RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

QED
QUALITY NETWORK FOR EATING DISORDERS

Quality Network for Eating Disorders (QED) Quality Standards for Adult Community Eating Disorder Services

Third Edition

Editor: Arun Das

Publication date: May 2022 | Publication number: CCQI 393

Contents

Quality Network for Eating Disorders (QED)

Royal College of Psychiatrists' Centre for Quality Improvement

21 Prescot Street

London

E1 8BB

www.rcsych.ac.uk/QED

QED@rcpsych.ac.uk

Publication number: CCQI 393

Revision date: 2024

Acknowledgments

The Quality Network for Eating Disorders (QED) is extremely grateful to the following people for their time and expert advice in the development and revision of these standards:

- Members of the Quality Network for Eating Disorders (QED) Advisory Group;
- The patient and carer representatives that contributed their views and opinions;
- Individuals who attended the standards consultation workshop;
- Individuals who contributed feedback via the e-consultation process.

The Quality Network for Eating Disorders (QED) would like to give special thanks to the following individuals who attended the standards consultation workshop:

Name	Profession	Service/Organisation
Abigail Cardwell	Lead Occupational Therapist	South West London & St George's MH NHS Trust
Amanda Simpson	Senior Operational Manager	Eating Disorder Service NAViGO
Annette Cockfield	Clinical Associate/Dietitian	Children and Young People's Eating Disorders Services across Yorkshire and The Humber
Arun Das	Programme Manager	CCQI
Ayo Sodeke-Gregson	Clinical Psychologist	St Ann's Eating Disorder Service
David Ochando	Consultant Psychiatrist and Faculty Rep	Manchester Foundation University Hospital and RCPsych Eating Disorder Faculty.
David Viljoen	Clinical Psychologist	Cotswold House Specialist Eating Disorders Service
Emma-Jayne Hagerty	Clinical Lead	Aneurin Bevan Health Board Specialist Eating Disorder service
George Mycock	QED Project Officer	CCQI
Hafiza Ali	Deputy Programme Manager (QED/PQN)	CCQI
Harriet Clarke	Head of Quality and Accreditation	CCQI
James Downs	Patient Representative	QED

Janet Treasure	Professor of Adult Psychiatry and Facutly Member	Kings College London and RCPsych Eating Disorder Faculty
Jessica Butler	Former QED Deputy Programme Manager	CCQI
Veronica Kamerling	Carer Representative	QED

Introduction

The standards have been drawn from key documents and expert consensus and have been subject to extensive consultation via our standards development group, which includes patients & carers, and email forums with professional groups involved in the provision of community eating disorder services. They incorporate the College Centre for Quality Improvement (CCQI) Core Community Standards, as well as specialist standards relating specifically to community eating disorder services.

Please contact the team at the College Centre for Quality Improvement (CCQI) for further information about the process of review and accreditation.

Who are these standards for?

These standards are designed to be applicable to community eating disorder services for working age adults and can be used by professionals to assess the quality of the team. The standards may also be of interest to commissioners, patients, carers, researchers and policy makers.

Categorisation of standards

Each standard has been categorised as follows:

To support in their use during the process, each standard has been categorised as follows:

- Type 1: Criteria relating to patient safety, rights, dignity, the law and fundamentals of care, including the provision of evidence-based care and treatment;
- Type 2: Criteria that a service would be expected to meet;
- Type 3: Criteria that are desirable for a service to meet, or criteria that are not the direct responsibility of the service.

The full set of standards is aspirational and it is unlikely that any service would meet them all. To achieve accreditation, an organisation must meet 100% of type 1 standards, at least 80% of type 2 standards. The Network facilitates quality improvement and will support teams to achieve accreditation.

Notation

College Centre for Quality Improvement (CCQI) Core Community Standards are marked with the core standard number throughout the document. Those that are not marked with a core number are specialist standards relating to community mental health services that are not

included in the core set.

Terms used in this document

In this document, the community eating disorder service is referred to as 'the team' or 'the service'. People who have assessed by community eating disorder services are referred to as 'patients' and their loved ones are referred to as 'carers'.

Sustainability Principles

The third edition of the QED quality standards for adult community eating disorder services has been mapped against sustainability principles developed by the Royal College of Psychiatrists Sustainability Committee (**www.rcpsych.ac.uk/workinpsychiatry/sustainability.aspx**).

