**Ajike Alli-Ameh, Head of the South West Clinical Senate**

Following the publication of the report, further points were raised by the Senate Council which the Clinical Senate believes are worth consideration alongside those points within the report. See these points listed below:

1. The Clinical Senate recommends the use of the Junior MaRSiPAN[[1]](#footnote-1)[1] guidelines (for the under 18s) to assess the clinical need of all CYP with eating disorders. These guidelines have been endorsed by NICE and will enable criterion-based admission for patients with clinical needs and enable quality monitoring.
2. The Clinical Senate observes that whilst the pressure continues to  fall on the acute paediatric beds, the Clinical Senate recommends that each paediatric medical in-patient service should have a paediatrician responsible for children and young people admitted with eating disorders; as recommended in the Junior MaRSiPAN report. These paediatricians need to have the skills and knowledge, to effectively care for this patient cohort. The Clinical Senate notes the Royal College of Paediatrics and Child Health (RCPCH) Special Interest (SPIN) Adolescent module[[2]](#footnote-2)[2] as a possible route to providing paediatricians with the necessary training and experience.
3. Where children and young people with eating disorders are admitted to acute medical beds, the nursing staff looking after them may have little or no experience caring for patients with eating disorders. The Clinical Senate recommends that the nursing staff receive appropriate training and support to enable them to deliver quality care.
4. In the South West region, CYP with eating disorders who are acutely unwell and require secondary care assessment and admission, will often access this care through the Emergency Departments (ED) and general paediatrics or acute medicine. [This is due to the lack of any specific Eating Disorder Service for most of the region as part of the Tier 4 provision (i.e. that can admit a CYP with an NG tube)]. The Clinical Senate suggests that access to secondary care for CYP with eating disorders through the standard emergency pathways are inappropriate for these vulnerable patients, given the risks being held in ED nationally and the intense pressure on the acute bed base in all Trusts.
5. The Clinical Senate recommends the development of direct access pathways, based on physical needs, to specialty beds/ Same Day Emergency Care assessment in Gastroenterology Units (assuming that is where the re-feeding and secondary care expertise lies), bypassing generic urgent and emergency care pathways.
6. The Clinical Senate recommends that CYP with eating disorders should have similar management as all patients with chronic conditions that will have predictable acute deteriorations and may require secondary care assessment and/ or admission. These CYP should have personalised, patient centred management plans that set out the support services and escalation plans. These plans should be signed off by the relevant stakeholders in the MDT.
7. Schools play a key role in the early identification of CYP at risk of or at the early stages of developing an eating disorder. This is crucial in trying to prevent deterioration in the CYP’s physical health such that they require acute admission. The Clinical Senate notes that the Healthy London Partnership guidelines for educational professionals working in schools and colleges, is a good practice example and recommends this should be adapted for use in the South West.
8. In the region, the medical care for patients is sharply divided at 16 years old – with the under 16s being treated via a paediatric service whilst the over 16s treated in an adult service. However, in Mental Health services, the split is different and CYP services are provided to all under 18s. This presents a challenge in delivering services for CYP with eating disorders who will need treatment for both their physical health and mental health. It is important that all under 18s with an eating disorder should have access to equitable provision.

A copy of this report has been sent to the NHSEI Regional Mental Health team, Michael Marsh, NHSEI Regional Medical Director.

1. [1] [college-report-cr168.pdf (rcpsych.ac.uk)](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr168.pdf?sfvrsn=e38d0c3b_2) [↑](#footnote-ref-1)
2. [2] [SPIN-Adolescent-Health-v2-2021.pdf (rcpch.ac.uk)](https://www.rcpch.ac.uk/sites/default/files/2021-06/SPIN-Adolescent-Health-v2-2021.pdf) [↑](#footnote-ref-2)