Royal College of Psychiatrists
Royal College of General Practitioners

Notes

Notes of the meeting of the RCGP and RCPsych joint working group on Medically Unexplained Symptoms held by teleconference on 9 January 2015

Present
Carolyn Chew-Graham, joint chair
Simon Heyland, joint chair
Mahnaz Hashmi
Sue Mizen
Amrit Sachar
David Shiers

1. Apologies for absence
Apologies had been received from Dr Bass, Dr Stern and Dr Turner.

2. Minutes of the last meeting
The minutes of the meeting held on 24 September 2014 were accepted as accurate.

3. Matters arising from the minute

3.1 MUS resources
Stella reported that the resource page was in the process of being set up on the Royal College of Psychiatrists web page.

Action: Stella

3.2 RCGP Clinical Champion
Professor Chew-Graham reported having some communication with Elizabeth England, RCGP Clinical Champion for Mental Health and Long Term conditions concerning the commissioning guide.

3.3 Commissioning Guide
Dr Heyland reported that the proposal for the commissioning guide had been accepted by the JCPMH and funding agreed from RCPsych and RCGP. The Expert Reference Group was now being formed with the first meeting planned for 20 February 2015.

3.3.1 Commissioning guide parallel work
Dr Mizen gave the background to this item. When the proposal for the commissioning guide was accepted discussion followed which had the potential to develop into territorial disputes about the allocation of resources. A way must be found to manage differences among stakeholders and it had been proposed that meetings on ‘neutral ground’ should be arranged. It was therefore suggested that six two hour conversations be held at the centre for mental health with a possible launch event involving a concordat of all the Royal Colleges, the RCN and the BPS. Members commented that there needed to be clarity as to how the two processes would connect. Dr Mizen’s view was that the RCPsych and RCGP would host the commissioning guide and would have ownership. The parallel process would be more inclusive and would inform the content of the commissioning guide, safeguarding against future territorial disputes. Dr Mizen had
taken on responsibility for ensuring the parallel process got off the ground. Funding would be an issue and therefore Norman Lamb would be approached.

**Action:** Dr Mizen

### 3.4 NICE guidance on MUS
Professor Chew-Graham reported no progress on the NICE guidance. NCCMH would shortly have to retender for the business so organisational arrangements might differ. Professor Chew-Graham agreed to keep an eye on the process to ensure the working group were represented in any future project.

**Action:** Professor Chew-Graham

### 3.5 Strategic Clinical Network
Dr Heyland reported that Dr Turner had contacted the West Midlands Strategic Clinical Network about their MUS work but he was not aware if a reply had been received. This related to determining whether it would be valuable to develop links with SCNs. Dr Heyland agreed to seek an update from Dr Turner and Dr Sachar agreed to contact Steve Reid who was also involved in SCN work.

**Action:** Dr Heyland, Dr Sachar

### 3.4 Link to Tier 4 Personality Disorder Clinical Reference Group
Dr Mizen reported that the Clinical Reference Group had not met for six months because of uncertainty about the specifications and whether funding would be transferred to CCGs. Steve Pearce would be attending the Medical Psychotherapy Strategy Day later in the month and Dr Mizen would seek an update.

**Action:** Dr Mizen

### 3.5 eLearning modules
There was a concern that the group were not aware of the content of the eLearning modules currently under development by the RCP (with RCPsych) and at the Tavistock. Dr Hashmi offered to find out the position regarding the RCP module and Dr Sachar and Dr Stern to contact Dr Rock about the Tavistock module.

**Action:** Dr Hashmi, Dr Sachar and Dr Stern

### 3.6 Survey of GP membership
Dr Heyland had spoken to a local trainee who is interested in taking forward the survey. He needed permission from his supervisor but would then be put in touch with Professor Chew-Graham to discuss developing the survey.

**Action:** Dr Heyland

### 3.7 Work stream membership
Professor Chew-Graham was currently involved in the commissioning work stream and would not be able to commit to all three. She therefore would step down from the Clinical group. Dr Heyland said that he would be less active in the Training work stream as he was focussing on the other two. However he would remain a member. Membership was therefore as follows:

- **Training (including workforce, curriculum, e-learning):**
  Professor Chew-Graham, Dr Sachar, Dr Heyland.
- **Commissioning:**
  Dr Mizen, Dr Turner, Dr Heyland, Professor Chew-Graham.
- **Clinical (including scoping current services and developing clinical pathways):**
• **Training (including workforce, curriculum, e-learning)**
Dr Mizen raised issues relating to psychologically minded practice which might impact on the work of the group. Firstly the College was keen to promote psychologically minded practice. There was an initiative regarding medical student training and using opportunities to influence the undergraduate curriculum through the Academy. The second initiative was to influence the training of healthcare professionals more broadly. Sue Bailey was carrying the agenda forward as Chair of the Academy of Medical Royal Colleges and HEE Senior National Clinical Lead for mental health. Dr Mizen would follow up with her. Dr Heyland commented that this was an important area which the group should be involved in. He would contact the West Midlands Local Education & Training Council to find out what the driver was for the work they were doing in the area as it may represent regional implementation of the work Sue Bailey is leading.

**Action:** Dr Mizen, Dr Heyland

• **Clinical (including scoping current services and developing clinical pathways)**
Dr Mizen reported that she had formed a small group including Dr Stern and Dr Heyland to look at the psychotherapy evidence base and where the gaps were. It was hoped this work would inform the commissioning guide.

4. **Conference**
Dr Mizen reported that Dr Evans would look at taking this forward after the Medical Psychotherapy conference in April. She considered there was value in holding an event even with the commissioning guide work and planned event because its narrower clinical focus would still be needed.

Dr Heyland asked if Professor Else Guthrie had been approached. Professor Guthrie is the leading expert on PIT for MUS and has published several high quality research studies. He would email Dr Mizen and Dr Stern to prompt this.

**Action:** Dr Heyland

5. **Any other business**

5.1 **David Shiers**
Dr Heyland welcomed Dr Shiers to his first meeting. He commented that Dr Shiers had experience in linking professional and political boundaries and this would become increasingly important. Dr Shiers raised the importance of commissioning social care. He would share the chapter he wrote on how to broaden the public health approach to prevention of MUS with Dr Heyland.

**Action:** Dr Shier

6. **Next meeting**
8 May 2015, 2pm - 3.30pm, by teleconference