The Royal College of Psychiatrists is striving to improve the sustainability of mental health care, by designing and delivering services with the sustainability principles at the core. The aim of this process is to raise awareness around sustainability in mental health services and to work towards making psychiatric services sustainable in the long run. In recent years the mounting economic, social and environmental constraints have put mental healthcare system under enormous pressure and it is vital to ensure that high-value services continue despite these constraints. Developing a sustainable approach to our clinical practice is a crucial step in ensuring that mental health services will continue to provide high-quality care in the 21st century in the face of these constraints.

Sustainability in health services involves improving quality, cost and best practice, with a particular focus on reducing the impact on the environment and the resources used in delivering health interventions. A sustainable mental health service is patient-centred, focused on recovery, self-monitoring and independent living, and actively reduces the need for intervention.

Sustainability is written into the NHS constitution (Department of Health, 2013). In Principle 6, it states that the 'NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources' [20].

It is vital for professionals involved in designing mental health services to have a good understanding of sustainability i.e. the resources needed for each intervention, and to have an awareness of the effects of these interventions across economic, environmental and social domains. Adoption of these principles across mental healthcare would lead to a less resource-intensive and more sustainable service.

The five Sustainability Principles are listed below:

1. **Prioritise prevention** – preventing poor mental health can reduce mental health need and therefore ultimately reduce the burden on health services (prevention involves tackling the social and environmental determinants alongside the biological determinants of health).

2. **Empower individuals and communities** – this involves improving awareness of mental health problems, promoting opportunities for self-management and independent living, and ensuring patients and carers are at the centre of decision-making. It also requires supporting community projects that improve social networks, build new skills, support employment (where appropriate) and ensure appropriate housing.

3. **Improve value** – this involves delivering interventions that provide the maximum patient benefit for the least cost by getting the right intervention at the right time, to the right person, while minimising waste.

4. **Consider carbon** – this requires working with providers to reduce the carbon impacts of interventions and models of care (e.g. emails instead of letters, tele-health clinics instead of face-to-face contact). Reducing over-medication, adopting a recovery approach, exploiting the therapeutic value of natural settings and nurturing support networks are examples that can improve patient care while reducing economic and environmental costs.

5. **Staff sustainability** – this requires actively supporting employees to maintain their health and well-being. Contributions to the service should be recognised and effective teamworking facilitated. Employees should be encouraged to develop their skills and supported to access training, mentorship and supervision.

Services that meet 90% or more of the standards relevant to Sustainability Principles (marked with the logo, left) will be awarded a Sustainable Service Accreditation certification in recognition of provision of a sustainable mental health service.

Sustainability will automatically be examined alongside the usual review process and services will not have to submit extra evidence for this. Whether a service is awarded the sustainability certification or not will not affect the accreditation status of the service.

A range of guidance reports and papers has already been developed by the College to help improve the sustainability of mental health care. Please see below for further information:

- Guidance for commissioners of financially, environmentally, and socially sustainable mental health services

  https://www.jcpmh.info/good-services/sustainable-services/

- Choosing Wisely – shared decision making

http://www.rcpsych.ac.uk/healthadvice/choosingwisely.aspx

- Centre for Sustainable Healthcare

  https://sustainablehealthcare.org.uk/

- Psych Susnet
- https://networks.sustainablehealthcare.org.uk/network/psych-susnet
- Sustainability in Psychiatry
- https://www.rcpsych.ac.uk/improving-care/working-sustainably

Glossary of terms

Term	Definition
Advance directive	A set of written instructions that a person gives that specify what actions should be taken for their health if they are no longer able to make decisions due to illness or incapacity.
Advocacy services	A service which seeks to ensure that patients are able to speak out, to express their views and defend their rights.
Care plan	A systematic way of looking at the potential risks that may be associated with a particular activity or situation.
CPA	A Care Programme Approach is a package of care that is used by secondary mental health service. A CPA includes a care plan and someone to coordinate your care. A CPA aims to support a patient's mental health recovery by helping them to understand their strengths, goals, support needs and difficulties.
Clinical outcome measurement data	Clinical outcomes are measurable changes in health, function or quality of life that result from our care. Clinical outcomes can be measured by activity data such as re-admissions, or by agreed scales and others forms of measurement.
Clinical supervision	A regular meeting between a staff member and their clinical supervisor. A

