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NCL CAMHS Eating Disorder Intensive Service

Vic Chapman

Beat Conference " TNPLH' 16.4.26

NCL CYP Intensive Service (EDIS)

1. Service aims
2. The model
3. What happens in practice
4. Outcomes
5. QI on nutritional rehabilitation and reducing restrictive practices.

1. Our Aim

- Deliver high-quality, evidence-based care for children and young people with severe eating disorders across our sector (NCL)
- Support recovery in the community and prevent unnecessary admissions
- Work in partnership with families and the wider system
- Provide compassionate, equitable, and timely care

Population

1.8 million

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Intensive service: model

- Intensive community treatment to prevent hospital admissions
- Integrated and joined up care: MDT works across outpatient and intensive service
- Rapid step up to intensive care from outpatients
- Step down from inpatient care (Acute paediatric ward/GAU/SEDU)
- Enhanced family treatment model (FT: AN)
- Needs-led: Treatment is individualised and based on formulation for each yp.

Who is it for?

- Children and young people who are at risk of hospital admission from an eating disorder (AN commonest presentation)
- CYP not progressing with outpatient treatment
- To support discharge from acute medical ward or SEDU/GAU to community care

CAMHS eating disorder care pathway

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inpatient

community

Acute Paediatric ward

Specialist ED Unit or GAU (T4)

Intensive Treatment Service

Community eating disorder service

Referrals:
GPs or CAMHS professionals (self-referral)

Triage (on day of referral)

Assessment and treatment

Evidence based treatment in outpatients

NICE treatment
Emergency: within 24hrs;
Urgent: within 7 days
Routine: within 28 days

Discharge

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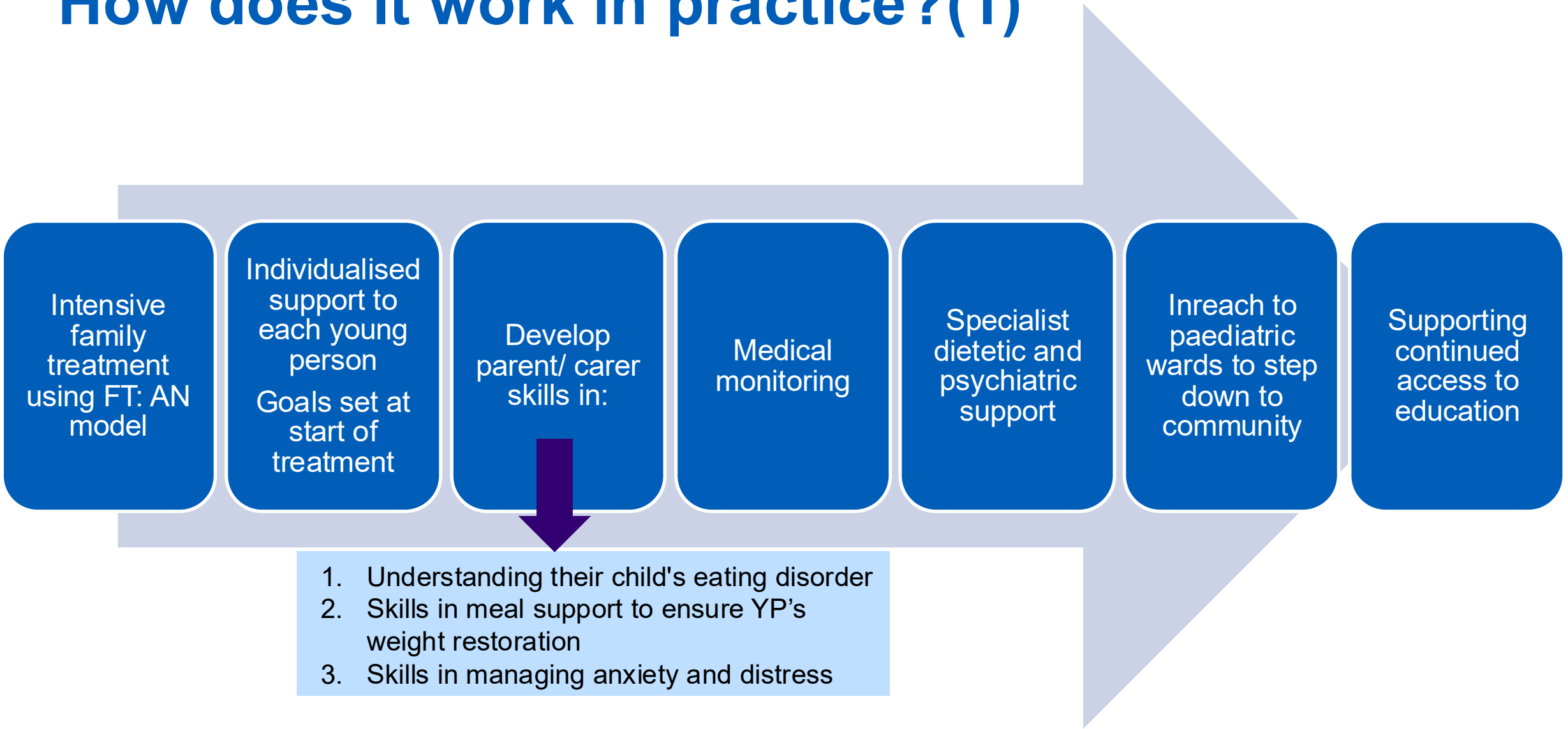
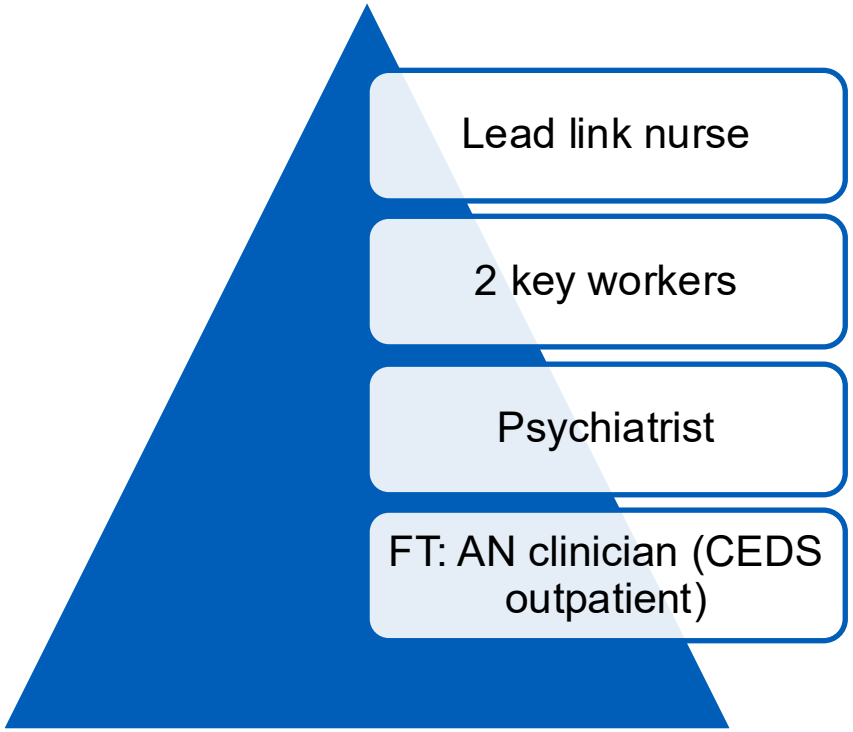
How does it work in practice?(1)



