention and*	2.4.1d	1	Risk assessment and risk management. *Guidance: This includes assessing and managing suicide risk and self-harm;*	Updated CCQI Core community standard	22.1d

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		management of aggression and violence.					
2.4.1f	1	Statutory and mandatory training.

Guidance: This includes equality and diversity, information governance, and basic life support. | 2.4.1f | 1 | Inequalities in mental health access, experiences, and outcomes for patients with different protected characteristics. Training and associated supervision should support the development and application of skills and competencies required in role to deliver equitable care. | New CCQI Core community standard | 22.1f |
[NEW]			2.4.1i	3	Atypical presentations including muscularity-oriented body image and disordered eating and people with a higher BMI	New standard suggested by the group	
1.3.2	1	The initial assessment is conducted by a staff member who is trained in a specialist ED assessment and formulation.	2.4.2	1	Specialist ED assessment and formulation.	Previously 1.3.2. Reworded and moved to training section	
2.4.4	2	Experts by experience are involved in delivering and developing staff training face-to-face.	2.4.4	2	Patient and Carer representatives are involved in delivering and developing staff training.	Updated CCQI Core community standard.	22.2
2.5.2	3	Staff members are able to access reflective practice groups at least every six weeks where teams can meet to think about team	2.5.2	3	Staff members are able to access reflective practice groups at least every six weeks where teams can meet to think about team	Sustainability Principle: Staff Empowerment	18.1

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		dynamics and develop their clinical practice.			dynamics and develop their clinical practice. **Sustainability Principle: Staff Empowerment**		
2.5.3	**1**	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing.	2.5.3	**1**	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing. **Sustainability Principle: Staff Empowerment**	Sustainability Principle: Staff Empowerment	18.2
[NEW]	**N/A**	N/A	2.5.4	**3**	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). *Guidance: Progress against this improvement plan is*	New CCQI Core Community standard	

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					reviewed at least quarterly with the team.		
3.1.4	**1**	Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients and their carers (with patient consent) when developing the care plan and they are offered a copy. *Guidance: The care plan clearly outlines:* *- Agreed intervention strategies for physical and mental health;* *- Measurable goals and outcomes;* *- Strategies for self-management;* *- Any advance directives or statements that the patient has made;* *- Crisis and contingency plans;* *- Review dates and discharge framework.*	3.1.4	1	Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients and their carers (with patient consent) when developing the care plan and they are offered a copy. *Guidance: Where possible, the patient writes the care plan themselves or with the support of staff.*	Updated CCQI Core Standard	5.3
3.2.1	**1**	Patients begin evidence-based interventions, which are appropriate for their bio-psychosocial needs, within a locally-agreed timeframe. Any exceptions	3.2.1	1	Following assessment, patients promptly begin evidence-based therapeutic interventions which are appropriate to the bio-psychosocial needs	Updated CCQI Core Community Standard	6.1.1

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		to this are documented in the case notes. *Guidance: Where timeframes are not in place, services should comply with NHS constitution standards.*					
3.2.7	**2**	The team supports patients to undertake structured activities such as work, education and volunteering. *Guidance: For patients who wish to find or return to work, this could include supporting them to access pre-vocational training or employment programmes.*	3.2.2	**2**	The team supports patients to undertake structured activities such as work, education and volunteering. *Guidance: For patients who wish to find or return to work, this could include supporting them to access pre-vocational training or employment programmes. This includes referral to the individual Placement and Support service where appropriate.*	Updated CCQI Core Community Standard Standard number changed to 3.2.2.	6.1.6
3.2.8	**1**	The team supports patients to undertake activities to support them to build their social and community networks.	3.2.3	**1**	The team supports patients to access local green space on a regular basis. *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*	Updated CCQI Core Community Standard	6.1.7

