

ROYAL COLLEGE OF PSYCHIATRISTS

FACULTY OF LIAISON PSYCHIATRY NEWSLETTER



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Happy New Year and welcome to the Spring Edition of Newsletter.

We have received a very positive response and lots of submissions. We are very grateful to everyone who has contributed to this newsletter.

We are always looking for submissions, which are relevant to liaison psychiatry including reports on service development, education, training, audits, conferences and events. Articles should be no more than 1-2 pages long. Please include your name, title, place of work and contact details. Please note that this is not a peer review process nor a scientific publication but it gives a good platform to share good practice and ideas.

Submissions are warmly received. Please e-mail Stella.Galea@rcpsych.ac.uk using "Liaison Faculty Newsletter" as the subject title.

We would like to thank Stella Galea and Dr Peter Aitken for their support in preparing this Newsletter.

We hope you enjoy the newsletter.

Editorial Team - Liaison Faculty Newsletter

Dr Edwina Williams, Dr James Stallard, Dr Oliver Gale-Grant, Dr Sridevi Sira Mahalingappa

NEWS!

1. The approval to pilot a credential in liaison psychiatry (Jan16)
2. The GMC decision to offer a liaison endorsement for trainees coming through the OPMH route (Mar16)
3. The bursary scheme to support our leaders of the future attend US and European meetings. (Feb16)

Strategy Review - Dr Peter Aitken



*Dr Peter Aitken MRCGP FRCPsych
Consultant in Psychological Medicine Director of
Research & Development Devon Partnership NHS
Trust.
Chair, Faculty Of Liaison Psychiatry*

As I approach mid point in my chairmanship of the Faculty of Liaison Psychiatry it is appropriate to pause and reflect on the journey so far and think about what we might need to do in the next couple of years.

We have grown as a faculty both in stature and in size. Over 510 people attended this years hugely successful Annual Residential Conference held at the new RCPsych headquarters in Prescott Street. The program focused on 'Hospital to Home' and was built around extending our relationship with the Royal Colleges of Physicians, General Practice, Emergency Medicine, Nursing, and the British Psychological Society as well as people with an experience of our services. My sincere thanks to Professor Jane Dacre, Professor Sir Simon Wessely, Dr Maureen Baker, Dr Clifford Mann and Jamie Hacker-Hughes for their leadership and contribution to our success. My thanks also to all our speakers and contributors who made for such an engaging and interesting program and Edwina Williams, Emma George and the conference team who made it so easy for people to attend and enjoy.

Over 50 attended the conference dinner held at the Royal College of Physicians where Dr Geraldine Strathdee, National Clinical Director for Mental Health spoke in appreciation of our work, and the importance of the intercollegiate support we have created as part of driving awareness of the importance and relevance of psychological medicine as part of the delivery of fully integrated health & social care.

Our faculty work program is now in full swing. Building on the success of RAID we are now broadening our appeal from returning £4 for every £1 invested in adequate liaison psychiatry services for the emergency & unplanned care pathway to explaining how investing £500m in comprehensive liaison psychiatry services has the potential to unlock £4billion spent on the wrong care for people with symptoms unexplained by technical medicine, and £10billion spent as a result of not addressing depression in long term health conditions like cancer, diabetes, COPD, arthritis, stroke and heart disease.

We have published FROM-LP, for the first time setting out a consensus position for measuring the clinical outcome from our work. We now have two years survey data on the prevalence and characteristics of liaison psychiatry services to English hospitals with

an accident & emergency department with funded support from NHS England. This links well with the NIHR LP-Maestro research program investigating the cost effectiveness and configuration of liaison psychiatry services. PLAN continues to grow informing the quality and safety of current services. Work on payment and pricing is underway in England and quality standards for liaison psychiatry response times planned for England in the next two years as part of 'parity of esteem'. At last we have progress on certification of training, with liaison endorsement opening up to trainees who have come through the 'old age' program.

So to the future. We are now early in a new parliament and have a new government to get to know. They have a five year program and our program needs to map onto that. NHS England have set out 'Five Year Forward View' to 2020 and liaison psychiatry and psychological medicine has a key part to play in the success of that strategy.

The main focus of our effort now needs to be around developing the workforce capable of working in an expansion of comprehensive liaison psychiatry services in our hospitals and general practice. We are fortunate to have curriculum for medicine, nursing and psychology already developed. We now have work to do on detailing the routes to credentialing and certification, supported by e-learning, simulation training, coaching & mentoring.

