

ScotFED Meeting held on 1st March 2019 by Videoconference

Meeting being held on Friday 1 March 2019

1. Welcome and introductions.

Stephen Anderson, Katherine Morton, Alison Macrae, Phil Crockett, Katharine Logan

2. Apologies

Louise Johnston, Sara Preston, Jane Cowan, Jane Morris, Heather Ireland, Shiona MacDonald, Kandarp Joshi, Gavin Philipson, Andrew Lawton, Richard Taylor, Lesley Dolan

3. Minutes of Previous Meeting

Accepted as an accurate account of the meeting.

4. Update of Action Points

4.1. Carer Rep – SP

Sara Preston and Catherine Leckie from Beat hope to be able to find a carer representative. If anyone knows of a carer who would be interested then please ask them to contact SA.

4.2. Medical Student SA

Emily Cox who is a 4th year medical student at Edinburgh is very interested in joining the group. She has recently had a placement in Forth Valley and is considering eating disorders for her elective placement. Those present were happy for Emily to be added to the group. She is on a visit to the State Hospital today but hopes to be able to attend next time.

4.3. Staffing Survey – KL & SA

No update on this.

4.4. Medical Schools / University OH – KL

Not update at the meeting. I apologise for skipping over this. This following update was added after the meeting! As previously discussed, SA had a medical student who is submitting an ethics proposal looking at a survey of medical students and perceived support for eating disorders in medical schools.

4.5. CAMHS representation

There have been some issues in Forth Valley recently about the physical monitoring and management of young people with eating disorders. SA emailed some colleagues around the country earlier this week about local guidelines and will try to summarise this when responses received. UK Faculty of Eating Disorders also have colleagues who have written extensively on this and SA will collate information to distribute to ScotFED.

From those present at today's meeting, the following was discussed: Katherine Morton has been asked by CAMHS dietitians recently for monitoring guidance. People with eating disorders are seen within the locality teams in Lanarkshire CAMHS so we are not sure whether monitoring is an issue locally.

In Aberdeen, Phil Crockett thinks we need more of a funding stream for monitoring of physical health monitoring across MH. This is not just an eating disorder issue. Student health service is OK but two of the Aberdeen City practices are gradually reducing what they do.

ConnectED – no medics in the team. SA has the protocol from colleagues in ConnectED but has not had the opportunity to look at it before today's meeting.

Ayrshire – eating disorder team is all age. CAMHS take the lead and link with others. There are good links with paediatricians at Crosshouse and Junior Marsipan. Not quite sure how it is working. Issues with GPs reducing monitoring.

Edinburgh CAMHS – if underweight would be taken on by home treatment team or admitted and they do their own monitoring.

Lanarkshire (adults), the service give out blood forms so they go to GP or phlebotomy services and get their bloods done. They will be reviewed by ED staff. Less of an issue than Glasgow when they were asking GPs to do and monitor bloods.

We noted that there are two main issues: the actual phlebotomy and then the interpretation of results and governance around this. If GPs happy to work with us and have an interest in the patient, then they are often more happy to do the monitoring. What is the best thing for the patient? There is a need to maintain dialogue and co-operative stance with the GPs. They are reassured if ED service are checking the results. Aberdeen had a GP with Special Interest and now have physician associates which has been very helpful. Some patients should be monitored in secondary care if complex or rapidly changing.

5. ScotFED conference

The 20th September is a date for a College meeting so this may affect attendance at ScotFED. We don't know who would be going to the college meeting. Colleagues think that we should still have an event looking at ASD. SA will email ScotFED and attendance. From the last meeting, we did not expect huge attendance and have booked a room at Forth Valley Royal which holds 30 people.

6. Links with other bodies and feedback from these:

6.1. Royal College of Psychiatrists in London (Faculty of Eating Disorders)

SA – fed back from the last meeting which took place earlier in February. There is a lot of ongoing work in relation to workforce and recruitment; education and training. Dasha Nicholls will end her term as Chair in the Summer, and Agnes Ayton who is currently Vice Chair will take over as Chair. Ashish Kumar will be Vice Chair. The Exec is quite CAMHS heavy, so if posts become available it would be good for adult colleagues to be nominated. SA happy to provide any other feedback on the work of the exec if this would be useful. This includes NG under restraint guidelines, promoting eating disorder psychiatry, developing eating disorders within medical school and psychiatry curricula etc. A position paper on Veganism in eating disorder services will be published this month.

Note – our previously unofficial Twitter account, is now official so please follow the Faculty on @RCPsychEDFac and if there is anything you would like publicised, let me know.

6.2. Edinburgh (Scottish Exec)

Feedback from Jane Morris – as per email. This was discussed – and is copied below for information.

6.3. National CAMHS eating disorders steering group.

No update available.

6.4. It was noted that there are a number of groups within and across disciplines within eating disorders in Scotland. These can be confusing and disjointed. This could be the strength of an MCN (KM)

6.5. SEDIG

Peer support. SA and Fiona Duffy co-facilitated a facilitators workshop with the Linda Tremble foundation last weekend.

We had some further discussion about peer support groups around the country. NEEDS has been well-established for many years, and Bridging the Gap in Dundee developed from this three years ago. There is a carer group in Ayrshire – run by the team. Lanarkshire – no peer support but have a carer group in a block with NHS staff delivering. Glasgow have a peer support group – Linda Tremble Foundation is helping facilitate this. Colleagues were interested in the facilitator training and the possibility of developing a network of peer support groups. SA will distribute the information from the training day. In Edinburgh there have been a couple of peer groups but not managed to keep going – patient and carers. People who set them up have not had enough support to keep going. More of a network would be helpful. Monthly group for patients at Cullen – can come without referral. Different things for carers - issues in keeping going and supporting these. Hope group in Forth Valley. Discussion of supervision. Lots of people need support but identifying appropriate facilitators is difficult.

6.6. EEATS

feedback from Jane is that EEATS thrives. Linda Keenan is looking for markers for recently completed portfolios. Linda has very kindly been managing the arrangements for the SSCM workshop which takes place in Edinburgh in May and is almost full.

6.7. Eating disorder psychologists group

does not appear to be meeting at present. Again, having a more multidisciplinary group rather than lots of individual groups may help.

7. SIGN Guideline proposal

feedback from Jane and Linda.

8. QED Standards for Outpatient Services

these are expected to be piloted later in 2019 although QED do not appear to have up to date details of all services in the UK. In-Patient standards are due for review by September.

9. AOCB

Requests from external bodies and the media in Grampian. Seems that there have been some call for information from the media by FOI(S)A. False statistics about admissions in Grampian. Politicians were involved and local papers – talking of scandal etc. the report was about a reduction in admissions for eating disorders in Grampian and the information wasn't provided by the service, and came to the wrong conclusions. Demoralising for staff who think they have good service. Awareness of FOI and how politicians and the media deal with data. There is a lack of understanding of what data means.

QED – Do standards have an item on data collection? SA will check this.

There is an issue nationally in regards data. We should ask SG where they got the data from. SA will question this.

Data collection and minimum data sets have been discussed for many years. If people are seen in GAP, are these included anywhere in reporting? Regional and local units. We could advise SG on how to do this better? Services could manage data better? Need access to up to date information in services. If we were asked for FOI we could have reasonable data within services, but need to advise SG how to collate and use it better. Point out that the data they have is incorrect.

10. Future Dates

Friday 30th May 11.00am – 1.00pm

Friday 30th August 11.00am – 1.00pm

Friday 29th November 11.00am – 1.00pm

Action Plan

Agenda Item	Action	Person Responsible	Update
4.1	Carer Rep	SP	
4.2	Medical Student Rep	SA	Emily Cox added to group
4.5	CAMS Issues and physical monitoring	SA	
5.	ScotFED Conference – check whether colleagues plan to attend and then confirm booking	SA	
7.	SIGN proposal – check with JM what the next stage is	SA	
8.	Data Collection and use, QED standard	SA	

Feedback from Jane Morris

Sorry we can't manage the meeting. As I said, I'm speaking in the dreaded Friday afternoon slot at the Liason Faculty meeting, on Collaborating with Physicians in the care of patients with Complex Eating Disorders.

You may have noticed a certain amount of publicity for ED awareness week this year - the focus seems to have been on our SIGN bid. Clare H now claims it as part of the Govt's 10 year Mental Health Strategy, which is fantastic (if a surprise). Only too happy for them to claim it as official business. TV coverage obviously reached a lot of people - I've been messaged more than usually happens on my birthday! Where did they get their statistic that we have treated around 500 people for EDs in the whole of the country last year? Maybe SIGN should insist on better auditing. Then if the figures mysteriously double or triple over a short timescale they will point to the epidemic of EDs in Scotland!

Sara Preston was on the TV too, under the auspices of BEAT. Some of us are a little concerned about the changes in BEAT's presence in Scotland and the push for centralisation. On the other hand they are planning to bring BEAT's bi-annual sponsoring of the 'London' Conference to Scotland - probably Glasgow - in Spring 2020. Paul Robinson has invited me to be part of the Organising Committee.

SIGN meeting was excellent but again marked some transitions in personnel. Sarah Twaddle is retiring from HIS - some of you may remember she was instrumental in pushing forward the QIS recommendations of 2006, and co-wrote the BMJ Clinical Review article with me shortly afterwards. She's been a staunch supporter of our SIGN bid. Also John Kinsella is at the end of his term as Chair. He has been an excellent Chair, and also sympathetic to us despite being an anaesthetist by trade. I think there is to be another SIGN bid from Mental Health, this time from Marina's group developing a guideline on what appears to be BPD by another name. We should aim to cross-reference each other in this.

Selena Gleadow-Ware is eager to push forward with the MOPED guidance, and I hope we can work jointly with perinatal on this in time to have it referenced and incorporated in our SIGN. There is to be a preliminary meeting at St John's next month.

College Exec - or should we now call it Devolved Council - went ahead last week without much business that was specific to any single specialty, and much that was about procedural and devolution issues - all most interesting of course. In particular service users and carers were distressed that a London meeting had been cancelled at short notice because it was discovered that Us and Cs had not been police checked by them, and at a recent quality inspection there had been an incident involving a patient and a lay member of the panel.

Interestingly User reps our end feared that most of them would have criminal records and so be excluded from representation, whilst Carers were appalled that people hadn't been PVGd for everyone's safety! This may be why people are playing the daft laddie until obliged to respond. It may of course be something that will arise when we include lay people in our SIGN and other groups. However, committees are not set up to deliver treatment of any sort to vulnerable groups and no-one is left alone without som PVG checked person being with them, so I don't think it should be the same as for when an inspection panel visits a working ward of ill patients. Happy to hear others' thoughts on this.

Applications for May Aberdeen Conference coming in thick and fast. It looks highly likely that we will be financially OK and equally importantly that we have a worthwhile programme.

EEATS thrives - Linda is desperately seeking markers for the flood of portfolios recently completed. The SCCM course is full to bursting.

Finally, we are crossing final t's etc for the Endowment funding for the Anorexiabytes website that accompanies our book. Hopefully this will stimulate renewed interest in the Handbook too.

Dr E Jane B Morris
Consultant Psychiatrist, Royal Cornhill Hospital, Aberdeen
Lead Clinician, North of Scotland Managed Clinical Network for Eating Disorders