



**Cambridgeshire and
Peterborough**
NHS Foundation Trust

Keeping Safe Programme
Background and recommendations for use

Contents

	Page
Background	2
Evaluation	2
Revised Programme	3
Formats	3
Suitability	4
Recommended use	4
Other potential applications	6
Contact details for further information	6
Appendix 1: KSP example pathway protocol	7
Appendix 2: KPS patient information leaflet	9
Appendix 3: KSP questionnaires	11
Appendix 4: KSP Review template	22
Appendix 5: Keeping Safe plan – blank template	24
Appendix 6: Completion of KSP – GP letter	25

Keeping Safe Programme

Background

The Keeping Safe Programme was designed to be used as a transdiagnostic psychoeducational waiting list intervention, administered to service users who had been assessed and accepted for treatment by a community eating disorder service. The aim of the programme was to encourage service users to generate a plan to proactively keep themselves safe whilst on the waiting list for treatment. This included encouraging service users to:

- adhere to medical monitoring recommendations (if given)
- implement advice / behavioural changes to minimise the harmful effects of their eating disorder
- seek / utilise other forms of social support or sources of information to enhance their wellbeing whilst waiting for treatment

The programme also included information on motivational states and a service user recovery story, to instil hope and expectation of change.

The programme was tailored to complement the originating service's care pathway (i.e., as a waiting list intervention given to eligible service users immediately after their assessment). In its original format, the programme consisted of a series of 6 podcasts and accompanying workbook. Service users were given the materials (including a link to the podcasts and a hard copy of the workbook) and a prescheduled appointment for a follow-up review at the end of their assessment appointment.

The review appointment was arranged to take place within 3-4 weeks of the service user's assessment in order to give him/her enough time to complete the programme (i.e., listen to all the podcasts and complete the accompanying workbook including their keeping self-safe plan). The appointment was held by an Assistant Psychologist, who reviewed the service user's engagement with the workbook exercises, their Keeping Safe Plan, and any change in clinical status since their assessment. A copy of the finalised plan became a written document for service users to refer to whilst they remained on the waiting list for treatment and shared with the service user's GP for information.

Evaluation

A service audit of 270 service users indicated that the Keeping Safe Programme was largely well-received, with self-reported increases in knowledge about eating disorders as well as an increased likelihood to engage in medical monitoring recommendations. The Keeping Safe programme also proved to have a positive effect on eating disorder pathology and uptake of treatment (Tatham, Wells and Waller, submitted for publication), achieving similar outcomes to a previous face-to-face group format which delivered the same materials (Tatham et al., 2016).

Feedback on the podcast programme indicated that service users valued psychoeducational information about eating disorder symptoms and the personal recovery story. However, they wanted more ownership over what they listened to (e.g., they did not necessarily want to hear about eating disorder symptoms that did not apply to them) and wanted to hear more about other people who had suffered – and recovered – from different eating disorder diagnoses.

Revised Version of the Keeping Safe Programme

Informed by the results of the service-user satisfaction audit, the revised edition has been designed to allow service users to select to listen to only to the information that is of most relevant to them. Transdiagnostic psychoeducational materials have been extended to include more clinical symptoms and supplemented by signposting to additional materials such as the Centre for Clinical Interventions

website. In addition, a greater number of recovery stories of differing presentations have been included to be more relatable to a wider spectrum of eating disorder presentations.

The programme has also been extended to include an additional podcast for family and friends. In its current format, it consists of a series of Frequently Asked Questions designed to assist those supporting the service user to better support their loved one, as well as promoting the importance of accessing support and information for themselves. The podcast is accompanied by a Family and Friends booklet which provides the information and additional resources in a written format.

Finally, the programme has also been “delocalised,” so that it can be used by other community eating disorder services with different treatment pathways.

The programme consists of 8 core podcasts, with additional options for podcast 2, 3 and 5 to allow for different transdiagnostic presentations. Podcast 4 is not relevant for those with Binge Eating Disorder, but supplementary information is provided in their workbook. Podcast 8 is for family and friends:

	Duration	Title
Podcast 1	30mins 24secs	Introduction
Podcast 2a	24mins 26secs	The effects of undereating
Podcast 2b	16mins 03secs	Compensatory behaviours
Podcast 2c	23mins 12secs	Binge eating
Podcast 3	23mins 57secs	Motivation to change
Podcast 3a	69mins 08secs	Personal recovery stories
Podcast 4	28mins 04secs	Keeping Safe
Podcast 5	39mins 09secs	Managing my eating
Podcast 5a	09mins 56sec	FAQ – managing my eating
Podcast 6	27mins 40secs	Influences on weight and shape
Podcast 7	26mins 19secs	Body image
Podcast 8	24mins 15secs	Supporting someone with an eating disorder

Formats – for service users:

There are 2 formats of the Keeping Safe Programme:

1. Podcasts and accompanying workbook: service users can access the Keeping Safe Programme by following the link to the Cambridgeshire and Peterborough NHS Foundation Trust webpage (cpft.nhs.uk/keeping-safe-programme). On the Keeping Safe Programme webpage, they can access the links to the workbook and all the Keeping Safe podcasts.

