

Sheffield Health and Social Care Trust

Redesigning the eating disorders service pathway to increase capacity, reduce inpatient admissions and improve patient care

AT A GLANCE

CLEAR CHALLENGE

Service was experiencing a 28% increase in demand while facing staff shortages and there was a need for patient pathways to be optimised to increase capacity

KEY CHANGES

Extend the service's opening hours to cover five days a week or three days with intensive home support, extra support staff to assist with therapy sessions and improved facilities with separate spaces for treatment

FORECAST BENEFITS

Enhanced patient care in a more welcome environment and potential cost saving of £2.5m from admission avoidance

THE CHALLENGE

Demand for the Sheffield Eating Disorder Service (SEDS) had increased by 28% over the last five years. The service was originally commissioned for three days a week and had experienced staff shortages, resulting in capacity challenges. At the same time, patient pathways were not always optimised and the criteria for acceptance into the service were unclear.

The service's buildings and facilities needed updating to be more welcoming to patients and more dedicated space was needed for treatment to enhance privacy and the experience of care - with better accessibility for patients with mobility problems.

WHAT THEY DID

The 26-week transformation project was led by two trust clinicians alongside workforce managers from NHS England's North East and Yorkshire region. Twenty-five staff from the day service and wider eating disorder pathway were interviewed, representing a total of seven NHS organisations across the healthcare system. Their findings were combined with analysis of 1,839 referrals to the service and data on 130 people who had attended the day service over three years.

CLEAR RECOMMENDATIONS

Two alternative new models of care were recommended – either an extension of the day service to five days a week or a hybrid model combining a three-day programme with intensive home support. The period of support could be better tailored to the needs of each patient with more support workers as well as sessional workers – such as physios and art, music and drama therapists – to enhance care. A dedicated chef should be employed to improve the quality of food, meet cultural and religious preferences and free up time for clinical staff whose duties included food preparation.

Other recommendations included for the building to have a separate dining room, and group and private consultation rooms. Data collection and recording could be improved, staff have protected time for training, and there could be more joint multi-disciplinary working by all providers of eating disorder services across the system.

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FORECAST IMPACT

The effectiveness of the service would be improved with patients receiving better care, tailored to their needs, in a more welcoming and supportive environment. System-wide, joined-up working and more patients supported at home would reduce admissions and readmissions into the service.

The new staffing model would offer more resilience with enough capacity and the right skill mix to meet the needs of patients while improving the morale of the teams caring for them.

Investing in the day service through either new model of care could lead to savings of up to £2.5m per year after investment through admission avoidance and bed days saved. The figure excludes significant additional savings from reduced emergency admissions to acute hospitals.