

# The alarms should no longer be ignored: A Survey of Demand, Capacity and Provision of Adult Community Eating Disorder Services in England and Scotland

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**Introduction:** Even before the pandemic, Adult Community Eating Disorder Services (ACEDS) in the UK were severely underfunded and unable to meet demand and quality standards. The Parliamentary and Health Service Ombudsman<sup>1</sup> (PHSO) highlighted this in the report 'Ignoring the Alarms: How NHS Eating Disorders Services are failing patients'. The PHSO called for parity of investment for ACEDS to match the expansion of community services for children and young people with eating disorders (CEDs-CYP) and the NHSE access and waiting time standards for CEDs-CYP<sup>2</sup>. Subsequently, in 2019, NHSE<sup>3</sup> published commissioning guidance for adult community, day and inpatient eating disorder services which was aspirational but not costed.

In contrast to CEDs-CYP, there was no systematic national data collection regarding access and waiting times for adults with eating disorders, and there were no reliable baseline data on the size of the demand (e.g. number of referrals) and capacity (number of staff needed) for ACEDS to deliver the NHSE commissioning guidance. The aim of this survey was therefore to establish a baseline of ACEDS demand and capacity (prior to the pandemic), as well as whether services were able to comply with NHSE commissioning guidance.

**Methods:** Thirteen participating ACEDS (combined population 10.7 million) in England and Scotland reported referral patterns and staffing levels for total budgeted full-time-equivalent (FTE) and total actual FTE staff in post on 31 March 2020. Existing staffing levels were compared to recommended staffing levels for CEDs-CYP<sup>2</sup>. The survey included 41 questions as to whether services had capacity to comply with the NHSE commissioning guidance for ACEDS<sup>3</sup>.

- Referral rates increased by 18.8% (2016/17 - 2019/20)
- Adult Community Eating Disorders Services were 15% funded to meet demand
- 96.5 FTE posts and £7 million investment is needed (per million population) to achieve parity with NHSE recommendations for CEDs-CYP

## RESULTS

- Referral rates increased from 378 to 449 referrals/million population
- Services had 14.7 budgeted FTE posts/million population, but required 96.5 FTE to meet parity with CEDs-CYP
- Referral age: 46% patients were 18-25 and 54% were >25 years old
- Referrals from CEDs-CYP (3.7%) highlighted successes of CEDs-CYP investment & a median eating disorder onset age of 18
- Services used rationing strategies (e.g. BMI, severity) - only 30% ACEDS accepted referrals of all diagnoses/severity levels
- 54% of services offered evidence-based treatments for all eating disorders (incl. ARFID, binge-eating disorder & OSFED)
- <50% ACEDS had capacity to offer assertive outreach to patients who were at risk and hard to engage
- 40% of services reported limited capacity to manage risk safely
- <40% of ACEDS had capacity to offer full medical monitoring; adapt treatment for co-morbidities (e.g. ASD, substance misuse, personality disorders); or offer seamless transitions from CEDs-CYP, inpatients to ACEDS, and for students)
- Overall, little progress since the death of Averil Hart in 2012 risks more avoidable deaths in the community

**Conclusions:** Even before the pandemic, ACEDS experienced a growing demand that exceeded its capacity. Given the increase in eating disorders since, substantial investment is required to ensure safe and effective NHS services for adults with eating disorders.

### References:

1. Parliamentary and Health Service Ombudsman (2017). *Ignoring the alarms: How NHS eating disorder services are failing patients*. PHSO, London
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3. National Collaborating Centre for Mental Health (2019). *Adult Eating Disorders: Community, Inpatient and Intensive Day Patient Care Guidance for commissioners and providers*. NHSE: London.