Users are encouraged to download the workbook and either

- print off the workbook and complete the exercises by hand
- insert typed text into the pdf version by following instructions given in the introduction

Please note – there is a separate workbook for Binge Eating Disorder.

There are different versions of both workbooks for non-CPFT Eating Disorder Services who wish to use the Programme. Other services are encouraged to download the non-CPFT versions of the workbook (found under the Professionals section on the CPFT webpage) to email / share with users of their service.

2. PowerPoint: service users can access the PowerPoint version of the Keeping Safe Programme by following the link to the Cambridgeshire and Peterborough NHS Foundation Trust webpage. The PowerPoint presentation contains all the links to each of the Keeping Safe podcasts, the psychoeducational information (with hyperlinks to additional information) and embedded exercises via Microsoft 365 forms.

Alternatively, service users can be emailed a copy of the PowerPoint presentation directly.

Please note - there is a separate PowerPoint version for Binge Eating Disorder

Data inputted using Microsoft forms is collated anonymously by Cambridgeshire and Peterborough NHS Foundation Trust and may therefore not be suitable for use by other services. If your service is interested in embedding localised forms, please contact the author (details below).

Format – for carers:

- The Family and Friends podcast and accompanying workbook: family, friends, partners and carers can access the Family and Friends podcast of the Keeping Safe Programme by following the link to the Cambridgeshire and Peterborough NHS Foundation Trust webpage (cpft.nhs.uk/keeping-safe-programme).

On the Keeping Safe Programme webpage, carers can access the section marked “For family and friends” and find the link to the podcast and workbook.

Users are encouraged to download the workbook and either

- print off the workbook and complete the exercises by hand
- insert typed text into the pdf version by following instructions given in the introduction

Suitability – who the programme is for

The programme is suitable for older adolescent and adult service users presenting with eating disorders across the spectrum. The materials include information relevant to all presentations (except ARFID, although service users presenting with ARFID are signposted to alternative psychoeducational workbook in podcast one). Service users presenting with Binge Eating Disorder are advised to listen to podcasts 1, 2c, 3, 3a, 5, 5a, 6 and 7 and complete a separate, adapted copy of the workbook.

Recommended instructions for use

The Keeping Safe programme has been shown to be an effective waiting list intervention for adults with moderate to severe eating disorder pathology attending a community eating disorder service. It is not an alternative to evidence-based treatment.

The programme has been designed for service users who have been assessed and accepted into an eating disorder service. As such, it assumes that a diagnosis has been given and medical monitoring recommendations made (if appropriate).

We recommend that the Keeping Safe Programme is offered following assessment and acceptance into a service, and after the service user has been given a risk management plan (including recommendations for medical monitoring if necessary).

- Service users should be given the option of whether they would like to participate with the programme whilst waiting for treatment, and if so, given details of how to access the intervention (e.g., directed to the CPFT website or emailed the appropriate PowerPoint version).
- To ensure accessibility for all, service users should be given the option of being provided with a physical (paper) copy of the workbook if they don't have access to a device to download it.
- Service users should be made aware that their responses or engagement with the materials will not be reviewed or accessed by a clinician whilst they are working through the Keeping Safe programme.
- Service users should be given a prescheduled review appointment with a clinician 2-4 weeks after administration in order to:
 - assess the utility and robustness of the service-user's keeping safe plan
 - ensure and reinforce engagement with the service to promote retention whilst waiting for treatment
 - answer and address any questions or concerns

Please note – you may find the additional documents in the Appendix Section helpful if choosing to implement the Keeping Safe Programme into your service pathway. They include:

- *Example pathway protocol*
- *Keeping Safe Programme – Patient Information sheet*
- *Keeping Safe Programme – Evaluation Questionnaires*
- *Keeping Safe Review template – 1:1 review appointment*
- *Keeping Safe Plan Blank Template*
- *GP letter template post completion of the Keeping Safe Programme*

Recommendations for evaluation

The initial programme was evaluated in several ways. Service users who had given consent to use their data were asked to complete:

- a pre/post knowledge quiz – to assess knowledge about eating disorder symptoms
- a pre/post evaluation questionnaire – to assess self-reported intent to adhere to medical monitoring recommendations
- a satisfaction questionnaire – to elicit feedback about service user's experience of the Keeping Safe Programme

The three evaluation questionnaires have been incorporated into the revised Keeping Safe programme (workbook and PowerPoint) as Microsoft 365 forms. Service users have been asked to complete these and advised that their responses will be anonymously collated by the hosting Trust unless stated otherwise. Please note, workbooks can be amended to include a link to a specific Trust's / Eating Disorder Service's bespoke evaluation – see contact details below. Alternatively, service users can be asked to complete paper copies of the questionnaires (Appendix 3), which can be directly collected by another hosting service.

