Foreword
This has been another busy year for the MCN for Eating Disorders. Our workplan for the year included several different work streams that we wished to progress including Quality Assurance Risk, Transitions and Education.

A Quality Assurance Workstream was established and hosted its first meeting in October 2011. We discussed themes that we would like to explore further in the forthcoming year. This tied in with our discussions at the MCN Annual Clinical Event where Patient Satisfaction came through as an area on which we wished to concentrate. The literature review is underway and the findings will be discussed at the next Quality Assurance Meeting to decide how we move forward in this area and it has already been suggested that we may design and compile our own Patient Satisfaction Questionnaire to be used throughout the region.

Education is an area in which the MCN has always concentrated and this year has been no different. The Eating Disorders Education and Training Scotland (EEATS) scheme is going from strength to strength with our first trainee “graduating” in November 2011. We also put in a bid for funding from NHS Education for Scotland (NES) to develop a Multi-Media Teaching pack for Undergraduate Medical Students. We were successful in this bid and work is now underway to develop this. It is anticipated that the pack can be used by a variety of Health Professionals and not just Undergraduate Medical Students.

Work has been ongoing in the field of transitions. We are not only concentrating on the transition from Children and Adolescent Mental Health Services (CAMHS) to Adult services but also transitions both to and from the Eden Unit and Outpatient services across the region. We recently made a visit to NHS Orkney and as a result of this visit have made stronger links with the Community Mental Health Team (CMHT) and will be looking at strengthening Care Pathways with the Orkney Team.

This is just a brief summary of the types of work we have been doing over the past year and there is more detail included in this report.

Once again I would just like to take the opportunity to thank all staff across the Managed Clinical Network for their continued hard work and enthusiasm over the past year.

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Introduction
Through the auspices of the North of Scotland Managed Clinical Network for Eating Disorders there are some core themes that continue to be developed and worked upon. It is worth reminding readers of this report that the MCN does cover a very wide geographical area and hence these major themes may be modified in individual parts of the region to suit local needs and contexts.

They include education and training in Eating Disorders work, liaison with Carers, service user and other representative groups, continuing the push for the development of services and focussing on raising the quality delivered within those.

This report will summarise how these different objectives have been pursued throughout the year and the wide variety of individuals and units involved. Alongside some of these themes already mentioned, some fascinating work has been going on around the issues raised by transitions across services either by virtue of moving in and out of inpatient and outpatient settings, for geographical areas or over the age ranges from adolescent services into adult.

The aim is to improve the Care Pathways, linking up different services and also to reduce the risks associated with transition periods which are actually well documented in the field of Eating Disorders.

Finally, the process of increasing links across the region and drawing together with a shared focus is highlighted, of course, by the onward development of the inpatient unit for the Region – the Eden Unit. The MCN plays a vital role in helping maintain a strong foundation for the Unit to prosper on.

I would like to take this opportunity to thank all the staff that I have had the pleasure to work alongside in the last year including, in particular, the team at the MCN: Linda, Alison and Brenda. Their commitment to Eating Disorder sufferers, their families and other professionals involved in their care always amazes me.

The willingness to learn new skills and knowledge remains a centre point of the treatment of eating disorders which across the North of Scotland is demonstrated well by all those involved. Of course, we hope that on a national level the recognition of the continuing need for increased resources gains ground and that additional staff can, over time, join those professionally involved in the fight against these debilitating and destructive disorders.

Dr Phil Crockett
Consultant Psychiatrist in Eating Disorders and Psychotherapy
Clinical Lead, Managed Clinical Network for Eating Disorders

Dr Phil Crockett
Dr Jane Morris

Overview
The Unit has now been open for three years and has grown in confidence, hosting visits and advising the new Units now opening in Lothian and Lanarkshire. We have further extended the range of our service – in the past year we have helped people with co-morbid insulin dependent diabetes, neurological conditions and substance misuse problems, as well as pregnant and perinatal patients. In consequence, we have built strong links with colleagues in the departments of Diabetology, Renal, Hepatic and Respiratory Medicine, Obstetrics and Gynaecology, as well as the essential relationship with Dr Alastair McKinlay and his excellent Gastroenterology team at Aberdeen Royal Infirmary. Eden doctors now hold a monthly medical meeting with Gastro-Intestinal (GI) and Eating Disorder Service (EDS) colleagues to review medical concerns in more detail that is possible in the time available in team meetings. We are a Regional Unit serving the North of Scotland’s Managed Clinical Network for Eating Disorders and linking too with CAMHS colleagues. At the same time we are proud to take our place with our MCN colleagues to promote a culture of full recovery wherever possible, particularly for younger patients (under 35) and those who have not previously received modern intensive treatment. The greatest threat to such recovery occurs when weight has been almost fully restored, the patient looks healthier and can be safely discharged from a medical point of view. It is precisely at this point that patients lose nerve. We believe that intensive transitional support, enrolling the psychotherapeutic techniques that starved brains could not previously use, can help patients over this hurdle, so that the early post-discharge period becomes a time of continued recovery not of premature relapse.

Philosophy and aspirations
Most British Eating Disorders inpatient units function to provide a degree of weight restoration to starved patients, and offer as much psychotherapeutic input as possible in parallel with this endeavour. After discharge, outpatient clinicians attempt to prevent or slow down weight loss by largely psychological input. Unfortunately, this frequently results in a series of ‘revolving door’ admissions, and the quality of life outside hospital is characterised by the conflict between the wish to avoid hospital and the obsessive demands of the eating disorder ‘rules’.

Whilst we acknowledge that this may be an inevitable pattern for some chronically ill patients, the Eden Unit aspires to work closely with our MCN colleagues to promote a culture of full recovery wherever possible, particularly for younger patients (under 35) and those who have not previously received modern intensive treatment. The greatest threat to such recovery occurs when weight has been almost fully restored, the patient looks healthier and can be safely discharged from a medical point of view. It is precisely at this point that patients lose nerve. We believe that intensive transitional support, enrolling the psychotherapeutic techniques that starved brains could not previously use, can help patients over this hurdle, so that the early post-discharge period becomes a time of continued recovery not of premature relapse.

Activity and caseload
Linda Keenan, MCN Manager, and her colleagues have kept records of activity which are presented diagrammatically. For the past year we have continued to find ourselves at full capacity, as was the case last year, although in contrast to the early days of the Unit. The Day Programme has consistently run at over capacity levels. This ‘creeping development’ has been both an attempt to free up inpatient places and also a clinically appropriate response to the need for transitional services, allowing discharged inpatients to benefit from intensive treatment which can be gradually down-graded as they generalise the recovery lessons learned as inpatients to the challenging outpatient environment.

Despite staffing difficulties in the summer, activity has remained brisk, and the average length of each admission remains around 117 days, as for the previous year. In fact few patients have exactly this length of stay – there are many extreme outliers, reflecting the need to tailor each individual admission to the patient’s unique formulation.

The Three Week Bed Project (3WB)
One new experiment this year has been the trial of the Three Week Bed since late autumn 2011. Our proposal was that one bed out of our ten available places would be set aside for occupancy of three weeks maximum. The bed would then be made free to the next person needing it. Referrals could be made electively or in an emergency where no other bed was available.

Emergency admissions would be followed either by transfer to a longer term place in the Eden Unit, to an alternative inpatient bed in the Private Sector or out of Area, or if safe to do so would be discharged temporarily to Outpatient Services to await readmission. Elective admissions would on the whole be of patients already known to the Unit, since three weeks does not offer long enough to make a full assessment and formulation, safely stabilise the patient nutritionally, and begin the renutrition and rehabilitation process. Furthermore there is little time to arrange discharge planning in such brief admissions.

Anecdotally, these short admissions are filling a hitherto unmet need and allowing greater flexibility to keep up with referrals. Senior Medical Student, Julia Freyer, plans to conduct a detailed evaluation of the project, which will appear in next year’s report.

