

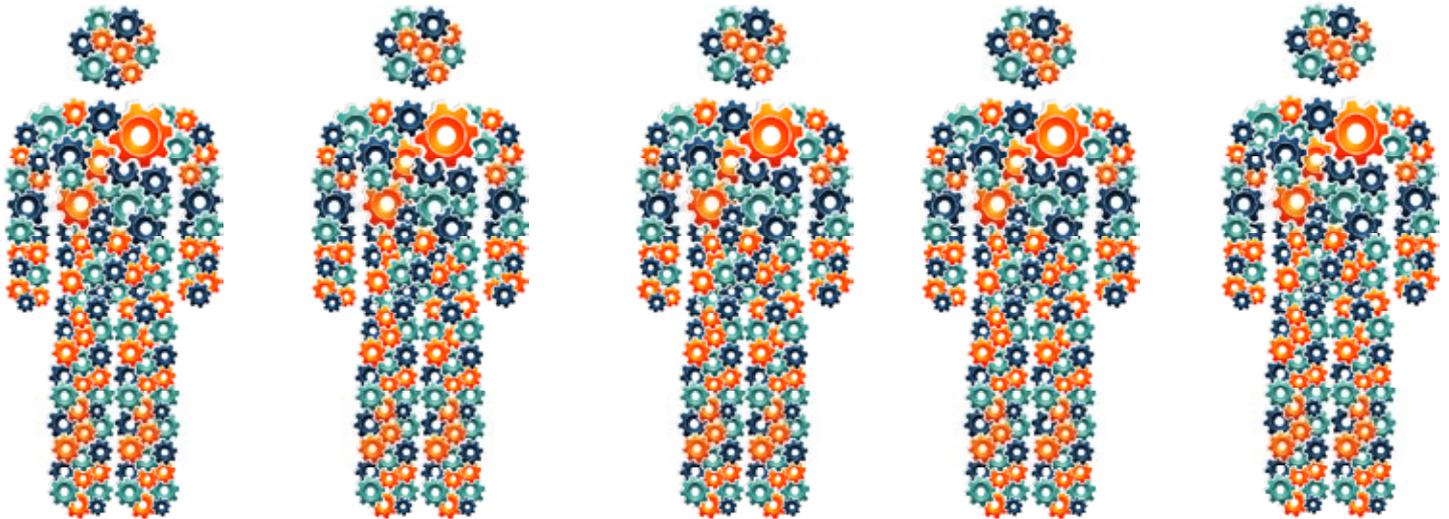
Joint Conference
Healthcare Conferences UK &
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Medically Unexplained Symptoms National Summit

Improving Support for Somatic Symptom Disorder

Friday 21 October 2016, De Vere W1 Conference Centre, London



Chair & Speakers include

- **Paul Jenkins OBE** *Chief Executive* The Tavistock & Portman NHS Foundation Trust
- **Claire Murdoch** *National Mental Health Director* NHS England
- **Dr Julian Stern** *Consultant Psychiatrist & Director of Adult and Forensic Services* The Tavistock and Portman NHS Foundation Trust
- **Prof Rona Moss-Morris** *IAPT Lead, Medically Unexplained Symptoms* NHS England
- **Dr Abrar Hussain** *Consultant Liaison Psychiatrist* Berkshire Healthcare NHS Foundation Trust
- **Kate Chartres** *Nurse Consultant* Northumberland Tyne and Wear NHS Foundation Trust
- **Dr Phillip Moore** *Chair* Mental Health Commissioning Network
& *Deputy Chair* NHS Kingston CCG

Supporting Organisations



East London NHS Foundation Trust



The Tavistock and Portman NHS Foundation Trust



Berkshire Healthcare NHS Foundation Trust



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Friday 21 October 2016, De Vere W1 Conference Centre, London

Researched and produced in partnership with The Tavistock and Portman NHS Foundation Trust, this important and timely conference will support delegates to better understand and meet the needs of people with medically unexplained symptoms/ somatic symptom disorder. Chaired by Paul Jenkins OBE, Chief Executive, The Tavistock & Portman NHS Foundation Trust and with an opening address from Claire Murdoch, National Mental Health Director, NHS England the summit will provide a networking and learning forum for leaders and practitioners in the field of somatic symptom disorder. Through national updates, extended sessions and practical case studies the Summit will bring together leading practitioners in this area, and focus on developing a holistic integrated service, improving the management of people in primary care, evaluating the Stepped Care Model and Learning from the National Pathfinders, developing nurse led services, commissioning services and looking ahead to the future of care for people with medically unexplained symptoms.

