CONNECT: The West Yorkshire and

Harrogate Adult Eating Disorders Service

Newsam Centre, Seacroft Hospital,

Leeds LS14 6WB

[connectreferrals.lypft@nhs.net](mailto:connectreferrals.lypft@nhs.net)

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**CONNECT Referral Form**

**SECTION A: INFORMATION FOR REFERRERS**

**Services Provided**

CONNECT is a specialist adult eating disorders service which provides outpatient, early intervention, intensive home-based, outreach and inpatient treatment for adults (>18 years of age) with eating disorders from across the West Yorkshire and Harrogate region. We aim to provide high quality treatments as recommended by the National Institute for Clinical Excellence (NICE) and MARSIPAN (Royal College of Psychiatrists) guidelines on eating disorders to facilitate positive change in individuals with eating disorders. We provide a multi-disciplinary team (MDT) approach to care and treatment which allows individuals to develop and achieve personal growth.

*Due to the significant impact of the corona virus outbreak and the social distancing measures introduced to curb it’s prevalence we have had to make some significant changes to the clinical interventions we currently offer and the means in which these interventions are delivered. Please note that all of our current interventions are offered either via inpatient treatment at the Newsam Centre or via virtual means using Zoom, Skype/WhatsApp video calls and social media.*

**Please complete all sections electronically. CONNECT cannot accept referrals unless all the relevant information is provided below. Once completed please email to:** [connectreferrals.lypft@nhs.net](mailto:connectreferrals.lypft@nhs.net)**.**

**Please also send copies of:**

* **any recent clinical assessment letters**
* **a recent risk assessment**
* **most recent blood results**
* **most recent ECG**

**Please note that CONNECT will only assume clinical responsibility for a patient once they are actively engaged in treatment and NOT from the point of assessment. Following assessment the patient may need to be placed on a waiting list and clinical responsibility will remain with the referrer.**

**Please note that CONNECT will not accept any referrals for patients who are not able to access regular physical health monitoring whilst receiving community treatment for their eating disorder.**

The CONNECT service consists of the following MDT sub-teams:

* **East Community and Outreach Team:** provides tier 2 (outpatient, early intervention) and tier 3 (intensive home-based treatment, outreach) specialist community-based eating disorders treatment for adults from the Leeds, Harrogate and Wakefield areas.
* **West Community and Outreach Team:** provides tier 2 (outpatient, early intervention) and tier 3 (intensive home-based treatment, outreach) specialist community-based eating disorders treatment for adults from the Bradford, Airedale, Craven, Kirklees and Calderdale areas.
* **The Yorkshire Centre for Eating Disorders (YCED)** (Ward 6, Newsam Centre, Seacroft Hospital, Leeds): provides tier 4 specialist inpatient eating disorders treatment for adults from the West Yorkshire and Harrogate region. YCED also accepts out-of-area inpatient referrals but prioritises referrals from the West Yorkshire and Harrogate region.

**Referral Criteria**

Eligibility Criteria

*Due to the impact of corona virus and the fact that this has led to the service having to redeploy a significant part of our clinical workforce, we have been forced to temporarily review our referral criteria in order to be able to better manage our clinical workload. These changes will be made for as short a period as possible and will remain under constant review.*

CONNECT accepts referrals for individuals who:

* Are 18 years of age or above. The service will consider referrals for individuals who are 17 years of age but only in exceptional circumstances or if they meet CAMHS transition criteria.
* Have a suspected diagnosis of moderate/severe Anorexia Nervosa, i.e. core psychopathology and **BMI<17kg/m².** 
  + **BMI <13.5kg/m²** - individuals will be offered an inpatient admission to the Yorkshire Centre for Eating Disorders at Newsam Centre in Leeds. We are currently offering inpatient treatment aimed at managing physical risk and helping individuals restore their weight to a BMI of 15-15.5kg/m²
  + **BMI 13.5-15kg/m²** - individuals will be offered an online therapeutic intervention which would be preparatory to engaging in more formal psychological interventions. This would be delivered by qualified expert professionals using Zoom as an online platform for delivery.
  + **BMI>15kg/m²** - individuals will be signposted to our open access online support packages. These include a weekly support group which is facilitated by CONNECT staff, using Zoom as an online platform for delivery.
  + All of the above service users would also have access to the support material that we make available via our social media channels. We host thrice daily Instagram Live sessions at 10am, 1pm and 5pm and would recommend that you signpost your patients to our Instagram account (connectlypft) where they can find links to all of our online support.
* Have a suspected diagnosis of severe Bulimia Nervosa, i.e. core psychopathology with bingeing AND daily purging/compensatory behaviours (e.g. self-induced vomiting, misuse of laxatives/diuretics/insulin or other medication, excessive exercise) occurring at least 7 x per week. The service also accepts referrals for adults with mild/moderate Bulimia Nervosa (core psychopathology and weekly bingeing AND purging) if they meet FREED (First episode and rapid early intervention for eating disorders) criteria, i.e. less than 3 years duration of illness, age 18-25.
* Have a suspected atypical eating disorder and they are pregnant or have type 1 Diabetes Mellitus.