We continue to build our executive team. It's my pleasure to welcome our newly elected members, thank

those who are demitting for their hard work and welcome back those prepared to be co-opted to continue the effort. The leads for the faculty work streams are as follows and executive and faculty members are encouraged to make contact and offer their interest and support to help.

Al Santhouse our Vice Chair continues to lead for 'Models of Care' building a team able to manage the wealth of NICE and related guidance that the faculty wishes to influence or comment on.

Peter Trigwell leads for 'Measures and Outcomes' linking our work on FROM-LP to wider college work on outcomes. There will be more to be done in relation to the experience of patients, their carers and supporters and the experience of staff working in liaison psychiatry services.

Jim Bolton continues to lead for 'Audit and Evaluation' growing the reach and influence of PLAN. We might anticipate a growing national audit program looking at element of our work and a closer relationship with regulators.

Will Lee leads for research & development looking after the survey and the faculty connection to LPMaestro. We need to strengthen our connection with the academic faculty and generate more research.

Thirza Pieters perhaps has the busiest agenda and returns co-opted to lead an expanded group who can work with the 'Education and Training' agenda and workforce planning supported by Panthraton Grewal. There will be work to be done influencing

undergraduate and foundation programs through to core, specialty and post consultant credentialing.

Edwina Williams remains academic secretary leading communication & conferences and the newsletter. Clear, concise communication is key and as the faculty produces the messages we need an army of twittering faculty members telling our stories to as wide an audience as we can reach.

My ambition now is international. It's time to refresh our relationship with colleagues in the devolved nations learning from the experience in Scotland, Wales and Northern Ireland. Our recent effort has been on making the case in England, but we are an international college and our responsibility as a faculty is to a much wider audience. I propose to

meet with leaders in Scotland, Wales and Northern Ireland and explore how we can work more closely again. I would like to reconnect with the work in Ireland and make sure that we don't lose connection with work in Europe and the United States highly associated with collaborations created by Francis Creed and Michael Sharpe. I would also like to build connection through our faculty members with India, Pakistan and colleagues in South East Asia.

May I take this opportunity to express my thanks and appreciation to all my executive colleagues for their commitment and energy. It's great fun working with you all. My thanks to the faculty for electing you. Let's take stock at our strategy day in November and re-set the effort.

The winners of Faculty of Liaison Psychiatry Annual Conference 2015 presentations

Dr Jessica Barrett - Poster Prize Winner 2015 for the For the presentation entitled " Comparing the risk profiles of self-harming patients who leave paper suicide notes with those who leave messages via new media"

Dr Rosemary Humphreys, New Research Oral Prize Winner 2015 For the presentation entitled " Anticipating Behaviour that challenges: Designing an Interprofessional Simulation-based training for Acute Medical Staff"

Framework for Routine Outcome Measurement in Liaison Psychiatry: FROM-LP



*Dr Peter Trigwell
Consultant and Clinical Lead
Yorkshire Centre for Psychological Medicine (On behalf of
the FROM-LP Working Group, Liaison Psychiatry Faculty
Executive, RCPsych)*

As most colleagues in the Liaison Psychiatry Faculty will know by now, a working group within the Faculty Executive recently produced the Framework for Routine Outcome Measurement in Liaison Psychiatry (FROM-LP). It was launched at the Annual Conference in May, and it is fair to say that it has been extremely positively received so far.

The context within which we decided to produce this framework is several years of attempts to reach a conclusion as to what measures should be recommended for use across all Liaison Psychiatry and Psychological Medicine services. The background also includes the NHS Quality Agenda, stipulating the importance of focusing upon effective services, safe services and positive patient experience, and the developing requirement to measure all NHS Services using:

1. CROMS (clinician-rated outcome measures)
2. PROMS (patient-rated outcome measures)
3. PREMS (patient-rated experience measures)

We have worked with the Centre for Mental Health in the past to try

to take this forward, which led to the production of a report entitled "Outcomes and Performance in Liaison Psychiatry: Developing a Measurement Framework" in 2014. This was an important report as it provided a clear and structured account of the issues and difficulties faced in attempting to measure outcomes consistently in Liaison Psychiatry, and suggested some possible ways forward. It stopped short, however, of describing or providing a specific framework. So the working group was formed, with the aim of doing so.

