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**NHS**  
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Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

**Freedom of Information Act 2000 - Request Reference Fol/22/077**

**Eating Disorder Service**

**Information Requested:**

**1. Does your service have BMI criteria for Anorexia Nervosa outpatient referrals?**

Yes. A BMI below 15 would go to tier 3 service SHED. There is no defined upper limit in EDSOTT.

**2. If yes, what is your BMI criteria for accepting Anorexia Nervosa referrals? (Tick all that apply)**

Referral accepted for Extreme AN (BMI <14)	SHED/Tier 3
Referral accepted for Severe AN (BMI <15)	SHED/Tier 3
Referral accepted for Moderate AN (BMI < 16)	EDSOTT
Referrals accepted for Mild AN (BMI < 17)	EDSOTT
Other (e.g. comorbidity with other condition - please specify)	EDSOTT – see clients with restrictive eating with no upper BMI limit  SHED are a high risk eating disorder service and accept referrals for severe eating disorders. SLAM guidelines are used to determine whether referrals meet SHED criteria. Additionally comorbidities and other factors such as pregnancy are taking into account

**3. Does your service have criteria based on frequency of binge eating and compensatory behaviour in Bulimia Nervosa outpatient referrals?**

Yes

**4. If yes, what criteria based on frequency of binge eating and compensatory behaviour does your service have? (Tick all that apply)**

Referral accepted for Extreme BN (14+ episodes a week)	EDSOTT/SHED
Referral accepted for Severe BN (7-14 episodes a week)	EDSOTT/SHED
Referral accepted for Moderate BN (4-7 episodes a week)	EDSOTT
Referral accepted for Mild BN (1-3 episodes a week)	EDSOTT or referral to guided self-help in PMHSS
Other (e.g. comorbidity with other condition - please specify)	If comorbid difficulties e.g. diabetes may end up in tier 3 SHED. Any markers in concern range on SLAM guidelines – Q to SHED.



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**4. a. If you have criteria for accepting referrals, what is the reason for this?**

Client needs to have an eating disorder. If very infrequent binge care may be provided with understanding binge eating disorder GSH within PMHSS. SHED are a high risk eating disorder service and accept referrals for severe eating disorders. SLAM guidelines are used to determine whether referrals meet SHED criteria. Additionally comorbidities and other factors such as pregnancy are taking into account.

**5. Does your service accept patient self-referrals?**

No

**6. What percentage of referrals for outpatient treatment are declined due to not meeting referral criteria?**

~ 13% SHED

~ 8% EDSOTT (wit +~15% more appropriate and directed to SHED)

**7. What is the population size of the catchment area for your service?**

Cardiff and Vale 562,000 (EDSOTT and SHED)

Cwm Taf 450,000 (SHED)

**8. How many of your patients are typically admitted to acute hospitals in a given year? (For both medical and psychiatric reasons)**

Year	Medical ward	Psychiatric	total
2010	3	5	8
2011	13 A&E admission included.	10	23
2012	4	13	17
2013	5	10	15
2014	3	6	9
2015	8	10	18
2016	4	8	12
2017	4	7	11
2018	4	5	9
2019	4	9	13
2020	7	9	16
2021	10	17	27
2022	3		3
total	72 (5.5)	109 (8.4)	181 (13.9)



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**9. What is the average waiting time in your ED service (in weeks) following assessment?**

	EDSOTT	SHED
Average waiting time for non-urgent referrals to begin evidence-based outpatient treatment	6 weeks for assessment, 12 months for treatment	No waiting time
Average waiting time for urgent referrals to begin evidence-based outpatient treatment		No waiting time
Average waiting time following non-urgent referral for a specialist ED inpatient bed to be offered		Currently 12 months +
Average waiting time following urgent referral for a specialist ED inpatient bed to be offered		4-8 weeks
Average waiting time following referral for a place in a day care ED service to be offered		No day hospital available
If you have different waiting times based on different levels on urgency, please specify		

**10. Do waiting times vary depending on the eating disorder diagnosis? If yes, how?**

Not by diagnosis by if very high risk go to SHED and can be seen near immediately, whereas EDSOTT has 1 year waiting list.

**11. For Anorexia Nervosa, what individual treatments are offered by your service?**

	EDSOTT	SHED
CBT-E (Enhanced Cognitive Behavioural Therapy)	Y	Y
MANTRA (Maudsley Model of Anorexia Nervosa Treatment for Adults)	N	Y
SSCM (Specialist Supportive Clinical Management)	Y	Y
FPT (Focal Psychodynamic Therapy)	NN	N
Other (please specify, e.g. CAT, CFT or DBT)	CFT, IPT, ACT	

**12. Has your service offered group therapy as a main treatment for Anorexia Nervosa? If yes, why?**

No



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**13. For each treatment or therapy offered for Anorexia Nervosa, with current funding how many individual sessions on average (or estimated average) is your service able to offer each patient?**

EDSOTT SHED

CBT-E (Enhanced Cognitive Behavioural Therapy)	40	
MANTRA (Maudsley Model of Anorexia Nervosa Treatment for Adults)	-	20-40
SSCM (Specialist Supportive Clinical Management)	20	0-10
FPT (Focal Psychodynamic Therapy)	-	
Other (please state what types and how many sessions)		10

