



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Office of the National Clinical Advisor  
and Group Lead Mental Health  
Room 1.25 Dr Steevens' Hospital  
Steevens' Lane  
Dublin 8  
Telephone: (01) 6352253  
Email: [ncagl.mentalhealth@hse.ie](mailto:ncagl.mentalhealth@hse.ie)

Deputy James Browne  
Dail Eireann  
Dublin 2.

27<sup>th</sup> October 2019.

**PQ Number: 42713/19**

**PQ Question: To ask the Minister for Health the position regarding the model of care for eating disorders; and if he will make a statement on the matter. -James Browne**

Dear Deputy Browne,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

**Introduction:**

- The HSE approved the Eating Disorder Model of Care (MOC) in Jan 2018. It was launched by Minister Daly. The MOC was developed in partnership with College of Psychiatrists of Ireland and Bodywhys.
- The MOC is the blue print for the HSE to roll out specialist eating disorder services in Ireland to address the current unmet need for specialist eating disorder service within HSE. It has 65 recommendations across 8 areas ranging from structures to evaluation.
- It aims to establish ED network (8 adult teams and 8 CAMHS teams) in accordance with agreed Model of Care 2018 and approved implementation plan over a 5 year period starting in 2017. All teams are MDT and consultant led. Clinicians must be of senior grade with interest in this clinical speciality.
- A number of areas will be impacted by new Regional Health Areas. Teams will have to be reconfigured to map onto the new areas.

**Eating Disorders Network:**

To establish ED network (8 adult teams and 8 CAMHS teams) in accordance with agreed Model of Care 2018 and approved implementation plan over a 5 year period starting in 2017. All teams are MDT and consultant led. Clinicians must be of senior grade with interest in this clinical speciality.

### **Clinical Service delivery and quality**

- Outpatient specialist care is considered to be the most effective treatment setting for most people with eating disorders including, Anorexia Nervosa, to recover sustainably. The MOC has a core focus on developing regional community based specialist eating disorder services provided by skilled multidisciplinary teams.
- The Model of Care integrates these teams with primary care, acute medical services and inpatient mental health units, to improve patient flow and clinical pathways between community and inpatient care as needed.
- Early intervention is a key principle. In line with Slaintecare, the objective is to provide the right care to the right patient at the right time and for the right cost.
- Each ED team will provide outpatient and day programme services. They will deliver evidence based interventions in line with best international practice as detailed in the MOC.
- All clinicians will be senior grade with a skill set to deliver a range of interventions. An interdisciplinary education and training model has been developed to support this and enable clinicians to deliver accessible, high quality, evidence based care.

### **Working in partnership with Bodywhys**

- The Clinical Programme works on an ongoing basis in partnership with Bodywhys to support service users and families/friends during their recovery journey. This includes strategic planning, coordination of supports needed in particular areas, and feedback.
- Bodywhys are a member of the National Oversight Group for Eating Disorders
- Bodywhys continue to deliver PiLAR education programme across the country.
- Bodywhys attend all training and education events arranged by the clinical programme.
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### **Workforce training and development:**

- We continue to offer clinical supervision and peer training days in evidence based treatments like Family Based Therapy and Enhanced CBT for eating Disorders.
- We have established an Eating Disorders Network day for the current teams in place to develop and share learning.
- We have links with ED services in England and Scotland.

### **Integrated Care**


- A GP is now a member of the National Oversight Group.
- Resources have been developed for use by GPs.
- Links established with acute medicine and paediatric clinical programme to address clinical pathways from mental health to acute care and vice versa.

### **Evaluation of the programme**

The NCP-ED has developed a clinical data set for ED teams. The current 3 teams in post are collecting this data.

I trust this information is useful to you.

Yours sincerely,



**Dr. Siobhán Ni Bhriain M.R.C.P. (U.K.), M.R.C.Psych., M.C.R.N.:15579.  
National Clinical Programme Group Lead.**