

## Minute of the SEDSECT Meeting held on Tuesday 13<sup>th</sup> May 2014 in South Lodge, Royal Cornhill Hospital

**Present:** Jane Morris  
Lesley Pillans  
Phil Crockett  
Yvonne Edmonstone (VC)  
Shiona MacDonald (VC)  
Helen Anderson (VC)  
Katharine Logan (VC)  
Wotjek Wojcik (VC)

**Apologies:** Alex Yellowlees  
Joy Olver  
Harry Millar  
Lesley Dolan  
Chris Freeman  
Stephen Anderson  
Tony Pelosi  
Calum Munro

### 1. Welcome and Introductions

JM welcomed everyone to the meeting and introductions were made. JM wondered if Peter Carr from NHS Highland was invited to SEDSECT meetings and it was agreed that he should be copied into the minutes and invited to future meetings. There was also a suggestion that Elaine Anderson from Western Isles should also be invited along to future meetings.

Discussion took place surrounding the current distribution list and whether it required updating. LK to email everyone and ask if they wish to remain on the distribution list.

**ACTION: LK**

### 2. Apologies:

Noted above

### 3. Minutes of Previous Meeting

LK agreed to send this out with the minute from this meeting.

### 4. Future dates, times and topics for SEDSECT Meetings

JM asked if anyone had any suggestions for topics for future meetings. HA suggested a discussion around the different pathways across the country. This led to a discussion on the situation in Argyll and Bute - it was noted that Mental Health Patients do not get their care from NHS Highland but from a managerial and financial point of view NHS Highland are involved. JM stated that the MCN (North) would look at the plight of ED patients in Argyll and Bute.

HA stated that she had a case she would like to discuss today.

KL – suggested the topic of Research and perhaps the topic of developing a regional/national dataset which could be taken to a broader audience in the future. It was felt that this would be a good topic for the Autumn meeting.

She also stated that WW was interested in undertaking a survey in Scottish ED Units and collating case vignettes of typically difficult cases.

JM suggested that any research projects could be taken to the Scottish ED Research network meetings. The next meeting will be held in Glasgow on 12<sup>th</sup> September from 11.00 – 3.30

pm. JM asked if anyone who would like to present at this meeting to get in touch with Linda Keenan and submit their presentation in advance.

HA suggested the topic of MHA legislation for ED patients – it was agreed that this would be a good topic for the Spring meeting.

It was noted that LK would take minutes at future meetings. She would also send out the minute from the previous meeting.

**ACTION: LK**

Dates for SEDSECT Meetings have been set for 2014 as follows:

Tuesday 26 August 2014 in St Johns Hospital, Livingstone. (PCrockett gave his apologies in advance for this meeting.)

Friday 28.11.14 – Florence Street Day Hospital, Glasgow.

JM stated that from 2015 we can use the College's office in Edinburgh to have SEDSECT Meetings for free. A check would have to be made to see if VC facilities were available at the venue. JM stated she would contact Karen Addie at the college.

**ACTION: JM**

**5. Feedback from EDAW and the briefing paper**

JM thanked all those who contributed to the briefing paper. Several MP's had read it and appreciated it. It was agreed to send a copy of the paper out with the minute.

PC stated that since EDAW he had noticed a distinct increase in ED referrals in NHS Grampian. JM stated that she was in the process of preparing a response to a letter from a GP which had been submitted in relation to mis-reported comments during EDAW, but what had been pointed out by the GP was the good guidance/information on NHS Highlands Intranet page. This led to discussion around whether this type of information was available in other Health Boards. By discussion it appeared that it was, albeit in different formats. It was generally felt that it would be a good idea to share the information each HB area held about ED on their Intranet sites as it seemed to help improve interfaces with GP's. It was suggested as a possible future topic along with Communication with GP's in general. This was agreed as it was a common problem area across the country.

JM stated that in response she was going to suggest that 1) each MCN produce an Annual Newsletter which could go to all GP's in the area and 2) GP's have to do Practice Based Audit and it would be an idea to suggest they do Eating Disorders.

Further feedback on EDAW from NHS Highland was that the nurse therapist from NHS Highland who had attended events felt it was one of the best ED conferences she had been to. This led to a discussion on the launch of the new Highland ED Carers Support group which had been launched. A lot of the work had been done through the North Scotland MCN and was being seen as a very positive outcome.

EDAW 2015 was discussed with talk around where, who, and what might take place next year. JM stated that any ideas would be welcome but perhaps next year's events may be more local rather than in one centralised location but that events such as the SEDSECT Meeting. Scottish ED Research Meeting could take place during that particular week.

**6. Links with Other bodies and feedback from these**

**Royal College of Psychiatrists in London (EDSECT)**

JM and PC reported that at the recent meeting the main concern appears to be the current situation with training and succession planning. JM is currently involved in writing a "New to ED Pack" which will be aimed at clinicians who need/would like to specialise in ED.

PC reported that he is currently trying to develop a paper on Transitions and would welcome any material that people would like to submit on this topic. KL stated that NHS Lothian had a protocol on transition from CAMHS to Adult and would send this to PC.

**ACTION: KL**

JM reported that Chris Freeman has resigned from EDSECT and QED therefore EDSCET has space and there will be elections. PC and JM both attend and can co-opt someone to represent the Scottish Division. If anyone wishes to put themselves forward then they can contact Linda Keenan to let her know. The next meeting will be held on Friday 4<sup>th</sup> July 2014.

#### **SEDIG**

LK/LP gave a brief update on SEDIG and stated that the next Conference will be held on 6<sup>th</sup> June 2014 in Dundee. YE pointed out an error in the programme and LK will resolve this.

**ACTION: LK**

#### **Academy Nutrition Group**

JM stated that she was now the representative for this group.

#### **EEATS – and any training and Conferences**

JM reported that Compassion Focused Training will be happening in June 2014 in Aberdeen. There is a College day on Co-morbidity on 07.11.14. The MCN for ED will be hold their annual event on 20.11.14 in Perth and there will be an EEATS Trainee day on 05.12.14 and a Supervisors day on 03.009.14.

### **7. AOCB**

#### **Cross Regional Referrals for IP Treatment.**

TP had sent an email which essentially stated that he feels that cross regional referrals for IP treatment should be considered on a case by case basis while a system is considered and perhaps set up by senior management around the country. He is happy to consider any cross regional referral on a case by case basis.

YE had asked for this item agenda as her finance department were querying the pathway/process for OOA referrals. YE explained how she would approach this and everyone was in agreement that they would follow the same process as she does for North of Scotland patients. She asked if there were any other NHS beds across the country and it was noted that there were some but they were usually always full. NHS Lothian use the ANITT as well as REDU so have not yet had to make any OOA referrals. NHS Borders tend to use general Psychiatric wards for admissions.

Further discussion took place and the question was raised as to the Average Length of Stays in units. JM stated that a paper on this has already been done and it was agreed to send this out with the minute.

**ACTION: JM/LK**

#### **Staffing, succession planning and other service issues in ED in Scotland**

Discussed as above.

#### **Discussion and debate – Confidential Case Discussions**

2 cases were discussed.