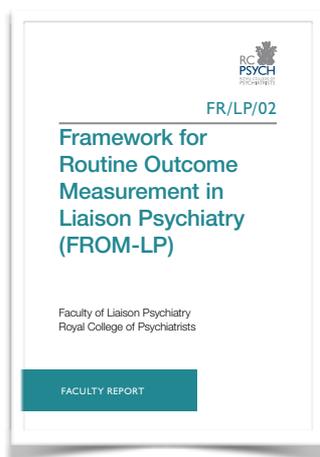
In order to keep things as simple and deliverable as possible, the FROM-LP defines only two clinical case types; according to whether they involve a single clinical contact or a series of clinical contacts by the Liaison Psychiatry Team. This is, of course, partly determined by the setting, but for routine and simple outcome measurement the setting need not determine the measurement approach. The detail of what is being suggested is in the

FROM-LP report, which is gratifyingly brief and straightforward, including a summary table of the measures suggested and an appendix providing each of them.

The working group felt very strongly that although

improvements in the approach may come later, perhaps as a result of experience using the framework, we needed to move forward with this as a matter of some urgency. It was felt that to continue to discuss and attempt to find a single/generic tool or “perfect” approach before introducing anything would be unwise, particularly as many Liaison Psychiatry services in the UK had not yet been able to progress very far with introducing outcome measurement.

The FROM-LP report (Faculty Report FR/LP/O2) is easily available on the college website, or simply by Googling “FROM-LP”.



Various Liaison Psychiatry services, across the UK, have already begun to introduce the new framework approach, and have given very positive feedback to me as main author. Interest in the framework has also been expressed by the Department of Health, NHS England, and the devolved Scottish Government, amongst others, and there really seems to be a momentum building in relation to using this approach.

The FROM-LP is intended as an enabling and pragmatic solution to the need for us all to collect information in order to justify and demonstrate the impact of our services. All members of the faculty are encouraged to look at the framework and consider using it. Any feedback would be much appreciated, as it will be important to be able to gauge the extent of use of this approach going forward.

Early Work Experience in Liaison Psychiatry

It was a normal day in school, sitting in a maths lesson, boring as usual, looking out of the window wondering when I'd be released. I guess it wasn't so bad with the joker of the class sitting right next to me. Everyone including myself, thought he was a happy person. As the weeks went by I got to know him, and realised that there was

more to him than all the 'banter'. Soon he was telling me all his problems and I realized that he was quite a troubled boy. Over the coming months, I started to have more friends asking for advice on self-harming and depression. I didn't think much of what I was doing. It came naturally to me and I found it rewarding. I happened to

tell my parents what was going on, and they seemed quite shocked that a 14 year old girl was experiencing this. I thought it was quite normal!

Thinking of how I could spend my work experience week, I thought it would be worthwhile exploring the work of a psychiatrist. I thought that, as well as helping me decide on a future career, I would learn from their expertise and be better able to help my school peers.

I was fortunate and privileged to be offered this opportunity by Professor Tayyeb Tahir and his team in Adult Liaison Psychiatry at the University Hospital of Wales.

Throughout the week I met a variety of people and listened to their problems. The large majority had depression. I realised that depression affects individuals from across society at any age. I met a woman who had had many problems throughout her life such as misuse of alcohol, abuse and spinal problems. Although by the end of the session her problems hadn't gone, there did seem a sense of hope from her attitude. Another patient had stabbed himself and it became apparent that it was not an suicide attempt, just a cry for help with all the stress going on in his life.

The nurse in charge of the "Poison's unit", made the decision that I was too young to accompany her on the ward round. I was quite disappointed as I felt that with my

exposure to peers self-harming it should be fine. I guess only she knew what lay through the door. Perhaps she was right.

All the patients I met had histories illustrating difficult lives, with lack of support from family and friends- no one to talk to. Each individual dealt with their problems in a variety of ways whether vocally, physically by hitting something or self-harming. Their actions did not reflect the sort of person they were.

I couldn't help wondering whether, if these patients had access to professionals with time to talk and access to better support in the community, the use of anti-depressant drugs could be avoided. From this week of work experience I have learnt that there is only a certain amount that a psychiatrist can do to help a depressed individual. The person has to take some control of their life which may be easier with the support of professional teams, family or friends. It also highlighted the impact early life experiences can have on your mental wellbeing later in life, and therefore the importance of me continuing to support my peers, and encouraging them to seek professional help.

*Anwen Fardy
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PLAN Update

Liaison Psychiatry Faculty Annual Conference



*Dr Jim Bolton
Consultant Liaison Psychiatrist
& Chair of the PLAN Accreditation Committee*

The Psychiatric Liaison Accreditation Network (PLAN) held a successful workshop at the recent Faculty Conference. Discussion focussed on how PLAN can assist in developing and strengthening Liaison Psychiatry services and help them to achieve excellence. Ro Cawdron, Project Worker with PLAN, gave examples of how the process of audit and review has led to teams improving the quality of their services. Ro also highlighted how PLAN facilitates sharing of good practice between services.