In the event that another NHS Trust or organisation intends to use the Keeping Safe Programme as part of their local treatment pathway, it is strongly recommended that they implement their own data collection as part of their routine service evaluation. One option would be for any NHS Trust or other health care provider with a Microsoft 365 Office exchange environment to create their own questionnaires and replace the links accordingly in the workbooks and PowerPoints in order to collate data for their patient group only (as noted above). Alternatively, data could be collected via usual service data procedures. Please ensure that service users are clearly informed of any changes made to the data collection procedure.

Other potential uses of the Keeping Safe Programme

1. Enhance GP and other health care professional's knowledge about eating disorders

The original version of the Keeping Safe Programme was piloted with the local University GP Practice to:

- increase GPs own knowledge of eating disorders
- make the Keeping Safe Programme available for GPs to offer to students who either did not meet the eligibility for the local eating disorder service and / or did not want to engage with services

Whilst the feedback from GPs who listened to the podcasts was very positive in terms of enhancing their own knowledge of eating disorders, to our knowledge, no data was collected regarding its use with people with sub-clinical / mild eating disorder pathology.

2. Enhance family, friends, partners and carers' knowledge about eating disorders

The podcasts could be made available to family and friends to help their understanding of the effects of eating disorders. Evaluation is highly recommended.

3. Use with sub-clinical populations and those who do not wish to engage with services

As noted above, the local GP surgery expressed an interest in using the Keeping Safe Programme as a resource for their own use with students who did not meet eligibility criteria for the local eating disorder service and / or who did not wish to engage with the local service. Their intention was to provide the podcast link and accompanying workbook to this student group and offer the follow-up review appointment themselves and / or with a Practice Nurse in order to discuss the person's keeping safe plan and possible option of referring on to services.

To our knowledge, the Keeping Safe programme has not been piloted or used with sub-clinical populations and/or those who do not wish to engage with services. As such, it's utility, acceptability and /or effectiveness with these populations is unknown. Of consideration must be the provision of clinical information to those who do not have the support of services around them and / or who might intend to use the information in an unhelpful way.

The Keeping Safe Programme is free for use by other NHS Trusts and eating disorder services. The author would be happy to be contacted and / or to collaborate on any evaluation of its use in other service contexts or settings. Please contact Dr Madeleine Tatham on M.J.Tatham@sheffield.ac.uk

The Keeping Safe Programme is protected by copyright: Cambridgeshire & Peterborough NHS Foundation Trust © 2022. All rights reserved.

Any redistribution or reproduction of part or all the contents and copyright in any form is prohibited other than printing or downloading for your personal and non-commercial use only.

You shall not, except with our express written permission, distribute, modify, or commercially exploit the content and its copyright.

For any query, please contact M.J.Tatham@sheffield.ac.uk

Appendix 1: Keeping Safe Programme Example Pathway Protocol

1. Referral received – discuss in triage and decide to offer an assessment. Assessment appointment letter sent to patient along with baseline service outcome measures for them to complete and bring to assessment.

2. Assessment conducted by clinician(s). If decision is made to take on patient for treatment, clinician gives patient Keeping Safe information sheet with instructions to access podcast / workbook (Appendix 2). If not using the embedded links (data collated by CPFT), give the patient the 5 questionnaires (Appendix 3) and an appointment for 4 weeks' time.

↓

3. If a decision has not yet been made whether to take the patient on for treatment, discuss assessment at next team meeting. If the team do decide to offer treatment, ask admin to send out KSP information sheet with details of how to access the podcasts / workbook, questionnaires and an appointment in 4 weeks' time with the patient's assessment letter.

↓

4. The patient has 4 weeks to complete KSP programme – they are asked to complete the KSP questionnaires after podcast/section 1, then repeat these after completing the Programme along with feedback form.

↓

5. The patient attends 1:1 KSP Review Appointment with team member (e.g., Assistant Psychologist / Community Support Worker), lasting approx. 1 hr (See Appendix 4 for suggested template for the review). During the review, the team member reviews the patient's symptoms including weight and eating disorder symptomatology, discusses how the patient engaged with the KMS programme, reviews the workbook and develops the final KMS Plan together (see KSP Review template – Appendix 5). Additional, relevant handouts can also be provided as necessary. The team member collects KSP questionnaires from patient (if given). Patient told they will receive 4-weekly wellbeing calls whilst on the waiting list and a start of treatment appointment letter in the post when a slot becomes available. The patient is advised to follow their KSP plan in the interim.