"A large number of people experience physical symptoms for which no clear biological cause can be identified. These symptoms are often chronic in nature (for example, persistent pain, tiredness or gastric symptoms); they can cause people significant distress, and often have an important psychological component. The terminology used to describe these symptoms is a subject of debate. However, the most widely used term is 'medically unexplained symptoms'. Symptoms of this kind illustrate that in practice, it is often not possible or helpful to draw a distinction between 'mental' and 'physical' health. For these difficult-to-define problems, applying a clear diagnostic label (mental or physical) can be inappropriate, and a biopsychosocial approach towards management is particularly important. The concept of medically unexplained symptoms can also include people who have a physical condition but experience symptoms at a level that is disproportionate to the severity of that condition. Medically unexplained symptoms are more common than is often recognised, and people experiencing them are typically referred for multiple investigations and assessments, at considerable expense to the system and with little or no benefit for the patient. The NHS in England is estimated to spend at least £3 billion each year attempting to diagnose and treat medically unexplained symptoms (Bermingham et al 2010). Much of this expenditure currently delivers limited value to patients; at worst, it can be counterproductive or even harmful.. Poor management of medically unexplained symptoms can have a profound effect on quality of life. People with such symptoms often experience high levels of psychological distress as well as co-morbid mental health problems, which can further exacerbate their medical symptoms (Henningesen et al 2003; Kroenke et al 1994). More than 40 per cent of outpatients with medically unexplained symptoms also have an anxiety or depressive disorder (Nimnuan et al 2001). Chronic pain can worsen depressive symptoms and is a risk factor for suicide in people who are depressed....Patients with medically unexplained symptoms account for an estimated 15 to 30 per cent of all primary care consultations (Kirmayer et al 2004) and GPs report that these can be among the most challenging consultations they provide. Medically unexplained symptoms also account for a significant proportion of outpatient appointments – in one study, accounting for more than 20 per cent of all outpatient activity among frequent attenders (Reid et al 2001). In primary care, some of the The case for change: 10 areas where integration is needed most biggest challenges are related to patients with a mixture of medically unexplained symptoms and poor adjustment to a long-term physical health condition, leading to disproportionate symptoms and medication use for the long-term condition. The annual health care costs of medically unexplained symptoms in England were estimated to be £3 billion in 2008/9, with total societal costs of around £18 billion (Bermingham et al 2010)." The Kings Fund 2016

"People with medically unexplained symptoms, ...and those with complex mental health problems frequently get 'bounced' around the NHS, passed from one service to another, none able (or willing) to offer them the flexible, personalised and sometimes time consuming support they require." Managing Patients with Complex Needs, The Centre for Mental Health