	clinical supervisor's key duties are to monitor employees' work with patients and to maintain ethical and professional standards in clinical practice.
Co-produced	Refers to engaging and communicating with the service user and their family members (where appropriate) in the development of their care plan to ensure that support is person-centred.
Crisis plan	A crisis plan outlines key information to be considered during a mental health crisis, such as contact details, history of mental and physical illnesses, previous anti-depressants and psychotherapies, signs predicting relapse, and instructions for care if a future relapse occurs.
European Working Time Directive	Initiative designed to prevent employers requiring their workforce to work excessively long hours, with implications for health and safety.
Line management supervision	Supervision involving issues relating to the job description or the workplace. A managerial supervisor's key duties are prioritising workloads, monitoring work and work performance, sharing information relevant to work, clarifying task boundaries and identifying training and development needs.
Mental Capacity Act	A law which is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment.
Mental Health Act	A law under which people can be admitted or kept in hospital, or treated against their wishes, if this is in their best interests or for the safety of themselves or others.
Personal development plan	An action plan that helps to identify learning and development needs to help an individual in their job role or progress in their career.
Reflective practice	The ability for people to be able to reflect on their own actions and the actions of others to engage in continuous learning and development.
Risk assessment	An action plan that helps to identify learning and development needs to

	help an individual in their job role or progress in their career.
Safeguarding	Protecting people's health, well-being and human rights, and enabling them to live free from harm, abuse and neglect.
Statutory carers' assessment	An assessment that looks at how caring affects a carer's life, including for example physical, mental and emotional needs, the support they may need and whether they are able or willing to carry on caring.

Section 1: Access, Referral, And Assessment			
Revised standard number	**Revised standard type**	**Revised Standards**	**CCQI Core**
1.1			
1.1.1	**1**	The team reviews data at least annually about the people who use it. Data are compared with local population statistics and actions taken to address any inequalities of access that are identified.	1.1
1.1.2	**3**	Everyone can access the service using public transport or transport provided by the service.	1.2
1.1.3	**2**	The team offers appointments both in person and virtually and patient preference is taken into account.	1.7
1.1.4	**1**	The service provides information about how to make a referral and waiting times for assessment and treatment.	1.3
1.2			
1.2.1	**1**	A clinical member of staff is available to discuss emergency referrals during working hours.	1.4
1.2.2	**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.	1.5
1.2.3	**1**	The team assess patients, who are referred to the service, within an agreed timeframe.	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.	
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.	
1.2.6	**1**	Referrals for people with diabetes or pregnant women are accepted into the service with a lower threshold of eating disorder severity.	
1.2.7	**1**	When on the waiting list for treatment, there is a care plan in place that 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.	

1.2.8	**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.	
1.3			
1.3.1	**1**	For non-emergency assessments, the team makes written communication in advance to patients that includes: - 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 or require support (e.g. access to an interpreter, how to change the appointment time or have difficulty in getting there).	2.1
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).	3.2
1.3.3	**1**	A physical health review is conducted by a professional with specialist 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 mental and physical co-morbidities which may increase risk (e.g. pregnancy or diabetes); - Lifestyle factors. **Sustainability Principle: Prioritise Prevention**	3.3 
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 confidentiality). *Guidance: The assessment considers risk to self, risk to others and risk from others.* **Sustainability Principle: Prioritise Prevention**	3.4 

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.	3.6
1.4			
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 Brought (WNB). Where patients consent, the carer is contacted.*	4.1
1.4.2	**1**	If a patient does not attend for an assessment / appointment, the assessor contacts the referrer. *Guidance: If the patient is likely to be considered a risk to themselves or others, the team contacts the referrer immediately to discuss a risk action plan.*	4.2

Section 2: Staffing And Training			
Revised standard number	**Revised standard type**	**Revised Standards**	**CCQI Core**
2.1			
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**	19.1 
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 psychological risks, especially for people with complex needs - Hold medico-legal responsibilities around using the Mental Health Act and Mental Capacity Act if needed	
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.	6.1.2
2.1.4	**2**	There is dedicated sessional time from psychologists to support a whole team approach for psychological management.	6.1.3
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 effective provision of evidence based occupational interventions adapted to patients' needs.	6.1.4

