

# Bristol Health Partners

## PPI in the Eating Disorders HIT



#BHPedhit



Avon and Wiltshire Mental Health Partnership NHS Trust  
Bristol Clinical Commissioning Group  
North Bristol NHS Trust  
North Somerset Clinical Commissioning Group  
South Gloucestershire Clinical Commissioning Group  
University Hospitals Bristol NHS Foundation Trust



# #BHPedhit

1. What is PPI?
2. Why is PPI important to EDHIT?
3. An example of PPI in EDHIT
4. How PPI will remain integral to EDHIT in future

## 1. What is PPI?

- Not Payment Protection Insurance
- Not Protein Pump Inhibitors
- but Patient and Public Involvement

Can be subdivided to:


- Engagement = sharing/communication/discussion
- Involvement = direct input/work (can be paid)
- Participation = research participant

## 2. Why is PPI important to EDHIT?

- Patients, families and carers are directly affected by EDHIT
- Prioritising: may not align with those of clinicians/researchers
- Allows sharing of experience and knowledge
- Brings insights not thought of otherwise
- Improves the effectiveness and impact of EDHIT's work

## 3. An example of PPI in EDHIT

**Your voice can help improve local eating disorder healthcare services - come and let your voice be heard!**  
5:30-7:00pm, Thursday 19th November - Central Bristol



**How?**  
We invite you to take part in an informal consultation and discussion evening with the People with Eating Disorders Health Integration Team (PEDHIT), a group of doctors, psychiatrists, and other healthcare professionals, plus researchers, voluntary groups, funders and local commissioners, all working together to improve services for people with eating disorders in Bristol and the surrounding area.

**Who is it for?**  
Anyone who has experience of having or caring for someone with an Eating Disorder.

**Why?**  
Your voice is extremely important for PEDHIT - we cannot improve services without the input of service users!

**When?** 5:30-7:00pm, Thursday 19 November

**Where?** CLAHRC offices, Whitefriars, Bristol, BS1 2HT  
See <http://whitefriarsbristol.com/location.html>

**How to register:** At <http://pedhit-nov2015.eventbrite.co.uk> or by contacting us (see below)

**Refreshments:** Tea, coffee, squash and water will be provided.

**More information:**  
For more information about the informal consultation and about alternative ways to get involved, please read on below.

**Any questions?**  
If you have any questions about PEDHIT, the discussion evening taking place on 19<sup>th</sup> November, or ways to get involved in future, please get in touch: [ellendevine@thecareforum.org.uk](mailto:ellendevine@thecareforum.org.uk) or [dr.anne.c.cooke@gmail.com](mailto:dr.anne.c.cooke@gmail.com) or on 07743174128.

We look forward to working with you.  
From Anne, Ellen, and the rest of the PEDHIT team