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					patients are able to access these sessions including, for example, access to appropriate foot- or rainwear.		
3.2.12	1	Patients with severe and high risk illness whose condition has not improved with treatment or who have declined treatment are offered ongoing support and care with a specialist eating disorder clinician, with a focus on a personal recovery model.	3.2.7	1	Patients with severe and high-risk illness whose condition has not improved with treatment are offered ongoing support and care with a specialist eating disorder clinician in order to support the risk assessment *Guidance: This support may be provided within the service or by providing support to another service.*	Wording updated	
3.3.2	1	Patients have their medications reviewed regularly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. *Guidance: Side effect monitoring tools can be used to support reviews.*	3.3.2	1	Patients have their medications reviewed regularly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. *Guidance: Medication reviews do not have to be carried out by the CED, however processes should be in place to monitor this. Side effect monitoring tools*	Sustainability Principle: Consider Carbon	6.2.2

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					can be used to support reviews. **Sustainability Principle: Consider Carbon**		
3.3.3	**1**	Patients, carers and prescribers can contact a specialist pharmacist to discuss medications.	3.3.3	**3**	Patients, carers and prescribers can contact a specialist pharmacist to discuss medications.	Move to a Type 3 in accordance with the CCQI core community standard	6.2.3
3.3.5	**1**	For patients who are taking antipsychotic medication, the team maintains responsibility for monitoring their physical health and the effects of antipsychotic medication for at least the first months or until the person's condition has stabilised, whichever is longer. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements.	3.3.5	**1**	For patients who are taking antipsychotic medication, the team maintains responsibility for monitoring their physical health and the effects of antipsychotic medication for at least the first 12 months or until the person's condition has stabilised. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements.	Updated CCQI core community standard	6.2.4
3.4.3	**1**	Patients are offered personalised healthy lifestyle interventions appropriate to an eating disorder setting, such as advice on appropriate physical activity and access to smoking cessation	3.4.3	**1**	Patients are offered personalised healthy lifestyle interventions appropriate to an eating disorder setting, such as advice on appropriate physical activity and access to smoking cessation	Sustainability Principle: Consider Carbon	7.2

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		services. This is documented in the patient's care plan.			services. This is documented in the patient's care plan. **Sustainability Principle: Consider Carbon**		
[NEW]	**N/A**	N/A	3.4.4	**3**	Patients are supported to develop a plan for appropriate levels of exercise or movement as part of their recovery pathway	New standard. Supported by Physiotherapy Eating Disorder Professional Network document on Managing activity and exercise with an eating disorder (Feb 2016) - https://cpmh.csp.org.uk/system/files/managing_activity_and_exercise_with_an_eating_disorder_booklet_v5.pdf	
3.4.4	**1**	The team, including bank and agency staff, are able to identify and manage an acute physical health emergency.	3.4.5	**1**	The team, including bank and agency staff, are able to identify and manage an acute physical health emergency. **Sustainability Principle: Prioritise Prevention**	Sustainability Principle: Prioritise Prevention	7.3
3.4.6	**1**	The service has the capacity to provide at least weekly blood tests and physical health reviews from an eating disorder specialist for patients at high risk, as defined by MARSIPAN.	3.4.7	**1**	The service has the capacity to provide at least weekly blood tests and physical health reviews from an eating disorder specialist for patients at high-risk, as defined by the Guidance on Recognising and Managing	"MaRSiPAN" to be updated to "Guidance on Recognising and Managing Medical Emergencies in Eating Disorders"	

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					Medical Emergencies in Eating Disorders (formally known as MaRSiPAN (Management of Really Sick Patients with Anorexia Nervosa)).		
3.4.8	**1**	Patients who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at six weeks, at three months and then annually unless a physical health abnormality arises.	3.4.9	1	Patients who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at three months and then annually (or six-monthly for young people). If a physical health abnormality is identified, this is acted upon.	Updated CCQI Core Community Standard Standard number changed to 3.4.9.	7.4
3.5.1	**1**	Carers (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning.	3.5.1	1	Carers (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning. This includes attendance at review meetings where the patient consents.	Updated CCQI Core Community Standard	13.1
3.5.3	**2**	Carers are offered individual time with staff members to discuss concerns, family history and their own needs.	3.5.3	2	Carers are offered individual time with staff members to discuss concerns, family history and their own needs. **Sustainability Principle: Empowering Individuals**	Sustainability Principle: Empowering Individuals	13.3