How does it work in practice? (2)

Nurse-led service with a Lead nurse and Intensive outreach nurse



Multidisciplinary input from the CEDS team (All in same building)

- Psychiatry
- Dietetics
- Psychology
- FT
- Psychotherapy

- Open extended hours including weekends.
- Intensity of support is adapted according to needs of patient.

What works well

- ✓ Very responsive
- ✓ Lead nurse provides link across the pathways(CEDS/Acute/SEDU)
- ✓ Consistent core team
- ✓ FT: AN clinician consistent from referral to discharge.
- ✓ Integration with MDT outpatient team for specialist input
- ✓ Training in meal supervision and risk management
- ✓ Flexibility of team to support patients and families on acute paediatric wards to help with step down to community
- ✓ Service sits within Acute Trust so clear and accessible risk pathways (MEED/Refeeding)
- ✓ Inreach to all acute wards across sector for treatment, consultation and discharge support

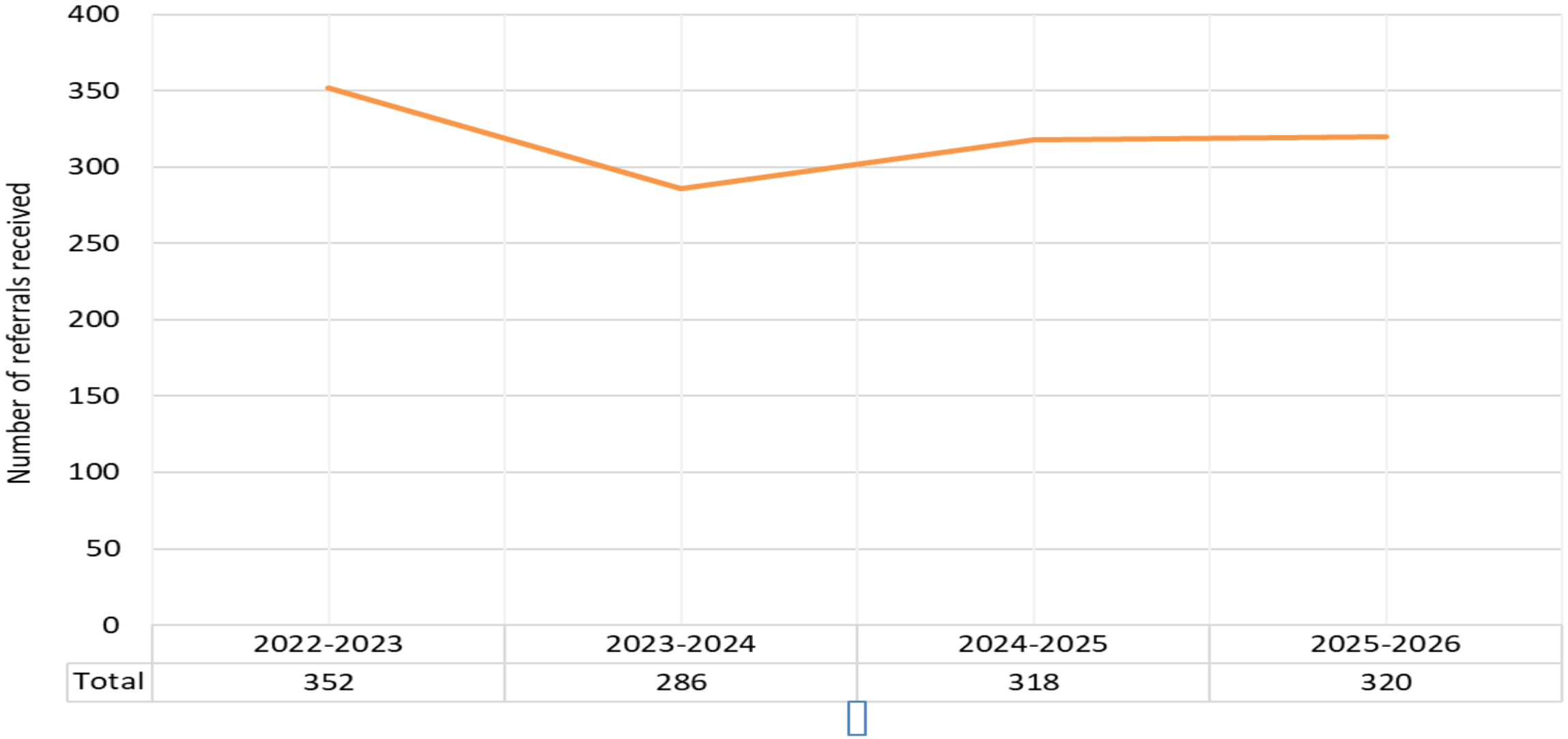
Challenges

- Demands on parents and carers
- Understanding presentations which predict poorer outcomes- Disordered Eating
- Reliant on good communication between carers.
- Poorer outcomes if high conflict between carers
- Learning to adapt model to ARFID

Outcomes

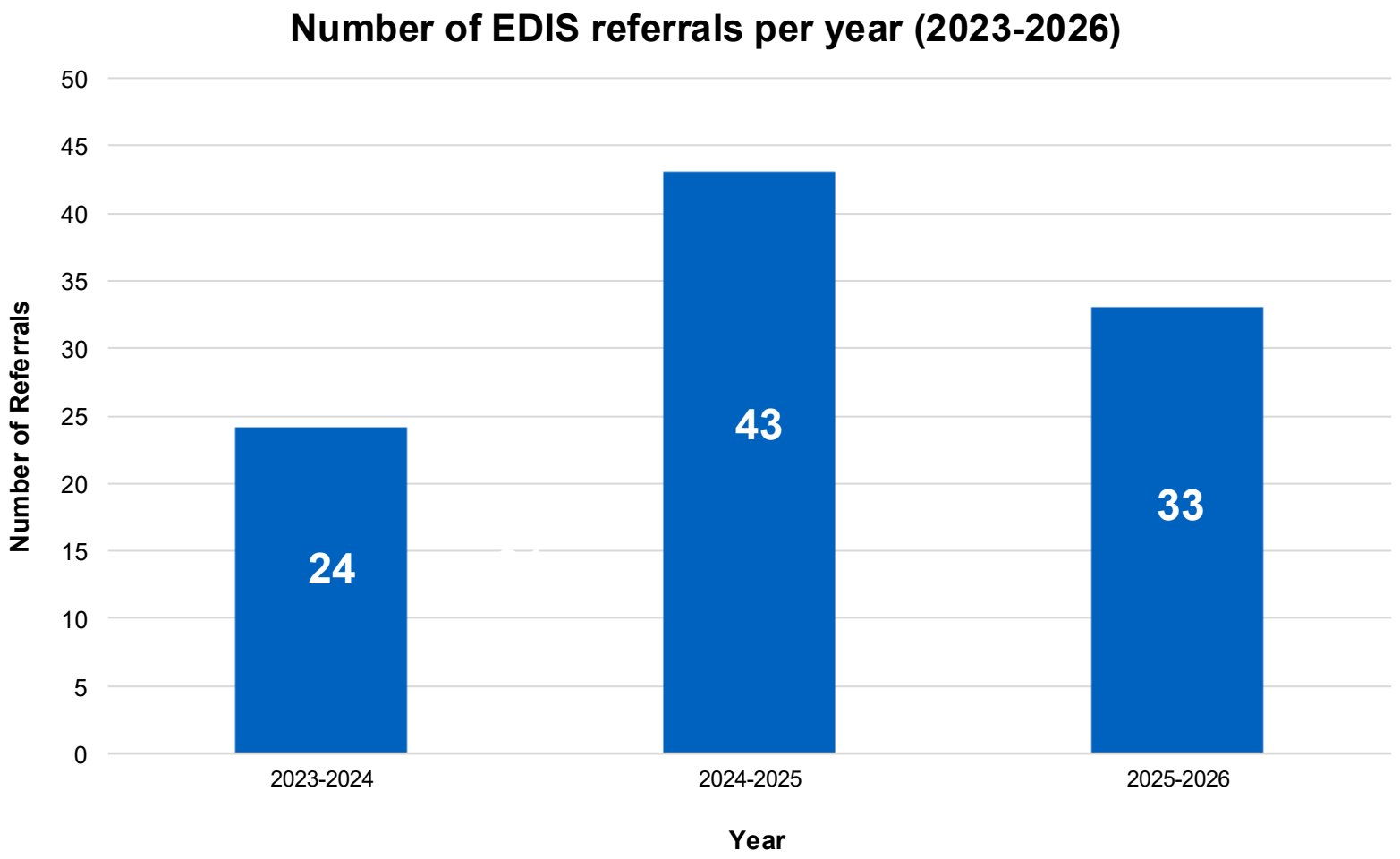
- Number of referrals to CEDS
- Number of referrals to Intensive service
- Length of stay in intensive service
- Weight changes
- Tier 4 referrals