Satveer Nijjar, service user representative with PLAN, discussed what makes an excellent service, from a patient's perspective. Satveer described her enthusiasm for a well-designed leaflet. It was suggested that a future PLAN workshop might focus on writing and designing information leaflets for service users and carers.

I concluded the workshop by discussing the single biggest hurdle that services come across in achieving PLAN accreditation – the provision of a sufficiently safe and private assessment room in the Emergency Department.

Delegates at the workshop discussed difficulties they had

experienced in establishing such a room in their hospitals. On an optimistic note, the CQC is interested in this issue. If the provision of such a room becomes a CQC recommendation, I anticipate that such facilities will flourish across the UK!

Standardising accreditation

The College Centre for Quality Improvement (CCQI) oversees a number of accreditation schemes, including PLAN. Work is underway to achieve greater standardisation between the various accreditation schemes. Professor Margaret Oates, whom many of you will know from her pioneering work in perinatal psychiatry, has been appointed as the chair of a combined CCQI Accreditation Committee. This has already helped to streamline and speed up the process of accreditation.

Achieving “excellence”

A number of CCQI accreditation schemes, including PLAN, have an accreditation of “excellent”, which is awarded to services that achieve a high number of standards.

In line with other accreditation schemes, from 1st January 2016 the award of “excellent” will no longer be given. This will apply both to teams seeking accreditation after that date, and to teams in the

accreditation process at that time. Teams that have been awarded “excellent” before this date may keep the award for the usual period.

The main reason for this change is that patients, staff and members of the public would probably expect that a team “accredited” by the Royal College of Psychiatrists to be excellent. Also a general award of “excellent” is misleading if the team is not excellent in every area of the standards.

Although PLAN will no longer be accrediting services as “excellent”, we will be looking at ways to commend very good practice that has been identified.

Revision of standards

As part of the standardisation of the College’s various accreditation schemes, their standards are being

brought into line. PLAN will be grouped with a number of “community” accreditation schemes that will share generic standards, as well as having standards specific to their area of work. This will be applied to the current PLAN standards when they are next reviewed.

We anticipate that the next PLAN review of standards will begin in 2016. As many of you will be aware, the standards are not imposed by an outside body, but are established and reviewed by PLAN members, service users and carers.

As you can see, there are many pending changes in service evaluation. I look forward to working with many of you on these over the following months and years.

The Highs and Lows of setting up and implementing a Post Discharge older persons liaison team Workshop focus

Ms Paula Atkinson, Nurse Consultant, Tees, Esk and Wear Valleys NHS Foundation Trust,

Ms Helen Howe, Advanced Nurse Practitioner, Tees, Esk and Wear Valleys NHS Foundation Trust

In this workshop we will present what we have achieved in our innovative post discharge liaison service for older people, present case studies and have a panel based discussion with members of our multidisciplinary team around how to set up a service, overcome challenges and develop in the future. It will also provide key networking opportunities that can continue post conference.

Outline of the post discharge liaison service in Durham and Darlington

In April 2012 the Durham and Darlington liaison team, based in TEWV NHS Foundation Trust received increased funding from local CCG’s of £2M per annum, to deliver a significant expansion of acute liaison services. The commissioners had been influenced by the success of the RAID model in Birmingham.

Mental health services older peoples (MHSOP) liaison acquired a the larger proportion of the funding based on the fact 2/3 of the population of acute general hospitals being people over 65 (and rising) of which 60% will have some mental illness including depression, delirium and dementia.

This resulted in a large expansion of MHSOP liaison. With the increase in funding the service was able to provide a 7 day service 8am to 8pm. We were able to cover the 2 acute hospitals including A&Es and extend into the 6 community hospitals in the acute trust. We provide a diagnostic service which includes commencing cholinesterase inhibitors and reduces diagnosis time frames. We also developed a role specific OT service.

Based on a previous pilot from June to November 2004 of 41 patients we also developed a post discharge liaison team.

Post discharge liaison team

Known blocks and delays to discharge of mental health patients from the acute trust were based around concerns from the acute trust about management of risk in patients with cognitive impairment such as risks of wandering, domestic risk such as accidental fire setting, inadequate nutrition and not complying with essential medication. The team was developed to overcome these blocks with the aims of:

1. Discharging more patients back to their own home instead of 24 hour care
2. Discharging patients within a shorter time frame. The team covers the whole of Durham and

Darlington and takes patients from all 8 hospitals. It consists of one band 7 nurse, four band 6 nurses and ten band 3 support nurses – with input from Occupational Therapy and a band 8 nurse consultant and Consultant Psychiatrist when needed.