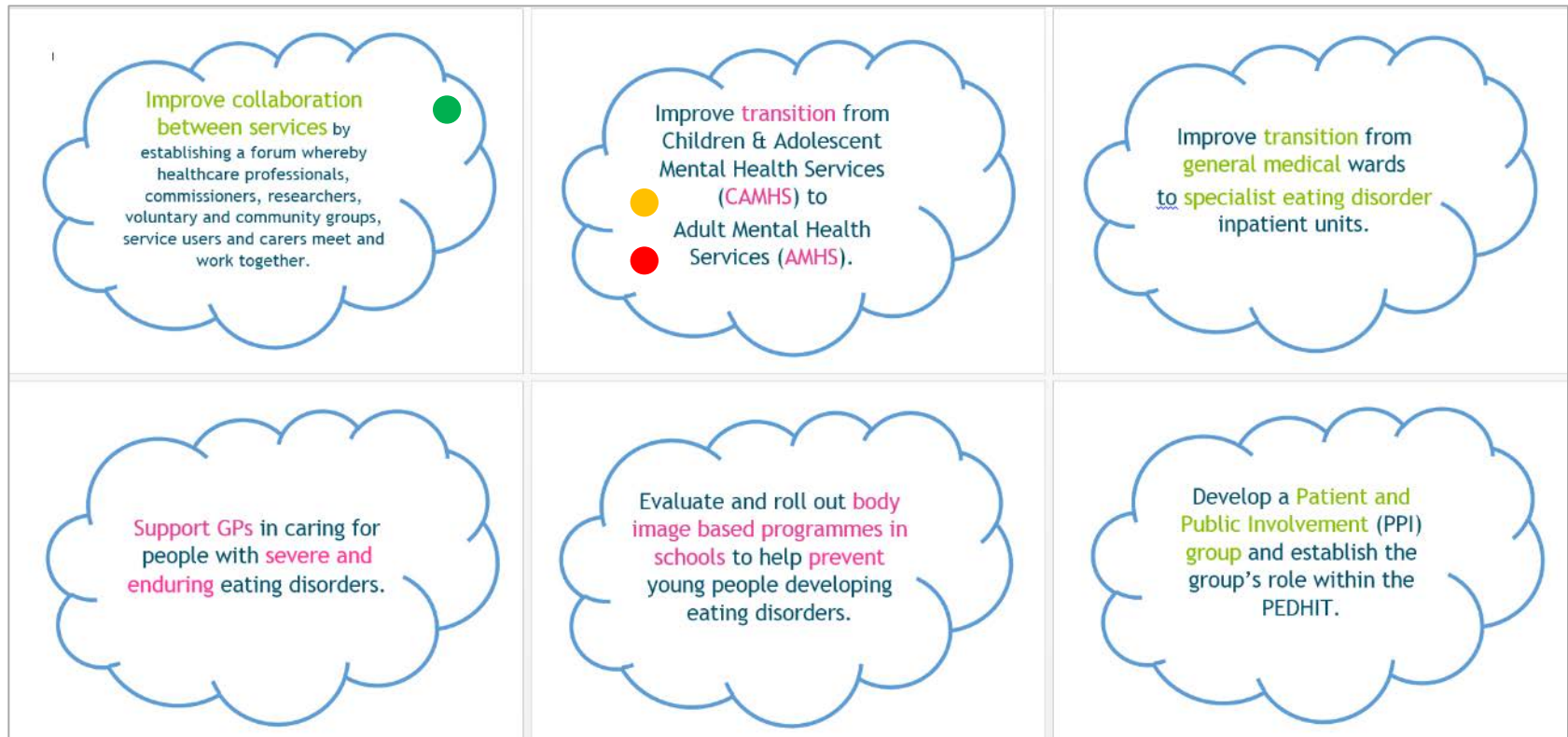




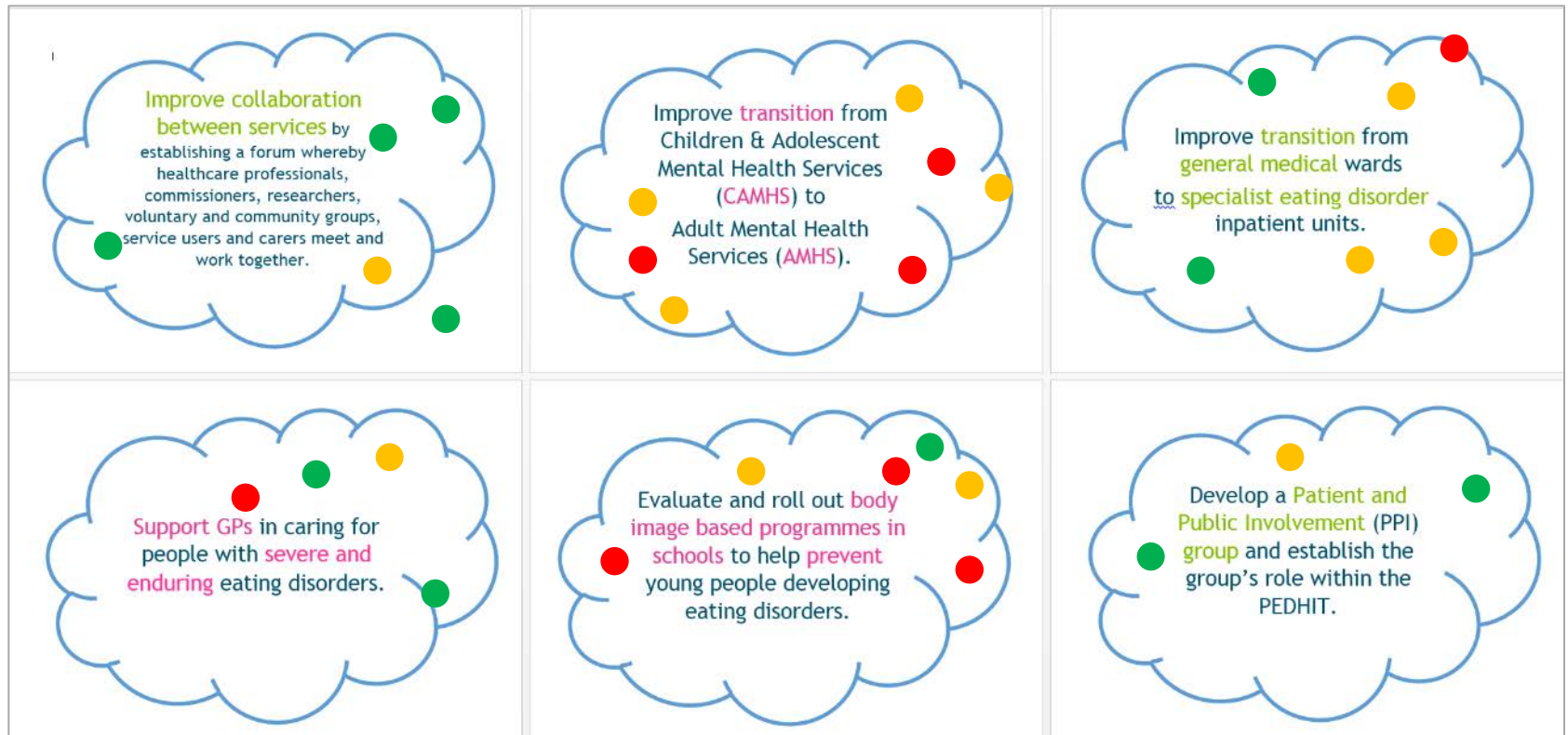
### 3. An example of PPI in EDHIT

- Prioritising the HIT's aims
- Open discussion

### 3. An example of PPI in EDHIT



### 3. An example of PPI in EDHIT





### 3. An example of PPI in EDHIT

*Transition between mental health services and ED units as well as transition general medical to specialist ED inpatient units.*

*Advocacy and more opportunity for a compassion-focused approach (CBT is not always helpful).*

*More social awareness - allow people to spot signs of Eating Disorders.*

*Parents really need information and peer support so they can support their child and not feel guilty it [the ED] is their fault*

*Tackle the judgement on men with eating disorders.*

*Support for carers and families*

*I feel that the problem with this is travelling; people with severe anorexia might have depleted strength and finance. Hence I feel it would be more effective to support GPs. Very many of whom seem to have very little understanding of EDs*

*Post discharge support/ follow up to prevent relapse - meeting every 3-6 months?*

*Practical support - how to manage an eating disorder day to day. Occupational therapy?*

*Routine check-ups for people in recovery.*

### 3. An example of PPI in EDHIT

#### Transition to recovery:

Ongoing support for transition from care into sustained recovery. Strong views on how detrimental it is to withdraw support once healthy weight is achieved; this is a very vulnerable time and often the *hardest* transition - poorly recognised/resourced at present.

Breaking the link between low BMI = help.  
Healthy BMI = no help.

### 3. An example of PPI in EDHIT

WHAT CAN EDHIT ACHIEVE?	
<u>Pathways/Transitions</u>	
Integrated care pathway with smooth transitioning between services: CAMHS to Adult, medical to mental health, stop patients discharged from treatments and services	End of year 5
Improved patient <u>experience</u> with transfers between treatments and services, <u>and with leaving services after treatment</u>	End of year 3

## 4. How PPI will remain integral to EDHIT in future

- PPI representative on management group
- PPI = one of four work streams
- PPI mailing list: ongoing consultations
- Regular newsletter
- Annual event
- Establish online routes of communication
- Work with current activities, e.g. ABC, BEAT
- Identify and engage with harder to reach groups



**#BHPedhit**

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