↓

6. Team member types up the KSP plan and sends a copy to the patient / uploads into ERS. The team member also completes the KSP GP letter (see template in Appendix 6) and sends to GP with a copy of the patient's KPS plan. The KPS plan can also be sent to other services involved in patients care, e.g., mental health services with their consent.

↓

7. Data from questionnaire inputted into database (if collected by paper copy).

↓

8. Patient receives 4-weekly wellbeing calls whilst on the waiting list. The team member checks in with the patient re their Keeping Safe plan and encourages them to follow / implement their plan



9. The patient is offered start of treatment appointment when therapy can start. Start of treatment outcome measures completed and collected (to assess change between assessment and start of treatment).

Appendix 2: Patient Information sheet

Dear

You have recently been assessed by the (NHS Trust) Eating Disorder Service and placed onto the waiting list for treatment. As the first step in your care, we would like to invite you to participate in the Keeping Safe Programme.

Keeping Safe Programme

The Keeping Safe programme is a psychoeducational intervention which aims to provide useful information about your eating disorder symptoms and encourage you to develop a plan to keep yourself safe whilst waiting for treatment.

Podcasts

The programme consists of a series of 7 podcasts and a workbook, with additional options for podcasts 2, 3 and 5. In each podcast, you will be signposted to additional information if you wish to learn more and given options about which podcasts to listen to next, depending on your symptoms. Please start with podcast one and feel free to opt to follow the signposts which best match your symptoms. We have provided a list of all the podcasts (attached) which you can use as a checklist to tick off the podcasts that you have listened to.

There is an additional podcast for family and friends in order to help them gain a better understanding of eating disorders and learn some tips on how best to support their loved ones with an eating disorder. Please feel free to signpost them to this (and additional workbook) if you think this might be helpful.

Workbook

The workbook includes information and exercises that you will be asked to complete as you listen to each podcast, so please ensure that you have the workbook with you when listening to the programme.

You can access the Keeping Safe Programme here: [Keeping Safe Programme | CPFT NHS Trust](#)

Duration

We have included details of the duration of each podcast on the checklist overleaf so that you can plan your time accordingly. Each section consists of information to read, tasks to complete and an opportunity to reflect on your current situation. We recommend:

- You work through the workbook one podcast at a time
- Give yourself time between each section
- Complete each task in each section before moving on to the next podcast

You have 4 weeks to complete the programme.

Next steps

You will be invited to attend a review appointment with a member of the team in 4 weeks' time to review your progress with the Keeping Safe Programme. Please ensure that you have completed the programme by the time you attend this appointment and remember to bring your completed workbook / Keeping Safe plan with you.

The date of your review appointment is:

At:

With:

Keeping Safe Programme Checklist

Podcast	Duration	Topic	Listened to Yes / No
Podcast 1	30mins 24secs	Introduction	
Podcast 2a	24mins 26secs	The effects of undereating	
Podcast 2b	16mins 03secs	Compensatory behaviours	
Podcast 2c	23mins 12secs	Binge eating	
Podcast 3	23mins 57secs	Motivation to change	
Podcast 3a	69mins 08secs	Personal recovery stories	
Podcast 4	28mins 04secs	Keeping Safe	
Podcast 5	39mins 09secs	Managing my eating	
Podcast 5a	09mins 56secs	FAQ Managing my eating	
Podcast 6	27mins 40secs	Influences on weight and shape	
Podcast 7	26mins 19secs	Body Image	
Podcast 8	24mins 15secs	Supporting someone with an eating disorder	

Evaluation and feedback

In order to evaluate whether the Keeping Safe Programme has been helpful in providing information about ways to keep yourself safe whilst waiting for treatment, we will ask you to complete 2 questionnaires before you start the programme and again, when you have completed it. We would also like to receive feedback on your experience of the Keeping Safe Programme and have included an additional questionnaire to complete at the end of the programme.

If you have been given the questionnaires with this letter, please follow the instructions and bring the completed forms to your review appointment in 4 weeks' time.

If following the links in the workbook as described in the podcast, please note that your responses will be collected by (ED Service) or unless otherwise specified, Cambridgeshire and Peterborough NHS Trust who developed the programme. Your responses will be anonymous - so please ensure you do not include any personal identifying information – and will not affect your care in any way. All feedback will be used to evaluate the Programme and provide information on how to design and deliver better support for people whilst they are waiting for treatment for their eating disorder.

Appendix 3: Keeping Safe Programme Questionnaires

The Knowledge Quiz (Pre)

Name:

Date:

Please answer the following questions to the best of your knowledge.

