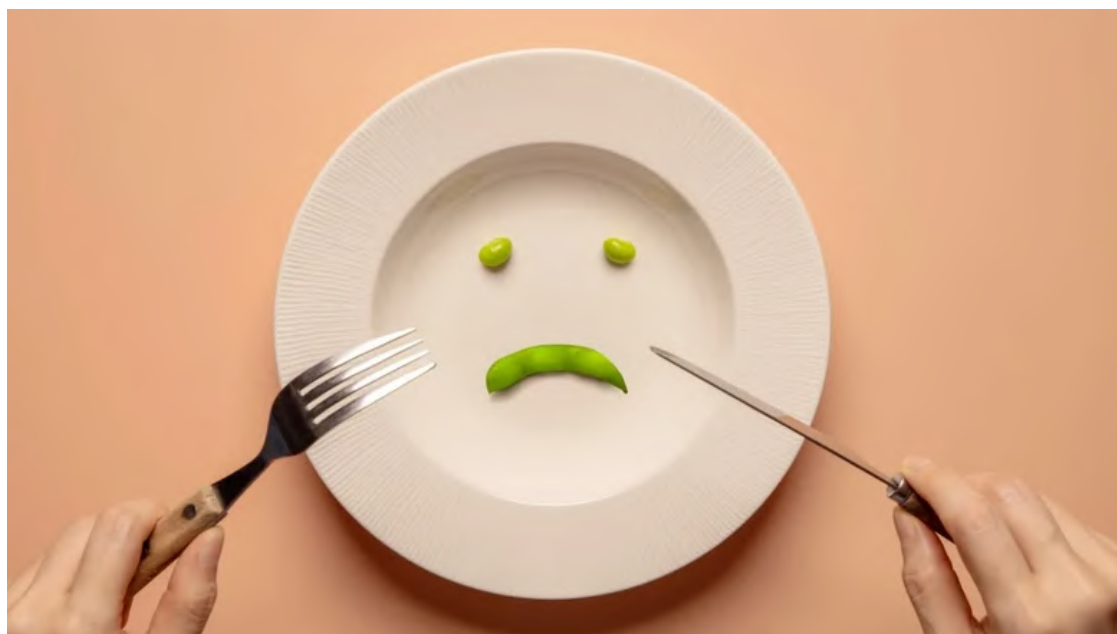


ARFID

Virtual Consultation Support (VCS) Pod

Providing access to expert guidance on clinical cases for those working with children & young people aged 8-18 with Avoidant Restrictive Food Intake Disorder (ARFID) across the North East and North Cumbria



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| Project Manager: | Clare Ellison - | Advanced Dietitian & ARFID Project Lead with NENC Provider Collaboratives |
| Specialist multidisciplinary Team (MDT) Pod Members: | Kirsty Thompson - | Advanced Dietitian & CYPS Eating Disorder Clinical Lead (Chair) |
| | Dr Huma Aazer – | Consultant Child and Adolescent Psychiatrist |
| | Dr Paul Bogowicz - | Consultant Child and Adolescent Psychiatrist |
| | Lynn Robson – | ARFID Specialist Occupational Therapist |
| | Dr Jennifer Scott – | Consultant Clinical Psychologist |
| | Dr Hannah Harvey - | Highly Specialist Clinical Psychologist |
| | Rebecca Kennerley - | Mental Health Nurse & CYPS Eating Disorder Clinical Lead |

Please note:

- The ARFID Pod Panel Members each have extensive skills and experience in the assessment, management and treatment of children and young people with eating disorders, complex mental health presentations and ARFID.
- This is the full membership list. It will not be possible for all Pod members to join all Pod dates. There will always be a minimum of 3 Pod members for any hosted meeting date.
- Each Pod member is a clinical lead in their given service and they give their time voluntarily to support the project. There will therefore be times when a clinical lead from your area is on the panel offering advice on a patient within their own service/remit. At these times, the panel member will make this clear, and during the meeting they will be offering advice and acting in their current role as a Pod member and not as a member of their own team.

ARFID VCS Pod Details

Who is the ARFID VCS Pod for?

The ARFID VCS Pod is to support those working with CYP with diagnosed or suspected ARFID. The diagnostic criteria for ARFID outlines:

ARFID is an eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:

Who is the ARFID VCS Pod for?