Total Referrals to NCL CEDS (2022-2026)



	2022-2023	2023-2024	2024-2025	2025-2026
Total	352	286	318	320

Intensive Service admissions (2023-2026)



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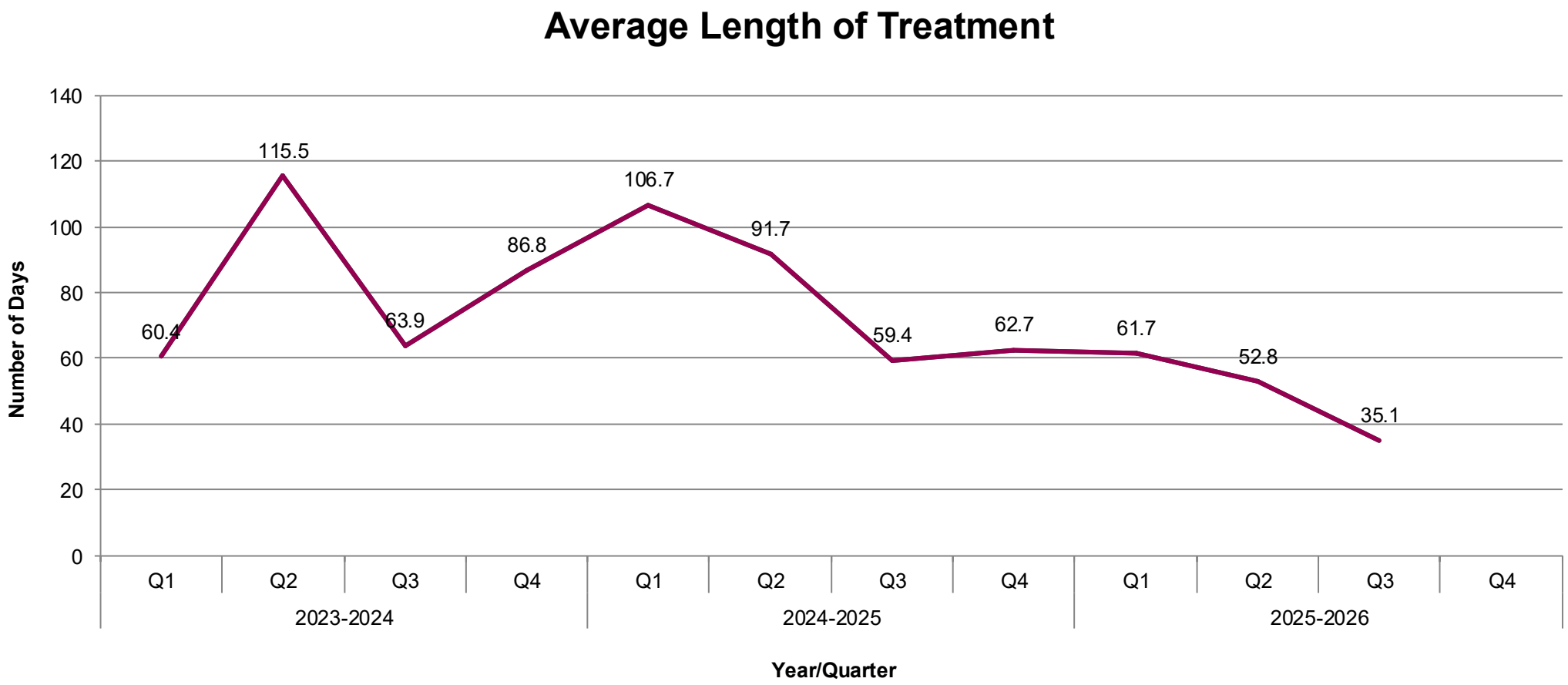
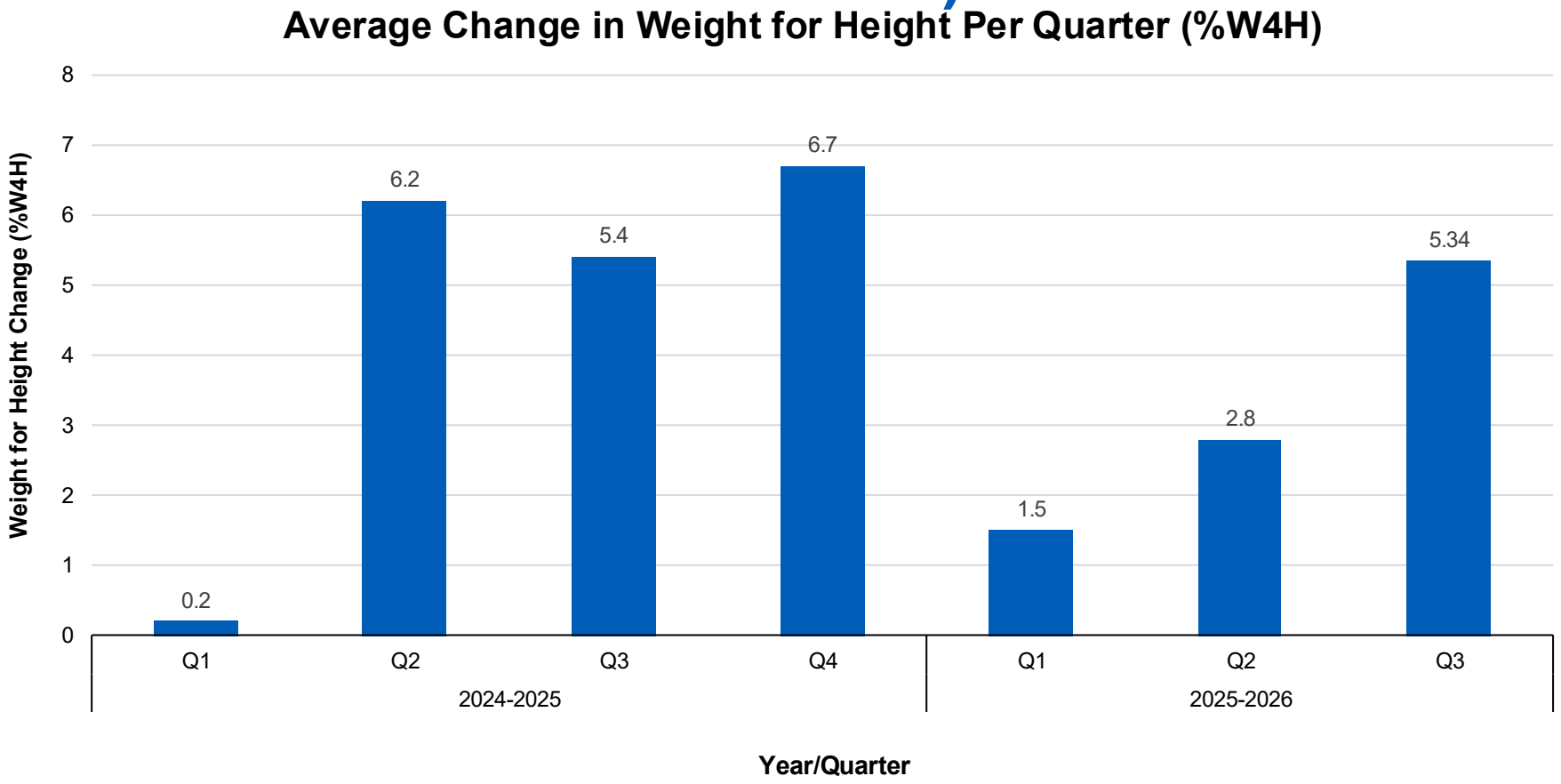
Intensive service: Length of stay (2023-2026)



