

<b>Reference:</b>	FOI.4964.21
<b>Subject:</b>	Eating disorders
<b>Date of Request:</b>	11 January 2021

**Requested:**

I am writing to you as part of a Freedom of Information Request looking specifically at eating disorder services for adults and children between 2018 and 2021:

1. Between 2018 and 2021 what percent of those referred to your eating disorder service are refused access? (adult and children)
2. Between 2018 and 2021 what level of severity of illness are you commissioned to treat in eating disorder services for adults and children? E.g. can treat severe eating disorders, not very severe/moderate.
3. Between 2018 and 2021 was your admission policy for children's eating disorder services based on a patient's BMI, or other factors (such as amount of purging? Their demographic)?
4. Between 2018 and 2021 was your admission policy for adult's eating disorder services based on a patient's BMI, or other factors (such as amount of purging? Their demographic)?
5. Currently how long is your waiting list (priority and normal) for adult patients to access eating disorder treatment? (as of September 2020-Jan 2021)
6. Currently how long is your waiting list (priority and normal) for children patients to access eating disorder treatment? (as of September 2020 - Jan 2021)
7. In your trust how many people have made appointments at CAMHS in the last 8 weeks to discuss an eating disorder?
8. In your trust how many people have made appointments for adult services in the last 8 weeks to discuss an eating disorder?
9. Between 2018 and 2021 what was your rate of relapse for CAMHS eating disorder services i.e. what percentage of your patients who are discharged from treatment return and are readmitted?
10. Between 2018 and 2021 what was your rate of relapse for adult eating disorder services i.e. what percentage of your patients who are discharged from treatment return and are readmitted?
11. Between 2018 and 2021 what percentage of your patients who access treatment for adult eating disorder services are male?
12. Between 2018 and 2021 what percentage of your patients who access treatment for CAMHS eating disorder services are male?

**Response:**

Hywel Dda University Health Board (UHB) is unable to provide you with the information requested for questions 7 and 12, as it is estimated that the cost of answering your request would exceed the "appropriate level" as stated in the Freedom of Information (Fees and Appropriate Limit) Regulations

2004. The “appropriate level” represents the estimated cost of one person spending 18 hours or (2 ½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

In order to provide you with the requested information, the UHB would need to undertake a manual search of SCAMHS patient records, to identify any information that fulfils your request, as this information is not recorded centrally.

The UHB is therefore applying an exemption under Section 12 of the Freedom of Information Act 2000 (FOIA), which provides an exemption from a public authority’s obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit.

1. The UHB can confirm that 0% of adult patients that were referred to the EDS were refused access during the requested period.

The UHB confirms that its Specialist Child and Adult Mental Health Service (SCAMHS) does not have a specific Eating Disorder Service (EDS). However, young people may be accepted if a referral for assessment is received.

Additionally, SCAMHS has recently been successful in securing funding to develop a specific EDS, which will enable the service to provide treatment and support for more young people with eating disorders.

2. The UHB confirms that its Tier 3 EDS provides treatment for patients with severe eating disorders as well as any young person transitioning from SCAMHS to the Adult Mental Health Service (AMHS) who is mid-treatment or has had a Tier 4 inpatient admission for an eating disorder regardless of current illness severity. The Tier 2 EDS was established in October 2020 and provides a service for patients known to the Community Mental Health Team (CMHT) with a mild to moderate eating disorder.

The UHB’s SCAMHS accept referrals for eating disorders where concerns have been raised in respect of acute weight loss, physical compromise, vomiting, use of laxatives, and severe body image distortion. This may range from mild to severe and would be determined following assessment.

3. The UHB confirms that referrals are accepted based on the presenting referral information risk factors, such as; acute weight loss, purging, laxative use, and or severe body image distortion. When considering referrals the use of percentile charts, Body Mass Index (BMI) and other physical complications and variants would all be taken in to account.
4. The UHB’s Tier 3 EDS accepts referrals for patients with a BMI less than 15, blood abnormalities, comorbidities and complex issues. Referrals for young people transitioning from SCAMHS to AMHS are also accepted, regardless of BMI, if the patient is mid-treatment and/or has had a psychiatric inpatient admission for an eating disorder post aged sixteen (16) years. The Tier 2 EDS accepts referrals for any patient under the care of the CMHT with a suspected eating disorder regardless of BMI.
5. The UHB confirms that there is no waiting list for its Tier 2 and Tier 3 EDS’s.

6. The UHB confirms that it does not have a waiting list for assessment following referral. The UHB adheres to the Welsh Government (WG) performance standard waiting time of forty eight (48) hours for urgent assessment and twenty eight (28) days for routine assessment.
8. The UHB confirms that three hundred and fifty one (351) EDS appointments were offered to adults in the eight (8) weeks prior to 31 December 2020.
9. The UHB does not hold the information requested.
10. The UHB confirms that 2.70% of patients discharged from the Tier 2 and Tier 3 EDS were re-referred, during the period requested.
11. The UHB confirms that 12.16% of adult patients accessing treatment within the Tier 2 and Tier 3 EDS during the requested period were male.