

MINUTES OF THE MCN MEETING **held on Wednesday 14th June 2023**

Present: Lesley Pillans, Linda Keenan, Paula Collin, Brian Dawson, Laura Hulse, Helen Urquhart, Sam Aitcheson, Neil Laurenson, Carol Raeburn, Louise Johnston, Heather Ireland, Mark Edmond, Shaun Ewen, Rachael Smith, Emma Plunkett, Judit Szekelyhidi, Philip Crockett

1. Apologies

Mary Roberts, Heather Cassie, Kandarp Joshi

2. Minutes of Previous Meeting

The Minutes of the previous meeting were accepted as accurate.

3. Matters Arising

All matters arising are covered under the main agenda.

4. Service Developments (by Region)

- **Tayside**

In terms of staffing have advertised twice now for special interest sessions for GP but unfortunately have had no success. Now looking at the Career Start GP Program that is run in Tayside and the understanding of this is that they take on GP trainees and as part of their training they do a specialist placement so they would be doing that specialism within their service. For the first year at least, they would have them one day a week and then it builds up over the course of their training. Linda Graham, Service Manager and Paula Collin are working with the relevant GP colleagues around this and they have job descriptions that can be used. PC will update at next meeting.

Have managed to recruit another full time Psychologist Band 8A to the service so that gives three psychology staff so one for each part of Tayside. Happy to report that this will be Andreas Paphiti who is their current trainee. He's been a real asset to the service. PC is in the process of shortlisting applicants for a full time assistant post as well and have had 130 applicants so fairly confident they will be able to recruit to that. Again they would probably be coming on stream late summer as well.

Have just had a trainee medic with the service who is a third year medical student doing her selected components and have had her for a month.

Still have the ongoing program of nurse training and have CMHT training set up for this year as well.

In terms of wider service developments still working on their ASD pathway, Ali, Andreas and PC have all now been trained on ADOS administration and have also set up an ASD Special Interest Group with CAMHS colleagues and another

Psychologist that works within gender services so that will be a really helpful training resource and also for case discussion going forward.

Applied for sponsorship through a quality improvement program to develop their own ASD pathway within the service and were successful with that so for the next seven months Ali, Andreas and Paula will work with QI specialists within NHS Tayside to look at how they develop that pathway particularly and think about the wider linkages and that's something that they will hopefully be able to feedback into the MCN at some point.

Still involved in the EDPD pathway and working nationally with colleagues in other eating disorder services. They are in the process of setting up a DBT group based on the training that Brian, Ali and Paula did earlier this year so hopefully get that off the ground fairly soon.

A number of the team undertook the MANTRA training and Andreas has signed up to do the next round of Glen Waller training and Ali is working towards EMDR accreditation at the moment and she's managed to get someone with specific experience in using EMDR in eating disorders as a supervisor as well so they are paying for that externally but it's worth it to get that kind of specialist input.

PC is still supervising some EEATS trainees and is still involved in the matrix review. Also have a couple of wider working groups within NHS Tayside at the moment and one of those is looking at transitions across the whole life span so that has older adult representation as well which is interesting because they are colleagues that they don't have a lot of overlap with and suspect there's a lot of unmet needs hiding out there.

PC is also working with their clinical health psychology lead around trying to establish better links with the diabetic service in Tayside as well as they have absolutely no psychology input at the moment so looking at pulling on the Grampian model to see whether they can get better linkages there.

Also just about to go live with research that Susan Simpson is taking the lead on that's specifically aimed at carers so quite excited about that in line with the fact that they don't have Bridging the Gap up and running at the moment so at least it means they have somewhere to direct carers to for some kind of specific support.

Andreas has written up his thesis, passed his Viva and he's had an initial acceptance for a journal to get his research published as well.

Patient wise pretty steady. Have 3 in Eden Unit and one who's about to go to REDU tomorrow and potentially have another three sitting on a waiting list.

- **Highland**

In terms of service development ongoing provision and waiting times remain a challenge. Still essentially down a full time Band 7 of a more senior nurse therapist level compared to a year ago and that continues to have some impact which is slightly mitigated at the moment as they have both their core and a Higher Psychiatric Trainee but they're both about to move on. Referrals have

perhaps not been quite so intense over the last couple of months which has brought it down a bit but they're still running on a capacity deficit.

Have been given permission to advertise a fixed term Band 7 post but haven't had any response to so think fixed term posts unfortunately are not particularly attractive to people.