Q.1) The '*healthy*' Body Mass Index (BMI) range is:

- A. 20-24.9 kg/m²
- B. <17.5 kg/m²
- C. 17.6 – 19.9 kg/m²
- D. 24.9-29.9 kg/m²

Q.2) The recommended calorific daily intake for women and men is:

- A. 1000 for non-pregnant women and 2000 for men
- B. 2000 for non-pregnant women and 2500 for men
- C. 1200 for non-pregnant women and 1500 for men
- D. 700 for non-pregnant women and 1200 for men

Q.3) A normal eating pattern is:

- A. eating breakfast, lunch and dinner without snacks
- B. eating breakfast, lunch with 1 evening snack
- C. eating lunch and dinner
- D. eating breakfast, lunch and dinner with 1-3 planned snacks

Q.4) Healthy eating includes:

- A. proteins, fats, fruits and vegetables
- B. fruits and vegetables
- C. Proteins, carbohydrates, fats, fruits and vegetables
- D. proteins, fruits and vegetables

Q.5) How many calories do you burn when asleep?

- A. 400-500 kcal
- B. 0
- C. 200 kcal
- D. 50-150 kcal

Q.6) Just before a period a woman's body may require an increased:

- A. 100-120 kcals a day
- B. 0 kcals a day
- C. 20-50 kcals a day
- D. 250-300 kcals a day

Q.7) Vomiting after eating can cause:

(there may be more than one correct answer to this question):

- A. dehydration
- B. cardiac failure
- C. erosion of tooth enamel
- D. weight loss

Q.8) How many calories are retained in the body despite vomiting?

- A. None
- B. 700 calories
- C. 1000 calories
- D. 1200 calories

Q.9) Excessive exercise can:

- A. increase the risk of injury
- B. result in poor concentration
- C. lead to infrequent or absent menstrual periods
- D. all of the above
- E. none of the above

Q.10) Laxatives may work by:

- A. aiding weight loss
- B. increasing the speed food is moved through the gut
- C. dehydration
- D. B+C
- E. A+B

Q.11) Excessive laxative use can result in:

- A. dehydration
- B. constipation
- C. kidney failure
- D. rectal bleeding
- E. none of the above
- F. All of the above

Q.12) What are some of the common complications of an eating disorder

(there may be more than one correct answer to this question)

- A. irregular/ absent menstrual periods
- B. numb/ cold peripheries
- C. osteoporosis (thin bones)
- D. good sleeping pattern
- E. permanent erosion of teeth
- F. depression
- G. glossy hair

Evaluation Questionnaire (Pre)

This questionnaire is to be completed by people who have attended an assessment and are waiting for treatment. Responses will be anonymous and used to evaluate attitudes and behaviours towards engaging in harm minimisation recommendations whilst waiting for treatment.

Please answer the following questions:

1. Following your assessment, what was the recommended frequency for your physical monitoring?
 - a) N/A – I wasn't given any recommendations
 - b) Weekly
 - c) Fortnightly
 - d) Monthly
 - e) Three monthly
 - f) Other:

2. Where do you go for your physical monitoring? Please circle the appropriate response:
 - a) GP surgery
 - b) Eating Disorder Service
 - c) Local Hospital
 - d) Other:

3. How many times have you attended physical monitoring since your initial assessment?
 - a) N/A – I was given any physical health monitoring recommendations
 - b) Once
 - c) Twice
 - d) Three times
 - e) Four times
 - f) More than four times

4. What factors encourage you to attend physical health monitoring?
 - a) Concerns about my health
 - b) Other people's concerns for my health
 - c) The care and advice I receive when I attend
 - d) Contact with someone who understands my problems
 - e) Doing what I can to keep myself safe
 - f) Other:

5. What factors discourage you from attending physical health monitoring?
 - a) Concerns about my health
 - b) Other people's concerns about my health
 - c) Fear about the results
 - d) Attitude from health care professionals
 - e) Time taken to make / attend appointments
 - f) Lack of continuity of care
 - g) Travel to and from clinic
 - h) Other:

6. On a scale of 1-10 (1= not likely and 10= very likely), how likely are you to attend physical monitoring?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

7. On a scale of 1-10 (1= nothing at all and 10=all that you need to know), how much do you know about the evidence, impact and challenges of your eating disorder?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

8. On a scale of 1-10 (1= not confident and 10= very confident), how confident are you in your ability to minimise the harm caused by your eating disorder?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

9. On a scale of 1-10 (1=not important and 10=very important), how important is it for you to minimise the risks of your eating disorder?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

10. What aspect(s) of your physical health are you most concerned about?

.....
.....
.....

11. Please provide any further comments about your experience of physical monitoring and / or any concerns about the physical effects of eating disorders below:

The Knowledge Quiz (Post)

Name

Date

Please answer the following questions to the best of your knowledge.

