

MINUTES

1. **Present:** Dr Rebecca Cashmore, Dr Frances Connan, Dr Chris Freeman, Dr Pippa Hugo, Dr Tony Jaffa, Dr Eric Johnson-Sabine, Dr Neil Joughin, Dr Isabela Jurewicz, Ms Veronica Kamerling, Dr Jessica Morgan, Dr John Morgan (Chair), Dr Lorna Richards, Ms Sue Ringwood, Dr Jane Shapleske, Dr Sonu Sharma, Dr Christine Vize, Dr Irene Yi. Minutes: Alex Crowe
2. **Apologies:** Dr Jon Arcelus, Dr Agnes Ayton, Dr Steven Birrell, Dr Phil Crockett, Dr Hugh Herzig, Dr Nikki Kern, Dr Adrienne Key, Dr Jane Morris, Dr Dasha Nicholls, Dr Sandeep Ranote, Dr Melanie Temple, Dr Ken Yeow.
3. **Minutes of previous meeting** on 15 April were approved.
4. **SECTION WORKPLAN**
 - 4.1 **Commissioning.** Kieron Murphy attended to explain the work of the Joint Commissioning Panel for Mental Health (JCP) - see www.rcpsych.ac.uk/policy/projects/live/commissioning.aspx. He encouraged the Exec to participate in the JCP's Expert Reference Group to develop a consensus on what a good ED service looks like, which would be included in the JCP's forthcoming commissioning guidance. The Group's work was currently planned for November, though could be brought forward if there was a pressing need. The Exec noted mounting anecdotal evidence of inappropriate commissioning decisions and processes, and were keen to participate in the Reference Group. It agreed to develop a set of ED commissioning principles as groundwork for this, addressing issues such as:
 - Balance between using the document to set high standards, ensuring commissioners make full use of ED psychiatrists; and providing realistic, outcome-based guidance that avoids excessive prescriptiveness that might restrict services' flexibility.
 - Extent to which current East of England commissioning guidance, and current work in progress by Specialist Commissioning Group in London, might be appropriate nationally.
 - Whether an expert consensus on a service model is possible, or whether the guidance should present multiple models.
 - Achieving clarity on goals of interventions and how to know if they have worked.
 - How to avoid fragmentation of care pathways if ED commissioning takes place at both national and local levels, and cherry picking of patients due to competitive pressures.
 - Ensuring ED services are properly linked to CMHT and primary care, and work effectively across age boundaries.

- Prevention of inappropriate commissioning processes such as referrals based on fixed rules relating to BMI, or on ad hoc lobbying by individuals.

ACTION: Lorna Richards to convene working group to develop ED commissioning principles before November JCP-MH Expert Group.

4.2 Ms Ringwood said that Beat was involved in the Specialist Healthcare Alliance, a patient-led organisation set up to influence specialist commissioning. The Alliance was currently working to influence the Health and Social Care Bill and Health Select Committee.

4.3 **HONOS and PBR.** Dr John Morgan had sent the ED guidance on HoNOS scoring to CCQI, emphasising that it was not a proposal to change the HoNOS glossary itself. He had yet to receive a reply. The hope was that the guidance could be included in College HoNOS training, and circulated to the Section with CCQI endorsement. There was concern that ED patients would receive insufficient resources through the PBR clustering process.

ACTION: Frances Connan to contact CCQI to agree next steps on HoNOS ED guidance.

ACTION: John Morgan to write to College PBR Lead, Dr Bohdan Solomka, to progress concerns on PBR clustering for ED patients.

4.4 **QED.** CCQI were developing written, costed proposals for a QED review process that would be seamless for ED services across age boundaries and across in/out-patients, even while in fact using various different existing CCQI review processes "behind the scenes". An "account manager" at CCQI would be central to these proposals. The Exec remained concerned about overly burdensome review processes for ED services, using multiple non-ED-specific standards; and that CCQI's adult out-patient assessment process would be incomplete until next year. It remained keen to ensure that QED operated as a multi-disciplinary network, independent of EDSECT.

ACTION: Frances Connan to seek update from CCQI on progress on QED proposals.

ACTION: Frances Connan to investigate CCQI review procedures for other small specialist services eg liaison, ECT.

ACTION: Frances Connan to set up QED steering group meeting inviting increased multi-disciplinary involvement.

4.5 **Junior MARSIPAN.** Ms Ringwood reported that the NICE Topic Selection Panel, to which she had hoped to present Junior MARSIPAN, had been disbanded.

ACTION: John Morgan to seek update from Dasha Nicholls on milestones and timescale for Junior MARSIPAN before October Exec.

4.6 **Diabetes and EDs.**

ACTION: Jane Shapleske to seek update from Sylvia Dahabra on milestones and timescale for Diabetes and EDs working group before October Exec.

4.7 **CR130.**

ACTION: Paul Robinson to seek update from Tony Winston on milestones and timescale for CR130 revision before October Exec.

