**SCHEDULE 2 – THE SERVICES**

1. **Service Specifications**

|  |  |
| --- | --- |
| Service Specification No. |  |
| **Service** | Peer support and patient engagement services for adults with an eating disorder |
| **Commissioner Lead** | Karen Benbow |
| **Provider Lead** | Brid Johnson |
| **Period** | 1st March 2022- 28th February 2023 |
| **Date of Review** | December 2022 |

|  |
| --- |
| **1. Population Needs** |
| **1.1 National/local context and evidence base**  Patient nonattendance and failure to engage with eating disorder services can be costly to the individual in terms of the delay in obtaining appropriate timely treatment and the unnecessary suffering and discomfort this may entail. Research suggests that patients who are referred by their GP’s to eating disorder clinics have a high rate of nonattendance or drop out immediately after assessment, the reasons behind this are poorly understood. A quantitative study completed with adults in a London eating disorder clinic found that while patients tend to open their explanations with practical difficulties (e.g. child care) or service related factors, what commonly emerged from narratives was a profound social – psychological problem and the ambivalence of confronting or losing a relationship with food that was both comforting and debilitating. Some patients described a world of imprisonment which precluded the likelihood of firm engagement and these patients would therefore benefit from better identification and outreach provision. The aim of the peer support workers and involvement representatives is to provide hope that the recovery journey ahead is achievable with support and encouragement from others. There is evidence to suggest that recovery mentors are an effective adjunct in a multifaceted approach to engaging and treating persons with serious and relapsing psychiatric conditions, in which treatment adherence and involvement in a social network have been demonstrated to exert a protective effect against recurrent hospital admissions.  **1.2 Service model**  Two peer support workers and involvement representatives will work with The Kent and Medway All Age Eating Disorder Service to aid patient engagement and participation. Peer Support workers support the recovery model, act as a mentor, assist in delivery of peer support groups as well as eating disorder training, education, and awareness (with appropriate training and clinical supervision). A peer support worker will be on every staff member interview with the Trust.  Patient engagement support groups run by involvement representatives could be virtual or face to face dependant on patient preference and would be delivered weekly in both East and West Kent. We would also like to consider replicating this for parent/carer involvement representatives, to share hope and encouragement to parents/carers/family members who are caring for an adult or child with an eating disorder. We recognise the emotional toil this can take on loved ones and how support to this support network is imperative to the patient’s recovery journey. |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**   |  |  |  | | --- | --- | --- | | **Domain 1** | **Preventing people from dying prematurely** | **✓** | | **Domain 2** | **Enhancing quality of life for people with long-term conditions** | **✓** | | **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** | **✓** | | **Domain 4** | **Ensuring people have a positive experience of care** | **✓** | | **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | **✓** |   **This programme of work will help patients that fall into all of the 5 NHS Outcomes Framework domains and indicators.**   * 1. **Local defined outcomes** * Patient satisfaction during the service and at any follow up points * Reduce hospital admission and increased ability to live in the community and access care when needed * Improve patient outcomes * To promote hope of recovery * Building relationships with persons who understand the eating disorder recovery journey * Help to inform transformation plans from a lived experience perspective * Increase carers support, involvement and satisfaction |
| **3. Scope** |
| **3.1 Aims and objectives of services**  **3.1.1 Aims**  The aim of the peer support workers and involvement representatives is to provide hope that the recovery journey ahead is achievable with support and encouragement from others.  **3.1.2 Objectives**   * To prevent further deterioration * Reduce hospital admission * Improve patient outcome * To promote hope * Building relationships with persons who understand the eating disorder recovery journey * Help to inform transformation plans from a lived experience perspective   **3.2 Service description/care pathway**  Two peer support workers and involvement representatives will work with people on the caseload of the Kent and Medway All Age Eating Disorder Service aged over 18 to aid patient engagement and participation.  Peer Support workers who have personal experience of recovery from an eating disorder will link with the eating disorder service to support the patients recovery by acting as a mentor, assist in delivery of peer support groups as well as eating disorder training, education, and awareness (with appropriate training and clinical supervision).  A peer support worker will be invited to attend every staff member interview with the eating disorder service.  Patient engagement support groups run by involvement representatives could be virtual or face to face dependant on patient preference and would be delivered weekly.  **3.3 Population covered**  Referrals will be made by the Kent and Medway eating disorder service of patients aged over 18.  **3.3.1 Accessibility/acceptability**  The peer support workers will support people with an eating disorder who are on the Kent and Medway all age eating disorder service caseload aged 18 years of age and over who meet the services acceptance criteria regardless of disability, race, culture, religious belief or sexual orientation.  **3.3.2 Geographic coverage/boundaries**  Services boundaries include all GP practices in the Kent and Medway CCG area. The patients who will use the service must be registered to a GP practice within the Kent and Medway area, even though they may live out of this area.  **3.4 Acceptance and exclusion criteria and thresholds**  Patients on the caseload of the Kent and Medway eating disorder service of patients aged over 18 who are referred as suitable with agreement with the peer support workers.    **3.4.1 Exclusion criteria**  Listed below are the exclusion criteria for this service:  **3.4.2 Acceptance criteria**   * Over 18 years of age * Are on eating disorder community caseload * Registered with a GP practice in Kent and Medway   **3.4.3 Discharge**  Listed below are common themed discharge criteria:   * They have less complex needs and, after assessment, do not require treatment or on-going review; * Treatment is inappropriate or has been completed; * It is the end of the specific episode in that long term condition; * They are transferred to another or more appropriate service; * There is persistent, maintained non-compliance with treatment, regardless of cause; * There is non-engagement with the service in line with the provider’s DNA policy; * They have transferred out of area   **3.5 Interdependence with other services**  **3.5.1 Whole system relationships**  The services will ensure that they work in close partnership the eating disorder service. This will involve sharing information with other agencies; the services will ensure that adequate information sharing agreements and information governance arrangements are place do this.  The services will work with partners to deliver safe, effective clear pathways of care. Partners will include:   * Parents and carers * Commissioners within health and the local authorities * The Kent and Medway all age eating disorder service * GPs * Private, voluntary and independent sector organisations * Other services, as appropriate   **3.5.2 Interdependencies**  The service will work closely with the all age eating disorder service  **3.5.3 Prevention, self-care and patient information**  Self-management strategies will form a part of all care pathways. Literature and written information will be provided as appropriate to the family or setting. Information regarding on-going management will be provided to the patient/carer  Information on the service will be provided in simple, family friendly language as well as in languages of minority groups represented in Kent and Medway CCG area.  The patient’s care plan will contain all relevant information regarding self-care and will be updated after every appointment. Case managers or key workers will ensure that the recommendations made during consultation are progressed.  The services will use innovative methods to communicate and engage with patients.  **3.6 Days/hours of operation**  The services will operate between 8am to 8pm Monday to Friday, with specific core hours to be covered from 9am to 5pm. There will be no core out of hour’s service provision. |
|  |
| **4.1 Applicable national standards (eg NICE)**  **4.1.1 Evidence base**  The service will follow relevant national guidance and current internal and external policies to ensure a robust evidence base for the service and to deliver a high quality service within available resource. This is expected to include, but not limited to:   * NICE guidance (relating to specific diseases or procedures) * NHS England Patient Safety requirements * Health and Social Care Act (2012)   **4.2 Applicable local standards**  **4.2.1 Service responsibilities**  This service will ensure consistency between practitioners and ensure there is no idiosyncratic practice. The services will follow local guidance, pathways and contribute to the delivery of local strategies including those developed during the contract term.  The provider/s are responsible for:   * Compliance with all mandatory standards; * All staff will be compliant in safeguarding competency and roles * Continually improving the quality of service delivery, for example, in response to audit (undertaking and completing the audit cycle); * Continually reviewing and being aware of relevant new and emerging conditions, guidance and recommendations and take appropriate steps to assess and improve the service to achieve current best practiced; * Ensuring that the use of evidence based practice is applied consistently * Reviewing services policies, procedures and case recording by service managers to improve standards in clinical record keeping; * Delivering a service which is fully aware of and involved in safeguarding processes for vulnerable patients; * Regular use of data generated to weight caseloads and support prioritization; * Configuring a data collection system for data from clinicians * Configuring IT systems to collect data in collaboration with local Information Management and Technology strategy to meeting information needs for governance; * Providing a service which includes all associated costs such as equipment to be used in clinic, consumables and prescribing budget. |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable Quality Requirements**   For all specific applicable quality requirements please refer to each services specific service specification.   * 1. **Applicable CQUIN goals (See Schedule 4E)**   For all specific applicable CQUIN goals please refer to each services specific service specification. |
| **6. Location of Provider Premises** |
| **The Provider’s Premises are located at:**  TBD |
| **7. Activity and performance monitoring** |
| **7.1 Key performance indicators (KPIs)**  TBD |