10.00	Chair's Introduction	
	Paul Jenkins OBE <i>Chief Executive</i> The Tavistock and Portman NHS Foundation Trust	
10.10	The Lived Experience: its all in your head	
	Naomi Good <i>Regional Development & Research Manager</i> NSUN Network for Mental Health	<ul style="list-style-type: none"> • changing the way we talk about medically unexplained symptoms • the lived experience
10.40	Improving support for people with Medically Unexplained Symptoms	
	Claire Murdoch <i>National Mental Health Director</i> NHS England	<ul style="list-style-type: none"> • supporting people with Medically Unexplained Symptoms • developments at NHS England • good practice examples
11.10	<i>Question and answers, followed by coffee</i>	
11.50	EXTENDED SESSION	
	Developing an effective integrated holistic medically unexplained symptoms service	
	Dr Julian Stern <i>Director of Adult and Forensic Services & Consultant Psychiatrist in Psychotherapy</i> With Tim Kent <i>Service Lead Primary Care, Consultant Psychotherapist and Social Worker</i> The Tavistock and Portman NHS Foundation Trust	<ul style="list-style-type: none"> • managing patients with complex needs: the g Primary Care Psychotherapy Consultation Service • delivering an integrated holistic service • supporting GPs • how IAPT will link with primary care on one side and liaison psychiatry on the other
12.40	Guidance for commissioners of medically unexplained symptoms services	
	Professor Carolyn Chew-Graham & Dr Simon Heyland <i>Co-chairs</i> Joint Commissioning Panel for Mental Health MUS Expert Reference Group	<ul style="list-style-type: none"> • 10 key messages for commissioners • What principles should underpin good MUS services • Service models and contexts
13.00	<i>Question and answers, followed by lunch</i>	
13.45	Why “medically inexplicable” occur	
	Dr Jaika Witana <i>Consultant Audiovestibular Physician</i> with Dr Draper Alder Hey Hospital NHS Foundation Trust	<ul style="list-style-type: none"> • experience and assessments on the “medically inexplicable’ from both a child and adolescent psychiatry perspective and from a rehabilitation medicine perspective
14.15	EXTENDED SESSION	
	Medically Unexplained Symptoms: Evaluating the Stepped Care Model and Learning from the National Pathfinders	
	Prof Rona Moss-Morris <i>Institute of Psychiatry, Psychology and Neuroscience and IAPT Lead (Medically Unexplained Symptoms), NHS England</i> with Dr Abrar Hussain <i>Consultant Liaison Psychiatrist</i> Berkshire Healthcare NHS Foundation Trust	<ul style="list-style-type: none"> • Outcomes from the MUS IAPT pathfinders • Which talking therapies have been shown to be clinically effective in MUS and relevant NICE guidelines? • What are the new core therapy competencies for psychological therapies for MUS and who should deliver therapy in this context? • The new IAPT training curricula • the Berkshire Pathfinder developments: the stepped care model and joint clinics with hospital clinicians (neurology, cardiology and respiratory)
15.00	Developing a nurse led medically unexplained symptoms clinic	
	Kate Chartres <i>Nurse Consultant & Clinic Lead</i> <i>Senior Nurse, Access, Treatment and Community Services</i> Northumberland Tyne and Wear NHS Foundation Trust	<ul style="list-style-type: none"> • developing a nurse led service for medically unexplained symptoms • competencies and management • a walk through our nurse led services for people with chronic pain and medically unexplained symptoms
15.30	<i>Question and answers, followed by tea</i>	
15.50	Commissioning services for people with medically unexplained symptoms	
	Dr Phillip Moore <i>Chair, Mental Health Commissioning Network & Deputy Chair, Kingston CCG</i>	<ul style="list-style-type: none"> • commissioning effective services for people with medically unexplained symptoms • how can commissioners drive integrated physical and mental health services • monitoring outcomes for people with medically unexplained symptoms
16.15	Improving management of ‘medically unexplained symptoms’ in primary care	
	Nina Papadopoulou <i>Psychologist and Senior DMP Practitioner & Lecturer</i> East London NHS Foundation Trust	<ul style="list-style-type: none"> • developing a systematic primary care pathway for patients with functional distress disorder/MUS • training and educating frontline staff in the management of MUS • our experience: evaluating outcomes
16.40	Looking ahead	
	Dr Richard J Brown <i>Senior Lecturer in Clinical Psychology</i> University of Manchester	<ul style="list-style-type: none"> • what will services for people with medically explained symptoms look like in the future? • how can we measure outcomes? • looking ahead
17.05	<i>Question and answers, followed by close</i>	

Medically Unexplained Symptoms

Friday 21st October 2016 De Vere W1 Conference Centre London

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Please also ensure you complete your full postal address details for our records.

Please specify any special dietary or access requirements

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I cannot attend the conference but would like to receive a PDF containing the conference handbook material, which includes speaker slides, at £49 each.

The PDF will be sent out after the conference, please fill in the 'Your Details' section above for delivery, and the 'Payment' section.

Where did you hear about this conference?

Venue

De Vere West One 9-10 Portland Place, London, W1B 1PR
Telephone: 0207 034 9700. A map of the venue will be sent with confirmation of your booking.

(The ICO stands for International Coffee Organisation)

Date Friday 21 October 2016

Conference Fee

- £365 + VAT (£438.00) for NHS, Social care, private healthcare organisations and universities.
 £495 + VAT (£594.00) for commercial organisations.
 £300 + VAT (£360.00) for voluntary sector / charities.

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