Compulsory and voluntary patients
Some of our patients are too ill to be safely allowed to leave treatment even though their illness makes them reluctant to be treated. In these cases we invoke compulsory treatment under the Mental Health (Scotland) Act. In the spirit of the Act we attempt to use the least restrictive alternative possible, and at the time of writing this report more of our patients are subject to community-based rather than hospital-based Orders. Whilst early research in England suggested that the long-term outlook is worse for patients who require use of legal orders, more recent studies have demonstrated the opposite. As our numbers of discharged patients increase we hope to be in a position to study outcomes ourselves.
Staffing – and networking
We have just welcomed our dietician back from maternity leave, and all are delighted that her post is to be shared with the locum who covered her maternity leave. We have enjoyed similar benefits whilst our senior OT has shared OT cover for the Unit with a more junior colleague, although sick leave and maternity leave currently interrupt provision of their superb service. The energy, complementary skills and mutual support of two part time colleagues so often outweigh the disadvantages of timetabling involved. Our nursing team is experiencing the inevitable turnover of any mature team. This reminds us of the need for regular basic training in our specialism, as those who benefitted from the early intensive training experience obtain promotions and move on.

Three years on from the Unit’s opening we are finally assured that a Social Worker will be appointed to the Unit this spring, and the much-debated Psychologist/psychotherapist post is to be advertised. It is hard in the current financial climate to be optimistic about obtaining further physiotherapy sessions. However, following our own Physio's presentation at a recent conference, the Manager of an Independent Hospital was moved to engage a Physiotherapist, seeing her as an essential member of an effective Eating Disorders Team.

Our Art Therapist continues to offer far more than her title suggests, as she offers dynamically-based therapies with or without the medium of art-work, on an individual, group or family basis.

We do not forget that we are formally resourced with time from our Consultant Physician Alastair McKinlay and his colleague Becky McKay. We hold regular medical meetings with them and our EDS colleagues as well as co-opting advice and consultation for a range of other helpful colleagues – in particular Diabetic Specialist Dr Ann Gold. Malcolm Kay, from the Department of Psychotherapy, provides regular consultation for a range of other helpful colleagues – in particular Diabetic Specialist Dr Ann Gold. Malcolm Kay, from the Department of Psychotherapy, provides regular team supervision which is indispensable.

Rona Walker, one of our two expert secretaries, has recently moved to the Forensic Services, after providing efficient, creative and generous contributions to the foundation and development of the Unit. She is greatly missed, though she leaves us in the capable hands of Wendy Pawlik, working with secretaries loaned to us by other departments.

Trainees and students
Eden does not have psychiatric trainee doctors, but has particularly benefitted from close links with the EDS junior doctor. Dr Maria Casserley took a week from her duties to spend an intense week (and some later follow-up days) attached to the Unit. We have been fortunate to have the services of a series of enthusiastic medical students both on routine 4th year placements and also engaged on audit and research projects. Students from the Universities of Cambridge and Edinburgh, as well as those from Aberdeen University have conducted projects on the Eden Unit. All are asked to provide a written critique of both the educational experience and the clinical service we offer – this keeps us on our toes and yields helpful, reasonably objective feedback from young clinicians engaged in rotating around many different services. Their perspective is salutary, and so far largely positive.

Nursing students have been part of the staff group since Eden opened – some excellent student nurses contribute their services to the Nurse Bank and all contribute to raised awareness and confidence in treating anorexia within the profession, whether or not they go on to specialise in Eating Disorders. We are also delighted to welcome trainees and students in the Allied Health Professions.

Communication, information and publicity
It is now over a year since we set up monthly business meetings with our mainland Outpatient Partner teams – Grampian, Tayside and Highland (the two latter groups by Videoconferencing). We also continue to organise pre-admission discussions and contracts with patients, and in some cases to offer post-discharge consultations, by VC where necessary. This helps reduce any sense of discontinuity at discharge and now allows early use of the Three Week Bed to prevent deterioration before too much weight – and quality of life – is lost.

Colleagues continue to find the processes of referral, admission and discharge to be very difficult. Geographically scattered services and patients must be coordinated with both availability of service and willingness of patients to overcome anorexic fears and accept admission. A majority of staff work only part time in the services, and patients are not only ambivalent and frightened but often too unwell to travel safely. At the discharge end of matters, the need to plan careful transitions for medically safe patients may be hindered by having to prioritise medical and psychiatric emergencies. A culture of largely elective admissions, rather than waiting for crisis, is clearly desirable, but rarely possible when patients avoid hospital except when in extremis, when the situation may be further complicated by questions of legal compulsion. We continue to seek ways to streamline and improve these processes. A formal Referral form is being developed, to incorporate check lists of essential information. We hope too that the 3WB may serve to prevent severe deterioration.

The patient folder is now supplemented by the pre-admission Information DVD. This is introduced by MSP Shona Robison, and voiced by Pauline Milne, who conducts the viewer on a ‘tour’ of Eden, with descriptions of the therapeutic opportunities and expectations. Staff, patients and Carers have given positive feedback, telling us that it comes across as a sober and reassuring information package rather than a ‘publicity’ film.

Therapy on the unit
This year’s programme of groups – now reviewed weekly at the Ward Round – has been the richest ever.

Depending on need and stage of progress patients are offered Nutritional Education, Meal Preparation, Eating Skills, Relaxation, Body Awareness Therapy, Exercise Management and Swiss Ball Class as specifically focussed, skills-based groups. Leisure-based groups such as Pauline Milne’s successful Book Group and the various craft, discussion and self-care groups provide opportunities to challenge anorexic assumptions and behaviours in a broader sense and to provide rehabilitation opportunities. Day Programme Group modules (so far Body Image, Self-esteem and
Assertiveness have been addressed) demand a more sophisticated ability to use Cognitive Behavioural Therapy (CBT) techniques. Individual CBT and Interpersonal Therapy (IPT) and Art Therapy – offered on a group or individual basis – are available to address individuals’ needs when they have the capacity to use these. We continue to deliver family-based sessions, using the principles of the Maudsley Model, particularly for younger patients, and to continue our pioneering Couples Therapy. This is less protocol-based than previously. We may now design a programme of sessions with the couple, often involving input from different professionals, but ‘framing’ this with reviews with the original therapists.

We have now completed a full year of Eden’s monthly Carers’ Psycho-educational classes, led by Dietitian, Jenny Singer. Each month a different professional introduces our philosophy and teaches inpatient skills to Carers, encouraging use of the North East Eating Disorders Support Group (NEEDS) support groups in parallel and after discharge. Feedback is extraordinarily appreciative – professionals and Carers learn much from each other and strengthen the crucial supportive network needed to fight anorexia.

Day programme
Despite a change of staff in the summer, Day Programme has continued to flourish. It currently supports three patients on Community Treatment Orders and offers the flexibility to taper attendance from 18 hours every day of the week, to one day a week, as discharge to Outpatient services is planned. It is difficult for distant patients to use the programme and services in partner Health Boards would benefit greatly from Day Programmes nearer home. However, some patients have been able to travel for several hours each day to access the programme. There is little doubt that with improved resources we could prevent more admissions altogether, as we have done in several cases from the local EDS. Use of Community Orders is a less restrictive alternative to Detention in hospital, so very much in the spirit of the Mental Health Act.

We are very proud of our ‘flagship’ Day Programme, although it suffers from lack of resource at present.

Training – accessed and offered
Dr Lesley Pillans, specialty doctor, has completed the EEATS accreditation – she is the first speciality doctor in Scotland to achieve this. Jenny Singer, dietitian, is also completing this training. Lindsey Money, CBT therapist, continues to advance on the Dundee CBT course, whilst Bernadette Laidlaw, staff nurse, is pursuing the IPT practitioner training. Duncan Taylor, staff nurse, already an accomplished MBT practitioner has applied for the Dundee Course.

