


WESTERN NSW LHD Journey Towards Improving Eating Disorder Services

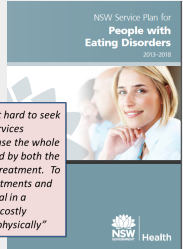
Dr Susan Blinkhorn
Child & Adolescent Psychiatrist
Staff Specialist
WNSW LHD

Meg Vickery
Acting ED Project Officer
CAMHS Dietitian
WNSW LHD




Evidence for there being a problem

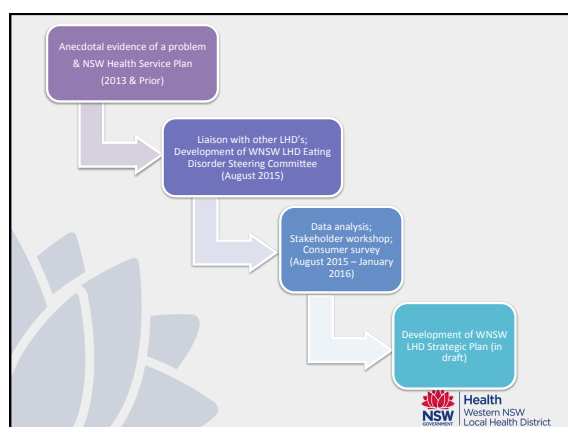
"I feel our area doesn't support eating disorders at all, so I am still struggling on a daily basis trying to cure my eating disorder on my own, which is very very hard at times. I feel if we had more professionals with expertise in this area then our town would have less people struggling alone with their eating disorders and more people feeling supported"



"Travel makes it hard to seek help and use services especially because the whole family is effected by both the illness and the treatment. To travel to appointments and visit an individual in a hospital is both costly financially and physically"

Source: Quotes from Consumer Survey (2016)





Steering Committee


- Geography: Bathurst, Orange Dubbo
- Facilities:
- Skills and professions:
 - Physicians and Psychiatrists
 - Allied Health Professionals
 - Policy and governance officers
 - Consumer representatives
- Structure: clinicians, Executive; non-LHD members
- Network Eating Disorder Coordinator /Statewide Eating Disorder Coordinator



WNSW LHD Workshop Outcomes


LHD Strengths:

- Technology and infrastructure
- Some stakeholders/staff are working well together
- Multiple options of care not just NSW Health
- Ownership/passion in our LHD for ED
- Staff with expertise in the area of ED



Problems in LHD:


- Lack of referral pathway
- Lack of shared care
- Lack of systems – including lack of staff confidence
- Workforce issues / disparity in resources & services
- Clinician attitude: Not seen as core business by all clinicians



WNSW LHD Workshop Outcomes

Opportunities for the future:

- Development of protocols/pathways/guidelines/service agreements
- Better use of Multidisciplinary teams to achieve shared care
- Ensure the service delivery model suits Rural and Remote
- Education
- Creation of a service directory



Consumer Survey

How close our service is currently to the key principles outlined in the service framework?

- **Main access point:** GP (4 out of 7); online (2 out of 7)
- **Timely access:** 3 out of 7 waited more than 2 months
- Evidence of a range of treating **practitioners:** Psychiatrist, Dietitian, GP were practitioners selected highest
- **Close to home:** 2 out of the 6 people had to travel *more than 100km for treatment*
- **Consumer confidence in treatment team:** 2 of the 6 consumers reported that they were **not confident at all** in team ability to treat people with eating disorders
- 5 out of the 6 respondents reported *fair or poor* communication between health professionals

8 respondents from across the district

Consumer Survey responses

- What we are **doing well:** Food & meal support
- What we can **do better:** 'Better *communication* both between practitioners and to the consumer'; 'Better *attitude* toward eating disorder patients'
- How to improve services: 'More availability of psychiatrists etc'; 'A publicised co organised team'; 'Eating disorder specific services such as day program, appropriate inpatient area'

Draft Strategic Priorities

- **Improve leadership and governance**
- Strengthen service provision by adopting an explicit **early intervention** orientation in the **screening and assessment**
- **Build the capacity of staff**
- The development of **high-quality** eating disorder services, supporting care as **close to home** as possible, that is developmentally appropriate for people across the lifespan
- **Strengthen partnerships and collaboration**
- **Future planning**—continual service evaluation, quality improvement, research and identifying opportunities for future growth

Challenges

- Leadership and Executive sponsorship
- Started in 2015
- Statistics – Not great
- Large geographic area: hubs, vast differences

