



Barnsley
Local Medical
Committee

Wednesday 16th March

Eating Disorders

Commissioning and Provision of Services in
General Practice

Presented by Dr Clare Bannon

Coroner's concerns- Prevention future deaths- March 2021

- After a number of deaths in Cambridgeshire
- Inadequate training of doctors and other medical professionals
- The lack of a formally commissioned service for the provision of robust and effective monitoring of moderate to high risk AN patients by primary or secondary care

NHSE guidance

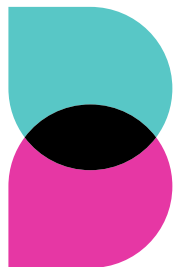
- The ability to comprehensively monitor and manage the physical health of all people with an eating disorder (across all diagnoses and presentations) is an essential function of a CED service
- A CED service must be equipped to conduct a full medical assessment, including blood tests and ECGs, and receive same-day results to facilitate same-day clinical decision-making.
- Medical monitoring needs to be based on local medical monitoring agreements clearly established across the CED service and primary care network, with one consistent protocol agreed on by local commissioners.

Discussion with CAHMs-2019

- GPs do not do Paediatric ECGs
- GPs should do a Medical Assessment of patients with suspected ED prior to referral to exclude other causes of weight loss. Not to determine severity.
- Guidance suggests stable patients can be followed up in primary care –As part of a commissioned service, this is not part of GP contract.
- Nice guidance recommends patients that have been discharged from CED service should be reviewed annually. This is not a requirement contractually and needs addressing by commissioners.
- Blood collection is not part of the GP contract. These should always be requested by CED service with the results reviewed by the service.

Further Action

- Concerns around moderate /severe unstable patients
- Discuss monitoring of Stable patients, there are LCS in other areas for this. None in SYLMC – this is to be raised at ICS level.
- Any Questions?



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