The focus of the team is around short term management of risk at home – which includes assessment of risk at home and development of a risk management plan.

Interventions:

These are individualised and fall in to 3 main categories –

1. Maintenance of mental and physical health,
2. Maintenance of wellbeing and independence
3. Support for informal and formal carers. During the first year of the service; using our bespoke evaluation data for patients over 65 we were able to establish that:
 - The majority of the patients have complex psychological and physical co-morbidities.
 - The average have between 4 and 7 diagnosed physical complaints and an average of 7 prescribed medications.
 - 83.9% of patients admitted from home returned home which is an improvement of 10.3% on north east region statistics which indicate that the usual return home rate is 73.6%
 - Over the last 3 years this has accounted for approximately 900 patients
 - We anticipated that the team would cater primarily for patients with delirium and dementia and this has been the case.
 - 20 – 25 % of patients are referred in to mental health services

-Less than 2% of patients are readmitted to acute hospitals.

Key Challenges :

Training of staff through bespoke training and 1:1 observed practice
Education of acute hospital staff and gaining their confidence and trust in our abilities
Lack of access to physiotherapy which continues to be a barrier to discharge in some patients
Our service works 8am –

8pm and other community services work 9am – 5pm which can cause difficulties in resolving crises that emerge.

Summary:

Overall this service has been very successful and demonstrated cost benefit to the region and significant benefits to patients, reduced lengths of stay and admissions to 24 hour care.

Liaison Psychiatry: positive outcomes for Acute Trust Emergency Department and Medical Admissions Unit flow.

Dr Chris Schofield (Lead Consultant Liaison Psychiatrist, Queens Medical Centre, Nottingham)

Dr Nikos Christodoulou (Consultant Liaison Psychiatrist, Queens Medical Centre, Nottingham)

Amanda Kemp (Deputy Director of Local Services, Nottinghamshire Healthcare NHS Foundation Trust)

Nikki Pownall (Deputy Director of Operations, Nottingham University Hospital NHS Trust)

Teresa Cope (Programme Director Urgent Care, South Nottinghamshire CCGs)

Background

Over the last winter there has been significant focus on Emergency Departments around the country. The system has been under significant pressure and resources are scarce.

In conjunction with our commissioners, the Mental Health Trust and the Acute Trust increased mental health liaison nursing staff and Liaison Psychiatry consultant time was made available through the winter resilience funding. We jointly measured various parameters as Key Performance Indicators these included response times to referrals to ED (1 hour) wards (24 hours) and breach statistics. The System Resilience Group had identified that Mental Health was a key area for ED breaches and were been monitoring performance in this. Through this monitoring and data collection it became clear that there were 2 key areas that needed resources to improve functioning. Night time cover (which was 1 MHLN per night) our largest time of breaches involving a psychiatric patient was at night. The second was Medical Admissions Units needing early assessments to improve flow in the whole system.

We (the Mental Health Trust) measured data before and after intervention and reported it directly to the System Resilience Group for validation. The Acute

Trust also measured the effect and during the period of time commissioners were directly involved in the Acute Trust and validated the results further. We received funding that allowed us to increase our rota to 2 MHLN covering nights and allowed us to send a consultant liaison psychiatrist directly to the medical admissions wards.

Results

ED 4 hour breach analysis

We measured breaches in 2 ways. As per TDA criteria (if the Acute Trust refer within 180 minutes and the patient breaches it is a psychiatric breach) and 2nd we reviewed each case and categorised the key cause for the breach and categorised it. Before the funding was implemented – 60 breaches per week were attributed to psychiatric causes. (as measured by TDA criteria).

Following the funding our results were:

	TDA guidelines	Case review psychiatric cause	MHA assessment
Average(Oct -March)	15.5	6.7	1.7