4.8 **Media work.** It was decided to remove public awareness as a strategic objective for EDSECT, since it would be more effective to support Beat's work in this area instead. All Exec members were invited to contact Beat to volunteer as media contacts. It was agreed that Dr Sonu Sharma would be EDSECT's representative on the Public Education Committee.

4.9 **Adult curriculum.** Ms Ringwood had provided a letter of support for EDSECT's latest curriculum submission to the GMC.

4.10 **Conference.** Dr Connan was developing a programme on the theme of early intervention, to include presentation of 3 UK RCTs. She noted there were now three bursaries available, for medical students, core trainees and higher trainees respectively, which needed to be publicised. The possibility of a Spring event remained open if a suitable topic could be identified – Mental Health Act use, commissioning and HoNOS/PBR were suggested. She said she hoped to deliver the 2012 conference in collaboration with another Exec member, and then hand over future conferences to that person.

ACTION: Steven Birrell to advertise bursaries, and all Exec members to cascade information on bursaries to trainees and others as appropriate.

4.11 **Website.** It was agreed that the Section webpages should be kept updated with awareness-raising activities undertaken by individual Exec members locally and nationally, both aimed at the general public and at trainees. It was agreed to ask Jon Arcelus and Sylvia Dahabra whether they would like to be co-opted onto the Exec to continue editing the newsletter and website, and if not to seek volunteers for this role at the October Exec.

ACTION: John Morgan to invite Jon Arcelus and Sylvia Dahabra to continue as website/newsletter editors.

3. Chair's Business

3.1 **Vice Chair & Policy Leads.** The Exec agreed that since the Chair was an adult psychiatrist and the Section was keen to encourage work across age boundaries, the Vice Chair should be a Child psychiatrist. Dr Pippa Hugo volunteered for the role and this was agreed. The Exec appointed Dr Christine Vize as its policy lead.

3.2 **Ways of working.** It was noted that the Exec had worked very effectively since the Section was established, and this had been largely due to the willingness of all Exec members actively to take on Exec work and attend meetings. An expectation had been established that members would attend at least 3/4 meetings per year, and that should they become unable to contribute actively, they would inform the Exec so their work could be handed over to others.

4. **Finance Officer's Business.** Dr Shapleske said the Section's balance was some £15k, 25% more than a year previously. The Section was still due half of the profit from the joint event in January with the Child and Adolescent Faculty, and she was pursuing this with the Finance Department.

5. **Academic Secretary's Business.** See 4.10 above.

6. **Regional Reps.** The Exec proposed that Dr Johnson-Sabine act as ED Regional Rep for all the London regions and that Dr Vize act as RR for Oxford. It agreed that Dr Freeman should represent it on a working group being set up to consider boundary issues and training in Scotland.

7. **Other College committees.** Dr Richards agreed to be the Exec's link with the Primary Care Mental Health Forum, and Dr John Morgan with the Forensic Faculty. It was agreed to seek a report from the ETSC rep (currently Dr Robinson) as a standing item on the Exec's agenda.

ACTION: Pippa Hugo to seek advice from Dasha Nicholls on making links with the Child & Adolescent Faculty.

ACTION: John Morgan to ask Ulrike Schmidt to continue as Exec rep on committees on which she sits, updating the Exec by e-mail or ad hoc attendance as necessary.

ACTION: All Exec members to let Alex Crowe know of any other College committees for which they could act as EDSECT link.

8. Other organisations.

8.1 **Beat.** Ms Ringwood drew attention to Beat's conference on 15-17 March 2012.

8.2 **AED.** The Exec recorded congratulations to Dr Dasha Nicholls on her appointment as President Elect of AED. Dr Nicholls had asked whether EDSECT wanted to become a sister organisation to AED. It was agreed to invite her to the Exec to explain the implications of this affiliation. It was noted that the Exec had considered it in the past and declined.

ACTION: Alex Crowe to invite Dasha Nicholls to October Exec meeting on AED affiliation.

8.3 It was agreed that formal links to BPS, RCN and ICN would be useful.

ACTION: Frances Connan to pursue EDSECT links to BPS.

ACTION: Pippa Hugo to pursue EDSECT links to RCN.

9. Next meetings.

- **Friday 14 October 2011** - Exec meeting, 11am. It was agreed that for the October meeting, as an experiment, Exec members could choose whether to participate in person or by teleconference. A number of members noted the value of physical meetings in generating enthusiasm for the committee's work, and concerns were expressed at the viability of any Exec meeting being held primarily or entirely through teleconferencing, especially at a time when there were many new committee members.
- It was agreed to review dates for 2012 meetings in October:

Provisional dates for 2012

Wednesday 18 January, 11am-2pm, College

Wednesday 18 April, 11am-2pm, College

Wednesday 4 July – Strategy Day, 10am-4pm, College

Wednesday 17 October, 11am-2pm, College + teleconference