

Service	Local Enhanced Service for Physical Health Assessment in Eating Disorders
Commissioner Lead	
Provider Lead	GP Practices of Nottingham and Nottinghamshire ICB
Period	1 April 2024 – 31 March 2026
Date of Review	December 2025

1. Population Needs

1.1 National/local context and evidence base

As part of the NHS Long Term Plan (2019) and Mental Health Implementation Plan (2019) local systems have commenced redesign and reorganisation of community mental health services including, eating disorder services to ensure treatment is accessed earlier, closer to home and leads to better outcomes for patients and their families.

NICE estimate that over 700,000 people in the UK have an eating disorder, 90% of whom are female. Atypical eating disorders are the most common, followed by binge eating disorder and bulimia nervosa. Anorexia Nervosa is the least common, estimated at 10% of eating disorder cases. Lifetime prevalence is estimated at 8.4% for women and 2.2% for men. Point prevalence is estimated at 2.2% in Europe.

Medical monitoring for patients with eating disorders is often required due to the physical health risks of this long-term condition which has the highest mortality rate of all psychiatric illnesses. The Community Mental Health Transformation programme, eating disorder guidance from the National Collaborating Centre for Mental Health and NICE requires systems to establish a robust, shared protocol for medical monitoring across primary and secondary care to ensure the physical health risks of these vulnerable patients are managed.

National guidance states that “medical monitoring needs to be based on local medical monitoring agreements clearly established across the ED service and primary care network, with one consistent protocol agreed on by local commissioners. The protocol should be developed in collaboration with primary care services and clearly outline the responsibilities for each service. A shared care pathway for medical monitoring should be produced.”



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2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	x
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

2.2 Local defined outcomes

It is expected that the provision of this service within Nottingham and Nottinghamshire ICB practices will lead to:

- Physical health care for patients with eating disorders that enables early identification and intervention, reduces the premature mortality rate and the healthcare inequalities experienced.
- Improved quality of life for patients and carers with eating disorders.

3. Scope

3.1 Aims and Objectives of Service

The aim of the service is to improve the physical health of people with an eating disorder, in turn reducing the risk of deterioration and healthcare inequality experienced by this cohort.

The service will support practices, eating disorder services and the ICB to fulfil their responsibility and requirement to provide physical health monitoring for patients with an eating disorder.

The objective of the service is to enable GP practices to:

- Provide physical health assessment for patients with eating disorders.
- Communicate results to the eating disorder services.

3.2 Service Description/Care Pathway

Following request from the eating disorder clinicians GP Practices are asked to provide physical health assessment for patients with eating disorders. This is a service that can be delivered by a Health Care Assistant within the registered GP practice.

This may include;

- Phlebotomy
- Electrocardiogram (ECG) assessment (approximately 20% of requests)
- Weight assessment
- Pulse rate
- Blood pressure

A physical health assessment request letter will be sent from the Eating Disorder Service to the GP practice outlining clearly the physical health assessment request and associated timescales.

Patients will be given a blood form from the Eating Disorder Service and asked to contact their GP practice to book an appointment. The results will be shared with the Eating Disorder Service via ICE.

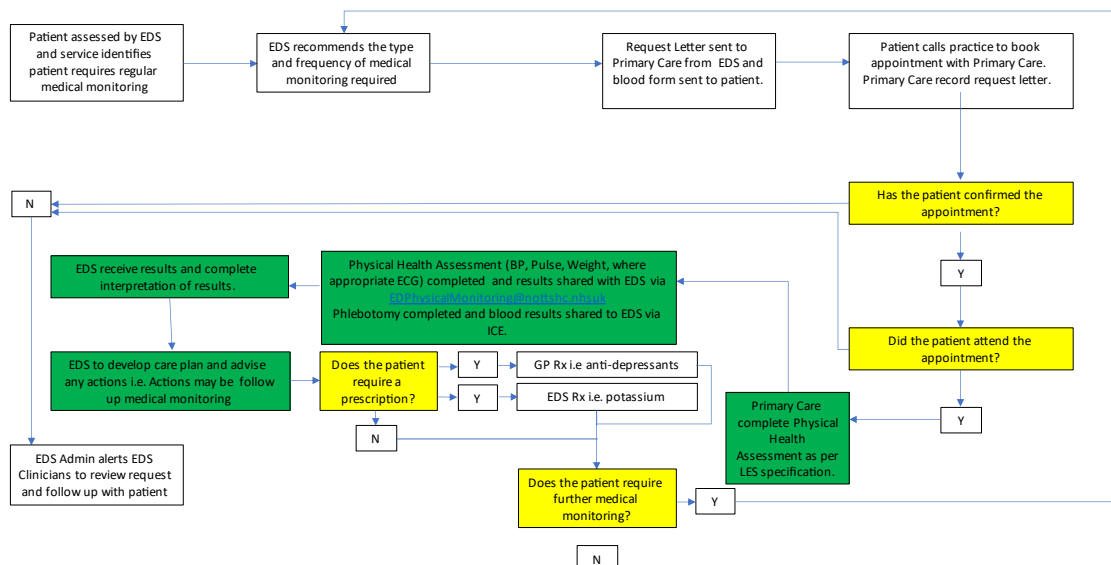
The remaining physical health assessment results should be forwarded by the practice to EDPhysicalMonitoring@nottshc.nhs.uk who will log and act upon the results.