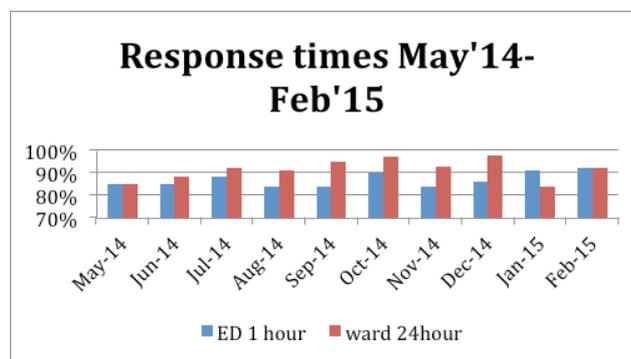
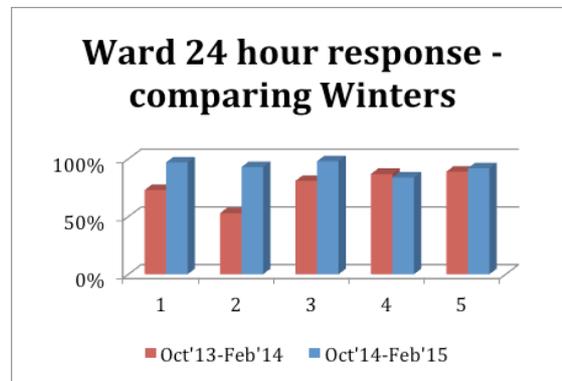
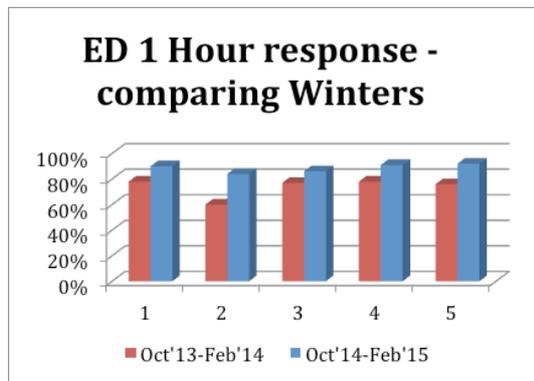
This shows that by doing this using TDA guidelines we saved 44.5 breached per week (979 breaches over the funding period). If we used our individual analysis of the case we saved 53.3 breaches per week (1172 breaches over the funding period). This was number was delivered a 3% improvement on the overall Acute Trust 95% target figure.

Response time analysis

Staff were in post Oct '14 to Feb '15 – so 5 month data during funding and 5 months before was analysed. Also the same period the year before was analysed.

	ED 1 hour	Ward 24 hour		ED 1 hour	Ward 24 hour
May14	85%	85%			
Jun14	85%	88%			
Jul14	88%	92%			
Aug14	84%	91%			
Sep14	84%	95%			
Oct14	90%	97%	Oct 13	78%	73%
Nov14	84%	93%	Nov 13	60%	53%

Dec14	86%	98%	Dec 13	77%	81%
Jan15	91%	84%	Jan 14	78%	87%
Feb15	92%	92%	Feb 14	76%	89%



From this we can see that the response averages were better for both the 5 months before and significantly better compared to the previous winter (which saw a 15% improvement for ED) this works out as seeing 170 more patients in 1 hour in ED and 70 more patients on wards within in 24 hours from referral compared to the previous winter.

Consultant’s impact on Medical Admissions Unit

The System Resilience Group commissioned data analysis looking at the acute trust flow of patients on of the key findings was that outflow from the medical admissions units was identified as a key to the whole system flow issues. The whole system was challenged to assess patients before 12 noon to assist with patient flow issues. We in discussion with commissioners and the Acute Trust placed an additional working age adult liaison psychiatry consultant with specific clinical time for the medial admissions unit and measured the impact of this.

The main target was psychiatric assessments completed by 12 noon.

In the 1 month before the consultant started the 12 noon completion was 21%. After starting it was 100% -during the time the consultant was timetabled.

An interesting result was that the assessments were faster not only in the patients directly seen by the consultant, but also by assessments done by others in the team once the consultant started.

Before:

Average assessment time = 2hours 2 mins

After:

Average assessment time (by the consultant) = 1 hour 2 mins

Average assessment time (not by the consultant) = 1 hour 36 mins

This shows that placing a consultant at the front line speeds up assessment and can be used to improve flow in the acute hospital setting.

The acute trust staff were extremely positive about the development of a consultant with allotted time on the medical admissions unit.

Acute trust colleagues response to these developments:

“IT IS AWSOME!” – MAU consultant

*“ it is making a significant difference to our patients and staff” – lead consultant
Acute Medicine*

“we want it to continue” – Staff nurse MAU

“If we shout loudly enough it might carry on” – Silver command, acute Trust

Commissioner’s analysis

From February 2015 System Resilience Group tactical implementation plan:

The view presented at System Resilience Group by our CCG commissioning partners is that the winter resilience funding for Mental Health into ED was one of the few areas that was green in both process and impact in the tactical implementation plan. This view was supported by the acute trust.

