NHS
Vale of York
Clinical Commissioning Group

NHS
North Yorkshire
Clinical Commissioning Group

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Shared Care Agreement for Physical Health Monitoring of Young People with Eating Disorders

February 2020

Contents:

Introduction

A new community specialist eating disorder service is under development, “Community Eating Disorders Service for Children and Young People” (CEDS-CYPS), covering North Yorkshire and York. This service aims to provide a comprehensive service to young people with eating disorders. Physical health monitoring will be an integral part of this service and it is important that this is provided consistently and at intervals accordant to level of risk. The rationale for developing a shared care agreement between CEDS-CYPS and General Practice is to clarify roles and responsibilities for all professionals involved.

The complexity and potential risks presented by an eating disorder necessitates certain information to be available at the point of referral in order to triage that referral effectively and safely.

Across North Yorkshire and York the service is in different stages of development with some areas already undertaking the initial assessment and/or biophysical monitoring of patients. Current services will remain in these areas. The future aim of CEDS-CYPS is to fully support non-General Practice based referrals including self-referrals without the need for General Practice input. Routes to achieve this are being explored. However, currently in most areas, CEDS-CYPS requires young people with a suspected eating disorder to have a full assessment in primary care prior to referral to CEDS-CYPS (even if the young person self-refers).

General Practice Role

- **Initial Assessment + Referral**

When a young person suspected of having an eating disorder presents to General Practice an appropriate clinician will make an initial assessment and carry out any necessary physical examination and investigations.

(Appendix A)

The aim of this initial assessment is to:

i. Identify physically ill patients requiring acute paediatric/medical admission
ii. Identify patients with significant psychiatric features requiring acute referral to the CAMHs Crisis Team
iii. Exclude any underlying physical cause for the patient's weight loss
iv. Where possible identify features which assist the CEDS-CYPS to triage the case

(Appendix B)

In the absence of symptoms/signs necessitating immediate paediatric/medical/psychiatric review, all children and young people under the age of 18 with a suspected eating disorder should be referred to the CEDS-CYPS using the agreed, self-populating, electronic referral form via email to TEWV.NorthYorkshireCamhsreferrals@nhs.net (Harrogate, Northallerton and Scarborough) or tewv.camhsspayorkselby@nhs.net (York).

Decision making about whether a referral is "urgent" or "routine" will be made by the CEDS-CYPS based on the information received in the referral and a triage call to families. Urgent referrals will aim to be seen within one week and routine referrals within four weeks.

When a young person is booked for an assessment, they will receive an appointment letter detailing the process of the initial assessment, which will be copied to the practice. It is following initial face to face assessment, if there is an ongoing role for the service, that the young person is considered under the care of CEDS-CYPS.

If the patient/family present to general practice with further concerns whilst waiting for their initial assessment by the CEDS-CYPS the practice should assess:

i. Deterioration in physical health, consider further investigation, paediatric/medical assessment
ii. Deterioration in mental health (expressing suicidal ideation or in crisis etc.), consider liaison with the CAMHs crisis team
iii. Deterioration in relation to their suspected eating disorder, contact the child's local CEDS-CYPS (contact details are provided on the appointment letter, which is copied to the practice)

Harrogate and Northallerton patients:

Harrogate CAMHS Eating Disorder Team
Dragon Parade
01423 726900

York and Scarborough patients:

York CAMHS Eating Disorder Team
Orca House
01904 615343

- **Requests for assessment following self-referral to CEDS-CYPS**

If a young person self-refers to the CEDS-CYPS or the referral comes from a different agency, the young person currently requires an initial assessment of their physical health from primary care prior to being accepted by the CEDS-CYPS service. If this occurs, primary care will be contacted by the family, the referrer or CEDS-CYPS and they should refer to the process above.

- **Biophysical monitoring after referral**

After initial CEDS-CYPS comprehensive assessment, all ongoing routine biophysical monitoring is the responsibility of the CEDS-CYPS (see CEDS-CYPS detail below).

- **Treatment of co-existing unrelated physical health problems**

Treatment of co-existing unrelated physical health problems will remain the responsibility of General Practice. If the practice has any queries relating to whether co-existing conditions are related to the eating, please liaise with the CEDS-CYPS for support.