FREED

*Given the aforementioned issues due to corona virus, we have had to take the hugely regrettable step of temporarily suspending our FREED early intervention pathway. As soon as we return to business as usual we will be keen to recommence the FREED pathway at the earliest possible opportunity*

CAMHS Transitions

CONNECT provides a CAMHS transition service for individuals less than 18 years of age who are accessing CAMHS services. Referral criteria for CAMHS transition service users are the same for non-transition service users however CONNECT is able to offer an initial assessment 6 months prior to the individuals 18th birthday with a 6 month transition support period to facilitate safe and effective transition between services. Referrals for CAMHS transition service users should be made prior to the individual turning 17 ½ to ensure that an effective transition period is achieved. Referrals for individuals who are 17 ½ - 18 years of age will not be accepted.

Exclusion Criteria

CONNECT does not accept referrals for individuals who have a current history of psychosis or any other psychiatric or physical health disorder which requires treatment before their eating disorder can be addressed. This includes the **regular use of alcohol and illicit substances and a three month abstinence period is required prior to engaging the individual within any aspect of the service, including initial assessment.**

# Making a Referral

All referrals should be made by email to [connectreferrals.lypft@nhs.net](mailto:connectreferrals.lypft@nhs.net) using the CONNECT referral form which is available at <https://www.leedsandyorkpft.nhs.uk/our-services/yorkshire-centre-for-eating-disorders/>.

Please note that whilst the CONNECT service prioritises referrals for individuals from the West Yorkshire and Harrogate region it can also consider inpatient and second opinion referrals for individuals who are registered with a GP outside of the West Yorkshire and Harrogate catchment area. Second opinion assessments are only undertaken when the clinical capacity of the service allows, given the time taken in undertaking such assessments. In such cases the individual will require a named care coordinator from adult mental health services and the referral should be made via the NHS England Adult Eating Disorders Case Manager for Yorkshire and Humber in the first instance***.***

CONNECT welcomes enquiries from service users and family and carers about self-referrals but referrals should be made by the appropriate healthcare professional. At present the service does not accept self-referrals.

# All individuals will require a screening assessment of physical risk before their referral can be considered. This screening assessment should include a minimum of:

* body mass index (BMI) (weight/height2)
* blood investigations (full blood count, urea and electrolytes, phosphate, glucose, creatine kinase, liver function tests)
* examination of blood pressure (erect and supine), pulse and core temperature
* an electrocardiogram (ECG)

# If the referral is accepted it will be passed onto the appropriate CONNECT referrals team for further discussion. Each team has a weekly referrals meeting where referrals are discussed and allocated for assessment and treatment. The referrals teams aim to provide the referrer with a referral decision within 5 working days from receipt of the completed referral form.

Care Coordination

CONNECT accepts direct referrals from GPs and all other health professionals from the West Yorkshire and Harrogate region. Having an allocated care coordinator from secondary mental health services is not required to access the CONNECT service unless the referral is an out-of-area referral.

Whilst care coordination is not a requirement to access the CONNECT service, the recommendation following initial screening and assessment by the CONNECT team may be that there is a clinical need for care coordination (e.g. psychiatric comorbidity) from secondary mental health services.

Enquiries

All general enquiries should be made by email to [connectenquiries.lypft@nhs.net](mailto:connectenquiries.lypft@nhs.net). The service aims to provide a response within 5 working days. If a more urgent response is required then the enquirer will be advised to make a formal referral.

Support Groups

Please note that all individuals are welcome to attend our weekly service user support HUB even if they do not meet our referral criteria. Likewise all family and carers of individuals affected by eating disorders are welcome to attend our monthly family and carers support group. **Please direct individuals to our Instagram account (connectlypft) which will have regular updates on how to gain access to our online support groups during the period of disruption caused by corona virus.**

**SECTION B: CONNECT REFERRAL FORM**

**Please complete all sections electronically. CONNECT cannot accept referrals unless all the relevant information is provided below. Once completed please email to:** [connectreferrals.lypft@nhs.net](mailto:connectreferrals.lypft@nhs.net)**.**

**Please also send copies of:**

* **any recent clinical assessment letters**
* **a recent risk assessment**
* **most recent blood results**
* **most recent ECG**

**DATE OF REFERRAL**

|  |
| --- |
|  |

**AREA**

|  |  |
| --- | --- |
| West Yorkshire and Harrogate Region |  |
| Out of area |  |

**REFERRER DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Profession |  |
| Work address |  |
| Contact telephone number |  |
| Email address |  |
| Fax number |  |

**CARE COORDINATOR DETAILS (if applicable, see section A)**

**Note: CONNECT cannot accept dual diagnosis referrals or out-of-area referrals without a named care coordinator**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Care coordinator applicable |  |  |
| If applicable, is the care coordinator also the referrer? If no, then please complete the box below. |  |  |

**CARE COORDINATOR DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Profession |  |
| Work address |  |
| Contact telephone number |  |
| Email address |  |
| Fax number |  |