- Significant weight loss (or failure to achieve expected weight gain or faltering growth in children).
- Significant nutritional deficiency (or predicted significant nutritional deficiency based on reported food intake and frequency)
- Dependence on enteral feeding or oral nutritional supplements
- Marked interference with psychosocial functioning
- The disturbance is not better explained by lack of available food or by an associated culturally sanctioned practice
- The eating disturbance does not occur exclusively during the course of anorexia nervosa or bulimia nervosa, and there is no evidence of a disturbance in the way in which one's body weight or shape is experienced
- The eating disturbance is not attributable to a concurrent medical condition or not better explained by another mental disorder. When the eating disturbance occurs in the context of another condition or disorder, the severity of the eating disturbance exceeds that routinely associated with the condition or disorder and warrants additional clinical attention.

What we hope to offer you:

- Expert clinical advice, case management thoughts, considerations and opinions from new MDT perspectives
- Signposting (where able) to support resources, information, training or service options
- To empower and support you to continue your important clinical work with those with ARFID
- Space for the wider MDT and Pod attendees to share their views and experience on cases
- Post-meeting information summarising the main practice consideration points covered

What we can't do (limitations):

- **You can't refer patients to us as we're not a 'clinical team'**
- We can't directly work with the young people discussed. If you want a formal second opinion or direct input please follow your local policies and procedures
- We can't add to the clinical records of the CYP discussed
- We can't offer you operational advice or information local policies, pathway development or commissioning
- If there is no dedicated ARFID pathway in your area, we can't tell you where to refer patients to. We can only provide you with tools and strategies for how you might better support your patients within your role and service
- We can't hold clinical responsibility for the cases discussed. It is your responsibility regarding what VCS Pod advice and/or actions you wish to take
- Our age limit is determined by the panels skills and experience. If you wish to discuss a patient younger than 8 please get in touch. If the case is within our collective skills and competencies and we believe we can add supportive value to your work, we will accept cases for discussion below 8 years of age. This is on a case-by-case basis.
- Until March 2025, we have a separate Adult ARFID Pod operating for clinical case discussions which are 18 years of age and older

What you need to know and agree to follow by attending:

- The ARFID VCS Pod includes membership and participation from multiple trusts and agencies. It is therefore **essential that you do not disclose patient identifiable information** (full name, DOB, NHS numbers or address). Age and gender will be important to share within the clinical context and broad locality location can help us in signposting to support options.
- We recommend that you keep clinical records for the patients discussed in line with your clinical registration standards
- **We request that you respect the boundaries of the VCS Pod and do not share information outside the meeting with those whom don't have clinical relevance to the case**
- You will be expected to help support us in our evaluation of the VCS Pod by completing a very short evaluation survey.
- We only offer a maximum of 3 case consultation slots per meeting (per month) and these are of high demand. If you are unable to attend, please inform us as soon as possible so that the opportunity can be shared with someone else.

Who can access the ARFID VCS Pod?

The VCS Pod is a novel approach to the challenge of providing expert clinical access across a large geographical region from a small pool of clinical expertise. As such, the VCS Pod is being run as a pilot. The current pilot stage extends the management to:

Phase 3 - Oct/November
2023+

1.5 hour meeting per
month (2-3 case
consultations)

Open to relevant clinicians
in all children's services
across the NENC Region

The VCS Pod is regularly evaluated and changes are made according to participant feedback.

Should you wish to express your interest in becoming an ARFID VCS Pod Member which may help to ensure longevity and/or expansion of the project please email:

clare.ellison@cntw.nhs.uk

How does it work?

A meeting invite will be shared with 4 weeks' notice. We will ask clinicians to send the cases they wish to discuss at the VCS Pod meeting by 1 week prior to the meeting date. This ensures that cases are allocated to 1 of 2 available consultation slots per meeting. To do this, we will ask you for the following information:

Patient age, gender and broad location (locality)

Your name, role and team

A brief summary of the current problem / challenges or concerns (e.g. key points/ concerns/ co-morbid diagnosis, what's working well/ strengths for the child/ family/ support available, what's not working well) **max. 500 words**

How would you like the ARFID VCS Pod to help / what question would you like support with?

All those invited to join the VCS Pod are invited to stay for the duration of the meeting (whether sharing a clinical case or not) as this provides a CPD learning experience for all.

POD Contact (Project Lead):

clare.ellison@cntw.nhs.uk