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4.1.1	1	Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: - Their rights regarding 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.	4.1.1	1	Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: - Their rights regarding consent to treatment; - Their rights under the Mental Health Act; - How to access advocacy services; - How to access a second opinion; - How to access interpreting services; - How to view their health records; - How to raise concerns, complaints and give compliments.	Updated CCQI Core Standard	2.2
4.1.2	1	Patients (and carers, with patient consent) are offered written and verbal information about the patient's mental illness and treatment. *Guidance: Verbal information could be provided in a 1:1 meeting with a staff member or in a psycho-education group. Written information could*	4.1.2	1	Patients (and carers, with patient consent) are offered written and verbal information about the patient's mental illness and treatment. *Guidance: Verbal information could be provided in a 1:1 meeting with a staff member or in a psycho-education group.*	Sustainability Principle: Staff Empowerment	6.1.8

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		include leaflets or websites.			*Written information could include leaflets or websites.* **Sustainability Principle: Staff Empowerment**		
4.1.3	**2**	The team provides each carer with accessible carer's information. *Guidance: Information is provided verbally and in writing (e.g. carer's pack). This includes:* *• 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.*	4.1.3	1	The team provides each carer with accessible carer's information. *Guidance: Information is provided verbally and in writing (e.g. carer's pack). This includes:* *• 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.*	Changed to type 1 standard	13.4
4.2.1	**1**	Assessments of patients' capacity to consent to care and treatment in hospital are performed in accordance with current legislation.	4.2.1	1	Assessments of patients' capacity (and competency for patients under the age of 16) to consent to care and treatment are performed in accordance with current legislation.	Wording updated in line with CCQI Core Community Standards	11.1
4.2.4	**1**	The team knows how to respond to carers when the patient does not	4.2.4	1	The team knows how to respond to carers when the patient does not consent to their involvement.	Updated CCQI Core Community Standards. Added 'Where consent is	16.2

Previous Standard Number	Previous Standard Type	Previous Standard	Revised standard number	Revised standard type	Revised Standards	Changes made	CCQI Core Standard Number
		consent to their involvement.			*Guidance: The Team may receive information from the carer in confidence. Where consent is not given, carers are provided with general information and support from the service without specific information about the patient being shared.*	not given, carers are provided with general information and support from the service without specific information about the patient being shared'	
5.1.5	**1**	Patients feel welcomed by staff members when attending the team base for their appointments. *Guidance: Staff members introduce themselves to patients and address them using the name and title they prefer.*	5.1.5	**1**	Patients feel welcomed by staff members when attending their appointments. *Guidance: Staff members introduce themselves to patients and address them using their preferred name and correct pronouns.*	Updated CCQI Core Standard	3.1
6.1.3	**1**	The service has a protocol for prioritising patients on the waiting list according to clinical need. Factors to consider include but not limited to: - Severity and risk (including psychosocial risk); - Recent onset/good prognosis; - Transfer from inpatient or day patient or other	6.1.2	**1**	The service has a protocol for prioritising patients on the waiting list according to clinical need. Factors to consider include but not limited to: - Severity and risk (including physical and psychosocial risk); - Recent onset/good prognosis; - Transfer from inpatient or day patient or other	Reworded to "including physical and psychosocial risk". Added diabetes to the list. Standard number changed to 6.1.2.	