- **Prescribing**

Initial prescriptions for managing malnutrition will be commenced by CEDS-CYPS. If ongoing treatment is required CEDS-CYPS will request in writing the patient's practice to continue prescribing advising formulation, dose and length of treatment. CEDS-CYPS will also advise in writing any changes to the medication/treatment plan. Guidance relating to managing deficiencies detected in patients with eating disorders is attached.

(Appendix C)

Existing shared care arrangements (Amber Drugs Scheme) will be followed for other medication initiated by CEDS-CYPS.

- **Outline of CPA arrangements and communication**

CEDS-CYPS will arrange regular CPA reviews for young people open to the service. They will communicate ahead of reviews in order to give the practice the opportunity to share pertinent information.

- **Responsibility for DNAs/ consent/ responsibility for cases who withdraw consent to NICE concordant treatment/ treatment in CAMHS**

It is recognised some young people may be reluctant to engage with treatment for their eating disorder and may refuse to consent to referral to CEDS-CYPS. In this scenario please contact the CEDS-CYPS for further advice and support regarding next steps.

The practice should inform CEDS-CYPS of any new safeguarding concerns including missed appointments for cases open to the service.

Where a young person fails to engage consistently with the service and the CEDS-CYPS, following the TEWV “Did Not Attend/Was Not Brought” policy, have been unable to re-engage the family, the service will liaise with the practice regarding next steps. (See CEDS-CYPS section for further detail).

CEDS-CYPS Role

- **Triage process**

Once a referral is received, the CEDS-CYPS duty clinician screens the information in the referral at the latest, on the next working day. They then carry out an access telephone call with the family to gather further information. Based on the information from these two sources, a decision is made about urgency. The triage process will be informed by the following information: rate of weight loss, weight height, menstrual cycle, recent diet and fluid intake, compensatory behaviours (exercise, purging, laxative use etc.) and results of physical observations and blood tests.

If triaged as urgent, cases are offered an initial face to face assessment within one week. Routine cases are offered an initial face to face assessment within four weeks. CEDS-CYPS will communicate with the primary care professional with the outcome of the triage process and will be copied into the initial assessment appointment letter.

- **Initial assessment**

The CEDS-CYPS will offer an initial triage call, and if indicated will be booked in for an initial comprehensive face to face assessment within the agreed timescale. This will incorporate review of physical and mental state and risk among other areas which will inform treatment approaches.

Following assessment, CEDS-CYPS will determine whether ongoing input from the team is indicated. They will write an initial comprehensive assessment letter that will be shared with the referrer, primary care professional and family. It is at this point that the young person is considered under the care of CEDS-CYPS.

- **Monitoring after referral**

This is will involve: conducting physical health observations (BP, pulse, temperature, weight, height, %BMI), requesting blood tests, ECG and bone density scans and actioning the results. CED-CYPS will inform the young person and family of the results.

- **Prescribing and shared care**

Initial prescriptions for vitamin and mineral supplementation to be commenced by CEDS-CYPS. Repeat prescriptions to be issued by primary care, who will be advised by CEDS-CYPS as to length of prescription and any required changes.

For any other medication initiated by CEDS-CYPS (such as antidepressants, low dose antipsychotics, sleep medication), see existing shared care arrangements.

- **Outline of CPA arrangements and communication**

CEDS-CYPS will arrange regular CPA reviews for young people open to the service. They will communicate with primary care ahead of reviews in order to give primary care

professionals the opportunity to share pertinent information. CEDS-CYPS will send a summary of the young person's care plan review to family and primary care professionals.

- **Responsibility for DNAs/ consent/ responsibility for cases who withdraw consent to NICE concordant treatment/ treatment in CAMHS**

CEDS-CYPS will provide guidance and advice in relation to eating disorders to primary care professionals, as requested, where young people have refused to consent to referral to CEDS-CYPS. CEDS-CYPS will inform primary care professionals of any new safeguarding concerns.

If a young person is open to CEDS-CYPS and does not attend appointments, the CEDS-CYPS professional will follow the TEWV Did Not Attend/ Was Not Brought policy. This involves the CEDS-CYPS continuing to try and make contact with the family and keeping the primary care professional informed about the process. For patients known to be high risk, the CEDS-CYPS clinician would be expected to liaise with other involved professionals to ensure they are aware of the lack of engagement and to consider other options in relation to engaging with the family. In these situations, the CEDS-CYPS clinician would also consider safeguarding issues. If there is continued refusal to engage with the CEDS-CYPS and the young person has been discharged, CEDS-CYPS will provide advice if needed to primary care in relation to the management of these patients.