In terms of ongoing service provision changes Laura is doing training in EMDR and Heather and Carol did training in Schema Therapy with Susan Simpson's package using some of their emergency funding money they had so they are both seeing patients and are part of a joint supervision group with psychology colleagues for that. Development of their day program continues and through a redistribution of their monies they created a full time band 6 post who's now building up experience and working well, taking on some of the lower intensity patients and she's looking at the possibility of restarting the binge eating disorder group that they had running previously and is also giving some additional input to the day program. Have had a slightly more steady flow of patients coming through that so it has more of a group feel to it having been quite 1:1 for a period so that's an area of positive development.

The team are having a service development day next week so hopefully will be able to think about directions as one of their priorities has been to try to record outcomes and use them in a more active way as they review case flows etc. They are doing well with recording them in an accessible way and hopefully can start to integrate that but there are various priorities that they will go back through in the service development day. It's hard to think too creatively at the moment because the clinical caseload pressure is still really intense although there has been a reduction in the number of referrals over the last couple of months but still not back to what they would see as pre COVID.

Another item that Heather wished to discuss was regarding one of their patients who has long standing severe anorexia nervosa and has had multiple admissions to the Eden Unit but laterally has been doing much better. This patient became pregnant and had a baby about six weeks ago but unfortunately, as is not uncommon in that postnatal period, things have really deteriorated. She is very much fitting into her relapse pattern which is rapid weight loss which unfortunately very quickly progresses. She's now on an Olanzapine depo so the issue of non-compliance with medication is not the issue that it has been in the past but she very quickly loses her ability to engage insightfully. She's on a CTO and it's likely that they're going to need to recall her to hospital. Because she has this very small baby her expressed choice in her antenatal plan had been that she didn't want to go into hospital but if she did, she wanted to go to the mother and baby unit. They started the process of having discussions with their own perinatal team, which is quite a new team that's been established in Highland and their advice was that they just dealt directly with the Mother & Baby Unit in Livingston. They highlighted to the REDU team that this is a patient who might need some kind of co-working and Heather personally wasn't able to go to the meeting but the summary was that disappointingly they have said that they are declining the referral on the basis that they don't think that they can support a patient with an eating disorder in the mother and baby unit even with the support offered by the Regional Eating Disorder Unit and they wouldn't want to deprive this patient of a

specialist eating disorder unit bed. Heather was looking for any suggestions as to resources. The patient is doing a really good job with the baby and the feedback from the Midwives and the Health Visitors is very positive but both individually and broadly would have to assume that if they were to be separated it's going to have an impact on their relationship so the core principle is to avoid separation.

Heather responded to the team there expressing disappointment and really concerned. In terms of the email correspondence it was very clear that this was an issue where they cannot support patients with eating disorders and they have come back and said each case is taken on a case by case basis. Heather had said to them was that this is obviously highly problematic for this patient but also raises the question around what pathways are available for patients who may need eating disorder treatment during the perinatal period and if that can't be provided in the mother and baby unit then what pathway is there because potentially it's quite a significant inequity. In terms of questions they will go back and ask them to reconsider but if they don't does anyone have any experience of having patients in the Mother & Baby Unit and how that worked or are there any other settings or suggestions as to alternative pathways?

Discussion took place surrounding this issue with each region voicing stories of patients they had dealt with in the past who required admission to MBU's.

It was agreed that it would be helpful to set up a meeting that includes the MCN and MBU so we can we can discuss this a little bit more to get an understanding of what the concerns are and what is the rationale.

ACTION – LP/LK

Laura Hulse mentioned that Amy has started her EEATS Accreditation and Carol is looking for a Clinical Supervisor for CBT but they don't have anyone in house that can offer that to her just now so wondered whether anyone across the MCN might be able to support with that. She was looking at Grampian and hadn't had a response back. Emma Plunkett responded that she had been on annual leave but would get back to Carol regarding that.

Physio support was discussed due a deficit in their service and asked how other people get around that and whether they have support from Physio colleagues and what that looks like in other services.

SA advised that they have a Physio within their service and initially it was therapy money that they couldn't appoint on OT. The Physio from Eden Unit then came and worked for them, but is now retired. EDS found the physio input invaluable and have since used the money from Scottish Government to appoint a physiotherapist again.

The physio who replaced Sandra doesn't have quite the experience and the training and the training is quite expensive.

LJ advised they have a Physio in Eden aswell and wondered if the Physio Lead at Cornhill, Sarah Cook, might be quite a good contact. She has been very supportive of having a physio aligned to the service. Yvonne is excellent in her

involvement with body image and she does some of the social media work as well as exercise management and things.