Summary of average lengths of admission to EDIS between Q1 2023-2024 and Q3 2025-2026

Intensive Service Weight for Height Change (Q1 2024-Q3 2026)



Summary of the overall average weight for height change across patients per quarter between Q1 2024-2025 and Q3 2025-2026

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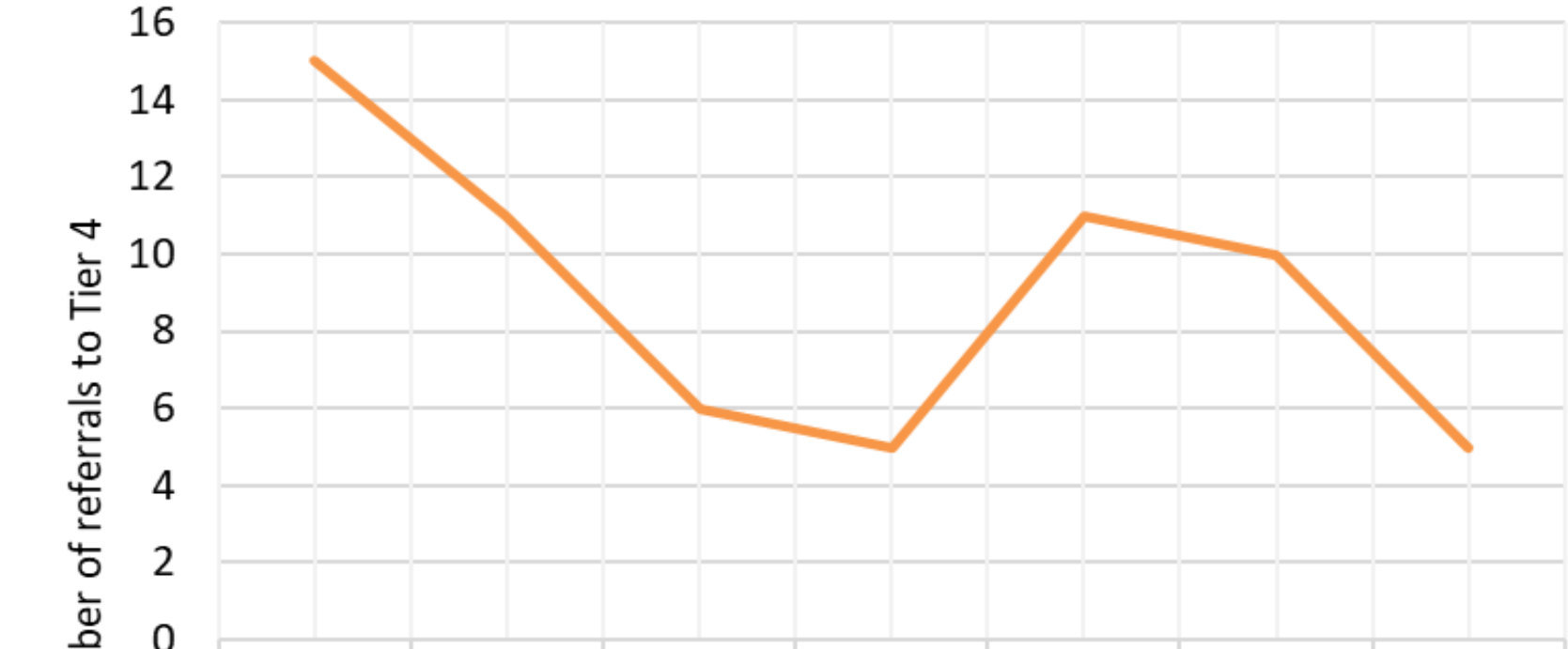
Number of Tier 4 Referrals (2019-2026)



