

10: Summary sheet for managers and commissioners coordinating care



Who is this for?

Senior managers in NHS trusts, private units and other organisations providing care for people with severe eating disorders. Commissioners responsible for funding care for people with severe eating disorders within a defined geographical region.

a. Risk assessment

Requests for funding will often be accompanied by assessments, chronology of events and statements describing the risks to the patient if treatment is not provided. Managers and commissioners should be familiar with the risk assessment process so they can respond. A risk assessment checklist has been provided in Chapter 2.

See Chapter 2 and Appendix 3



b. Location of care

Unfortunately, there is a severe dearth of eating disorder specialist psychiatrists and specialist inpatient settings. Commissioners should expect to be part of a multi-agency planning meeting that includes acute and psychiatric partners, to identify local need. The expectation is that community care will be achieved following treatment in a medical ward wherever possible. However, if inpatient care is required, this should occur rapidly and as close to home as possible.

See Chapter 3



c. Safe refeeding

This depends on the availability of knowledgeable medical, psychiatric and dietetic staff who have communicated in advance about how to manage the treatment of a patient with a severe reaction disorder admitted to the hospital. We advise that commissioners require that all hospitals into which a patient with a severe eating disorder may be admitted should establish a planning group, consisting of a psychiatrist, a physician, a dietician, a nurse and a manager to discuss in advance how such an admission would be managed and to produce a policy document with clear recommendations. Members of this group should have time in their job plans for management and educational activities to support this area, and be linked to clinical networks.

See Chapters 4 and 5



d. Behavioural manifestations of eating disorders

Managers and commissioners are often involved in decisions about funding extra staff to provide support for patients or parents/carers through mealtime coaching, post meal supervision, responding to distress, reducing opportunities to purge and replacing lost calories as per the care plan. The argument is usually between the medical ward and the mental health service about who should fund special nursing for eating disorder patients. The solution will vary in different contexts but in every unit decisions on this matter should be agreed in advance.

See Chapter 6



e. Families and carers

Managers and commissioners may be approached by family members or carers for a number of reasons. The family/carer may be seeking funding for a particular treatment, they may be unhappy with the treatment that is being received. It can be useful for a manager to join the clinical team when meeting with the family/carers, so that resource issues can be addressed and families/carers supported to make complaints via provider PALS (patient advice and liaison services) or formal complaint routes when necessary. If second opinions are requested, they are best organised through the hospital rather than directly by the family/carers.

See Chapter 7



f. Compulsory admission and treatment

Patients with eating disorders occasionally require compulsory treatment. Medical and other units should have a Mental Health Act (or equivalent) liaison manager to ensure compliance with mental health law. Units admitting children need access to expertise in safeguarding legislation. A Responsible Clinician may need to be commissioned to oversee care for a specific patient admitted to a medical or paediatric ward, and medical care may need to be commissioned for a psychiatric inpatient.

See Chapter 8



g. Diabetes mellitus type 1

Diabetes mellitus when combined with an eating disorder provides enormous challenges to the clinical team. Physicians, paediatricians and psychiatrists all require special training and experience to manage the combination and that should be supported by management, facilitating postgraduate education where such multi-professional training has not been available.

See Chapter 9 and Annexe 3