This year’s Team Away Day took the form of celebration and team building rather than formal training, but nevertheless set an agenda for both new staff training and for service development and planning. Weekly team training has exploited the many presentations given at conference and other occasions by senior members of the team.

Eden was particularly proud that ward manager Pauline Milne gave a well-received main floor presentation at the 2011 Aberdeen Eating Disorders Conference on the themes of the Therapeutic Relationship. Several members of staff contributed to workshops, including one in partnership with a recovering patient. Many Eden colleagues had the opportunity to attend this valuable and acclaimed Conference.

Academic and research activity
The Scottish Anorexia Nervosa Protocol Development Group continues to plan and participate in several strands of research. We enjoy close links with both Aberdeen and Robert Gordon Universities as well as with the University of Edinburgh, and the department of Child and Adolescent Psychiatry at the University of Glasgow. Through the Scottish Eating Disorder Interest Group (SEDIG), we have links with eating disorders researchers across Scotland and enjoyed presenting with them at SEDIG’s (Scottish Eating Disorder Interest Group) Research Day in Perth. The feasibility study for the Antecedents of Anorexia project is now complete and we are applying for a grant for the pilot study. Papers are in preparation with our collaborators, (and in some cases submitted to journals) on:

- The use of BMI measurements.
- 3D body imaging.
- Selenium levels in anorexia and refeeding.
- Eating Disorders and Infertility.
- Diab-eat-es.

Dr Lesley Pillans and Sorcha Hume are pursuing a study on hypoglycaemia in anorexia and its effects on driving. Emma Bain is researching patient attitudes to the prescribing of olanzapine and other medications both here and in Christchurch, New Zealand. Eden, EDS and ARI Medical Staff are collaborating in the preparation of a textbook to guide the integrated management of severely ill anorexic patients.

Unannounced visit by the mental welfare commission
We were the subject of an unannounced visit by Mental Welfare Commissioners in February 2010. Our attention was drawn to the misfiling of certain documentation – which was rectified immediately. We were also asked to consider bringing patients into ward rounds. This has been eagerly discussed with patients at the morning Community meetings. The idea was rejected by the majority of them but we have planned other ways for patients to communicate their views and to question us on decisions made about their care – for instance, setting up an early ‘review’ shortly after admission so that once patients and families have got over the shock of first admission there is a chance to ask questions and take on board information that is easily lost in the early hours of arrival.

A previous Commissioner had asked us to seek alternatives to having the Unit door locked. Aberdeen students Julia Frey and Duarte de Peireira had conducted questionnaires with both patients, visitors and staff over the summer and found that the current arrangement was preferable to any of the alternatives considered, both for staff and for patients and their families. This information satisfied our recent visitors from the Mental Welfare Commission (MWC), so that we now have a protocol for discussing the situation on a regular basis. We were gratified to hear that patients spoke favourably and appreciatively to the Commission about the care they receive.
In the past year the Grampian Eating Disorder Service has been focused on further developing aspects of patient treatment and modernising the way these treatments are delivered. This has been in response to continuing developments in the therapy aspect of treatments of eating disorders, but also through facing the needs of ED sufferers and their carers in a service with a rising referral rate. As regards this factor, in the last five years the EDS has averaged around 230 referrals a year which is a 100% increase from the previous five years. The changes to service delivery therefore reflect the increased need but stay focused on individualised treatment that is evidence based. During the year the service hasn’t been fully staffed unfortunately due to a variety of factors, which has meant staff on the ground have worked with great commitment to meet the new demands, and create the developments required.

Treatment developments – individual and groups
The Eating Disorder Service has recently started its new mixed diagnosis group called The Steps to Change Group. This is based around a programme of well informed Psycho Education, and Focused Cognitive Behavioural Interventions. It has a relatively short structure time-wise, and hence will be followed in some patients’ cases with further therapy groups or individual therapy. This group has now become the spine of the active therapy treatments within the service. Following on from The Steps to Change Group patients would then go into the pre-existing Bulimia Nervosa Group, the Binge Eating Disorder Group and further groups are planned to be developed so that the treatment protocols can be flexible and responsive to current need within the service. Preceding this for some patients the Motivational Enhancement Group, otherwise called the Contemplation Group, continues to run and acts as a staging post for patients who are uncertain as to whether they want to challenge their eating disorder symptoms. Ambivalence is of course a key part of the experience of having such a disorder and for some doing this motivational work first is a key step to a comprehensive treatment of their Eating Disorder. The Nutrition education group is also an important part of our therapeutic programme.

Future developments in group treatments that are possible include a Cognitive Remediation Therapy Group for Anorexia Nervosa. Cognitive Remediation Therapy which is relatively novel, has now begun to be delivered in the Service to individuals after three members of staff were trained in London at the Institute of Psychiatry. This falls in line with the developments in other parts of the region and means that we are considering ways in which other practitioners in CRT for Anorexia Nervosa can link up across the regions to support each other in its delivery.

Individual therapy otherwise continues to be an important part of the therapeutic resource we can provide for many patients. It is worth noting that the majority of sufferers of Anorexia Nervosa or atypical Anorexia Nervosa who go on into therapy treatment will at the moment often benefit only from individual therapy and thus the need to develop groups for this patient group is important. Groups are known as adding benefit in terms of socialisation skills, feedback from other sufferers as well as the key therapeutic gains that they are aimed at delivering.

Finally in terms of new service delivery we are very proud of our Family Therapy Clinic which has now been running for around a year staffed by Neil Laurenson, Nurse Therapist, and Sarah Kay, Nurse Therapist, who have both received training in this modality.

This is the first time that we have had a formal Family Therapy Clinic which is also providing services for couples and although Family Therapy occurred before the establishment of a named clinic, it will help a more comprehensive delivery and ensure that we can best monitor how effective it is in the adult patients setting.

Dietetic and nutritional treatment
Our full time Specialist Dietician, Mrs Marie McKimmie, continues to provide both individual and nutrition education based group contact with sufferers of Eating Disorders. We firmly believe that high quality dietetics advice is paramount within the treatment of a substantial proportion of eating disorder sufferers.

Physical monitoring
We continue to benefit from the services of Dr Jane Light in the provision of one day a week General Practice trained medical review. Up to date protocols have been developed by Jane Light through liaison with other members of the team to both provide information to General Practitioners, develop guidelines within the service for dealing with particularly high risk patients, and the directly review a sub-group of patients with particular risk issues in terms of severity, or complexity.

Psychiatric input
Currently staffed by 0.6wte of Consultant Psychiatrists’ time, Dr Lakshmi Venkatraman and Dr Phil Crockett continue to both review patients with respect to psychiatric co-morbidity in Eating Disorders but also take an active role in case management,
motivational work and therapy with sufferers of Eating Disorders. The importance of Psychiatry in joining up different aspects of a patient's care and liaising with other services such as Social Work is key and both practitioners being trained in different therapeutic modalities mean that there is added flexibility in the delivery of therapies.

Clinical governance arrangement
Grampian Eating Disorder Service continues to work alongside the MCN based work in trying to raise standards and assure quality of care. To that end members of the team are members of the Quality Assurance Group for the MCN as well as the MCN Steering Group itself and the hope is there that the continuing good links between the different services in the region may lead to shared work and expertise benefiting everyone. Audit processes continue to be filtered through the MCN with the high degree of support that can offer in terms of information management.

IT development
The Excelicare Electronic Patient Record has continued to be used to a high degree and although the service isn't completely paperless, still relying on other methods for letters in particular, other IT developments are certainly moving it in that direction. The future however is through the new Patient Management System “PMS” (otherwise known as Trakcare) which the developers, Intersystems, are rolling out alongside eHealth in NHS Grampian.