PCollin advised that from the Tayside perspective they don't have any dedicated physio so if they needed anything like that they would probably have to go through the same CMHT's to get it but thinks their CAMHS service do have access to something like that

- **Eden Unit**

Incredibly short staffed in terms of nursing staff and think this is genuinely the worst they've been nursing staff wise. Shaun, Rachel and Mark have been doing a really great job of trying to address that but these are long term fixes and so nothing's really able to happen too quickly.

In terms of other things going on in the Unit things are very challenging and they have particularly challenging clinical group at the moment which is proving to be very stressful and have a lot of sickness and burnout probably as a result of that so it's really hard to think creatively and to think about developments.

A few of the team did the MANTRA training and Ruairidh from REDU got in touch with Louise to ask about supervision for MANTRA and wondered if anybody would be interested in having some kind of supervision group. In Eden they haven't really had a chance to get their heads together and think about how they are going to use MANTRA and when LJ talked to the day program staff there were some issues around using MANTRA on the unit and they wondered now that they had done the training how were they going to roll that out and implement it?

Shirelle the Art Psychotherapist and LJ are starting an art and music therapy group in the next few weeks just as a sort of four week pilot and they have a music therapist hopefully starting at the beginning of August for a bit of a pilot project.

LJ is supervising an EEATS trainee and in terms of other training they have medical students coming through regularly and nursing students coming through so in terms of those kind of things they are in quite a healthy place training wise.

LJ also mentioned the PDED pathway that she's working on with Paula. She is also interested in what PC said about the autism pathway and spoke to Tony Winston in the Midlands at the beginning of the week to discuss how England have done their pathway and they've structured their pathway to include autism as well so they're doing a sort of joint pathway for everything.

The Unit now have a PA half the time with them and half the time with CAMHS and he's been doing lots of really helpful things, is very competent and it's been a really positive experience so far.

Emma Plunkett gave a quick update on the day program which has really kicked off again since all the restrictions were lifted. They currently have three patients and away to take on a fourth so will be at full capacity. Predominantly it was a step down kind of approach they used but they've been using it a lot more as a kind of step up from outpatients to prevent admissions which is working pretty well. With the pressures on beds as well and it's been working well using that kind of hybrid virtual and in person support.

LJ advised that currently they have 7 patients in the Unit and so there are obviously 3 beds that they're not filling and took the decision that they couldn't staff the Unit safely from a nursing perspective and that's due to a combination of staff absence, vacancies and high tariff patients that they have at the moment. They are hopeful that they will be able to discharge somebody in the next couple of weeks and then take somebody in after that. As Emma said, the day program is coming up to four and that's not just a straightforward 3 either as one of the patients there is involving a lot of travelling for the day program staff and she's a complicated patient to and they are only just managing to keep her out of hospital. The day program staff are doing a brilliant job with that.

- **Grampian**

In terms of staffing people are now aware that Phil Crockett has now started to relinquish sessions as he moves towards retirement in January. There are some concerns about succession for that but the process is underway but they might have to look at alternatives if they are unable to get a Consultant Psychiatrist so need to look at what's called a CESR Fellowship, which is a project for people with an equivalent psychiatric qualification from abroad coming to work in the UK. Also have interviews coming up for a nurse therapist hopefully in July and have extended the contract for their Assistant Psychologist by an extra six months. They also have Abi Dallas who is the HCSW working between outpatients and day program so staffing wise not too bad. Judit also mentioned that there is an interview next week for the temporary 0.6 Dietetic post.

Judit is involved in a research project in with Susan Simpson and just received all the documents regarding that this week. SA advised that they sadly had to decline a Trainee Psychologists thesis this week as they weren't particularly happy with the methodology around that because there was a secondary diagnostic procedure going on as part of the research which could potentially confound diagnosis offered by the service and they felt that would ethically be a bit too risky for their patients, given that some of them struggle to engage already.

In terms of service development there is a similar kind of feel of trying to get back to where they were rather than trying to do lots of things differently. They are trying to get groups up and running again which has been a challenge. There has

been a lot of organizational stuff going on in Grampian just now and having seen the Beat Guidance there are some really interesting ideas on clinical guidance and of course the National Review draft guidance as well so there's a lot to take on board.

In terms of training they have been asked to develop training plans in NHS Grampian so that's SA's task for EDS. Marie McKimmie and SA are going on a perinatal training course which is for outside support patients during the parental period. Judit is going on some MBT Training as she will be the Lead MBT Therapist when Phil retires. Emma Plunkett will also go on further MBT Trainings which will link Eden Unit and the Day Program with Out-patient service better.

Referrals have plateaued a bit but are still well above what they had post pandemic. They're not going up anymore but they're still elevated so need to get groups up and running to manage some of the demand.