For advice and guidance please call the Eating Disorder team on: 0115 8760 161

	Responsibilities
Primary Care	Organise and complete requests for physical health assessments including weight checks, bloods, and ECG where appropriate. Communicate results to Eating Disorder Service.
Eating Disorder Services	Request Physical Health Assessment from primary care. Recall patient at appropriate interval, monitor for DNA's and act upon DNA where appropriate. Interpretation and acting upon results received from primary care via email and via ICE. Liaise with Primary Care and Acute teams where appropriate.

Physical Health Assessment in Eating Disorders Pathway

Physical Health Assessment in Eating Disorders Local Enhanced Service (LES) Pathway



Eating Disorder Services

To support the implementation of a robust medical monitoring pathway, Nottinghamshire Healthcare NHS Foundation Trust have recruited to a Speciality Doctor, 2 x WTE Advance Clinical Practitioners and 1 x WTE administrator.

This investment will enable the service to enhance the physical health capacity and capability of the team, ensuring proportionate physical health assessment requests, enabling a timely response, interpretation and actioning of results. The eating disorder service will also provide a liaison offer to primary care.

Acute Hospitals

Medical emergencies in eating disorder (MEED) leads have been identified within Gastroenterology departments within NUH, SFH and B&D Hospital. Escalation pathways and procedures have been developed between the Eating Disorder Services and Acute teams.

Patient Numbers

It is estimated a total of 847 episodes of physical health assessments are required. Approximately 150 patients per annum require physical health assessments within primary care.

Population Covered

The service will be provided to patients aged 12+ diagnosed with an eating disorder and at a GP practice within Nottingham & Nottinghamshire ICB.

Any Acceptance and Exclusion Criteria and Thresholds

The service is only for patients referred by Nottinghamshire Healthcare NHS Foundation Trust Eating Disorder services. This includes CAMHS Eating Disorder Service and Nottinghamshire Eating Disorder Service (18+).

Interdependence with other services/providers

- CAMHS Eating Disorder Service
- Nottinghamshire Eating Disorder Service (NEDS)
- NEMS
- Nottingham University Hospitals
- Sherwood Forest Hospitals
- Bassetlaw & Doncaster Hospitals

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The provider must ensure that they are aware of, compliant with, and can provide evidence if required, to demonstrate compliance with all relevant standards including adherence to the relevant NICE guidelines where applicable.

- [NICE NG69](#) Eating Disorders: Recognition and Treatment
- [NICE QS175](#) Eating Disorders

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

The provider must ensure that they are aware of, compliant with, and can provide evidence if required, to demonstrate compliance with all relevant standards.

- [RCPSYCH Medical Emergencies in Eating Disorders Guidance](#)
- [National Collaborating Centre for Mental Health: Adult Eating Disorders: Community, Inpatient and Intensive Day Care Guidance](#)
- [National Collaborating Centre for Mental Health: Adult Eating Disorders: Appendices and Helpful Resources](#)
- [National Collaborating Centre for Mental Health: Access and Waiting Time Standard for Children and Young People with an Eating Disorder](#)

4.3 Applicable local standards

The provider must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with all local policies, procedures and guidance. CQC registration is completed, and the Regulations for Service Providers and Managers met (<https://www.cqc.org.uk/guidance-providers/regulations>). Staff involved in delivering this service should be adequately trained and supervised as determined by the provider and must have suitable indemnity.

Serious Incidents (SI's) and Patient Safety Incidents (PSI's)

It is a condition of participation in this service that providers will report all incidents where a patient has experienced harm to the ICB, in line with the Patient Safety Incident Response Framework (PSIRF). Providers and commissioners must engage in open and honest discussions to agree the appropriate and proportionate response. If deemed to be a Serious Incident the incident will be logged by the ICB on the current serious incident management system STEIS (the Strategic Executive Information System) or any other data base as directed by national guidance.