EDS Staff and MCN staff are working hard to ensure that the transfer of information from Excelicare to the new system proceeds well, and are also helping configure the new system to Eating Disorder Service needs.

Education and training
The EDS continues to act as a focus for a proportion of some medical student Training and Electives. Dietetic students continue to come through the service and the hope is that nursing students can return to this placement soon. The most recent Dietetic student has completed an audit Project around Satisfaction with Dietetics management and we look forward to a full appraisal of the results.

Staff members continue to receive relevant training, sometimes up to full qualification standard. This includes Neil Laurenson, Nurse Therapist, who is now fully trained in CBT. Family therapy and CRT are both trainings that are represented in our staff group.

Some staff members are also taking part in the EEATS, national training package, for ED based professionals.

Research based activity
Grampian EDS is also a hub for a number of ongoing research projects. These range from changes in motivation as seen within group therapies, to the use of innovative techniques such as 3D Body Scanning to use in patients’ treatment around body image disturbance. We also link up with other areas to help provide a basis for research projects that will benefit the whole eating disorder community. Hence an ongoing project in the service at the moment is based down in Tayside and is looking at the neuropsychological features of Bulimia Nervosa.

Finally another ongoing project, relying very heavily on the IT input the service has, is looking at the influence of deprivation scores on eating disorder referrals over the years to the EDS and we look forward to further results emerging from this project which had some interesting preliminary findings.

It is important to emphasise that we follow full, local and national, ethical guidelines and approvals and no one patient or professional, should feel obliged to take part in any of the research that is going on.

I would like to finally thank all the members of staff in the EDS, and also the staff at the MCN for continuing to support us in our work, and I look forward to another year of exciting developments and the continued working alongside patients and Carers in their fight against eating disorders.
Highland Eating Disorder Service

Dr Yvonne Edmonstone
Consultant Psychiatrist

Staffing
2011 – 2012 has been a productive year for our service working with the following full staff complement of:

- Consultant Psychiatrist 0.3wte.
- Two Nurse Therapists 1.7wte.
- Dietetic input 0.3wte.
- Staff Grade Psychiatrist 0.5wte.
- Clinical Psychologist 0.5wte.
- Secretary 1.0wte.
- Seconded trainee nurse therapist 0.2wte.

We have also just welcomed a Highland psychiatric trainee to a six month clinical placement in psychotherapy with us. Staffing levels are about to be in a state of flux once more however, as our clinical psychologist and secretary go on maternity leave, our training secondment day post is vacant and one of our nurse therapists heads for semi-retirement.

Referrals
Our referral rate remains consistent at around 100 referrals a year. We continue to meet our waiting list targets of seeing urgent cases within a working week and routine referrals within two to three months.

Training and service development
This year, our two nurse therapists along with our psychologist have completed training in Family Behaviour Therapy. They are now looking at how this can be developed in our service and are able to offer this to our patients for whom a need for family work has been identified.

Both our Clinical Psychologist and Consultant Psychiatrist have completed training in Cognitive Remediation Therapy. As a result they were able to modify the material provided for individual work to develop a six week group package which they have attempted to deliver on two occasions in the last year. Unfortunately attendance for groups in Highland has been very erratic and in fact the second CRT group had to be abandoned due to insufficient numbers. The material developed has however been shared across the managed clinical network with Tayside and Grampian staff who have also had CRT training.

Research
Our Clinical Psychologist presented a poster at the Aberdeen Conference showing the results of her doctoral thesis looking at a comparison of neuropsychological test performance on the Ravello profile between patients with Bulimia Nervosa and Anorexia Nervosa. She has continued to offer neuropsychological assessments, including the Ravello profile, where appropriate for our patients. This has been a valuable contribution to our assessment process.

Our dietitian has agreed to participate in a UK wide independent service evaluation and outcome measure study of dietetic services treating patients with eating disorders organised by Loughborough University.

Accreditation
We have continued to work with EEATS and one of our nurse therapists successfully completed the accreditation process last year. She was in fact the first EEATS graduate and her certificate was presented at the Grampian Eating Disorders Conference in Aberdeen last November. Our psychologist has just submitted her accreditation work for inspection and, although the nurse therapist in training has now finished her secondment with us, she too is continuing to work towards gaining EEATS accreditation. Our other nurse therapist and consultant psychiatrist have both been recently re-accredited as supervisors for EEATS. Work with EEATS continues to reflect the high levels of experience and commitment to continuing professional development in our team.

Both Nurse Therapists and Consultant Psychiatrist continue to maintain accreditation with the British Association for Behaviours and Cognitive Psychotherapies (BABCP).

Teaching
Our bi-monthly in-house teaching sessions and service development meetings continue to be well attended and we have provided several teaching and training sessions to other health professionals including nursing and medical students, mental health support workers, CBT Diploma trainees and local diabetic and occupational health services’ staff.

A joint training day was held at Raigmore Hospital with input from Eden Unit staff, Diabetic Services staff and our own team. This was widely attended and allowed for some interesting discussion around managing patients with the severe
co-morbidity of an eating disorder and diabetes. Perhaps even more important was the “networking” at this meeting, from which closer links have developed between the services.

Therapies available
As a multi-disciplinary team we continue to be able to offer Cognitive Behavioural Therapy, Interpersonal Therapy, Dialectical Behavioural Therapy, Mindfulness, Eye Movement Desensitisation and Reprocessing, Cognitive Remediation Therapy and Behavioural Family Therapy. Our Dietician also continues to offer individual dietetic assessments and nutritional support.

Liaison
Although we are primarily an outpatient service, we do have, on average, one or two patients who require specialist in-patient treatment provided by the Eden Unit. We continue to meet with the Eden Unit staff on a regular monthly basis via video conferencing and work hard with them at keeping lines of communication open regarding these patients, particularly around referral, assessment and discharge planning.

Our Consultant Psychiatrist has liaised with an interested GI Physician at Raigmore Hospital regarding the Management of really sick patients with anorexia nervosa (MARSIPAN) guidelines. A working group has now been established and a local version of these guidelines is being developed with input from our team.

Links
We continue to work closely with the other Eating Disorder Services in The North of Scotland through the MCN. Highland Eating Disorders staff are currently participating in the Quality Assurance subgroup of the MCN looking at Patient Satisfaction Measures. As a team we continue to participate fully in MCN activity and to contribute to EEATs and SEDIG developments.

Service Information
Further details of our service are available on both the MCN website and Highland Intranet site.

Tayside Eating Disorders Service

Dr Paula Collin
Clinical Psychologist/Lead Clinician
Tayside Eating Disorder Service

NHS Tayside Eating Disorders Service is based in Dundee, and provides outpatient clinics in Dundee, Angus, and Perth and Kinross. The service offers specialist assessment and treatment to adults suffering from severe and/or enduring eating disorders, having access to psychological, medical and dietetic interventions. The service also seeks to support the work of colleagues managing eating disorders at the Primary Care and Community Mental Health Team levels within NHS Tayside, through training events, consultation and advice. NHS Tayside Eating Disorders Service forms part of the North of Scotland Managed Clinical Network for Eating Disorders and has access to inpatient beds at the Eden Unit, Royal Cornhill Hospital, Aberdeen.

Current Clinical Staff:
- 0.6 wte Consultant Clinical Psychologist/Lead Clinician – Dr Paula Collin.
- 0.5 wte Consultant Psychiatrist – Dr Lesley Dolan.
- 1.3 wte Clinical Psychologists – Dr Louise Richards (Perth and Kinross), Dr Diane Forrest (Dundee) and Ms Louise Hobbs (Angus).
- 1.0 wte Specialist Nurse – Mr Brian Grieve.
- 0.8 wte Specialist Dietitian – Ms Kareen Taylor.
- 0.1 wte Lead Mental Health Dietitian – Ms Elizabeth Stewart.
- 0.2 wte Trainee Clinical Psychologist – Mr Stuart Moulton.
- Administrator – Ms Diane Atkinson.
- Service Manager – Ms Elizabeth Drumm.
Service developments 2011/12

- Clinical Psychologist Dr Suzanne Deas, and Trainee Clinical Psychologist Ms Vivien Smith, have left the service this year, and have been replaced by Dr Louise Richards and Mr Stuart Moulton, respectively.