- **NEEDS**

Continue to tick over with one or two new members each month and a few very regular attenders. We have not had as many enquiries as usual and feel this may be due to leaflets being cleared from public areas during and after the pandemic. There have been quite a few staff changes in the professional services so are any post pandemic staff aware that our group exists? Previously, there were quite a few new group members who said they had learned of the group from outpatient services.

Carer members continue to report that Beat new online services, particularly POD is very helpful. We also have one member using Support ED's Zoom meetings for carers, and he finds that useful too. Another carer member reported that she had attended the Eden Unit's group which has helped her. With another new carer this month, these highlighted to him that there is support out there, and he began to feel a little less like a rabbit in headlights. He found that even in our small group, there were many differences in circumstances, but quite a few similarities too, and he was beginning to see the value of certain strategies.

After we secured the help of four more volunteers, the number of personally challenged group members decreased, which meant we have put a couple of volunteers in reserve for now. It was felt that too many facilitators would be unnerving for some service users. We are very appreciative of our new (and old!) volunteers, but wish to use them to the best effect with our group members. Having personally experienced volunteers gives so much hope to everyone who attends our meetings and carers especially are keen to hear accounts of recovery.

Unfortunately, there are still no group meetings in Tayside due to a shortage of volunteers and also accommodation problems. As before Aberdeen welcomes anyone from all locations.

5. Training

LP did the Tayside GP Locum training at the end of April.

LP and LK visited Orkney which involved teaching training as well and LP is involved in doing the MEED training at the EEATS Trainees afternoon on the 29th of June.

6. Audit & Quality Assurance

The last meeting had to be postponed and will be re-scheduled in due course. LP has been in contact with Fran about updating the Ward 104 and protocol around the medical aspects of MEED and she has come back to and said that looks fine so the next thing is just to finalize that and upload it and then from there go and plan the group lab requests that they are going to set up to make sure the medics were happy with what had written for that.

LP is working with Waleed to update the GP's guidance that's on the Internet as again that's been out for review for quite a while. It still needs to be finalized and sent out to everybody for approval and agreement and then uploaded onto the Internet.

7. AOCB

- **Over 65's**

SA advised that unfortunately the person who had raised this issue around Over 65's in EDS and potentially Eden wasn't able to attend the meeting that took place last week. LK very kindly took minutes and SA will summarise and bullet point those and will distribute them around everyone. He will put together some written statement about what EDS is able to offer in terms of custom and practice supervision and consultancy and will make sure that Angus Lorimer, who's the Clinical Director in Older Adult Mental Health Services gets a copy of that and hopefully a line can be drawn under it.

- **OOA Referrals**

LP advised of a case recently where they considered the option of going to REDU rather than going to the Priory so it was just to have a think in general about OOA referrals.

PC wondered whether there needs to be some kind of backup strategy for how we manage beds going forward? The patient mentioned is to be admitted to REDU tomorrow and was initially referred to Eden back in January. She hadn't declined dramatically in that time however she was almost disengaging with out-patient because there was that sense that she was told back in January that she was going to get this treatment and it hasn't happened so they decided to bite the bullet and refer to the Priory and in liaison with Eden everyone was in agreement that that would be appropriate so they went ahead with that. Subsequently the Tayside Medical Director then got involved and asked if REDU had been considered. That hadn't been considered because any time that had been tried

previously the answer was no. On this occasion PC got in touch with REDU who were sitting with beds available and the patient is being admitted tomorrow.

This has raised the question whether we should be thinking nationally about beds because the other side of it is that the Priory tariffs have hiked so there is that element now of having to almost double think referrals that might have made to the Priory previously without batting an eyelid and NHS Tayside had agreed to fund this girl to go to the Priory but it had been specific that this would be an initial six week admission to be reviewed thereafter.

In light of the fact that it doesn't seem like things in Eden are going to improve anytime quickly do we need to be thinking about how we link up with REDU and do we need to be thinking about whether we can come to some kind of agreement with the Priory about beds? After a long discussion it was agreed that we would get in touch with Ruairidh at REDU and set up a meeting to discuss how we can link up more with them.

Action: LK

It was also asked whether there could be a way to give a weekly bed update from Eden? LP & LJ are to sit down and see if there is a way that this can be done that doesn't involve too much time and extra meetings.

Action: LP/LJ

- **Annual Event**

Looking at dates mid to end of September as this seemed to suit everyone better last year. LK & LP will put together an Agenda and decide on a date and get the information sent out.

Action: LK/LP

8. Date and time of next meeting

The next meeting will take place on the 20th of September 1pm – 3pm.