Q.1) The '**healthy**' Body Mass Index (BMI) range is:

- E. 20-24.9 kg/m²
- F. <17.5 kg/m²
- G. 17.6 – 19.9 kg/m²
- H. 24.9-29.9 kg/m²

Q.2) The recommended calorific daily intake for women and men is:

- E. 1000 for non-pregnant women and 2000 for men
- F. 2000 for non-pregnant women and 2500 for men
- G. 1200 for non-pregnant women and 1500 for men
- H. 700 for non-pregnant women and 1200 for men

Q.3) A normal eating pattern is:

- E. eating breakfast, lunch and dinner without snacks
- F. eating breakfast, lunch with 1 evening snack
- G. eating lunch and dinner
- H. eating breakfast, lunch and dinner with 1-3 planned snacks

Q.4) Healthy eating includes:

- E. proteins, fats, fruits and vegetables
- F. fruits and vegetables
- G. Proteins, carbohydrates, fats, fruits and vegetables
- H. proteins, fruits and vegetables

Q.5) How many calories do you burn when asleep?

- E. 400-500 kcal
- F. 0
- G. 200 kcal
- H. 50-150 kcal

Q.6) Just before a period a woman's body may require an increased:

- E. 100-120 kcals a day
- F. 0 kcals a day
- G. 20-50 kcals a day
- H. 250-300 kcals a day
- I.

Q.7) Vomiting after eating can cause:

(there may be more than one correct answer to this question):

- E. dehydration
- F. cardiac failure
- G. erosion of tooth enamel
- H. weight loss

Q.8) How many calories are retained in the body despite vomiting?

- E. None
- F. 700 calories
- G. 1000 calories
- H. 1200 calories

Q.9) Excessive exercise can:

- F. increase the risk of injury
- G. result in poor concentration
- H. lead to infrequent or absent menstrual periods
- I. all of the above
- J. none of the above

Q.10) Laxatives may work by:

- F. aiding weight loss
- G. increasing the speed food is moved through the gut
- H. dehydration
- I. B+C
- J. A+B

Q.11) Excessive laxative use can result in:

- G. dehydration
- H. constipation
- I. kidney failure
- J. rectal bleeding
- K. none of the above
- L. All of the above

Q.12) What are some of the common complications of an eating disorder

(there may be more than one correct answer to this question)

- H. irregular/ absent menstrual periods
- I. numb/ cold peripheries
- J. osteoporosis (thin bones)
- K. good sleeping pattern
- L. permanent erosion of teeth
- M. depression
- N. glossy hair

Evaluation Questionnaire (Post)

This questionnaire is to be completed by people who have attended an assessment and are waiting for treatment. Responses will be anonymous and used to evaluate attitudes and behaviours towards engaging in harm minimisation recommendations whilst waiting for treatment.

Please answer the following questions:

1. Following your assessment, what was the recommended frequency for your physical monitoring?
 - g) N/A – I wasn't given any recommendations
 - h) Weekly
 - i) Fortnightly
 - j) Monthly
 - k) Three monthly
 - l) Other:

2. Where do you go for your physical monitoring? Please circle the appropriate response:
 - a) GP surgery
 - b) Eating Disorder Service
 - c) Local Hospital
 - d) Other:

3. How many times have you attended physical monitoring since your initial assessment?
 - a) N/A – I was given any physical health monitoring recommendations
 - b) Once
 - c) Twice
 - d) Three times
 - e) Four times
 - f) More than four times

4. What factors encourage you to attend physical health monitoring?
 - a) Concerns about my health
 - b) Other people's concerns for my health
 - c) The care and advice I receive when I attend
 - d) Contact with someone who understands my problems
 - e) Doing what I can to keep myself safe
 - f) Other:

5. What factors discourage you from attending physical health monitoring?
 - a) Concerns about my health
 - b) Other people's concerns about my health
 - c) Fear about the results
 - d) Attitude from health care professionals
 - e) Time taken to make / attend appointments
 - f) Lack of continuity of care
 - g) Travel to and from clinic
 - h) Other:

6. On a scale of 1-10 (1=not likely and 10=very likely), how likely are you to attend physical monitoring?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

7. On a scale of 1-10 (1=nothing at all and 10=all that you need to know), how much do you know about the evidence, impact and challenges of your eating disorder?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

8. On a scale of 1-10 (1=not confident and 10=very confident), how confident are you in your ability to minimise the harm caused by your eating disorder?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

9. On a scale of 1-10 (1=not important and 10=very important), how important is it for you to minimise the risks of your eating disorder?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

10. What aspect(s) of your physical health are you most concerned about?

.....
.....
.....

11. Please provide any further comments about your experience of physical monitoring and / or any concerns about the physical effects of eating disorders below:

Feedback form

The Keeping Safe Programme was developed by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) for use by the Cambridge and Norfolk Community Eating Disorder Services and are freely available for use by other eating disorder services / NHS Trusts.