- Referrals to the service have continued to increase, while throughput has often been slowed by the severity and complexity of presenting problems. We have consistently met waiting times targets, however, offering both individual and group interventions.

- A Nutrition Education Group has been introduced, while the pre-existing Bulimia Nervosa Group has continued to run, and to undergo evaluation and refinement.

- Monthly (teleconferenced) liaison meetings with colleagues at the Eden Unit in Aberdeen have strengthened links with inpatient treatment providers, and we have continued to interface with the University of Dundee Eating Disorders Support Group.

Service challenges and innovations 2011/12

- The service continues to meet the challenge of managing patients with extremely low-weight anorexia nervosa, who are often referred at a point where inpatient admission seems inevitable or for whom the gains of inpatient treatment have been limited.

- Two members of staff are now trained in and offering Cognitive Remediation Therapy, which has a growing evidence base for use in (particularly low-weight) anorexia nervosa, and there are plans to evaluate the effectiveness of this treatment in a multi-site study. The development of a Medical Resource Pack is helping to foster closer links with local medical colleagues around the management of all eating disorders.

- The service is participating as a pilot site in the roll out of the mandatory data set for mental health across NHS Tayside, in addition to which members of staff have formed a Quality Assurance Sub-Group with colleagues from the North of Scotland Managed Clinical Network for Eating Disorders.

- Ms Kareen Taylor was awarded monies, through the Allied Health Professions Teaching Co-ordinator from the University of Dundee Medical School, for the purchase of a food pyramid and associated teaching materials.

Teaching

Teaching on the management of eating disorders is provided by the service on an ongoing basis, to both professional and non-professional groups, locally and nationally, e.g:

- North of Scotland Managed Clinical Network for Eating Disorders, presentation on transitions and eating disorders – Ms Louise Hobbs, Ms Vivien Smith and Ms Kareen Taylor.

- University of Dundee medical undergraduate teaching – Dr Lesley Dolan.

Training Provided

There is currently 0.1 wte (third year) Trainee Clinical Psychologist, Mr Stuart Moulton, attached to the service. In addition, short-term placements have been provided for student doctors and nurses over the past year.

Training Undertaken

- Eating Disorders Education and Training Scotland Supervisors’ Training Session (EEATS) – Dr Paula Collin, Dr Lesley Dolan and Mr Brian Grieve.

- Grampian Eating Disorders Conference (NHS Grampian) – Dr Lesley Dolan, Dr Diane Forrest and Ms Kareen Taylor.

- Cognitive Remediation Therapy Training Course (South London and Maudsley NHS Trust) – Mr Brian Grieve.

- Compassionate Mind (NHS Greater Glasgow and Clyde) – Dr Suzanne Deas.

- Helping Clients Tolerate Negative Emotions (Gavrock) – Dr Suzanne Deas.

- Mindfulness (NHS Tayside) – Dr Lesley Dolan.

- Understanding and Treating Disturbed Body Image in Eating Disorders (South London and Maudsley NHS Trust) – Ms Kareen Taylor.
Research activities
Psychology staff attached to the service continue to undertake eating disorder research in partnership with the Priory Hospital in Glasgow and, more recently, with the inpatient and outpatient eating disorders services based in Aberdeen.

Research papers accepted for publication/published 2011/12:

- Experiences of Specialist Inpatient Treatment for Anorexia Nervosa: A Qualitative Study from Adult Patients’ Perspectives (Smith, Chouliara, Morris, Collin, Power, Yellowlees, Grierson and Cook – Submitted, European Eating Disorders Review).

Both papers were presented by Ms Vivien Smith to the Scottish Eating Disorders Interest Group (June 2011) and NHS Tayside Psychological Therapies Service (August 2011).

Committees/professional groups
- Scottish Eating Disorders Interest Group – Dr Paula Collin, Dr Lesley Dolan, Mr Brian Grieve, Ms Louise Hobbs and Ms Kareen Taylor.
- Eating Disorders Education and Training Scotland Committee – Dr Paula Collin and Dr Lesley Dolan.
- Scottish Eating Disorders Section of the Royal College of Psychiatrists – Dr Lesley Dolan.
- Scottish Dietitians’ Eating Disorders Clinical Forum – Ms Kareen Taylor and Ms Elizabeth Stewart.
- North of Scotland Managed Clinical Network for Eating Disorders Steering Group – Dr Paula Collin, Dr Lesley Dolan and Mr Brian Grieve.

Eden Unit activity and outpatient activity across the North of Scotland April 2010 - March 2011
Over the past year the Eden Unit has been running with an occupancy rate of between 76.8% and 100% which gives an overall average of 91.4% occupancy. (These figures include information regarding patient pass days).

Admissions to the Eden Unit
April 2011 to March 2012

<table>
<thead>
<tr>
<th>No. of Admissions</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
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<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>4</td>
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<td>Highland</td>
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<tr>
<td>Tayside</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
<td>2</td>
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<td>2</td>
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<td>1</td>
<td>1</td>
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</tr>
</tbody>
</table>

There have been a total of 32 admissions to the Eden Unit from April 2011 to March 2012. Broken down by area is as follows:-

<table>
<thead>
<tr>
<th>Area</th>
<th>No. of Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Grampian</td>
<td>17</td>
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<tr>
<td>NHS Tayside</td>
<td>9</td>
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<td>NHS Highland</td>
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<td>NHS Orkney</td>
<td>1</td>
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<tr>
<td>NHS Shetland</td>
<td>0</td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>0</td>
</tr>
</tbody>
</table>
A breakdown of Age on Admission is shown below.

Breakdown of age on admission to the Eden Unit
April 2011 to March 2012

Occupied bed days by area
The graph below shows the Occupied Bed days per month broken down by geographical area.
Day patient activity
The table below indicates the activity levels for the Day Patient part of the service. There are four day places available and patients may attend on a variety of days e.g. one day per week or every day. They may also attend for a just a few hours per day or all day dependent on the individual needs of the patient. The day patient programme has been utilised both by NHS Grampian and NHS Tayside patients. As you can see from the graph below – NHS Tayside have consistently had two patients attending the Day Programme over the past year but the most use of the service is being made by Grampian patients.

We are are currently funded for four day patients in total. From this graph it is evident that on occasions we have been running with double that amount i.e eight patients which is unsustainable.

Patients attending the Day Patient Service can attend on a variety of days and for differing amounts of hours per week. This is not easily quantifiable as although patients might not physically be in the unit there may be therapeutic work/administrative work being done with them/for them including home visits, assisted meal preparation, eating out skills etc.
NHS Grampian Eating Disorders Conference – November 2011

The sixth annual Eating Disorders Conference was hosted by NHS Grampian in November 2011. The Conference theme this year was the important issue of the Therapeutic Relationship in Eating Disorders. This is the cornerstone of how individual therapists and clinicians, as well as services as a whole, engage with Eating Disorder sufferers and their Carers. Eating Disorders are associated with great feelings of shame and guilt and may cut off sufferers from their usual network of relationships. Challenging these disorders within the context of a strong therapeutic alliance is crucial.

Speakers included internationally known speakers Professor Hubert Lacey and Dr Tony Jaffa from the UK and Dr Anna Crane who has written extensively, drawing on her personal experience of an Eating Disorder. There was also a presentation by Mrs Pauline Milne who is the ward manager of the regional Eating Disorders Unit – The Eden Unit. In order to really reflect the multi-disciplinary alliances essential in working with eating disorders there were speakers spanning dietetic and Clinical Psychology as well.