Summary of Key Revisions to QED 3ʳᵈ Ed. Standards

Previous Standard Number	Previous Standard Type	Previous Standard	Revised standard number	Revised standard type	Revised Standards	Changes made	CCQI Core Standard Number
		specialist community services (CAMHS or Adult); - Pregnancy or impact on young children.			specialist community services (CAMHS or Adult); - Pregnancy or impact on young children. - Diabetes		
6.2.7	**1**	Where a patient is attending university, the service has a protocol for liaison and collaborative working with the patient's university service.	6.2.7	**1**	Where a patient is attending university, the service has a protocol for liaison and collaborative working with the patient's home/university service.	Wording changed for clarity	
6.3.1	**1**	Patients can access help from mental health services 24 hours a day, seven days a week. Guidance: *Out of hours, this may involve crisis/home treatment teams, psychiatric liaison teams.*	6.3.1	**1**	Patients can access help from mental health services 24 hours a day, seven days a week. *Guidance: Out of hours, this may involve crisis line/crisis resolution and home treatment teams, psychiatric liaison teams.*	Updated CCQI Core Community Standard	10.1
6.3.2	**1**	The team supports patients to access organisations which offer: - Housing support; - Support with finances, benefits and debt management; - Social services.	6.3.2	**1**	The team supports patients to access: - Housing support; - Support with finances, benefits and debt management; - Social services.	Updated CCQI Core Community Standard	10.2
6.3.4	**1**	The service has invited their local district general hospital to collaborate in a MaRSiPAN (Management of Really Sick Patients with	6.3.4	**1**	The service has invited their local district general hospital to collaborate in a group dedicated to working with the Guidance on	"MaRSiPAN" updated to "Guidance on Recognising and Managing Medical Emergencies in Eating Disorders"	

Summary of Key Revisions to QED 3rd Ed. Standards

Previous Standard Number	Previous Standard Type	Previous Standard	Revised standard number	Revised standard type	Revised Standards	Changes made	CCQI Core Standard Number
		Anorexia Nervosa) group, and the team provides specialist ED input into any agreed MaRSiPAN pathway.			Recognising and Managing Medical Emergencies in Eating Disorders (formally known as MaRSiPAN (Management of Really Sick Patients with Anorexia Nervosa)), and the team provides specialist ED input into an agreed pathway that is consistent with the pathway.		
7.1.3	**1**	The environment complies with current legislation on disabled access. Guidance: *Relevant assistive technology equipment, such as handrails, are provided to meet individual needs and to maximise independence.*	7.1.3	**1**	The environment complies with current legislation on accessible environments. *Guidance: Relevant assistive technology equipment, such as handrails, are provided to meet individual needs and to maximise independence.*	Updated CCQI Core community standard	17.3
7.1.4	**1**	Staff members follow a lone working policy and feel safe when conducting home visits.	7.1.4	**1**	There are measures in place to ensure staff are as safe as possible when conducting home visits. These include: · Having a lone working policy in place; · Conducting a risk assessment; · Identifying control measures that prevent or reduce any risks identified.	Updated CCQI Core community standard	17.4

Summary of Key Revisions to QED 3rd Ed. Standards

Previous Standard Number	Previous Standard Type	Previous Standard	Revised standard number	Revised standard type	Revised Standards	Changes made	CCQI Core Standard Number
7.1.6	**1**	There is an alarm system in place (e.g. panic buttons or personal alarms) and this is easily accessible for patients, carers and staff members.	7.1.6	**1**	There is a system by which staff are able to raise an alarm if needed.	Updated CCQI Core community standard	17.5
8.1.1	**1**	The service asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service.	8.1.1	**1**	The service asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service. **Sustainability Principle: Empowering Individuals**	Sustainability Principle: Empowering Individuals	12.1
[NEW]	**N/A**	N/A	8.1.2	**2**	Feedback received from patients and carers is analysed and explored to identify any differences of experiences according to protected characteristics.	New CCQI Core Community standard	12.2
8.1.2	**2**	Services are developed in partnership with appropriately experienced patients and carers, who have an active role in decision making.	8.1.3	**2**	The service is developed in partnership with appropriately experienced patients and carers, who have an active role in decision making.	Updated CCQI Core Community Standard	12.3
8.2.1	**1**	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	8.2.1	**1**	Clinical outcome measurement is collected at two time points (at assessment and discharge). *Guidance: This includes patient-reported outcome*	Updated CCQI Core community standard	23.1

Previous Standard Number	Previous Standard Type	Previous Standard	Revised standard number	Revised standard type	Revised Standards	Changes made	CCQI Core Standard Number
		discharge. Staff can access this data.			*measurements where possible.*		