Safety Alerts

Providers must ensure that they are aware of and have a process in place for managing any safety alerts from the following sources that apply to any equipment or patient safety concerns associated with this enhanced service and that these are acted upon:

- Medicines and Healthcare products Regulatory Agency (MHRA)
<http://www.mhra.gov.uk/#page=DynamicListMedicines>
- Local or national clinical guidance
- National and local formularies

Where requested details of action taken must be reported back to the ICB within the designated timescale.

Infection Prevention and Control

Good infection prevention and prudent antimicrobial use are essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention of infection must be part of everyday practice and be applied consistently by everyone (The Health Act 2008) Registered providers should meet the requirements of The Health and Social Care Act 2008. The provider should:

- Have systems in place to manage and monitor the prevention of infection, including regular audit and training. Infection prevention and control training for all staff every 2 years and hand hygiene yearly for all clinicians
- Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections and meets national estates guidance and local IPC guidance
- Ensure appropriate antimicrobial use to optimize patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
- Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely manner
- Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others
- Systems to ensure that all care workers are aware of and discharge their responsibilities in the process of preventing and controlling infection
- Provide adequate isolation facilities
- Secure adequate access to laboratory support
- Have and adhere to infection prevention and control policies that are based on national and local guidance
- Have a system in place to manage the occupational health needs and obligations of staff in relation to infection and vaccination
- Have robust systems and processes in place to manage pandemics at a practice level including the management and reporting of staff outbreaks

Safeguarding

All staff working in this service area will be trained and competent in safeguarding children and adults as outlined in the Intercollegiate Guidance: -

Children: <https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies>

Looked After children

https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge_skills_and_competence_of_healthcare_staff.pdf

Adults: <https://www.rcn.org.uk/professional-development/publications/pub-007069>

All staff will comply with Nottingham and Nottinghamshire safeguarding children and adult procedures which can be accessed via these links: -

Safeguarding Children Procedures City & County: -
<https://nottinghamshirescb.proceduresonline.com/>

Safeguarding Adult Procedures Nottinghamshire: -
<https://nsab.nottinghamshire.gov.uk/procedures/>

Safeguarding Adult Procedures Nottingham City: -
<https://www.nottinghamcity.gov.uk/information-for-residents/health-and-social-care/adult-social-care/adult-safeguarding>

On the request of the commissioner, the provider will provide evidence to give assurance of compliance with safeguarding standards.

5. Applicable Quality Requirements and CQUIN Goals

5.1 Applicable Quality Requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN Goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises:

The Service will be provided within the boundaries of Nottingham and Nottinghamshire ICB. Providers must have adequate mechanisms and facilities including premises, staff and equipment as are necessary to enable the proper provision of this service.

Location(s) of Service Delivery

The Provider is required to carry out the service within a recognised primary care setting registered for the purpose of healthcare.

Days/Hours of operation

As a minimum the service will operate Monday to Friday 8am to 6.30pm, GP core opening hours. The service will be expected to provide a variety of clinic times providing choice for the patient and will vary from provider to provider.

7. Contract

The contract will run from 1st April 2024 to 31st March 2026, subject to review in December 2025 at which time the ICB's commissioning intentions for this service for the remainder of the contract will be confirmed.

The notice period is three months for termination under General Condition 17.2.

Remuneration

Practices will be paid [REDACTED] per physical health assessment undertaken. This may include one or more of the following completed within the same appointment / day. The patient should not be asked to return for a second appointment to complete one or more elements of the physical health assessment.

- Phlebotomy
- Electrocardiogram (ECG) assessment
- Weight assessment
- Pulse rate
- Blood pressure

A payment of [REDACTED] will be paid where patients require an ECG. It is estimated that ECGs are required for 20% of physical health assessment requests.

[REDACTED] will be paid upon sign up to support training per practice. The funding is for training costs, including staff time where courses are free. A range of eating disorder training including medical monitoring training is available via Health Education England outlined in the below attachment. Practices may also wish to utilise funding for ECG training and Venepuncture training.

Eating Disorder Training

Who is it for?	Provider	Time	Cost	Content	Link
All healthcare staff	Health Education England	30 mins	FREE	Medical Monitoring in Eating Disorders	Eating disorders training for health and care staff - elearning for healthcare (e-lfh.org.uk)
GP & Primary Care	Health Education England	120 mins	FREE	Modules: Understanding Eating Disorders Assessing for Eating Disorders	Eating disorders training for health and care staff - elearning for healthcare (e-lfh.org.uk)
Nurses	Health Education England	180 mins	FREE	Modules: Screening & Assessments The Impact of Starvation Sensitive Communication	Eating disorders training for health and care staff - elearning for healthcare (e-lfh.org.uk)
Medical Students & Foundation Doctors	Health Education England	60 mins	FREE	Modules: Signs, Symptoms and Causes Practical Requirements	Eating disorders training for health and care staff - elearning for healthcare (e-lfh.org.uk)
Dietitians, Oral Health Teams and Community Pharmacy	Health Education England	75 mins	FREE	Modules: Intro to Eating Disorders Transitions Information for Dietitians Information for Oral Health teams Information for Community Pharmacy	Eating disorders training for health and care staff - elearning for healthcare (e-lfh.org.uk)

Practices will be required to indicate which training has been completed to enable delivery of this LES during the financial year.

