

East Midlands Mental Health Transformation and Sustainability Network

Wednesday 7th March 2018

14 / 48 delegate responses

Summary of feedback

1. How would you rate this Network Meeting overall?

Excellent	36%
Good	57%
Average	7%
Poor	

Comments:

Inconsistent attendance from a cross the region. Would be good to get better engagement from southern part of the patch - maybe need to find a venue that's closer.

I find it a great Network opportunity

I liked the discussions but I didn't feel like the Q&A sessions were well organised and it felt at times that there was an input bias towards higher grade staff.

Very informative. Would be nice to have some Q&A and maybe more discussion of what the presentations mean locally.

2. How would you rate the content, benefit and delivery of the presentations from Session 1 (Psychosis - Making the case for integrating mental health and physical health)?

Excellent	71%
Good	29%
Average	
Poor	
Did not attend	

Comments:

Gave me great ideas for future development

The talk by Dr de Silvia was really informative, engaging, and I felt like he made a great attempt to engage with the audience. The framework from Cambridgeshire and Peterborough was extremely refreshing to hear about, especially considering it wasn't a vanguard initiative funded scheme. Very inspiring.

Great update on key facts. Diagnostic overshadowing very interesting. Love the Toxic Triad - simple and clear (And not just for people with Psychosis)

This is a current hot topic for us in The PIER Team

3. How would you rate the content, benefit and delivery of the presentations from Session 2 (Adult ADHD – how diagnosing and treating reduces demand in other parts of the system and delivers ROI)?

Excellent	57%
Good	14%
Average	
Poor	
Did not attend	29%

Comments:

Michelle was a very enthusiastic speaker, really communicated similar feelings that I have experienced myself as a patient in adult adhd services, and within psychiatry itself. It was very empowering to see a woman with adhd using a platform for positive change. The second speaker I felt bad for as she had very dry content, through no fault of her own, that didn't engage the audience well. I feel like she would have benefited from going before Michelle.

What a great evidence-based tool to bring better clinical standardisation and efficiency to ADHD diagnosis.

Should there be NHS-wide negotiation for the tool?

Michelle's talk was very inspirational.

4. Did the table discussions meet your expectations in terms of format, relevance and quality?

Excellent	14%
Good	43%
Average	36%
Poor	7%

Comments:

Felt rushed, and the right colleagues to address the issues weren't necessarily in attendance.

Some mixing in regions went on despite best efforts to keep STP's together*

I think we just had too much to discuss in a short time.

Topics were too wide to be able to have a meaningful discussion in 15 minutes

I did not feel like the discussions were completely relevant to the needs of service users, and I think that going forward you should think about outside of the purview of government goals. The discussions should have been split amongst the other STP areas, we should take advantage of the networking by working together to align our goals, and not sit away from other STP areas to plan our own business. I did enjoy the questions given for the adult adhd service, however I didn't get the opportunity to share my views and experiences of adult adhd as a long term service user, which I felt would have been beneficial for these talks. I was hoping there would have been a formal Q&A to follow where I could have asked some pertinent questions but this didn't happen, and honestly I tried to engage with one of the panel members who visited the table but they did not wish to continue a dialogue with myself. Not sure our table was well chaired, facilitated or documented. Maybe the organisers could allocate a facilitator for each table to keep things on course and ensure focused and documented outcomes.*

5. What is the main message you will take back to your colleagues today?

The personal experience for Michelle and her messages around adult ADHD MH delivery plan and messages from Ifti

Psychosis and physical health - additional thought to magnesium and vitamin D

Some good models in some areas that can be adopted more broadly

Clinicians at the forefront of development !

Ideas to improve early access Ideas on leadership (from Ifti) Value of QB-Test

1. Contact with Dr De Silva to further consider how to improve the health of people with SMI 2. Greater insight into Adult ADHD- which I think is very poorly understood.

What we can do to improve physical health in psychosis

STP could be an agent for change, but I didn't see it as positive for someone with a big interest in adult adhd, both academically and personally. The psychosis aims are being aligned to government goals which is expected and there was some creativity from Cambridgeshire that really impressed me.

Mental health delivery Plan

Share the physical health good practice. get the 1018/19 MH Delivery Plan shared Keep pushing for funding of an ADHD service

We need to work more closely with primary care on both issues.

Read the new physical healthcare guidance

6. Would you be prepared to speak at future events? If 'Yes' please leave your name and special interest/topic for contribution

Dr Marlene Kelbrick

Why an adult neurodevelopmental service makes sense (ADHD and Asperger's Syndrome/ASD) Kobus van Rensburg

Adhd as a long term service user and rethinking it with respect to a neuro developmental model.

John Hague - Psychosis

7. How would you rate the choice of venue and competency and professionalism of the event organisation?

Excellent	86%
Good	14%
Average	
Poor	

Comments:

With the caveat of the location, not being great for colleagues in Leicestershire and Northamptonshire

8. What improvements would you suggest for future Network Meetings?

Mix of CAMHS and adult services to better think about transition and early intervention and prevention

More southerly location

Slightly shorter meetings - finish at 4pm!

Table discussions

Formal Q&A. It really breaks the ice and allows free expression of ideas and criticism.

To keep people there at the end of the day what about morning meetings.

Thank you for your comments

* We do actively invite delegates to facilitate and would encourage you to volunteer at the next meeting if your table has a vacancy for this role