

# Medically Unexplained Symptoms /Somatic Symptom Disorder National Summit 2018

Monday 10th December 2018 De Vere W1 Conference Centre London



## Chair and speakers include :

**Brian Rock**

*Director of Education and  
Training*

The Tavistock & Portman NHS

**Tim Kent**

*Service Lead & Consultant  
Psychotherapist*

The Tavistock & Portman NHS

**Andy Bell**

*Deputy Chief Executive  
Centre for Mental Health*

## Supporting Organisations

The Tavistock and Portman **NHS**  
NHS Foundation Trust



Centre for  
Mental Health



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A Joint Conference Healthcare Conferences UK & The Tavistock and Portman NHS Foundation Trust

Researched and produced in partnership with The Tavistock and Portman NHS Foundation Trust and chaired by Mr Brian Rock, Dean of Post Graduate Education and Training at The Tavistock and Portman NHS Foundation Trust, Consultant Psychologist and Psychoanalyst. Brian was the original service lead at the Primary Care Psychotherapy Consultation Service in Hackney, East London and led on an innovative piece of research into MUS and Health Economics. The PCPCS team will be ten years old in 2019 so we thought it was fitting to ask Brian to join us in reviewing the ever developing world of Bio-Psycho-Social understanding of MUS and the Human Condition.

This important and timely conference will support delegates to better understand and meet the needs of people with medically unexplained symptoms/somatic symptom disorder. Through national updates, extended sessions and practical case studies the Summit will bring together leading practitioners in this area. Following an opening presentation on the 'lived experience' the programme will focus on; improving management and treatment, whole team consultation for GP and primary care teams, identifying and managing MUS at Accident & Emergency, MUS and Trauma, prioritising MUS for Commissioners, and setting recovery goals for MUS. We will also consider the important area of holistic care for people with both explainable conditions alongside psychogenic aspects of the human condition that can feel too complex or overwhelming to tackle with confidence. We will promote the notion of Curiosity alongside Cure in the exploration and treatment of complex, multi-morbid patient presentations.

#### Learning points:

#### Attending the Summit will enable you to:

- Explore contemporary practice in MUS, PPS and the impact of trauma, inequality and psycho-social deprivation on life course and health outcomes.
- Improve your understanding of the breadth and diversity of PPS and MUS including what gets under the skin of GPs and what can help enhance confidence in practice as well as reduce the need to always 'act' (prescribe, intervene, investigate...)
- Learn about the impact of adverse experience in childhood (trauma +) on patient experience, body-mind health and outcomes in adult life.
- Explore Innovations in Primary and Emergency care – frequent attenders, complex presentations and cost savings.
- Understand and relate to GP pressures: What helps? How to help? What do GPs want, what might they need – how can we help to support and nurture General Practice and its function of providing much of the 'therapeutic' help and listening that complex patients receive 95% of the time?

*"Almost one half of Primary Care Patients have at least one medically unexplained symptom that does not respond to standard care. This leads to unnecessary investigation, referrals, health costs, medications as well as frustration in patients and health professionals alike. The great majority of these patients have psychophysiological disorders."* Dr. Allan Abbass, MD, FRCPC MUS Expert, Dalhousie University's Director of Education,

*"Doctors often manage the symptoms by minimising (normalising) and treating empirically; whereas patients usually want explanations and emotional support – for their symptoms to make sense. Doctors and nurses, especially if unsure how to manage the situation, may assume patients want more than they do. The doctor may precipitate premature tests & referrals, perhaps to distance themselves from their patients; or by perceiving undue pressure to diagnose and cure. Past health and psychosocial experiences may encourage some patients to minimise certain symptoms and over emphasise others to shift the doctor's attention in a particular direction. People want reassurance that the doctor has considered all the possibilities. They will usually accept that there is uncertainty now, yet want assurance that their symptoms will be taken seriously and reassessed in future."*

Royal College of Psychiatrists – Guidance for Health Care professionals on MUS 2015

Follow the conference on Twitter #medicallyunexplainedsymptoms

## 10.00 Chair's introduction

**Brian Rock** *Director of Education and Training/Dean of Postgraduate Education*  
The Tavistock and Portman NHS Foundation Trust

## 10.10 The Lived Experience: its all in your head. Video Presentation via Tim Kent

### Lived Experience Video Presentation

- changing the way we talk about medically unexplained symptoms
- the lived experience
- developments in social prescribing

## 10.30 EXTENDED SESSION: Improving management and treatment of 'medically unexplained symptoms': A partnership approach

### MUS Integrated Team Presentation

- managing MUS across primary and secondary care
- gathering expertise around the patient
- PIT in action: using psychodynamic principles at the roadside

11.30 Question and answers, followed by tea & coffee at 11.40

## 11.50 EXTENDED SESSION: Care for the Carers – whole team consultation for GP and Primary Care Teams –“Balint-plus for the 21st century

### Tim Kent

*Service Lead Primary Care, Consultant Psychotherapist and Social Worker*  
Tavistock and Portman NHS Foundation Trust

How a Psychanalytically minded Primary Care Service can help GPs, administrators and practice staff to both manage the burden of their work and think about the many faces of patient communication that can help to manage complexity of presentation and potentially reduce both human and health economic costs.

12.50 Question and answers, followed by lunch at 13.10

## 13.50 What principles should underpin good MUS Services?

### Speaker to be announced

- principles of good MUS services
- improving recognition and practice in primary care
- learning from the Birmingham MUS Pilot

## 14.20 An enhanced care approach to Medically Unexplained Symptoms at A&E

### Dr Mark Griffiths

*Consultant Lead Clinical Psychologist*  
Department of Clinical Health Psychology  
Aintree University Hospital NHS Foundation Trust

- identifying & managing MUS at Accident & Emergency
- pro-active management of frequent attenders
- clinical outcomes & our experience

## 14.50 Improving practice: learning from case studies MUS and the hypermobility spectrum disorder..the missing link?

### Dr Philip Bull

*Consultant Rheumatologist, Education Lead*  
East Kent Community Rheumatology Service  
Medical Advisor and Trustee  
Hypermobility Syndromes Association (HMSA)  
Former Clinical Director, Medicine,  
East Kent Hospitals University NHS Trust

- explaining the diagnosis
- training and educating frontline staff in the management of MUS
- some case studies in practice
- our experience

15.30 Question and answers, followed by tea & coffee at 15.40

## 15.20 Medically Unexplained Symptoms and Trauma

### Dr Tony Downes

*General Medical Practitioner, Honorary Research Fellow,*  
Cardiff University, Visiting Research Fellow, Glyndwr University

**Dan Phillips** *Trauma Counsellor*

- MUS and Trauma presentations in Health and Social Care: Challenges for all
- co-producing Outcomes and Wellbeing Pathways
- our approach and case studies

## 16.10 EXTENDED SESSION: Why services for complex needs and MUS should be a priority for commissioners – awareness, understanding and policy implications

### Andy Bell

*Deputy Chief Executive*  
Centre for Mental Health

- reasons why this should be a priority for commissioners, STPs, ACSs
- national policy
- the current gap in awareness, understanding and support

17.00 Question and answers, followed by close

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**Date** Monday 10th December 2018

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