Conclusion

This data proves that funding of liaison psychiatrists and liaison psychiatric nurses improves whole system flow and improves significant key performance indicators in ED. The commissioners, acute trust and our own data all demonstrated that we had a positive effect on response times, breach data , and whole system flow issues.

As a result of the system wide analysis the winter resilience funding was agreed to become recurrent funding from this financial year.

Liaison Regional Representatives needed

There are a few vacancies for Liaison Regional Representatives currently available:

- Oxford Region, South Eastern Division
- Eastern Division

Regional Representatives assist the Regional Advisors by assessing new consultant and specialty doctor job descriptions so that the Regional Advisor can reply appropriately to trusts. The majority of job descriptions need some alterations to be made to bring them into line with College aspirations and standards. In the smaller subspecialties there are relatively few new job descriptions, so the role is not arduous, but nevertheless very important as it is the main way in which the College can influence trusts to maintain high quality and training standards when they are planning new posts.

Becoming an Regional Representative is an ideal way for someone to become more involved in the work of the College without taking on a high level of time commitment.

Regional Specialty Representatives will:

- have a keen interest in maintaining standards of Consultant and other career grade Psychiatrists
- be full, current members of the College
- have held a substantive Consultant post for at least three years
- be in good standing with the College for CPD
- be able to fulfill the requirements of the post
- have discussed the role with their employer and the employer is content to allow the time needed to carry out the role
- be up to date with their membership fees.

Anyone interested in taking up one of these posts should contact your local division office for further details - <http://www.rcpsych.ac.uk/workinpsychiatry/divisions.aspx>

[divisions.aspx](http://www.rcpsych.ac.uk/workinpsychiatry/divisions.aspx)

European Association of Psychosomatic Medicine (EAPM) Annual Conference 2016

The European Association of Psychosomatic Medicine (EAPM), representing clinicians and researchers working at the interface of physical and mental health throughout Europe, will head far North this year for its annual conference. The EAPM 2016 (www.eapm2016.com) will take place in Lulea in Northern Sweden, right beneath the Arctic Circle, from 16 to 18 June 2016. The theme of the upcoming conference is "Transforming Health with Evidence and Empathy". This theme is meant to emphasize these two pillars of psychosomatic medicine and liaison psychiatry. Throughout the conference we will use evidence to explore

empathy. Empathy is the capacity that allows us to reach out and emotionally connect to our patients, a component in the conceptualization of many mental illnesses and a concept behind medical ethics.

EAPM 2016 – Cutting edge medical education at the top of the world

The conference offers an array of world class plenary speakers and forty parallel sessions dedicated to research and practice in psychosomatic medicine and liaison psychiatrist. It will be opened by the President of the UK Royal College of Psychiatrists, Professor Sir Simon Wessely. There is a wide range of clinical and research masterclasses to complement the main programme. Clinical courses include psychopharmacology, cognitive assessment in young and old when Mini Mental State examination is not enough, management of functional disorders and medically unexplained symptoms and ECG interpretation for psychiatrists. Research courses cover gender aspects in health and disease, psychotherapy at the end of life and two hands-on workshops for younger researchers. Both research and clinical tracks are woven into the main conference to equal interest to clinicians and researchers. The conference is already accredited for medical education in Sweden and we will apply for European CMEs. Deadline for abstract submission is 31 January 2016.

Awards up for grabs <http://eapm2016.com/awards/>.

The EAPM offers several awards for young researchers and clinicians and please encourage eligible colleagues to apply

- The Elsevier Young Researchers' Award is pending and we encourage applications from eligible candidates. Details on how to apply can be found on our website
- Rotary Young Doctor Travel Award of a value of maximal 15000 Swedish crowns to cover travel, hotel and conference fee (ca £ 1200). Eligible are doctors in training or within five years after completion of specialist training from low or middle income countries.
- Five EAPM travel awards to young researchers. Each award includes the conference registration fee, EUR 300 (ca £220), plus one year EAPM membership.

Luleå – far up north, yet easy to reach

Despite its Northern geographical location (65.6°N, 22.6°E), Luleå is surprisingly easy to reach with about 20 flights from Stockholm during weekdays and Sundays and five flights on Saturdays. The flying time from Stockholm to Luleå is about an hour. Luleå airport has one of the longest runways in Sweden. Because of this, its unique geographic location and its reputation as an international centre of innovation and technology, Luleå is even tipped to become Sweden's official future space port. So, in Luleå, we cater for all sorts of travel needs. Please take a minute and check out Luleå and the EAPM 2016 on our website. Looking forward to seeing you there in June 2016.