CPFT are interested in whether you found the podcasts and workbook helpful and would appreciate any feedback you can provide us about this. Responses are anonymous (unless you want to give your name) and will not affect your care or treatment in any way.

Podcasts

1. Did you listen to the podcasts? **Yes** **or** **No**

2. If yes, which podcasts did you listen to? Please tick those which apply:
 - **Podcast 1:** Introduction
 - **Podcast 2a:** The effects of undereating
 - **Podcast 2b:** Compensatory behaviours
 - **Podcast 2c:** Binge eating
 - **Podcast 3:** Motivation to change
 - **Podcast 3a:** Personal recovery stories
 - **Podcast 4:** Keeping safe
 - **Podcast 5:** Managing my eating
 - **Podcast 5a:** FAQ Managing my eating
 - **Podcast 6:** Factors which influence weight and shape
 - **Podcast 7:** Body image

3. If you didn't listen to all the podcasts, why was this?

Questions	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
The podcasts were useful					
Accessing the podcasts was easy					
The podcasts were clear and easy to listen to					
The information was presented in a way I understand					
I could select the information that was relevant to me					
The information provided represented my specific needs					
The podcasts were presented in an interesting way					
I would listen to the podcasts again in the future					

4. Which podcast(s) did you find the most useful and why?

5. Which podcast(s) did you find less useful and why?

6. Was any information missing or would have been more helpful to you?

7. Did you inform your family and friends about the Carer's podcast? **Yes or No**

Workbook / PowerPoint presentation

8. Did you complete the workbook or PowerPoint presentation? **Yes or No**

9. If you didn't, why was this?

Questions	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
The Keeping Safe workbook / PowerPoint presentation was useful					
It was easy to find my way around the workbook / presentation					
Information was written in a style that I understand					
I was able to select the information and exercises that were relevant to me					
The exercises helped me learn more about my symptoms					
The exercises helped me consider my motivation to change					
The exercises helped me identify areas to work on					
Each subject area contained enough information					
I will refer to the workbook / presentation and my keeping safe plan in the future.					

10. Which exercise(s) did you find most useful and why?

11. Which exercise(s) did you find less useful and why?

12. How easy did you find using the workbook/PowerPoint presentation alongside the podcasts?

13. Did you have enough time to listen to the podcasts and complete the workbook / follow the information in the presentation?

14. Did the podcasts and workbook/PowerPoint presentation give you enough information to decide whether you want treatment for your eating disorder?

15. Was there anything else about the podcast or workbook/PowerPoint presentation that you found helpful / less helpful?

16. Is there anything about the podcasts, workbook, PowerPoint presentation or any of the information provided that we can improve on?

17. Please feel free to share any other comments about the podcasts / workbook / PowerPoint presentation intervention:

Thank you for taking the time to complete this survey

Appendix 4: Keeping Safe Programme Review Appointment Template

KSP Review

Patient name:

DOB:

Date of review:

Outline of KSP review (4 weeks after assessment / start of KSP)

1. 45–60-minute appointment
2. Opportunity to check in since assessment
3. Review engagement and work done in workbook/podcast
4. Receive feedback
5. Come up with a Keeping Safe plan
6. Allow patient to ask any questions about next stages / treatment
7. Anything else?

Changes since assessment:

e.g., weight, eating, vomiting, laxative use, exercising, mood etc.

Look at any progress notes, assessment letters or speak to the clinician who assessed them.

1. General overview - how have things been since assessment?
2. ED overview – changes in ED symptoms since assessment. Note down any changes to eating patterns, other ED behaviours.
3. Check if attending medical monitoring – explore reasons why not, stress recommendation.
4. Anything else to check out based on assessment / clinician advice– e.g., mood, self-harm, suicidality, safeguarding, taking recommended potassium supplements / medications based on assessment.
5. Check weight (note down weight/BMI at assessment beforehand). If refused to be weighed – offer for them not to see their weight or check whether they have had a recent weight from GP.

KSP podcast and workbook

1. Check if completed – if not why?
2. Collect forms (knowledge quiz 1 & 6, evaluation questionnaire 1 & 6, feedback form)
3. Thoughts/ comments on it – what they learnt:
4. Ask patient if they have any questions or concerns re information in KSP
5. Go through workbook as appropriate – e.g.,
 - a) Minnesota study,
 - b) Motivational states,
 - c) Recovery stories etc.
 - d) Any changes they have made / plan to make
6. Check if patient signposted family / friends to podcast 8

KSP plan

1. Explain we would like to copy and send to GP (check consent to do so)
2. What they will do to keep themselves safe whilst awaiting treatment – check social support, ways to manage mood, maintaining any current attempts to improve eating, attending MM or GP when unwell, monitor compensatory behaviours or maintain current levels.
3. Signs of deterioration – check if they recognise any triggers, deterioration in symptoms, mood, social isolation, and anything else that's relevant.

