

Reconfiguration of services for young people with eating disorders in Bradford and Airedale: a case study of evidence-informed decision-making

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Background

Clinical commissioning groups are required by the Health and Social Care Act 2012 to 'have regard to the need to promote... the use in the health service of evidence obtained from research'.

As part of a major five-year research project¹, we are providing a knowledge translation service to local decision makers, translating existing evidence into actionable messages that they can use to inform local commissioning questions.²

In 2009-10 we evaluated the evidence base for inpatient admission for adolescents with eating disorders compared with other models of service provision to support a possible reorganisation of services.

This poster briefly outlines the results and longer term outcome of that work. Further details have been published elsewhere.³

Methods

In response to a request from NHS Bradford and Airedale PCT, a researcher attended a meeting with commissioners and clinicians to clarify the question to be addressed. A concise evidence briefing was prepared using existing sources of synthesised and quality-assessed evidence. The main sources were the Cochrane Database of Systematic Reviews, the DARE, NHS EED and HTA databases and systematic reviews performed to inform the NICE guidance on eating disorders.⁴

Evidence was contextualised to the local setting and comments from commissioners were incorporated before the briefing was circulated and then discussed at a second meeting. The briefing document was evaluated using a short questionnaire.

Results

Evidence for inpatient admission specifically for adolescents with eating disorders was found to be limited. Most of the systematic reviews identified evaluated specific types of intervention or treatment approaches without reference to setting. Box 1 presents a summary of the main findings of the evidence briefing. The full document is available from the project web site (www.trip-lab.com).

This work enabled the Bradford District Care Trust to reconfigure the eating disorders service, incorporating a budget impact analysis.

The new SPEEDIHT (specialist eating disorder and intensive home treatment) service went live on 1st August 2011. Prior to this, the Care Trust and the PCT agreed a specification for the service including an innovative risk-sharing agreement. An understanding was also reached that with this patient group, there may be years when spending will exceed budgets.

Conclusions

Evidence briefings based on systematic reviews can be useful for healthcare decision-makers. Researchers and decision-makers can effectively collaborate to optimise the use of existing evidence to support decision-making.

The development of clinical commissioning groups could increase the need for such a service, with more commissioning bodies and more variable levels of expertise and access to evidence based decision-making resources than under the current system.

References

1. Hanbury A, Thompson C, Wilson PM, Farley K, Chambers D, Warren E, et al. Translating research into practice in Leeds and Bradford (TRiPLaB): a protocol for a programme of research. *Implement Sci* 2010;5:37.

Box 1: Summary of evidence briefing on service provision for adolescents with eating disorders

NHS Bradford and Airedale commissioned out of area placements involving long-term inpatient admission for a small number of adolescents with eating disorders. The basic cost of these placements varied from £454 to £750 per bed-day.

Systematic reviews had evaluated the evidence for alternatives to inpatient admission for children and young people with mental health conditions but the evidence base provides limited guidance for decision making.

The best available evidence was the TOuCAN trial, which compared generic outpatient services, specialist outpatient services and inpatient admission for adolescents (aged 12–18) diagnosed with anorexia nervosa. The trial found no differences in clinical outcomes between groups at 1 and 2 year follow-up.

The economic evaluation of the TOuCAN trial supported the provision of specialist outpatient services on cost-effectiveness grounds. In addition, patients and carers valued the perceived expertise of specialist services and access to dietetic therapy, which was not always available through generic services.

This evidence suggested it may be possible to provide services in a specialist outpatient setting in a cost-effective manner without loss of clinical effectiveness.

No relevant evidence was found for young people with other eating disorders and it is uncertain whether findings for patients with anorexia nervosa also apply to those with bulimia nervosa or binge eating disorder.

The conclusions that could be drawn about the effectiveness of individual interventions that might be used within a specialist outpatient service were limited by weaknesses in both the quantity and quality of the available evidence base.

2. Centre for Reviews and Dissemination. *CRD knowledge translation service*. [cited 2011 20 December]. Available from: http://www.york.ac.uk/inst/crd/projects/knowledge_translation_service.html.

3. Chambers D, Grant R, Warren E, Pearson S-A, Wilson P. Use of evidence from systematic reviews to inform commissioning decisions: a case study. *Evid Pol* 2012;8:141-48.

4. National Institute for Clinical Excellence. *Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders*. CG9. London: National Institute for Clinical Excellence (NICE); 2004.

Disclaimer

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