Ursula Werneke, MD, MSc, FRCPsych

Michael Sharpe MA, MD, FRCP, FRCPsych, FAPM

'Somatic Symptom Disorder / 'Medically Unexplained Symptoms' in Primary Care'

A one day state of the art symposium for primary and secondary health care professionals.

Friday 6 May 2016 St Bartholomew's Hospital, London.

Funded by the Health Foundation, free to attend, CDP certificate and lunch provided.

Patients with SSD/MUS pose significant challenges to primary care practitioners. They often have unmet health needs as a result of incorrect diagnosis and because it is difficult to engage these patients in holistic care. Consequently treatment is often ineffective despite frequent presentation at primary and secondary care services, resulting in high cost pressures to the health economy. Existing models have not met the complex needs necessary to achieve positive health outcomes for this group.

Kevin Mullins, Head of Mental Health NHS England and National Director IAPT Programme Long-Term-Conditions, will talk about the National Mental Health Integrated Care Strategy and Professor Rona Moss-Morris, Professor of Health Psychology at King's College London who is also National Advisor on MUS – IAPT, will present findings from the DoH/IAPT national pathfinder project.

There will be keynote addresses by international experts (Professor Peter Henningsen, Professor Claas Lahmann and Professor Gabriel Ivbijaro) as well as an introduction to research into an innovative care pathway conducted in East-London. Finally, Dr Phillip Moore - Chair Mental Health Commissioners Network, will talk about the treatment of patients with functional distress disorder in Primary Care from a General Practitioners and Commissioners perspective.

For further information and to book your place please email: MUS@elft.nhs.uk

More details about the conference can be found on this link

<https://www.elft.nhs.uk/Events/Medically-Unexplained-Symptoms-Conference->

Liaison Faculty Executive Committee

Officers

Dr Peter Aitken, Faculty chair

Dr Alastair Santhouse, vice chair

Dr Laurine Hanna, financial officer

Elected members

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Dr Ankush Singhal

Dr Sridevi Sira

Mahalingappa

Dr Sentil Soubramanian

Dr Catherine Taggart

Dr Tayyeb Tahir

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Mrs Rebecca Walters

Dr Edwina Williams

Ms Nicola Wilson

ROYAL COLLEGE OF PSYCHIATRISTS FACULTY OF LIAISON ANNUAL CONFERENCE
'INTEGRATED PSYCHOLOGICAL MEDICINE'

11-13 MAY 2016 HOLIDAY INN, BIRMINGHAM CITY CENTRE

We are delighted to announce that the **Liaison Psychiatry Faculty Annual Conference this year will be held in Birmingham on 11-13 May 2016.**

The central theme for this year will be 'Integrated Psychological Medicine models' with additional lectures on neuropsychiatry, substance misuse, older adults and legal matters.

For more details please visit our website at <http://bit.ly/Liaison16>

CALL FOR POSTERS

The Faculty of Liaison Psychiatry invites all professionals to participate by sending abstracts. Please click on this link here for full instructions on submitting your abstract.

<http://www.rcpsychpc.com>

Deadline: The deadline for abstract submission will be at **15:00 (GMT) on Friday 25 March**. No submissions will be accepted after this date.

WORLD CAFÉ

We are introducing for the first time WORLD CAFE during the Faculty of Liaison Psychiatry Annual Conference 2016. This will take place on **Thursday 12 May from 12:30-13:50**.

We are looking for proposals from teams across the country to come and show case their work in innovation and good medical practice in liaison psychiatry. The aim of this session is to learn from each other.

What happens on that day:

Selected submissions will be given an allocated place either stand/poster area at the venue. The session will encourage informal discussions between the presenter and the delegates to learn from each other.

Inclusion criteria:

Teams could show case the innovation that they have in terms of service delivery, for example,

More details about the conference can be found on this link: <http://bit.ly/Liaison16>

development of pathways, teaching programme, or guidelines which might be useful for the other liaison psychiatry teams.

Exclusion Criteria:

Audits, research projects and Case reports.

Guidelines for submissions of the proposal: Provide a brief outline of the work (max 200 words). The submission must be relevant to liaison psychiatry.

A peer panel will consider all entries. Teams are encouraged to bring copies of the work that they are presenting along with their contact details to handover to the delegates

- Deadline for proposal: **31/3/2016**
- Date by which faculty will notify the delegates: **30/4/2016**

Submissions to:

virali.shah@rcpsych.ac.uk