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	
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)	
2.1.8	**1**	There is dedicated sessional input from nursing staff to: - Conduct initial patient contact - Facilitate engagement and assessments - Deliver evidence-based individual and family psychological interventions - Liaise with the wider network	
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	
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	
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)	
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	
2.1.13	**2**	There is dedicated sessional input from administrative staff to provide administrative support to the service	
2.1.14	**3**	There is dedicated sessional input from arts or creative therapists.	6.1.5
2.1.15	**1**	When a staff member is on leave, the team puts a plan in place to provide adequate cover for the patients who are	19.2

		allocated to that staff member.	
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.*	19.3
2.1.17	**1**	There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the service.	
2.2			
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**	20.1 
2.2.2	**1**	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. *Guidance: This should include arrangements for shadowing colleagues on the team; jointly working with a more experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met.*	20.2
2.2.3	**1**	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. *Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.*	20.3
2.2.4	**2**	All staff members receive line management supervision at least monthly.	20.4
2.2.5	**2**	Patients and carers who collaborate the service receive monthly supervision.	
2.3			

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 
2.3.2	**1**	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. Guidance: *They have the right to one uninterrupted 20-minute rest break during their working day, if they work more than six hours a day. Adequate cover is provided to ensure staff members can take their breaks.*	21.2
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**	21.3 
2.4			
2.4.1		Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:	
2.4.1a	**1**	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	22.1a
2.4.1b	**1**	Physical health assessment. *Guidance: This could include training in understanding physical health problems, understanding physical observations and when to refer the patient for specialist input. The training content should include reference to eating disorders.*	22.1b
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**	22.1c 

2.4.1d	**1**	Risk assessment and risk management. *Guidance: This includes assessing and managing suicide risk and self-harm;*	22.1d
2.4.1e	**1**	Recognising and communicating with patients with cognitive impairment or learning disabilities.	22.1e
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.	22.1f
2.4.1g	**2**	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	22.1g
2.4.1h	**1**	Managing distorted perceptions of food and body image, managing clients with co-morbidity and understanding the impact of trauma within eating disorders.	
2.4.1i	**3**	Atypical presentations including muscularity-oriented body image and disordered eating and people with a higher BMI	
2.4.2	**1**	Specialist ED assessment and formulation.	
2.4.3	**1**	All staff members who deliver therapies and activities are appropriately trained and supervised.	6.1.9
2.4.4	**2**	Patient and Carer representatives are involved in delivering and developing staff training.	22.2
2.5			
2.5.1	**2**	Staff members can access leadership and management training appropriate to their role and specialty.	
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 dynamics and develop their clinical practice. **Sustainability Principle: Staff Empowerment**	18.1 
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**	18.2 

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 reviewed at least quarterly with the team.*	

Section 3: Care And Intervention			
Revised standard number	**Revised standard type**	**Revised Standards**	**CCQI Core**
3.1			
3.1.1	**1**	Patients know who is co-ordinating their care and how to contact them if they have any questions.	5.1
3.1.2	**2**	The service has an agreed set of care pathways that define frequency of clinical review and define treatment interventions. This ensures that all patients accessing the service get an equal service.	
3.1.3	**1**	The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews. *Guidance: Referrals that are urgent or that the team feel do not require discussion can be allocated before the meeting.*	5.2
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.*	5.3
3.1.5	**1**	All patients have a documented diagnosis and a clinical formulation. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation is devised.	3.5
3.2			
3.2.1	**1**	Following assessment, patients promptly begin evidence-based therapeutic interventions which are appropriate to the bio-psychosocial needs	6.1.1
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.*	6.1.6

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 patients are able to access these sessions including, for example, access to appropriate foot- or rainwear.*	6.1.7
3.2.4	**1**	The service provides one of the NICE-recommended/evidence-based treatments for each of the disorders for which they are commissioned.	
3.2.5	**2**	The service provides two or more of the NICE-recommended/evidence-based treatments for each of the disorders for which they are commissioned.	
3.2.6	**1**	Patients with binge eating disorder are informed that all psychological treatments have a limited effect on body weight and this is recorded.	
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.*	
3.3			
3.3.1	**1**	When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are reviewed, a timescale for response is set and patient consent is recorded.	6.2.1
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 they have taken place. Side effect monitoring tools can be used to support reviews.* **Sustainability Principle: Consider Carbon**	6.2.2 
3.3.3	**3**	Patients, carers and prescribers can contact a specialist pharmacist to discuss medications.	6.2.3
3.3.4	**1**	Where patients with bulimia nervosa or binge eating disorder are offered a trial of high dose anti-depressant medication, this is done alongside other treatments.	

