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Deputy Mark Ward.
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.

17th May 2023

PQ Number: 21771/23

PQ Question: To ask the Minister for Health the number of eating disorder mini hub teams that currently exist; if he will provide a breakdown of each eating disorder mini hub team by staff and funding; the capital cost per hub by CHO area in tabular form; and if he will make a statement on the matter. -Mark Ward

Dear Deputy Ward,

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.

In January 2018, the HSE published a National Model of Care for Eating Disorders (MOC) in partnership with College of Psychiatrists' of Ireland and Bodywhys. In the absence of a pre-existing dedicated eating disorder infrastructure or strategy, this Model of Care document has been developed in order to guide the provision of high quality, accessible and value for money eating disorder services in Ireland. Key recommendations include the development of a national network of dedicated eating disorder teams embedded within the mental health service, a stepped model of outpatient, day patient and inpatient care provision based on clinical need, and the development of a skilled, trained workforce. In the context of the significant physical morbidity associated with eating disorders, this Model of Care also recommends a strong integration between primary care, mental health services and medical teams, including the bridging of the acute hospital and mental health service divide through mutual clinical commitments and shared pathways.

The NCPED aims to establish an ED network (8 adult teams and 8 CAMHS teams) in accordance with the agreed Model of Care 2018. These multidisciplinary teams provide specialist eating disorder assessment and treatment in the community and are the foundations of delivering quality eating disorder care across the stepped model of care.

ED Minihub teams: These teams are located in CHO areas, which have, less than the recommended population of 500,000 (2016 Population census). They do not have designated inpatient ED programmes or beds, and they refer to regional centres when an inpatient treatment programme is required. The teams are proportionately smaller, and provide Levels 2a and 3 of ED care (outpatient

and day patient) on a full-time or part-time basis depending on need. Cases that require inpatient psychiatric admission have pathways to a linked inpatient unit with ED beds. However, the mini-hub ED teams otherwise operate independently of the hub teams, and take the lead for ED services in their own sector.

For adult services, each dedicated eating disorder team is therefore linked with the hub ED team that supports a unit with adult ED inpatient beds. For adolescent services, ED teams have direct links are through the regional adolescent units, as is currently the case for CAMHS teams. The reason that not all hubs have psychiatric ED beds is that an adequate cohort of patients is required in order to deliver an effective eating disorder inpatient programme and to allow inpatient staff to develop expertise. Locations of the HSE ED hubs and mini-hubs have been chosen with reference to the factors described in the model of care.

Mini-hubs were identified in MOC to be located in – CHO1, CHO5, and CHO3 across the life span. To date funding has been provided to commence teams in CHO1 and CHO5.

CHO1 2 Mini Teams (3.2 adult posts in Cavan and Sligo)

Position Title	WTE Total	WTE Unfilled	Recruitment Plan
CNS	1.0	1.0	Advertised
Consultant	0.2	0.2	Seeking local appointment In Sligo
Consultant	0.2	0.0	
Grade III	1.0	0.0	
Grade III	1.0	1.0	Offered to panel
Senior Clinical Psychologist	1.0	0.0	
Senior Dietitian	1.0	0.0	
Senior Dietitian	1.0	1.0	

CHO5 Adult


Position Title	WTE Total	WTE Unfilled	Recruitment Update
Adult Consultant	1.0	1.0	To be re-advertised previous campaign post was offered but not accepted
Clinical Team Coordinator	0.5	0.5	To be recruited internally when team in place
CNS	2.0	0.0	
Consultant (physician)	0.2	0.2	To be developed when psychiatrist is in post
Grade IV	1.0	0.0	
HST / Senior Registrar	1.0	1.0	To be developed when psychiatrist is in post
Senior Clinical Psychologist	1.0	0.0	To commence in July 2023
Senior Dietitian	1.0	1.0	Offered to panel, no uptake
Senior Occupational Therapist	1.0	0.0	Commenced in April 2023
Senior Social Worker	1.0	1.0	Offered to new panel

CAMHS ED team staffing is recommended at WTE 14.4 per 500,000-600,000. Adult ED Team staffing is recommended at WTE 13.4 per 500,000-600,000. Estimated costs for staff of a full MDT team is 1.2M – 1.4M this varies as salaries change year on year. Cost of mini hub will be proportional to population size and clinical expertise already in place. The MOC used the data from 2016 census to predict demand and will need to be reviewed once 2022 census data is published. Below is a detailed table of the posts funded by CHO, discipline and cost.

Capital Costs: This cost varies from each CHO depending on their stock of available premises that are suitable to retro fit to the standard outlined in the Model of Care. Each CHO works with local estates and national estates to find a suitable solution.

I trust this information is of assistance to you. Please do not hesitate to contact me if you have any further queries.

Yours sincerely,



Dr Amir Niazi
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