Review Process

This shared care agreement will be reviewed regularly (within 90 days) from commencement of the new CEDS-CYPS service. This review will involve all involved partners.

(Appendix D)

Appendix A

Initial General Practice Assessment:

Potential diagnostic features of an eating disorder:

- Refusal to maintain body weight or failure to gain weight during a period of growth
- Intense fear of gaining weight
- Disturbed body perception
- Undue influence of body weight or shape on self-esteem
- Denial of seriousness of current low body weight
- In girls primary or secondary amenorrhoea

Mental Health assessment:

- Risk of Suicide/Self-harm
- Co-morbidities (Depression, Anxiety, OCD)

Additional Information:

- Rate of weight loss (or estimated weight loss)
- Recent diet and fluid intake
- Compensatory behaviours (exercise, purging, laxative use etc.)

Current Medication:

Relevant PMH:

Relevant FH:

Physical exam:

- Weight & Height (Median BMI %) *
- BP & Pulse
- Temperature

*Median BMI % is used rather than BMI in children and young people. The easiest way of calculating this is by using the "App" which can be downloaded from the Junior Marsipan website but supplying Height & Weight is sufficient.

Investigations:

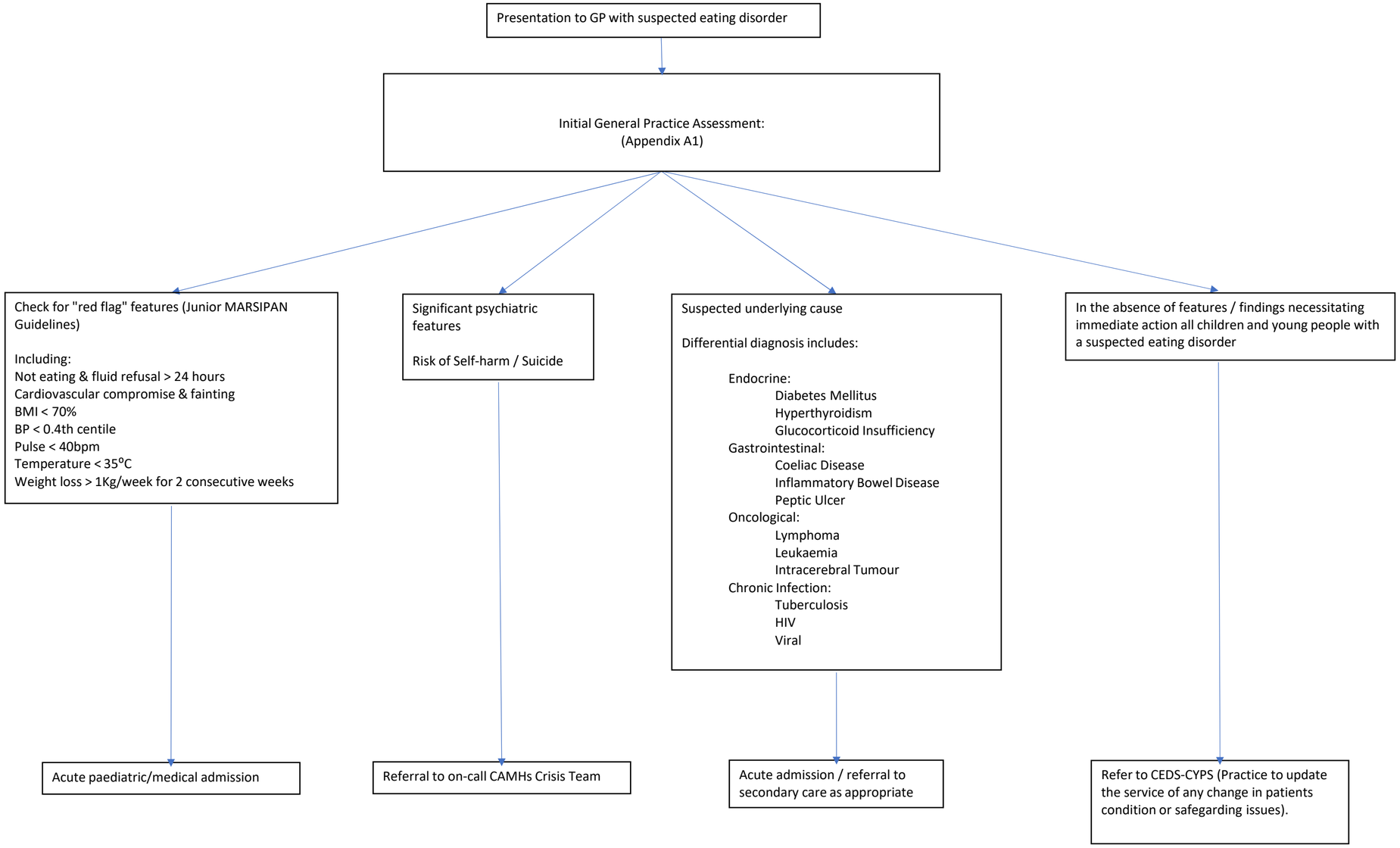
- Fbc
- U&Es
- LFTs
- CRP
- TFT
- Bone profile
- Calcium
- Ferritin
- CK
- HbA1c
- Vit D
- Magnesium
- Coeliac antibodies
- LH, FSH, Oestradiol ♀
- Testosterone ♂