	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
Total	15	11	6	5	11	10	5

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Improving nutritional rehabilitation and application of family therapy for Anorexia Nervosa (FT-AN) in the North Central London Eating Disorder Intensive Service (EDIS)

Georgina Huckle, Tasnima Islam, Darren Cutinha and Rebecca Fisher

With Special Thanks to Natalie Sharman, Jamie Campbell, Lynsay Evans, Jenny Shepherd, Claire Alldritt, Gabi Colman

Background

- Intensive service set up 13 years ago on paediatric ward
- Very different model – Introduction of FT: AN model and pandemic necessitated changes
- Needed to improve treatment pathway (reduce Tier 4 and acute admissions)
- Reduce restrictive practices – oral supplements and NG feeding

Change

Training to clinicians across the whole pathway to improve evidence- based FT: AN

Improve staff training on meal support within intensive service

Nutritional supplementation used only if lack of nutrition increases risk of hospital admission.

No NG feeding in community settings

NG tube inserted and removed for every feed

Measurements: In year 2024-25: Parental confidence in meal support/ No of days NG feeding/ LOS / WfH changes

Results

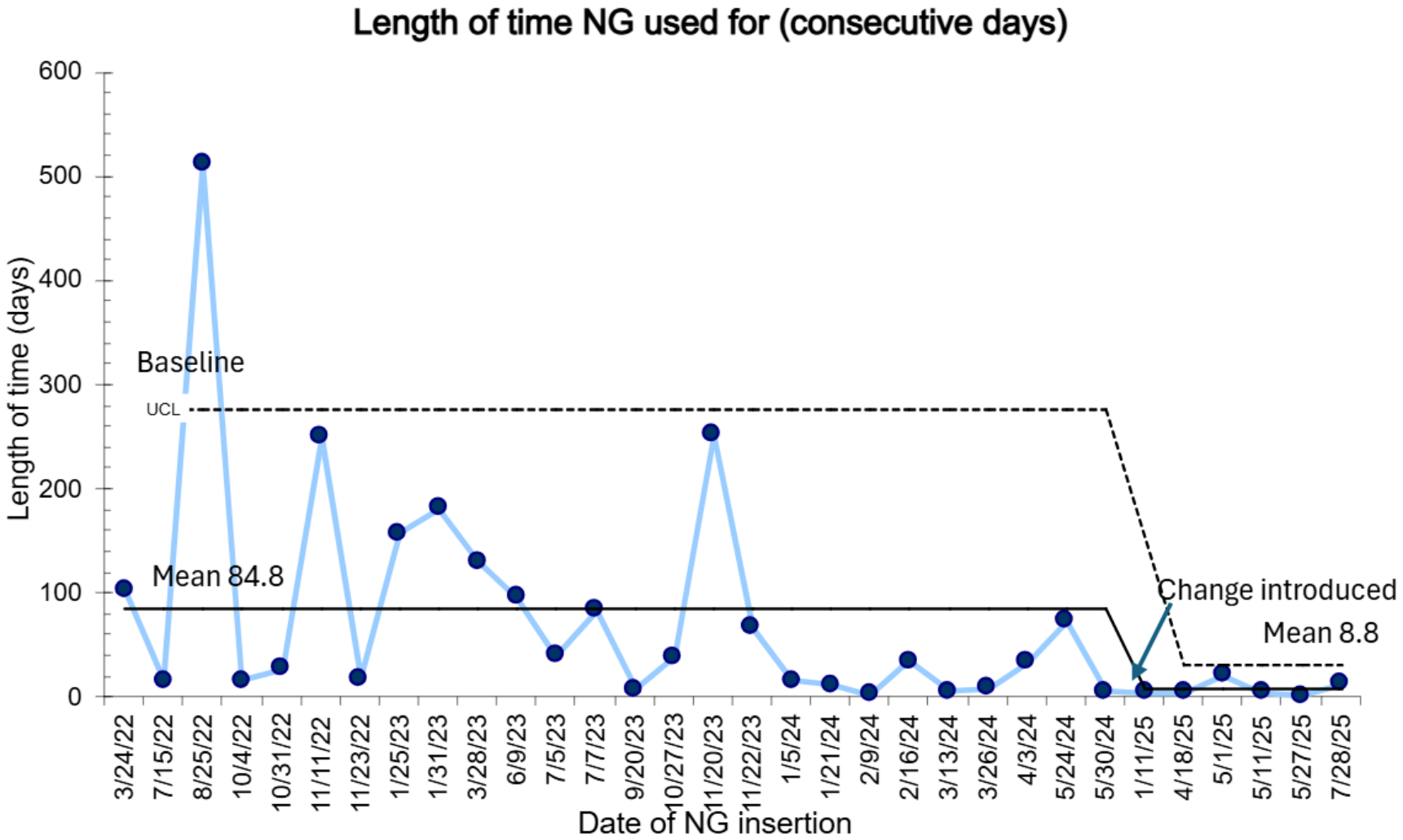
Use of NG feeding reduced by (90%) - Mean consecutive days used