SystemOne

For SystemOne practices, as part of F12 there is a report for Eating Disorders in the F12 Local Enhanced Services Claims folder to support claiming.

Consider using the F12 LES templates for the service where green stars indicate the codes to add for claiming purposes.

EMIS

For EMIS practices, as part of F12 there is a report for Eating Disorders in the F12 Local Enhanced Services folder to support claiming.

The specific EMIS code used is:

Eating Disorder
Concept ID: 72366004
Description ID: 120239012

Guidance on Claiming: SystmOne

- 1) **START WITH MEDICAL MONITORING CONSULTATIONS WHERE ECG REPORT TAKEN:** Run appropriate quarter's report e.g. "Q4 | Eating Disorder: Assessment with ECG"
Found here: <F12 Group> <F12 Claims> <Local Enhanced Services Q4>
Run report;
Right click on report – <Breakdown Report>
Left hand selecting column- Select minimum of two demographic identifiers e.g. name and DOB
Left hand selecting column- Open up <Q4 | Had Eating disorder management code (zz LES Joins / ED)> and then <Event Details> and then select <Event Date>; and <Event done by> to act as a sense check as the claim appointment would be completed by the healthcare assistant.
Left hand selecting column- Open up < Q4 | ECG code (zz LES Joins / ED)> and then <Event Details> and then select <Event Date>;
<Refresh>
The number of claims for this item is where dates matchup between Eating Disorder management code and ECG code.
Make a note of these dates to remove from below to ensure not double counting medical monitoring appointments.
- 2) **THEN MEDICAL MONITORING CONSULTATIONS WHERE NO ECG TAKEN:**
Run appropriate quarter's report e.g. "Q4 | Eating Disorder: Assessment done with no ECG"
Found here: <F12 Group> <F12 Claims> <Local Enhanced Services Q4>
Run report;
Right click on report – <Breakdown Report>
Left hand selecting column- Select minimum of two demographic identifiers e.g. name and DOB
Left hand selecting column- Open up <Q4 | Had Eating disorder management code (zz LES Joins / ED)> and then <Event Details> and then select <Event Date>; and <Event done by> to act as a sense check as the claim appointment would be completed by the healthcare assistant.
<Refresh>
The number of claims for this item is number of Eating Disorder management codes MINUS the dates from 1) above.

Reporting & Claiming

Practices should claim using the LES claim form on a quarterly basis. A claim can be made for each completed physical health assessment completed by the practice during the quarter.

One completed physical health assessment not including an ECG.	Eating disorders management (Y3c58)	
	Blood sample taken (XaEJK)	
	Blood test declined (XaZOq)	
One completed physical health assessment including an ECG	Eating disorders management (Y3c58)	
	Blood sample taken (XaEJK)	
	Blood test declined (XaZOq)	
	Standard ECG (*****)	

To note, F12 will count an assessment as completed where the patient declines a blood test and / or body weight measurement. The practice will therefore receive payment for those patients that attend the practice for assessment, consent to and complete pulse

rate, blood pressure and if requested, ECG, but decline a blood test and / or body weight measurement.

Quarterly LES Claim Form Submission Deadlines

All practices should have processes and alerts in place to ensure LES requirements are met, and submissions made by the deadline date.

Practices are reminded that records relating to the completion and submission of the claim, including confirmation of date & time of submission, are kept within the practice to support the claim. These records may be examined by the ICB for verification purposes as part of an annual review or at any other notified time.

Completed claim forms to be submitted by the deadline date to the Primary Medical Services Commissioning Team nnicb-nn.primarycarenotts@nhs.net

LES Claim Forms will **not** be accepted after the deadline date (except in exceptional circumstances) which will lead to loss of practice income.

Q1 deadline 31 July

Q2 deadline 31 October

Q3 deadline 31 January

Q4 deadline 30 April

Providers will be required to:

- Comply with requests from Nottingham & Nottinghamshire ICB to provide information as it may reasonably request for the purposes of monitoring the providers' performance of its obligations under this service.
- Participate in an audit relating to this service as requested by Nottingham & Nottinghamshire ICB, if required.