



STEPS

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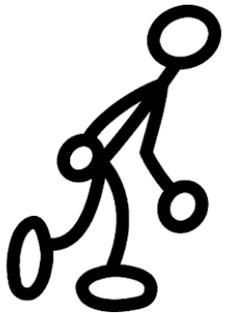
STEPS PATHWAYS REVIEW

Rationale

- Reduce waiting times at any step
(The speed at which help is accessed appears to be the single most important factor impacting on relapse; The costs of eating disorders, BEAT)
- Improve service user experience
- Take account of different team composition



“FIRST STEPS”



Bristol: Visit to GP, being directly referred to First Step, who will triage and either **step up to STEPS directly** or assess and take the person on or step up to STEPS.

BANES, SG, NS: Visit to GP being referred to PCLS, who will assess and refer on to STEPS (SG, NS) or a joint assessment with STEPS (BANES)



Secondary Teams: referred directly to STEPS by secondary care team

Ideal: referral **directly** to STEPS if ED primary problem – one access point.

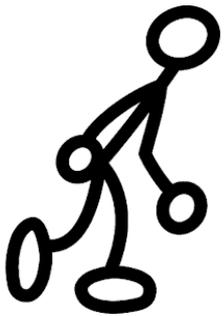


REFERRAL



Clinician on duty/First STEP admin: reviews referral **on the day**, decides between STEPS routine assessment clinic, First Step triage or allocation/joint assessment.

If STEPS clinic calls on the day to book in.



Patient experience: Receives phone call from clinician on duty **within one week** of the referral and offered assessment appointment **within one month.**



ASSESSMENT

Triage outcomes First Step:

- Guided self-help
- CBT-E
- Stepped up for full assessment STEPS

Assessment outcomes STEPS (first line treatment offers):

- Allocated to a 'treatment pod' – no discharge to w/l – 3 monthly reviews while waiting for treatment
- Extended Assessment/Engagement/Risk monitoring (max 4 sessions) **within the following 4 weeks**
- Preparation for EDU admission **immediately**
- Psychoeducational group (4 sessions) **max wait 4 weeks**
- Contemplation group (10 sessions) **max wait 12 weeks**





Main psychological outpatient treatments

- Cognitive behavioural therapy for ED
- Compassion Focused Therapy (group twice yearly)
- Dialectical Behavioural Therapy for ED
- Specialist supportive clinical management (SSCM)
- Foundation Programme (emotion regulation) rolling programme
- Cognitive analytical therapy



Transitions

- CAMHS to adult service
- ED community to ED ward and vice versa
- Medical ward to ED ward and vice versa
- Family home and student abode
- Care to sustained recovery



General transition issues

- Higher risk of relapse
- Higher risk of disengagement from services
- Higher risk of being 'missed'
- Discontinuity of care / care provider / level or stance of care



HIT WORKSTREAM PATHWAYS & TRANSITIONS

Priorities for the year ahead

- CAMHS to AMH
 - Increase easy accessibility of existing policy
 - Evaluating policy
 - Transitions data
- Ward to community
- Mapping out ED pathways