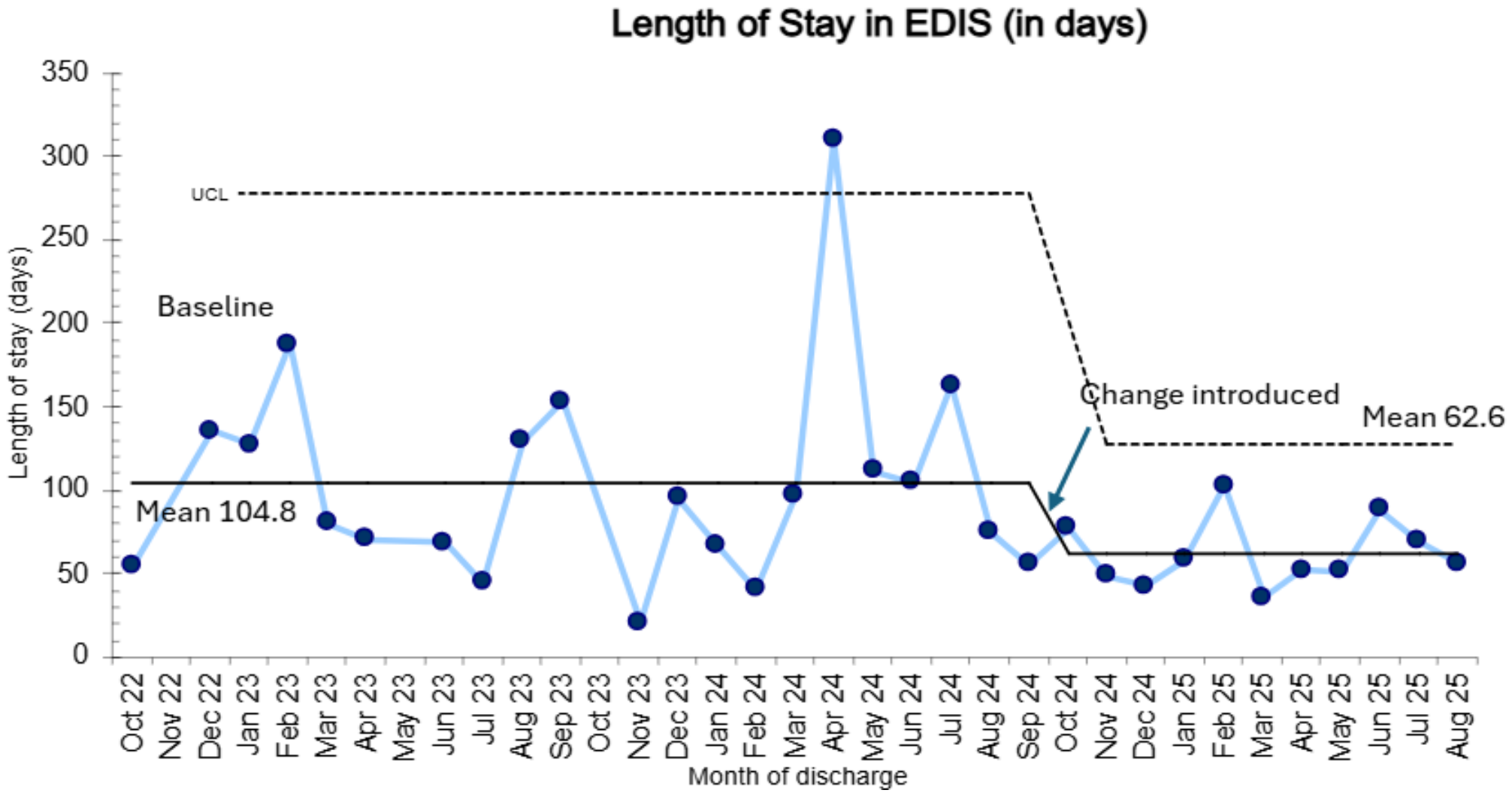
LOS of stay in Intensive service reduced by 42% whilst maintaining WFH improvement rates (5%)

No adverse impact on admission rates to eating disorder units or paediatric wards