4. Action plans based on these e.g., see GP, talk to family/ friends, A&E in emergency.
5. If purging/excessive exercise– remind them of symptoms of low potassium (muscle weakness, muscle/abdominal cramps, tingling in fingers/toes, heart palpitations) and advice (see GP, take potassium supplements, A&E if multiple symptoms)
6. Dental advice if inducing vomiting.
7. If they experience low glucose levels – check they recognise signs and advice (biscuits and glass of squash, toast or other, long-acting carb later)
8. If blood in vomit – relay advice of see GP if it's red (sign of bleeding in oesophagus), go to A&E if it looks like dark coffee granules (sign of bleeding in stomach)
9. If they attend medical monitoring – check what action plan they have if they choose not to attend
10. Holidays / air travel– give advice about informing travel insurance, hand over air travel advice for AN if necessary
11. If concerns about fitness to drive – e.g., frequent low glucose episodes, very low BMI, seek advice from MDT.

What happens next?

1. Remain on waiting list
2. 4 weekly wellness calls whilst on the waiting list with emphasis on
 - a. Keeping Safe Plan and any changes / harm minimisation strategies
3. Start of therapy appointment date (if known)
4. Check / complete carer consent form and signpost to podcast 8 if appropriate

Any questions/anything else?

Take any changes in patient status or feedback to supervision / MDT meeting

Appendix 5: Keeping Safe Plan Blank Template

Name:

DoB:

Address:

NHS number:

Medical Monitoring

- My current recommended frequency of medical monitoring for my eating disorder is **frequency**.
- I have/have not attended for medical monitoring as above.
- If I choose to not attend medical monitoring, (ED service) would ask **GP name** to inform us of this.
- Other health professionals involved:

Keeping Myself Safe

I plan to do the following to keep myself safe with my eating disorder whilst waiting for treatment:

Warning signs to look out for

What to do if these happen?

Anything else to take into account (e.g. other mental health diagnoses, low mood, holiday or driving advice)

It has been noted that I

They have agreed to manage this by / This is being managed by their **GP/ED service/Mental health service**

Appendix 6: Completion of Keeping Safe Programme GP letter template

Dear Dr

Re:

I am writing to inform you that (name) has now completed the psychoeducational Keeping Safe Programme, which is the first step in the care pathway with the (NHS Trust / Service) Eating Disorder Service. Please find a brief summary of his/her progress below.

The Keeping Safe Programme

The Keeping Safe programme is a psychoeducational intervention consisting of 7 podcasts and accompanying workbook. Aims include:

- encouraging early engagement with our service
- providing psychoeducation about eating disorder symptoms and associated health risks
- promoting autonomy and self-efficacy for self-care whilst on the waiting list for treatment (e.g., by engaging with physical health monitoring recommendations, using alternative sources of social and non-statutory agency support).

There is an additional podcast for family and friends in order to help them gain a better understanding of eating disorders and learn some tips on how best to support their loved ones with an eating disorder. (Name) was encouraged to share details of how to access the Family and Friends podcast / workbook if s/he thought it would be helpful to them.

Outcome

(Name) has been given information about the effects of his/her eating disorder and guidance on keeping safe. S/he has designed his/her own individual 'Keeping Safe' plan which clearly details how s/he will try to keep him/herself safe whilst his/her eating disorder remains problematic. This includes (name's) intention to engage with the recommended physical health monitoring regime as well as utilising other sources of available support (e.g., social support, use of self-help literature etc).

Within his/her Keeping Safe review, (name) advised that s/he is currently in a state of (anti-contemplation / pre-contemplation / contemplation / action / / pre-lapse / relapse) regarding making changes to his/her eating. See attached a summary of this plan.

Treatment Plan

Following completion of the Keeping Safe Programme:

- (name) has agreed to continue to follow his/her Keeping Safe plan.
- (name) has agreed to continue with recommendations made at his/her initial assessment appointment (e.g., physical health monitoring to be undertaken at GP surgery).
- (name) will remain on the waiting list for a NICE recommended psychological treatment (e.g., CBT-E / MANTRA, SSCM, CBT-T) for his/her eating disorder and will be contacted by a member of the team when a place becomes available.

- Whilst s/he is on the waiting list for treatment, (name) will be offered 4-weekly wellbeing checks to review his/her status whilst waiting for treatment. If necessary, his/her place on the waiting list may be prioritised.

Thank you for continuing to monitor (name's) physical health. In the event that you have any concerns about (name) and / or you feel his/her eating disorder has deteriorated whilst s/he is awaiting treatment, please feel free to contact us on (contact number/email address). You will be notified when (name) has been offered a treatment slot and kept informed of his/her progress.

Yours sincerely

Name

Supervised by:

Title

cc: