

## Minutes of the SCOTFED Meeting held on 3<sup>rd</sup> June 2016

**Present:** Jane Morris (Chair), Linda Keenan (Secretary)

**Via Teleconference:** Sara Preston (of BEAT Scotland, representing Service Users), Tony Pelosi

**Via Videoconference:** Stephen Anderson, Katharine Morton, Richard Taylor, Joy Olver (Chair of the National CAMHS Steering Group, representing CAMHS), Gowtham Rai

**Apologies:** Louise Johnston & Heather Ireland (Trainee Reps); Alison MacRae; Helen Anderson; Lesley Pillans, Phil Crockett, Jan MacDonald (representing Carers)

JM welcomed everyone to the meeting and made introductions. At today's meeting there was good representation from across Scotland although no-one from Central Edinburgh was able to be present.

### 1 - FACULTY STRUCTURE

JM explained that we were now a faculty we need to work towards a more formal structure with a Chair, Vice Chair, Secretary and Treasurer. JM was currently Chair and asked if anyone would be willing to become Vice Chair? If so could they please contact LK. The Vice Chair would be expected to chair meetings if JM was unavailable and generally take an interest in the running of the Faculty. Often the Vice Chair went on to become the Chair of the Faculty.

LK was currently Secretary and we currently don't have a Treasurer – mainly as we currently have no finances to manage. It was agreed that the Treasurer position could be put on hold at the moment. We should have Patient Representation and Carer Representation. JM has asked Sara Preston of Beat to be the Patient Representative and Jan MacDonald to be the Carer Rep and everyone agreed this was acceptable.

JM is currently chairing and happy to continue to get the Faculty set up. After a year we should host elections and nominate/second potential Office Bearers. Everyone was happy with this.

Other Representation – Trainee Representation - Louise Johnston and Heather Ireland, who are currently Higher Trainees have volunteered to take on this role between them. They are both due to become Consultants within the next 18 months.

Training/Events Officer – It was agreed to appoint to this position when necessary. Perhaps the Trainee Reps would show interest in this position.

JM pointed out that MCN's and other organisations tended to separate CAMHS and adults but the Royal College doesn't. She requested that if JO finds herself unable to attend some meetings she might kindly delegate the role to another Psychiatrist from CAMHS to ensure representation. She also informed the group that any psychiatrist who works with Eating Disorders is welcome to attend these meetings. It may be good to appoint formal Regional Reps at a future stage.

JM asked the group to consider whether they would like case discussions/issue discussions in the latter half of the meetings in future, as was often the case when we were a 'SIG' and a Section rather than a Faculty. If anyone wishes to discuss clinical material next time, they should contact LK.

**Actions:** Faculty members to volunteer/propose officers. Faculty members to request clinical discussion topics

## **2 - REGIONAL REPORTS:**

### **REDU – St. Johns**

RT is now established as definitive Consultant at the Unit. He reported that the REDU is full most of the time. They are receiving constant referrals but are managing capacity. They are suffering a cut in the budget for extra nursing but this is hospital wide. He feels they are delivering good care and the regional partners are happy. There is better coherence with IP/OP care. They are undergoing an extensive staff reflection programme. They are also improving communication. He is doing impromptu teaching with staff using a Mentalisation approach with the emphasis on the unit as a group. There is a plan to develop a new model of care. .

### **MCN for the South East and Tayside (SEAT)**

JM enquired whether the SEAT MCN was still active. SA reported that this is now more of a governance group and that the MCN was in any case more of a Regional Training and Supervision group than a clinical network, but questions are currently being raised as to whether this should continue. Most clinicians feel that it should. In the interim period clinicians are trying to galvanise the group again.

### **Forth Valley**

SA reported that FV have a ½ time Psychiatrist, 1.0 nurse therapist and 2 days of a Clinical Manager and ½ time dietitian. They are a very small group and struggle to develop the service. Belonging to a larger network was very helpful for them.

### **MWC**

SA obviously brings expertise on EDs into the MWC where he works part time. The MWC have been looking at a number of calls recently, focussing on the 2<sup>nd</sup> opinion process for Ng feeding.

### **West Of Scotland: Glasgow**

KM informed us that their 4 beds re-opened in February. There have been various changes in Management structure. The service is currently trying to consolidate the current position and get the 4 beds in the general ward functioning. They currently have a psychology vacancy. In terms of the bigger team, they have recruited to their

nursing staff and are trying to take MARSIPAN forward. KM is to pick up a further 2 sessions from Helen Anderson's retirement.

Currently there is no word of a MCN in the West of Scotland but this has been suggested at various times. KM feels there would be a definite interest in such a project.

### **West Of Scotland: Lanarkshire**

TP reported that Lanarkshire have recently undergone a reorganisation of its geography, resulting in their service population rising from 550k to 670k. They have got some additional resource and currently have 2.6 Psychologists, 1.7 dietitians, 1.0 Assistant Practitioner, 1.5 Administrator, 1.0 Nurse Therapist, 1.1 Psychiatrist. They have no specific beds but are trying to use the 3 district general hospital sites but this is proving difficult. They use the Priory from time to time.

### **Tayside / Scottish CAMHS**

JO'S report spanned both the local situation in Tayside, where she is based, and more generally an update on CAMHS eating disorders services across the country.

She stated that there were issues with the age ranges covered as Tayside (like Highland) cover up to age 16 and 18 if still in school. ED services are organised differently in different areas. Grampian have recently formed a specific ED Team, Edinburgh is a hybrid, and Glasgow have the CONNECT Service but it has no psychiatrist.

JO is chair of the National CAMHS Steering Group, a development and has been very successful so far and has provided a useful base for linking with other organisations.

FBT is being implemented in different ways, but is proving the biggest change in a long time and is reducing ED Admissions. In Tayside admissions have halved since its introduction with no admissions for re-feeding. They have been allocated some NES funding for FBT supervision.

### **3 - SERVICE USERS REPORT**

JM asked SP her opinion on what she was hearing. She said she was already aware of most of what she was hearing and in particular was already aware of considerable differences in service provision in different locations. She felt that opportunities to link up and collaborate further could only be a good thing.

### **4 – National MCN for Eating Disorders.**

JM asked the group how they felt about the possibility of setting up a National MCN for Eating Disorders. There would be a greater recognition of services and a National MCN would receive top-sliced funding. This would reflect other faculties such as other UK ones and there would be a fight for the need for services to be Psychiatric led.

Currently we have SEDIG, but this is a charity and an Interest group which cannot deliver services.

In the North of Scotland the MCN has been crucial and quite powerful in its training provision, integrating and professional function.

The South East are already missing their training network and the West are aspiring to having a network. There would be no aim to disband regional networks. Our colleagues in the Perinatal Faculty are receiving advice and support from John Mitchell, Medical officer in the Scottish Government with the aim of becoming a National Network. Now would seem a good time for Eating Disorders to aim for this too. It would be very hard work, but if there is an appetite he would engage with us and help.

JM asked for people's thoughts. SA suggested an email discussion around this and a briefing paper followed by more discussion.

RT instinctively felt it would be a good idea to galvanise an initial group to ascertain initial reactions. KM also felt it would be a good idea and that coming together as a larger group would be an excellent idea. JO was very positive about the idea. None of the MCN's currently go down the age range and she felt it would be a good idea if it did.

It was agreed that we would need to get evidence behind us, as a group, and people were asked to email LK with their opinions.. It was agreed to ask the whole faculty and garner opinions. SP felt that with what had been outlined here it would make good sense from a service user & Carer perspective too.

It was also agreed that regardless of the ultimate outcome, the very efforts to form a national MCN would raise the profile of EDs with the Scottish Government and more generally.

**Actions:** Faculty members to email their views and also seek the views of colleagues in other disciplines, as well as those of service users and their carers regarding the desirability of a National MCN for EDs. JM and LK to correlate feedback and start work on a briefing paper for the Royal College and for the Parliament

## **5 – Faculty Annual Conference**

JM and LK are working with the Perinatal Faculty to put on a one day Faculty Conference. They have joined forces to host a joint training day with the topic being Perinatal Complications of Eating Disorders. It has grown in aspiration and now hopes to host a terminating round table discussion to start putting together a new Perinatal MARSIPAN

A date has been set for 3<sup>rd</sup> February 2017 in Edinburgh. We are looking for ideas for workshops and if anyone had any thoughts on this to contact LK. It is hoped to have Nadia Micali as a keynote speaker.

A suggestion was made for a future conference on Eating Disorders and Substance Misuse.

**Actions:** JM to discuss notion of Perinatal MARSIPAN with Dasha Nichols (Author of Junior MARSIPAN and Chair of FEDUK). LK to liaise with Karen Addie at Royal College in Scotland to co-ordinate arrangements for conference.

**AOCB** There was no further business

**Time, date and venue of next meeting:** Thursday 2<sup>nd</sup> September at 9.30 am. VC Facilities will be available