**REASON FOR REFERRAL**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Possible FREED (early intervention) referral |  |  |
|  |  |  |
| Assessment and community/outpatient treatment |  |  |
| Inpatient treatment |  |  |
| Second opinion assessment |  |  |
| Other (please specify) |  | |

**PATIENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Gender |  | | |
| DOB |  | | |
| Home address |  | | |
| Patient email |  | | |
| NHS number |  | | |
| Contact telephone numbers | Home:  Mobile: | | |
| Next of kin contact details |  | | |
| Ethnicity |  | | |
| If a student please specify university and course |  | | |
| Interpreter required | Yes | No | Don’t know |
| Duration of eating disorder < 3 years | Yes | No | Don’t know |
| Patients opinion of referral to YCED (please delete as appropriate) | Aware and consents to referral  Aware but does not consent to referral  Not aware of referral  Other (please specify) | | |

**GP DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Work address |  |
| Contact telephone number |  |
| Email address |  |
| Fax number |  |

**CLINICAL DETAILS**

**Summary of current difficulties**

|  |
| --- |
|  |

**Background history including previous ED treatment**

|  |
| --- |
|  |

**MHA status**

|  |
| --- |
|  |

**BMI and physical examination**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Weight (kg) |  | Sitting BP |  | Sitting HR |  |
| Height (m) |  | Standing BP |  | Standing HR |  |
| BMI (wt/ht2) |  | Postural drop |  | Temperature |  |
| Rate of weight loss over last 4 weeks |  |  |  |  |  |

**Behaviours**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Type | Frequency |
| Bingeing |  |  |  | …times/day  …times/week |
| Self-induced vomiting |  |  |  | …times/day  ….times/week |
| Laxative misuse |  |  |  | …tablets/day  …tablets/week |
| Diuretic misuse |  |  |  | …tablets/day  …tablets/week |
| Excessive exercise |  |  |  | …hours/day  …hours/week |
| Alcohol misuse  (three month abstinence required) |  |  |  | …units/week |
| Illicit drug use  (three month abstinence required) |  |  |  | …/day  …/week |
|  | …/day  …/week |
| Other disordered eating behaviours (please specify) |  |  |  | …/day  …/week |

**Risk summary**

|  |  |  |  |
| --- | --- | --- | --- |
|  | History | Current | Details |
| Ideas of self-harm |  |  |  |
| Ideas of harming others |  |  |  |
| Deliberate self-harm (without suicidal intent) |  |  |  |
| Suicide attempts |  |  |  |
| Plans/preparations to commit suicide |  |  |  |
| Physical harm to others |  |  |  |
| Threats/intimidation (including verbal abuse) |  |  |  |
| Child protection issues |  |  |  |
| Safeguarding issues |  |  |  |
| Absconding |  |  |  |
| Compulsory admission |  |  |  |

**Physical Comorbidities (please list)**

|  |
| --- |
|  |

**Psychiatric Comorbidities (please list)**

|  |
| --- |
|  |

**Current Medication (please list and include dosages)**

|  |
| --- |
| Currently on antidepressants medication: **Y/N** if yes which one:  Other medication and dosages: |

**Allergies (please list and give details)**

|  |
| --- |
|  |

**Food Intolerances (please list and give details if medically confirmed)**

|  |
| --- |
|  |

**Dietary Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Details |
| None |  |  |  |
| Vegan |  |  |  |
| Vegetarian |  |  |  |
| Other (please specify) |  |  |  |

**Date and Summary of Most Recent Blood Investigations** (please attach or send formal results with this referral form)

|  |  |
| --- | --- |
| Date | Summary |
|  |  |

**Date and Summary of Most Recent ECG** (please attach or send ECG with this referral form)

|  |  |
| --- | --- |
| Date | Summary |
|  |  |

**Additional Information**

|  |
| --- |
|  |

**SECTION C: TRANSFER OF CARE FROM ANOTHER ADULT EATING DISORDERS PROVIDER**

**Only complete if you are referring an individual currently receiving treatment from an adult eating disorders provider.**

**Please also send a copy of an up-to-date risk assessment (e.g. FACE).**

**Service Details**

|  |  |
| --- | --- |
| Name of service |  |
| Tier (please delete as appropriate) | Inpatient  Intensive home-based treatment  Day-patient  Outpatient |

**Clinicians Currently Involved**

|  |  |
| --- | --- |
| Name | Profession |
|  |  |
|  |  |
|  |  |
|  |  |

**Summary of Current Care Plan**

|  |  |
| --- | --- |
|  | Details |
| Number of contacts per week |  |
| Current meal plan |  |
| Nursing input |  |
| Medical input including frequency of physical health monitoring |  |
| Psychology input |  |
| OT input |  |
| Health support worker input |  |
| Housing or financial issues |  |
| Crisis plan including crisis BMI |  |
| Other |  |

**Previous Psychological Interventions And Number of Therapy Sessions**

|  |  |  |
| --- | --- | --- |
| Dates | Type of therapy | Number of sessions |
|  |  |  |
|  |  |  |