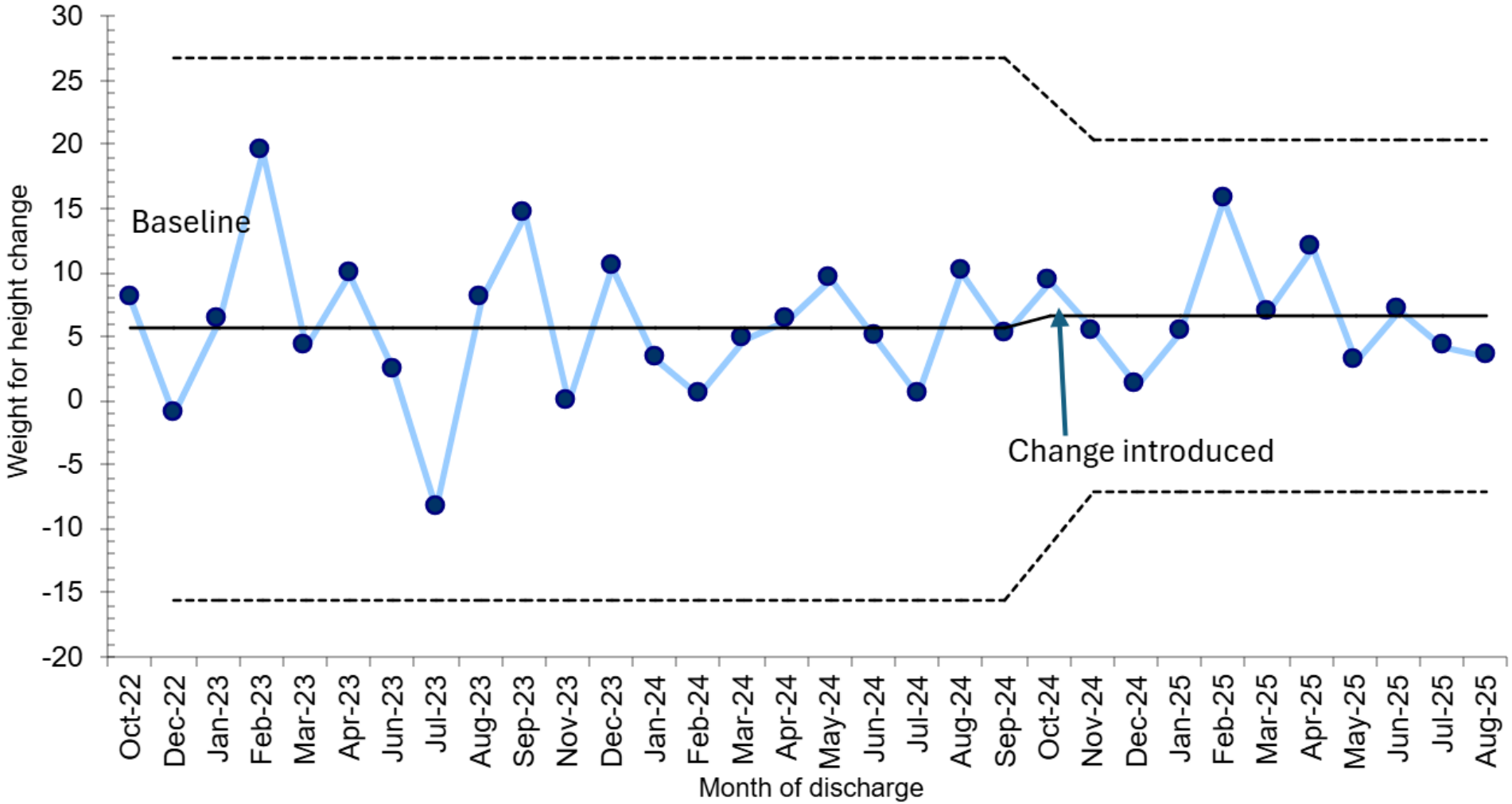
Good parent/carer feedback

This improvement in nutritional rehabilitation maintained functional ability to eat in community with shorter treatment durations in intensive service and improved school attendance for young people


Length of time NG used for (consecutive days)
Length of time (days)
600
500
400
300
200
100
0
Baseline
UCL
Mean 84.8
Change introduced
Mean 8.8
3/24/22
7/15/22
8/25/22
10/4/22
10/31/22
11/11/22
11/23/22
1/25/23
1/31/23
3/28/23
6/9/23
7/5/23
7/7/23
9/20/23
10/27/23
11/20/23
11/22/23
1/5/24
1/21/24
2/9/24
2/16/24
3/13/24
3/26/24
4/3/24
5/24/24
5/30/24
1/11/25
4/18/25
5/1/25
5/11/25
5/27/25
7/28/25
Date of NG insertion


Length of Stay in EDIS (in days)
Length of stay (days)
350
300
250
200
150
100
50
0
UCL
Baseline
Mean 104.8
Change introduced
Mean 62.6
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23
Oct 23
Nov 23
Dec 23
Jan 24
Feb 24
Mar 24
Apr 24
May 24
Jun 24
Jul 24
Aug 24
Sep 24
Oct 24
Nov 24
Dec 24
Jan 25
Feb 25
Mar 25
Apr 25
May 25
Jun 25
Jul 25
Aug 25
Month of discharge

Weight for Height Change



Parental Confidence

Confidence ratings for providing meal supports increased from **6.3** to **8.5** out of 10 (10 being 'very confident') following meal support coaching intervention.

> *We are much **more confident** about what to feed her and how to feed her. We are much **less phased when she does feel distress** and feel that **we have the tools** (verbal and otherwise) to support her when there is any difficulty.*
>
> *- Parent A*

> *A special thank-you for the **clear and understandable meal guidelines**. Thanks to them, our daughter now has a clear compass, and we have **calm** at the table. We stopped arguing over every bite: now there's a sense of **order and care** rather than control. In difficult moments we have a **plan of action**, and **we're no longer left alone with our fear**.*
>
> *- Parent B*