The Conference was well attended and has now established itself well as an annual event. It has been agreed that the next Aberdeen conference will be held on 16th/17th May 2013. Further details regarding the theme are not yet available but if you wish to register your interest then please contact Carol Deans – cdeans@nhs.net.

Below is some of the feedback received from the November 2011 conference:

“Excellent Conference, great theme, fantastic presentations.”

“Gaining an insight into sufferer’s experiences was invaluable. Excellent conference all very relevant and interesting.”

“Very helpful and interesting. Plan to take what I have learnt back to team and create further discussions.”
Annual MCN Clinical Workshop – June 2011
The annual MCN clinical workshop was held on 16th June 2011. For this year’s workshop the topic was Quality Assurance/Risk Management/Transitions.

The day took the form of presentations and group discussions. The following presentations were made:

- Dr Lakshmi Venkatraman, Locum Consultant, Grampian Eating Disorders Service. “Quality Standards for Outpatient Care”.
- Dr Jane Morris, Consultant Psychiatrist, Eden Unit, Royal Cornhill Hospital “Quality Standards for Inpatient Units”.
- Dr Jane Morris’s presentation was followed by short presentations from Eden Unit Staff which related to their particular disciplines as follows:
  - Leslie Spilman (on behalf of Angie Milne, CBT Therapist, Eden Unit).
  - Shona McCulloch – Senior Occupational Therapist, Eden Unit – Family Therapy – UKCAN Model.
  - Leslie Spilman, Art Therapist, Eden Unit – Family work in the Eden Unit.
  - Jenny Singer, Dietitian, Eden Unit – Parent/Partners and Carers Course.

Workshops
The workshops took the form of group discussions where each group were given the following topics.

Quality/Risk Assessment/What are the priorities?
- Patient Satisfaction.
- Quality Network for Eating Disorders (QED).

The audience were split into three groups and were asked to discuss what they felt were the priorities that we should concentrate on/what we could do together as a region. Each group were given access to various documents regarding Quality/QED/Patient Satisfaction.

The feedback from the discussion was plentiful but there were common themes which emerged including:
- Communication.
- Transitions.
- Admission criteria.
- Skill mix available in OP Services – possible gaps in service delivery.
- Accessing information/minimum dataset for region.
- Therapies available in the region.
- Joint training days across region/supervision across region.
- Quality assurance – North of Scotland Charter – something we could aspire to.
- Equity of care.
- User involvement.

The workshops were followed by two more presentations as follows:


Overall the day was a great success and gave everyone some “food for thought” and ideas to take forward which have included taking the theme of Patient Satisfaction forward as a topic for the Quality Assurance Sub-Group.
Feedback and outcomes from the annual clinical event

From the feedback and evaluation forms that were received we can conclude that the day was well received and people felt that it had been a worthwhile event.

Comments
• “Excellent presentation by the different clinicians though we could have listened for hours to each one.”
• “Useful Scene Setting.”
• “Good reminder of Specific guidelines/policies.”

Feedback on case discussions

Comments
• “Superb presentation and very nice use of the IPT model to draw out ways to think about the services.”
• “Extremely helpful to hear of actual cases and the experiences of the care team, the patient, the flow and the barriers to care. Enjoyed information on the process of IPT in action.”

General comments
• “Feel that networking is a useful aspect of this meeting.”
• “A great opportunity to consolidate work experiences of various sectors, learn from colleagues and pool ideas into how to constantly raise awareness of maintaining best practice.”
• “Lovely to see the MCN shaping into a body that is genuinely owned and used by its members.”
• “It was a very productive day. All aspects were relevant and patient centred which made it very interesting.”
• “Particularly enjoyed case illustrations of meeting themes.”
• “Vital to get clinicians together at regular intervals to “thrash out” the issues common to the North of Scotland services. Keen to move ahead with the formation of a QA group for the MCN, with a clear remit and robust reporting mechanisms.”
Electronic clinical record

Dr Phil Crockett
Consultant Psychiatrist in Eating Disorders and Psychotherapy
Clinical Lead, Managed Clinical Network for Eating Disorders

Within Grampian the big major development is the gradual roll out of the Trakcare system, otherwise called the Patient Management System developed by Intersystems. Grampian is the first Health Board to pilot this roll out in Mental Health Services and part of this will be development on an Electronic Patient Record and Mental Health Act related functionality.

For the last few years Grampian Eating Disorder Services, including the Eden Unit, have been successfully using the Excelicare system developed by AxSys which likewise is an electronic patient record. Therefore the Eating Disorder Services in Grampian hold a great deal of knowledge and expertise in terms of working alongside both eHealth and also developers of IT systems for clinical care. It was therefore appropriate that I took on the role of Clinical Lead for the roll out of the new Trakcare system since Excelicare is due to be superseded by this in 2012. The go live for the Trakcare system in terms of the rest of Mental Health and the admin portions of it only at this stage has happened successfully on May 14th of this year. Phase two of the development which does include the Excelicare system being switched off is now at its outset.

This is an exciting time for development since an electronic patient record holds all the benefits of those potentially joining up care between different areas and within teams but also acting as a great reservoir of knowledge and data as regards, for example, outcomes. Over the years we have certainly found that Excelicare has been invaluable in terms of updating the progress of our services and the way has been lead in this very much by Brenda Leel our Information Officer and Linda Keenan our Manager of the MCN.

Our main aims at this stage are to ensure that the development of the clinical aspects and the electronic patient record aspects of Trakcare (PMS) happen successfully and reflect the needs of Eating Disorder Services. I feel in a good position to influence the development building on the experience we have gained with Excelicare and I certainly expect this to be a busy year in terms of developments in this area. Another aim is for at the very least read only access to be gained by other Health Board areas for our Eating Disorder patients who are in the Eden Unit. Obviously interfacing with other Health Boards can prove more problematic but we hope for the sake of our patients in the Eden Unit some accessibility of up to date clinical information on an electronic patient record can be facilitated.

Education and training

This year the MCN applied and was granted funding from NES Scotland to develop a Multi-Media Package to be used in under-graduate medical teaching. We have employed the services of RHINO Ltd who designed and built the EEATS website.

The package will include a DVD and associated resources. The DVD will include interviews with professionals of various disciplines, patients and Carers. It will be built in such a way that certain materials are available to view by the public/trainees/lecturers etc. It is anticipated that the package would also be suitable for use in Eating Disorder Services for teaching purposes.

It is hoped that it will be available for use by the end of 2012.

Eating Disorders Education and Training Scotland Accreditation Scheme (EEATS) – April 2011 to March 2012

Mr Richard Carey presenting Laura Walley, NHS Highland with her EEATS Accreditation Certificate.

- Chair: Dr Jane Morris.
- Administrators: Linda Keenan, Rona Walker.

This is the year EEATS has ‘come of age’. Our first Accreditations have been awarded – most notably Laura Whalley, Nurse Therapist in the Highland Eating Disorders Service, was presented with the first Accreditation certificate at the Aberdeen Eating Disorders Conference in November 2011. Her portfolio was acclaimed by the marking team as a model of how to put the syllabus to best use. It demonstrated breadth of learning and experience and in particular intelligent use of the expert supervision provided, which is at the heart of the EEATS philosophy.