**14. What approximate percentage of your outpatient Anorexia Nervosa patients receive dietetic input?**

In EDSOTT - 60% approximately

In SHED – 80% approximately

**15. What percentage of your Anorexia Nervosa patients are discharged from your service with a BMI equal to or greater than 20 (18.5 for certain ethnic groups)?**

SHED~11%

EDSOTT~75%

**16. What individual therapies do you offer for Bulimia Nervosa?**

EDSOTT SHED

Guided self-help	Y	
CBT-E	Y	Y
None	-	
Other (please specify):	IPT	

**17. With current funding, how many individual sessions on average (or estimated average) of therapy are you able to offer each patient?**

EDSOTT SHED

Guided self-help	10-12	
CBT-E	20	20
Other (please specify type)	IPT – 16-20	

**18. What individual treatments do you offer for OSFED?**

EDSOTT SHED

Guided self-help	-	
CBT-E	Y	Y
None	-	
Other	-	



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**19. With current funding, how many sessions of treatment on average (or estimated average) are you able to offer each patient for OSFED?**

	EDSOTT	SHED
Guided self-help	-	
CBT-E	20-40	20-40
Other (please specify type)		

**20. What treatments do you offer for Binge Eating Disorder?**

Guided self-help	Y	
Group Sessions	-	
CBT-E	Y	
None	-	N
Other	IPT - Y	

**21. How many sessions per patient on average (or estimated average) are you able to offer for each of the following for BED?**

Group Sessions	-	
CBT-E	20	
None	-	N
Other	-	

**22. What is currently offered by your service to support relatives/carers of patients with EDs?**

Carer information sessions. Family/systemic therapy (SHED only).

**23. How many patients did your service offer treatment for in the last one calendar year (2020)?**

SHED - Approximate estimates. Not everyone will have formal diagnosis. Most referrals we receive are AN and AN binge/purge subtype. ~75 open cases in 2020

EDSOTT- Approximately 45 people in active treatment (weekly appointments) at a time. *Plus waiting list of 80 – of those on current WL – 44 Anorexia, 20 Bulimia, 11 Binge eating, 4 ARFID ~ similar proportions for those actively being seen*

	EDSOTT	SHED
Anorexia Nervosa		60
Bulimia Nervosa		4
Other Specified Feeding and Eating Disorders (OSFED)		
Binge Eating Disorder		
Avoidant restrictive food intake disorder (ARFID)		8
Others (Please indicate the type and numbers)		3



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**24. What was the number of whole time equivalents (WTE) employed in your ED service in 2015?**

EDSOTT SHED

Consultant Psychiatrists	0	0.1
Nurse	0	
Service Manger	0	Service manager/clinical lead is the consultant psychologist
Psychologist	1.2 from core psychology : not specifically funded for ED	1.0
Head of Services	0	
Dietician	0.6 from core dietetics : not specifically funded for ED	1.0
Family Therapist	0	
CBT Therapist	0	1.0
Other (please specify)	0	
OT		0.4
Support		0.4

**25. What was the number of whole time equivalents (WTE) employed in your ED service in 2019?**

EDSOTT SHED

Consultant Psychiatrists	0	0.1
Nurse	0	
Service Manger	0	Service manager/clinical lead is the consultant clinical psychologist
Psychologist	1.5 WTE	1
Head of Services	0	





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Dietician	As per 2015	1
Family Therapist	0	0.4
CBT Therapist	1.0wte	3
Other (please specify)	0.4 psychological therapist	
OT		0.4
Support worker		0.4.

**26. What is the number of whole time equivalents (WTE) employed in your ED service currently?  
As of 1.03.22**

	EDSOTT	SHED
Consultant Psychiatrists	-	0.4
Nurse	-	
Service Manger	-	Service manager/clinical lead is the consultant clinical psychologist
Psychologist	0.8 WTE	1 0.8 wte vacant for psychologist post
Head of Services	-	
Dietician	1.6wte or which 0.6 from core dietetics	1.5
Family Therapist	-	0.4
CBT Therapist	-	
Specialist Clinician		3
Psychological therapists	2 WTE	
Support worker		0.4
OT		0.4
Assistant Psychologist		1

**27. Please indicate the number of day care/day patient places per week your outpatient service had access to within your NHS trust in 2015.**

None



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**28. Please indicate the number of day care/day patient places per week your outpatient service had access to within your NHS trust in 2019.**

None

**29. Has your service had access to day patient care during the COVID-19 pandemic? If this has changed throughout, please give details on how this has changed.**

We do not have access to day patient care.

**30. How many referrals for specialist inpatient ED treatment did your service make?**

in 2015?	13
in 2019?	8
in 2020?	9

**31. How many admissions for specialist inpatient ED treatment were there from your service?**

in 2015?	12
in 2019?	8
in 2020?	9

**32. How many outpatient referrals did your service receive?**

	EDSOTT	SHED
in 2015?	Data not attainable	46
in 2019?	-	67
in 2020?	159	72

\*please note data for EDSOTT from 2015/2019 not easily accessible due to previous service leads retirement.