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.	6.2.4
3.4			
3.4.1	**1**	Staff members arrange for patients to access screening, monitoring and treatment for physical health problems through primary/secondary care services. This is documented in the patient's care plan.	7.1
3.4.2	**1**	If initial assessment identifies co-existing physical conditions that increase risk (e.g. diabetes, pregnancy), the assessing practitioner liaises with, or refers to, a doctor and this is recorded.	
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 services. This is documented in the patient's care plan. **Sustainability Principle: Consider Carbon**	7.2 
3.4.4	**3**	Patients are supported to develop a plan for appropriate levels of exercise or movement as part of their recovery pathway	
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**	7.3 
3.4.6	**1**	The service has a protocol for screening, monitoring, psychoeducation and management of bone health.	
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 the Guidance on Recognising and Managing Medical Emergencies in Eating Disorders (formally known as MaRSiPAN (Management of Really Sick Patients with Anorexia Nervosa)).	
3.4.8	**1**	The service has a protocol for an integrated approach to psychoeducation, monitoring of frequency and physical health risks associated with common compensatory behaviours such as vomiting and laxative misuse, and exercise.	

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.	7.4
3.5			
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.	13.1
3.5.2	**1**	Carers are supported to access a statutory carers' assessment, provided by an appropriate agency. *Guidance: This advice is offered at the time of the patient's initial assessment, or at the first opportunity.*	13.2
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**	13.3 
3.5.4	**2**	The service actively encourages carers to attend carer support networks or groups. There is a designated staff member to promote carer involvement.	13.5

Section 4: Information, Consent And Confidentiality			
Revised standard number	**Revised standard type**	**Revised Standards**	**CCQI Core**
4.1			
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.	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 include leaflets or websites.* **Sustainability Principle: Staff Empowerment**	6.1.8 
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.*	13.4
4.1.4	**1**	Patients are asked if they and their carers wish to have copies of correspondence about their health and treatment.	15.1
4.1.5	**2**	Information can be provided in languages other than English (ensuring cultural relevance if necessary). It is available in easy-to-use formats for people with sight/hearing/cognitive difficulties or learning disabilities. Audio, video, symbolic and pictorial materials, communication passports and signers are used as necessary.	

4.1.6	**2**	The team works with interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances.	15.2
4.1.7	**1**	When talking to patients and carers, health professionals communicate clearly, avoiding the use of jargon.	
4.2			
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.	11.1
4.2.2	**1**	Confidentiality and its limits are explained to the patient and carer, both verbally and in writing. Patient preferences for sharing information with third parties are respected and reviewed regularly.	16.1
4.2.3	**1**	All patient information is kept in accordance with current legislation. Guidance: *This includes transfer of patient identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access.*	16.3
4.2.4	**1**	The team knows how to respond to carers when the patient does not 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.*	16.2

Section 5: Rights And Safeguarding			
Revised standard number	**Revised standard type**	**Revised Standards**	**CCQI Core**
5.1			
5.1.1	**1**	Staff members treat patients and carers with compassion, dignity and respect.	14.1
5.1.2	**1**	Patients feel listened to and understood by staff members.	14.2
5.1.3	**1**	Staff members are knowledgeable about, and sensitive to, the social, cultural and mental health needs of patients from minority or hard-to-reach groups in relation to eating disorders. This may include: - Men - Black, Asian and minority ethnic groups; - Asylum seekers or refugees; - LGBTQ+ people; - Travellers.	
5.1.4	**2**	The service has a strategy for improving access for male patients to the eating disorder service. This may include but is not limited to: - Ensuring there are male staff; - Male targeted literature; - A gender neutral clinical environment.	
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.*	3.1
5.2			
5.2.1	**1**	The team records which patients are responsible for the care of children and vulnerable adults and takes appropriate safeguarding action when necessary.	8.1

Section 6: Joint Working And Transfer Of Care			
Revised standard number	**Revised standard type**	**Revised Standards**	**CCQI Core**
6.1			
6.1.1	**1**	When outpatient treatment is not effective, the service has a protocol for deciding: - When to discharge; - When to intensify; - When to provide support of clinical management or supportive monitoring; - Alternative intervention from the MDT.	
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 specialist community services (CAMHS or Adult); - Pregnancy or impact on young children. - Diabetes	
6.1.3	**1**	A named worker is provided to inpatient services throughout admission and they are involved in care planning, admission and discharge planning meetings and CPAs.	
6.2			
6.2.1	**2**	A discharge letter is sent to the patient and all relevant professionals involved (with the patient's consent) within 10 days of discharge. The letter includes the plan for: - On-going care in the community/aftercare arrangements; - Crisis and contingency arrangements including details of who to contact; - Medication, including monitoring arrangements; - Details of when, where and who will follow up with the patient as appropriate.	9.1
6.2.2	**1**	The team makes sure that patients who are discharged from hospital are followed up within 72 hours.	9.2
6.2.3	**1**	When patients are transferred between community services, there is a handover which ensures that the new team have an up-to-date care plan and risk assessment.	9.3