Since the start of the new year, two further accreditations have been awarded, to a GP trained hospital doctor and to a Clinical Psychologist. We hear that more trainees, including two dieticians, are close to submission. This is reassuring confirmation that the fruits of the work are now appearing and that the aim of reaching out to different disciplines is being achieved. It is not surprising that so far all accreditees are working within specialist eating disorders services – another founding aim was to contribute to high quality eating disorders services – but we also aspire to spread expertise beyond the boundaries of the speciality.
The Supervisory body

EEATS relies on its two dozen supervisors to provide specialist supervision, host placements, double-mark submissions, and to act as a core group to develop the organisation. At present numbers reflect the numbers of trainees, although some supervisors jointly train a single trainee, whilst others are supervising more than one. One or two members of the group specialise in other tasks such as marking and providing training to the group. The group represents members of all the main disciplines involved, apart – so far – from physiotherapy, and across the patient age range, and geographically from nearly every Health Board in Scotland, some work in the private sector, and we are starting to reach out beyond the borders of Scotland, to Ireland. The range provided allows for independent second opinions where appropriate, whilst the relatively small scale of meetings allows for non-threatening, confidential discussions.

Supervisors undertake to attend at least one of the three one-day training events held each year, and to maintain their own CPD in line with EEATS Re-accreditation guidelines, which were set up last year. More than 12 supervisors have already qualified for Reaccreditation. Recent supervisor training has included

- Workshop on Use of the Hawkins and Shohet model in work with Eating Disorders – Maggie Gray, Aberdeen.
- Submission marking Training – Glasgow.
- Application of the NES Supervision training to Eating Disorders Supervision – Dr Yvonne Edmonstone, Aberdeen.

Trainee events

EEATS encourages attendance at the Annual Aberdeen Eating Disorders Conference and at the two annual SEDIG Day Conferences, as helpful ways to address elements of the syllabus. In addition, 25th November 2011 was the first one-day trainees’ event, in Edinburgh’s Training and Conference Centre. There was opportunity to share experience of working through the syllabus with peers, to ask questions of the attendant Supervisors and Administrator, and to share tips on making best use of the experience.

Four of the more advanced trainees gave assured presentations on topics as diverse as Mindfulness, Carers Groups, Cognitive Remediation Therapy and the Management of anorexia in Pregnancy and the Puerperium.

Finances

The EEATS budget is held, ringfenced, by the treasurer at SEDIG. The resource initially invested by NES has, as expected, been spent. EEATS relies now on its fees. We have achieved our aim of becoming self-sustaining, but such a small organisation is of course vulnerable, particularly in the current climate. So far our trainees tell us that the NHS or Independent Hospital Managers have been sympathetic to resourcing the training, and we will urge them to continue to demonstrate this enlightened attitude. Our hopes of enrolling trainees from Primary Care and even the Voluntary Sector have not so far materialised. We do not know whether financial constraints play any part in this.

Aspirations for the coming year

The EEATS website has received considerable positive feedback. It has been invited to host a multi-media training programme to be compiled by the MCN, using a grant awarded to Dr Phil Crockett aimed at the education of medical students. We welcome the sharing of this material with other disciplines.

Feedback on the Multiple Choice Test has highlighted some problems in the question bank. This will be overhauled and refreshed at a working meeting of the supervisors’ group in the next few months, as a matter of some urgency. Meanwhile any trainees who may have suffered from the problem will be contacted.

Finally, EEATS will continue to work towards functioning as a mature institution, and towards targeting the education of GPs and other Primary Care professionals as a particular priority for 2012-13.

Dr Jane Morris
Chair of EEATS
Transitions

Linda Keenan
MCN Manager

Over the past year the MCN has been looking at the area of Transitions, not only between CAMHS and Adult Services but transitions between Inpatient and Outpatient services across the region as well.

Dr Phil Crockett and myself met with Dr Sally Bonnar, Dr Sandra Duke and Dr Naomi McCaig – Tayside Young Peoples Unit in June 2011 for an exploratory meeting to discuss transitions between CAMHS and Adult Services. At that point in time a Regional CAMHS Tier four Network was in the process of being set up and Dr Bonnar agreed to raise the issue of Transitions at the Service Modelling and Workforce planning Group.

We also discussed what was currently in place for transitions between CAMHS and adult services in NHS Tayside and Dr Phil Crockett explained how things worked in NHS Grampian.

Things have moved on and the CAMHS Network is now at the state of implementing the Regional Posts for the Network which will lead on to policies being produced including one for transitions from CAMHS to Adult Services. It is therefore our intention to meet up again with Dr Sally Bonnar, Mr Neil Strachan and Dr Anne Gilchrist in the near future for further discussions.

With regard to transitions between Inpatients from the Eden Unit and Outpatient services across the region these are constantly being reviewed and improvements implemented. Each Outpatient Service across the region works differently and this can occasionally cause problems but regular meetings, throughout an inpatient stay, are held with the referring outpatient service and pre-discharge meetings are held to try and ensure that smooth transitions take place. It is an area that is continually reviewed to try and improve the process, wherever possible, and all clinicians, throughout the region strive to ensure that patients have a seamless discharge back to their own locality.

NHS Tayside Eating Disorder service hold twice yearly meetings with the CAMH’s service to discuss any patients who may transit within the following six months.

In NHS Grampian the Adult EDS Team meet quarterly with staff from the Young Peoples Unit to discuss any forthcoming patients due to transit to Adult Services.

In NHS Highland the process for transferring patients from CAMHS Services to Adult Services is usually fairly smooth and meetings with the patient, family and input from both services are held prior to transfer.

Scottish Eating Disorders Interest Group – Scottish Eating Disorders Carers Conference March 2012

Linda Keenan
MCN Manager

I have been involved in organising the Scottish Eating Disorders Carers Conference for three years now and they are becoming more successful every year. They are funded by the Scottish Eating Disorders Interest Group (www.sedig.co.uk). The conference is aimed at Carers in the first instance, but if numbers allow, then professionals may attend. It is a great networking opportunity and allows Carers from across Scotland to share their experiences of caring for someone with an Eating Disorder. Previous conferences have been held in Dundee – “Caring for Ourselves” in 2010, and “What can WE do” – held in Glasgow in 2011.

This year’s conference was the most successful yet with 35 Carers and five professionals attending (excluding speakers). It was held in Edinburgh and was entitled “Family Therapy – What’s it all about?”

There were several presentations from both professionals and Carers on what Family Therapy meant or did for them. All presentations were received with an enthusiastic response from those who attended.

Feedback from delegates was very positive and the chart below has been completed from the evaluation forms that were completed on the day. I have also included some comments received from delegates on the evaluation forms.

SEDIG Carers Conference – March 2012
Family therapy – What’s it all about

<table>
<thead>
<tr>
<th>No. of responses</th>
<th>1 – Not at all useful</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 – Very useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and Introduction</td>
<td>Dr Jane Morris</td>
<td>Dr Phil Crockett</td>
<td>Lynne Spiteri</td>
<td>Karen McMahon</td>
<td>Family Based Treatment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
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<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Feedback

“There is a small and enthusiastic group of people from SEDIG who sit on the Conference Committee and thanks must be given to Ian and Jan MacDonald who put in so much effort along with other SEDIG Committee members.

With each conference that takes place it further emphasises to me how much Carers need support and opportunities to talk about their own experiences of caring for someone with an Eating Disorder and networking events such as the Carers Conference are the ideal opportunity for this to happen. Support Groups and Information for Carers are out there but often seem to be hard for Carers to find. A familiar theme from this year’s conference seemed to be the difficulty in ascertaining where Eating Disorder Services were in Scotland. I have agreed to host this information on the MCN website (www.eatingdisorder.nhsgrampian.org) and will also collate information on relevant Carers Groups across Scotland and include this information too.

“Today has been extremely helpful and informative, to have the opportunity to spend a day thinking about family treatment and to hear from families about their experiences. Lots to take away and think about.”

“How I feel as a mother of an anorexic is not so unusual or pathetic as I have felt so inadequate until this point.”

“Very good, interesting and informative. Excellent.”

