

# Fresh ideas bring success to the Eating Disorders Service...

## The Trust is reaping the rewards of introducing fundamental changes to the service last year

In May last year, one of the wards where the service is based was forced to rethink the way it worked because local demand for the Eating Disorders Service was far outstripping the number of patients that could be treated.

In response to this, Professor Hubert Lacey, Clinical Director of the Eating Disorders Service, set up a working party to come up with a solution.

Instead of consulting senior staff, Professor Lacey put together a multi-disciplinary team of younger, middle-ranking staff who were full of enthusiasm and ideas for new ways of working. Their brief was to come up with a treatment programme that was cost-effective, but would allow more patients to be treated. Time and money were tight, so they had just five weeks to turn the service around.

The solution they came up with was to change the ward from being an inpatient unit to a day service. It was a controversial proposal, because day services for Eating Disorders can be problematic. Most of the patients they treat suffer from severe and enduring anorexia, and tend to become 'stuck' and unable to recover. This means that they fill up valuable places so that new patients cannot be treated.



Professor Lacey



The EDS team, including two members of the working party, Diane Turner and Vicki Mountford. Left to right: Emma Costorphine, Mira Lazarova, Linzi Gardner, Sarah Frost, Scott Bradley (kneeling), Diane Turner, Vicky Mountford, Tania Georgeson (kneeling) and Elizabeth Holloway.

The average weight gain for an anorectic patient in an inpatient unit is 1kg per week. For a day service patient, it is half this: 0.5kg per week. This means that in general, a patient would need to use the day service for twice as long to achieve the same results as the inpatient service.

However, thanks to the new treatment methods adopted by the day service, the ward was able to help patients gain an average of a kilo per week – a result that matched the success of an inpatient ward, but was more cost-effective.

The day service was also able to admit patients who were very ill – with a Body Mass Index as low as 13 (at most similar services patients would have to have a minimum BMI of 15 or 16).

The new day service treatment programme is more group-based, with widespread use of therapies. Patients learn how to improve their self-esteem and body image and manage anger and anxiety. They also receive practical help with things such

as shopping for clothes and cooking.

The day service also means that patients have all the advantages – and disadvantages – of living at home throughout their treatment. They are therefore forced to manage themselves and find strategies for coping with day-to-day life – and at the end of their treatment they won't need help with re-integrating into home life.

Because there are now only two or three inpatients at a time, beds have been freed up for the National Eating Disorders Service. This means that patients can be referred from other areas, bringing much-needed funds from other PCTs into the Trust.

Professor Lacey commented: "The staff running the day patient programme are enthusiastic and very skilled, just like the staff in the rest of the Eating Disorders Service. I can think of no other eating disorders team that could have developed such an innovative, effective and cost-effective treatment in such a brief period of time."