6.2.4	**2**	When high-risk patients are transferred from inpatient/day patient to the community service, evidence-based psychological treatment starts within two weeks, even when new to the community team.	
6.2.5	**1**	There is active collaboration between Children and Young People's Eating Disorder Services and Adult Eating Disorder Services for patients who are approaching the age for transfer between services. This starts at least six months before the date of transfer.	9.5
6.2.6	**2**	Teams provide specific transition support to patients when their care is being transferred to another community team, or back to the care of their GP.	9.4
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.	
6.2.8	**2**	The service offers continued support to families of patients who have moved away to university.	
6.2.9	**1**	Care plans for patients transitioning between university and home are developed in collaboration with both the university and home service, patients and their families (where appropriate). Plans include arrangements for the following: - Physical health monitoring; - Who to contact in case of emergency; - Contingency plans in the event of DNAs; - Plans for follow-up meetings.	
6.3			
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.*	10.1
6.3.2	**1**	The team supports patients to access: - Housing support; - Support with finances, benefits and debt management; - Social services.	10.2
6.3.3	**1**	The service/organisation has a care pathway for the care of women in the perinatal period (pregnancy and 12 months post-partum) that includes: - Assessment; - Care and treatment (particularly relating to prescribing psychotropic medication); - Referral to a specialist perinatal team/unit unless there is a specific reason not to do so.	10.3

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 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.	
6.3.5	**2**	The service provides risk assessment tools, consultation and advice to all local referrers.	

Section 7: Environment And Facilities			
Revised standard number	**Revised standard type**	**Revised Standards**	**CCQI Core**
7.1			
7.1.1	**2**	The service environment is clean, comfortable and welcoming.	17.1
7.1.2	**1**	Clinical rooms are private and conversations cannot be overheard.	17.2
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.*	17.3
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.	17.4
7.1.5	**1**	An audit of environmental risk is conducted annually and a risk management strategy is agreed.	
7.1.6	**1**	There is a system by which staff are able to raise an alarm if needed.	17.5
7.1.7	**2**	Staff members have access to a dedicated staff room.	

Section 8: Service Management			
Revised standard number	**Revised standard type**	**Revised Standards**	**CCQI Core**
8.1			

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**	12.1 
8.1.2	**2**	Feedback received from patients and carers is analysed and explored to identify any differences of experiences according to protected characteristics.	12.2
8.1.3	**2**	The service is developed in partnership with appropriately experienced patients and carers, who have an active role in decision making.	12.3
8.1.4	**1**	Patients are actively involved in shared decision-making about their mental and physical health care, treatment and discharge planning and supported in self-management.	12.4
8.2			
8.2.1	**1**	Clinical outcome measurement is collected at two time points (at assessment and discharge). *Guidance: This includes patient-reported outcome measurements where possible.*	23.1
8.2.2	**2**	Progress against patient-defined goals is reviewed collaboratively between the patient and staff members during clinical review meetings and at discharge.	23.2
8.2.3	**2**	The service's clinical outcome data are reviewed at least six-monthly. The data are shared with commissioners, the team, patients and carers, and used to make improvements to the service.	23.3
8.3			
8.3.1	**1**	Systems are in place to enable staff members to report incidents quickly and effectively, and managers encourage staff members to do this.	24.1
8.3.2	**1**	When serious mistakes are made in care, this is discussed with the patient themself and their carer, in line with the Duty of Candour agreement.	24.2
8.3.3	**1**	Lessons learned from untoward incidents and complaints are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	24.3
8.3.4	**2**	The team is actively involved in QI activity.	24.4
8.3.5	**2**	The team actively encourages patients and carers to be involved in QI initiatives.	24.5

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

QED
QUALITY NETWORK FOR EATING DISORDERS

QED

The Royal College of Psychiatrists
21 Prescot Street
London
E1 8BB

Quality Network for Eating Disorders (QED) Quality Standards for Adult Community Eating Disorder Services
Third Edition

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

CCQI
COLLEGE CENTRE FOR QUALITY IMPROVEMENT