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### Membership of the Managed Clinical Network for Eating Disorders Steering Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>NHS Board Area/Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Jackie Agnew</td>
<td>Service Manager</td>
<td>NHS Highland</td>
</tr>
<tr>
<td>Dr Peter Carr</td>
<td>Staff Grade Psychiatrist in Psychotherapy</td>
<td>NHS Highland</td>
</tr>
<tr>
<td>Mrs Lorna Carroll</td>
<td>Specialist Dietitian</td>
<td>NHS Highland</td>
</tr>
<tr>
<td>Mr Peter Cartwright</td>
<td>Lead Nurse (MH)</td>
<td>NHS Argyll and Bute</td>
</tr>
<tr>
<td>Angela Colborn-Veitch</td>
<td>Community Mental Health Nurse</td>
<td>NHS Orkney</td>
</tr>
<tr>
<td>Dr Paula Collin</td>
<td>Consultant Clinical Psychologist</td>
<td>NHS Tayside</td>
</tr>
<tr>
<td>Dr Phil Crockett</td>
<td>Consultant Psychiatrist and Lead Clinician</td>
<td>NHS Tayside</td>
</tr>
<tr>
<td>Dr Lesley Dolan</td>
<td>Consultant Psychiatrist</td>
<td>NHS Tayside</td>
</tr>
<tr>
<td>Dr Janette Eagles</td>
<td>Associate Specialist, Y.P.D.</td>
<td>NHS Grampian</td>
</tr>
<tr>
<td>Dr Yvonne Edmonstone</td>
<td>Consultant Psychiatrist</td>
<td>NHS Highland</td>
</tr>
<tr>
<td>Mr Neil Fraser</td>
<td>Strategy and Performance Manager</td>
<td>NHS Tayside</td>
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<tr>
<td>Mr Brian Grieve</td>
<td>Nurse Therapist</td>
<td>NHS Tayside</td>
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<tr>
<td>Mr Bill Harrison</td>
<td>General Manager</td>
<td>NHS Grampian</td>
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<tr>
<td>Mrs Sally Hill</td>
<td>Deputy Team Leader</td>
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<td>Mrs Linda Keenan</td>
<td>MCN Manager</td>
<td>NHS North Scotland</td>
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<tr>
<td>Dr Rebecca McKay</td>
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<td>Mrs Marie McKimmie</td>
<td>Advanced Dietitian</td>
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<tr>
<td>Dr Alastair McKinlay</td>
<td>Consultant Gastro-enterologist</td>
<td>NHS Grampian</td>
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<tr>
<td>Mrs Pauline Milne</td>
<td>Unit Manager, The Eden Unit</td>
<td>NHS North Scotland</td>
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<tr>
<td>Dr Jane Morris</td>
<td>Consultant Psychiatrist</td>
<td>NHS Grampian</td>
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<tr>
<td>Mr Alan Murdoch</td>
<td>Community MHT Manager</td>
<td>NHS Shetland</td>
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<td>Dr Lesley Pillans</td>
<td>Speciality Doctor</td>
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<td>Dr Louise Richards</td>
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<td>Mr Jeff Shaw</td>
<td>Executive Manager Mental Health</td>
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<td>Dr Rachael Smith</td>
<td>Principal Clinical Psychologist, Y.P.D.</td>
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<td>Mr John Trainor</td>
<td>Joint Service Manager Mental Health</td>
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<td>Ms Roseanne Urquhart</td>
<td>Head of Healthcare Strategy</td>
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<td>Dr Lakshmi Venkatraman</td>
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<tr>
<td>Vacancy</td>
<td>General Practitioner</td>
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</table>

### Annual Workplan 2012 to 2013

#### Subject/Aim

**The Steering Group should provide the overall direction and focus of the Managed Clinical Network.**

**Rationale**

HDL (2002) 69 and (2007) 21 state that each MCN should have clarity about its management arrangements.

**Objective for 2011/2012**

To continue to provide direction, assist in decision making and contribute to any service redesign.

**Proposed action**

Regular steering group meetings.

#### Communication.

Development of modern standards and guidelines continues e.g. Royal College of Psychiatrists, MARSIPAN Guidelines.

**Objective for 2011/2012**

To ensure communication across the region of relevant standards, guidelines and urgent information with relevant stakeholders.

**Proposed action**

Develop intra-regional system to ensure dissemination.

#### Patient and Carer Involvement.

HDL (2002) 69 and (2007) 21 state that patient involvement is integral to the development of the MCN.

**Objective for 2011/2012**

To continue to involve users of the EDS services in developments of the MCN.

**Proposed action**

Continue to develop patient involvement in MCN Activities. Explore methods of collecting patient satisfaction data. Continued involvement by clinical lead to support supervision of NEEDS patient-carer organisation. MCN continue to support National Carers conference and local developments of support groups and networks.
<table>
<thead>
<tr>
<th>Subject/Aim</th>
<th>Rationale</th>
<th>Objective for 2011/2012</th>
<th>Proposed action</th>
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<tr>
<td>Development of Care Pathways.</td>
<td>HDL (2002) 69 and (2007) 21 – Each network should have a defined structure, which sets out the points at which service is to be delivered and the connections between them, clearly indicating the ways in which the network relates to the planning function of the body or bodies to which it is accountable.</td>
<td>Care pathways are currently in place but will be kept under review in the light of experience of the new regional in patient unit. Transitions from CAMHS to Adult Services to be reviewed.</td>
<td>Continue to be involved with the implementation of NHS Tayside Eating Disorders Service Care Pathway. Work with whole network to clarify the monitoring of outcomes along all steps of care pathway. Develop a care pathway for CAMHS to Adult services.</td>
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<td>Quality Assurance.</td>
<td>HDL (2002) 69 and (2007) 21 – Each network must have a Quality Assurance programme.</td>
<td>To Develop a Quality Assurance Framework. Prioritise Quality Assurance and Risk Factors as a workstream. Link region with QED standards as devised by the RCPsych for In-Patient and Outpatient Care.</td>
<td>Quality Assurance Sub-Group to look at audit and take forward QAP – ongoing due to staff shortages over the past year, now to move forward with this agenda. Establish ties with QED programme.</td>
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<td>To continue to develop the website to meet the requirements of stakeholders.</td>
<td>Information should be available to patients/carers and health professionals. Keep website updated with current information for both health professionals and patients/carers.</td>
<td>Continue to keep website updated with current information for both health professionals and patients/carers.</td>
<td>Continue to keep website updated up to date and investigate further possible developments to enhance the site.</td>
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<td>Education and Training.</td>
<td>HDL (2002) 69 and (2007) 21 states that educational and training potential should be used to the full.</td>
<td>Continue to raise awareness with GPs/Counselling services across the region. Make links with medical colleagues to aid implementation of the MARSIPAN and other quality assurance related guidelines. Continue to host Educational Events for the Region. Investigate using VC for educational purposes between areas within region.</td>
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<td>Tier Four Services.</td>
<td>HDL (2002)69 and (2007) 21 states that there must be evidence that the potential for networks to generate better value for money has been explored.</td>
<td>Review Eden Unit’s 2nd operational year. Ensure risk share agreement is implemented and data collection/monitoring continues.</td>
<td>Review outcome data for the Eden Unit. Assist with process of mandatory review of funding formula for the Eden Unit.</td>
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<td>IT Systems.</td>
<td>Ensure Excelcare data is ready to be transferred to new PMS system within NHS Grampian. Assist all areas with ED services’ needs will be included in any new IT system implemented in their area. Improve data quality of information being input. Information Officer to assist all areas of region with data management and extraction of useful outcome data.</td>
<td>Liaise with NHS Grampian IT PMS team to ensure transfer of data runs smoothly. Keep up to date with other HB’s plans for new IT Systems. IT officer will continue to improve data entry quality. Information officer to establish work flows and priorities for other parts region-Tayside and Highland.</td>
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