Roundtable presentations and discussions

11:15am Session one
12:15pm Session two

Please ensure you have taken a ticket for the 2 roundtable discussions you would like to attend. Numbers are limited for each session and tickets are on a first-come, first-served basis.

1. Medically unexplained symptoms (MUS) in forensic settings
   Assembly Hall
   Led by Dr Gwen Adshead, Locum Consultant Forensic Psychiatrist, Ravenswood House, Southern Health Foundation NHS Trust, Dr. Mushandimai Hove, CT2 Psychiatry (Core Trainee), Berkshire Adolescent Unit, Berkshire Healthcare NHS Foundation Trust and Dr Amit Sharda, ST6 Doctor in Forensic Psychiatry, West London Mental Health NHS Trust

   Medically unexplained symptoms are a major cost to NHS services and are associated with unresolved distress in patients. We present information that suggests that MUS are a significant problem for long-term residential secure care, in terms of demand on services. We look forward to discussing the implications with other colleagues working in secure settings.

2. Comparison of diabetes control between medium and high secure settings
   Assembly Hall
   Led by Catherine Scott, Medical Student, King's College London

   The results of an audit comparing glycaemic control in a high secure and medium secure psychiatric unit that each follow the same diabetes management protocols. HbA1c readings were collected retrospectively over a six- and twelve-month period for male patients with type II diabetes. Whilst the group demographics were similar, their glycaemic control varied, suggesting a need for further investigation into the effects of environmental factors in the management of diabetes.

3. Management of epilepsy at HSU
   Assembly Hall
   Dr Samrat Sengupta, Consultant Forensic Psychiatrist, Broadmoor Hospital, West London Mental Health NHS Trust and Bryan Ceronie, Medical Student, King's College London

   This roundtable will discuss the prevalence of epilepsy in High Secure hospitals, looking at four case vignettes outlining psychiatric and physical co-morbidities.

4. Smokefree Mental Health Settings; the benefits and the process
   Assembly Hall
   Led by Hilary Wareing, Director, Tobacco Control Collaborating Centre

   Hilary was a member of the NICE Professional Development Group which developed PH 48 NICE Guidance (smoking cessation in secondary care: acute, maternity and mental health services) and is coordinating the health benefits audit. The discussion will include the early findings of the multi-centre trial of effects of a smoking ban.

5. The role of exercise therapy in physical health care within forensic settings.
   Assembly Hall
   Led by Amir Zamani, Exercise Physiologist and Cognitive Behavioural Therapist, West London Mental Health NHS Trust/Ealing Hospital Trust

   In this session we will be discussing the role of physical activity and exercise in the prevention and management of physical chronic diseases amongst the psychiatric population. This session endeavours to provide an opportunity for the participant to share and discuss their physical health care experiences applying exercise therapy as an adjunct to their current practice. We will use case studies to provoke discussion and the sharing of good practice.

6. Maturity onset diabetes of the young (MODY) - it’s relevance to psychiatric patients.
   Assembly Hall
   Led by Dr Coralie Bingham, Consultant Nephrologist, Royal Devon and Exeter Hospital (Wonford)

   Maturity onset diabetes of the young (MODY) is a cause of early-onset diabetes (typically diagnosed before 25 years) with autosomal dominant inheritance. There are a number of genes involved including the HNF-1B gene. Patients MODY associated with HNF-1B also have renal disease and some patients have been identified with schizophrenia and autism spectrum disorders.
7. Introducing a smoking ban
Assembly Hall
Led by Dr Shubulade Smith, Consultant Psychiatrist and Clinical Senior Lecturer, South London and Maudsley NHS Foundation Trust and Institute of Psychiatry, King’s College London and Mary Yates, Modern Matron, Behavioural and Developmental Pathway, South London and Maudsley NHS Foundation Trust.
A discussion of the real-life experience of introducing a smoking ban into a Medium Secure Unit. The discussants will outline the initial preparatory work involved; the strategies put in place to implement the transition (pharmacological and behavioural); the work with staff and with patients; the impact on day-to-day running of the unit and discuss the ongoing implications of the smoking ban and its implementation.

8. MEWS (Modified early warning score) training in a mental health environment.
College Room
Led by Helena Ellis, Nurse Practitioner, Ashworth Hospital, Mersey Care NHS Trust

9. Initiating clozapine via NGT – a case study
Assembly Hall
Led by Dr Ed Silva, Consultant Forensic Psychiatrist Ashworth Hospital, Mersey Care NHS Trust

10. National recommendations for improving the wellbeing of people living with mental illness and what we are learning from units which have gone smoke free
Harvey Goodwin Suite
Led by Seamus Watson, National Programme Manager, Wellbeing and Mental Health, Public Health England
This presentation will give a national overview of the physical health of the nation, and compare this to the physical health of people living with mental illness. Key, evidence based interventions which are effective in helping people with mental illness live longer, healthier lives will be explored. The discussion will also discuss the health gain for patients in units which have gone completely smoke free.

11. Managing insulin in a secure psychiatric environment
Harvey Goodwin Suite
Led by Dr Tom Humphries formerly GP Rampton Hospital

12. Club drugs and legal highs: the challenges for patients and professionals inside and outside the hospital
Harvey Goodwin Suite
Led by Dr Christopher Hilton, Consultant Liaison Psychiatrist, WLMHT / Ealing Hospital, Honorary Senior Clinical Lecturer, Imperial College London & former Honorary Clinician, CNWL Club Drug Clinic
In this workshop we will cover:
> New trends in recreational drug use
> Novel psychoactive substances, their desirable and undesirable effects
> Approaches to treatment and prohibition
> Examples of good practice and integrated substance misuse working in physical health, psychiatric and custodial settings.

13. The management of pain in secure settings – a multidisciplinary approach
Harvey Goodwin Suite
Led by Linda Harris, Chief Executive and Clinical Director, Spectrum Community Health CIC
This roundtable will discuss best practice principles of safe and effective pain management in the secure environment and using case examples, discuss the common pitfalls in prescribing and the challenge of assessment, diagnosis and medicines management for pain relief in secure environment settings
Outputs:
> Explore and identify current best practice in assessment and pain management including pharmacological options mapped from common pain pathways
> What are the barriers to implementing best practice?
> Training and education and resource implications

14. The Obesogenic Environment
Harvey Goodwin Suite
Led by Debra Edson, Dietitian
A discussion on the low energy requirements of our patients held in high secure hospitals and how to address balancing energy in and energy out through diet.

15. ECGs in Psychiatry
Harvey Goodwin Suite
Led by Dr Grace Jagger, CT3 Doctor, West London Mental Health NHS Trust
This round table will discuss the QTc interval:
> How accurate our methods for calculating it are and the clinical impact of this
> How to calculate QTc intervals and manage prolonged QTc intervals
> How far it is the role of psychiatrists to be proficient at this and ECGs in general vs it being the role of cardiologists.