"Suspected Young Person Eating disorder" batch request on ICE

- Pregnancy Test if amenorrhoea

- ECG baseline to be ordered from the ECG service/ local paediatric provider by general practice and the ECG sent through to CEDS-CYPS. It is acknowledged that general practice may not have access to a paediatric ECG service but the findings support effective triage (as outlined by Junior Marsipan Guidance).

Appendix B



For urgent advice re patients condition contact the localPaediatric or CEDS team:

Harrogate and Northallerton patients:

Harrogate CAMHS Eating Disorder Team
Dragon Parade
01423 726900

York and Scarborough patients:

York CAMHS Eating Disorder Team
Orca House
01904 615343

Appendix C

Guidance for managing deficiencies detected in patients with eating disorder:

Iron (See cBNF for doses if less than 12 years of age)

If Haemoglobin low for age/sex – treat as iron deficiency anaemia

If haemoglobin normal but ferritin low, treat as iron insufficiency

Medication can be difficult to tolerate – may get abdominal pains, constipation, altered stools (normal). If have symptoms, suggest try at lower frequency and gradually build up as tolerated. May tolerate a different preparation. If on treatment, do not recheck bloods until 3 months have passed.

Iron deficiency anaemia

Insufficiency – use for 3 months and then re-check bloods. If still not sufficient continue

Deficiency - use for 3 months and then re-check Hb. When Hb in normal range, continue same dose for further 3 months to replenish stores – then stop/treat as insufficient if ferritin still low.

Preparation	Insufficiency	Deficiency
Ferrous sulphate 200mg tabs	1 tablet/day for 3 months	1 tablet 2-3/day for 3 months
Ferrous Gluconate 300mg	2 tablets/day	3-4 tablets/day
Ferrous fumerate 210mg	1-2 tablets/day	2-3 tablets/day
Ferrous Feredetate (sytron) solution	5 mls twice daily	5mls twice daily Could increase to 10mls twice daily

Vitamin D (cBNF and RCPCH guidance)

Blood results	Age	Dose needed	Preparation	Duration/monitoring
Deficient <25	< 12 years	6000 units per day	Ergocalciferol suspension 3000 units/ml Ergocalciferol tablets 5000 and 10000 units	8-12 weeks, Monitor serum calcium weekly for first 2-3 weeks, then check at 8 weeks/12 weeks
	>12 years	10000 units per day		
Insufficient 25-50	All ages	400-600 units per day	OTC preparation plus advise safe sun exposure	No need to routinely monitor
Replete >50	All ages	Can have in multivitamin		No need to routinely monitor

Zinc (cBNF)

Dose is body weight dependant

Zinc sulphate effervescent tablets 125mg

Appendix D

List of involved partners:

- Primary care (LMC)
- North Yorkshire and Vale of York CCGs
- TEWV representatives
- Paediatric advice to be sought from specific colleagues prior to seeking advice from acute care trusts
- Service user and carer representation