North Staffordshire Combined Healthcare NHS Trust

Brain & Behaviour

8th National Neuropsychiatry Conference

Tuesday 25 November 2025

DoubleTree by Hilton
Stoke-on-Trent
ST1 5BQ

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Welcome

It gives me great pleasure to welcome you all to our 8th National Neuropsychiatry Conference.

This multi-disciplinary event has been highly regarded by delegates over many years, both in relation to its educational value and clinical relevance. This year, we will hear from a host of nationally and internationally renowned speakers, utilising a mixture of lectures and workshops. Besides learning about recent advances in conditions such as autoimmune encephalitis and Parkinson's disease, we will hear about the use of modern technology, important service issues and the role of support groups. Colleagues new to the field will have the opportunity to learn more about mainstream day-to-day neurological assessments and neuroimaging interpretation.

A dedicated session on supporting women with traumatic brain injury in the criminal justice system will highlight a different dimension within the legal setting.

As always, a selection of workshops will allow delegates to choose the area that is most relevant to their clinical practice and academic interest.

I hope you will find the conference most educational and enjoyable.

Dr George El-Nimr
Consultant Neuropsychiatrist, North Staffordshire Combined Healthcare NHS Trust, Honorary Clinical Lecturer at Keele University and Chair of the Faculty of Neuropsychiatry at the Royal College of Psychiatrists

Conference programme

8:45am	**Registration and refreshments** Exhibitions and networking
9:15am	**Welcome and introduction** Dr George El-Nimr – Consultant Neuropsychiatrist and Chair of the Faculty of Neuropsychiatry, Royal College of Psychiatrists
9:20am	**Trust welcome** Dr Dennis Okolo – Chief Medical Officer, North Staffordshire Combined Healthcare NHS Trust
9:30am	**'The lost tribes of neuropsychiatry' – How people with organic mental disorders got excluded from psychiatric services** Professor Hugh Rickards, Consultant Neuropsychiatrist/Honorary Professor in Neuropsychiatry, National Centre for Mental Health, Birmingham
10:05am	**Addressing neuropsychiatric manifestations of Parkinson's disease: current evidence** Professor Eileen Joyce, Neuropsychiatry, UCL Institute of Neurology, Sobell Department of Motor Neuroscience
10:40am	**Women are not small men – supporting women with TBI in the criminal justice system** Dr Czarina Kirk Consultant Neuropsychiatrist Forensic Brain Injury Service, Lancashire and South Cumbria NHS Trust and Dr Annmarie Burns, Consultant Clinical Neuropsychologist, Brainkind and North London Foundation NHS Trust
11:15am	**Refreshments, exhibition and networking**
11:45am	**Workshop 1** **Neuroimaging of neurodegenerative conditions: what a clinician needs to know** – Dr Habeba Ali, Consultant Neuroradiologist, Royal Stoke Hospital, University Hospitals of North Midlands NHS Trust **Workshop 2** **How modern technology can improve care for neuropsychiatric patients** – Dr Matt Rowett, Consultant Neuropsychiatrist, Cygnet Newham House, Deputy Regional Medical Director (Neuropsychiatry – North) and Chief Clinical Information Officer, Cygnet Health Care

12:45pm	**Lunch**
1:30pm	**Workshop 3** **Neurological assessment for non-neurologists – Dr Michela Simoni,** Consultant Neurologist, Royal Stoke Hospital, University Hospitals of North Midlands NHS Trust **Workshop 4** **Developing a young-onset dementia assessment service** Dr James Reilly, Principal Clinical Neuropsychologist Dr Lorraine King, Consultant Clinical Neuropsychologist Dr Anna Isherwood, Senior Clinical Psychologist Dr Connor Watkins, Clinical Psychologist
2:30pm	**Prescribing psychotropic medication in brain injury rehabilitation** Dr Bruce Moore, Medical Director and Consultant Neuropsychiatrist (Brain Injury Medicine) at Habitat Health Group
3:10pm	**Refreshments, exhibition and networking**
3:35pm	**Autoimmune Encephalitis and Psychiatry: beyond antibodies** Dr Richard Hackett, Consultant Neuropsychiatrist, Manchester Centre for Clinical Neurosciences, Salford Royal NHS Foundation Trust
4:10pm	**HDYO – the impact of Huntington's disease (HD) on families and young people** Matt Ellison, Project Co-ordinator and Founder of Huntington's Disease Youth Organization (HDYO)
4:45pm	**Closing remarks and farewell** Dr George El-Nimr, Consultant Neuropsychiatrist, Honorary Clinical Lecturer Chair of the Faculty of Neuropsychiatry, Royal College of Psychiatrists

Session abstracts

'The lost tribes of neuropsychiatry' – How people with organic mental disorders got excluded from psychiatric services
Professor Hugh Rickards

Until the 1990's many adult patients with organic mental disorders were looked after in psychiatric hospitals. Mental health clinicians were familiar with them and provided care. Since then, we have seen the wholesale exclusion of people with these disorders from the dominant narrative of mental health care. Patients with organic mental disorders are commonly excluded from services and mental health clinicians receive scant training in their care, leading to further exclusion. Private sector providers have willingly moved in to fill the gap, but these services are poorly co-ordinated and piecemeal. In this talk I'll describe this process of exclusion, discuss some of the reasons it might have happened, give examples of good practice and make suggestions for action for the future to bring the 'lost tribes' back.

Addressing neuropsychiatric manifestations of Parkinson's disease: current evidence
Professor Eileen Joyce

Many of the psychiatric manifestations commonly seen in Parkinson's disease, such as depression, psychosis and dementia, can be related to the neuropathological process underlying the disease. Other clinical problems that require psychiatric intervention include impulse control disorder and dopamine dysregulation syndrome which are related to the effect of medication used to treat the motor symptoms. Psychosis, which can develop late in the disease process, is highly disruptive for the patient and family and often leads to care home admission. The most effective antipsychotic for the alleviation of Parkinson's psychosis is low-dose clozapine, but acute services do not have the experience with this medication and community mental health teams do not have clinical experience with an organic disorder such as Parkinson's disease. These examples show that Parkinson's disease is a) not only a movement disorder but also a neuropsychiatric condition and b) that the management of Parkinson's disease requires a multidisciplinary approach by neurology/geriatrician hospital services and community mental health teams working together to provide the optimal care.

Women are not small men – supporting women with TBI in the criminal justice system
Dr Czarina Kirk and Dr Annmarie Burns

Dr Kirk will talk about the following: Women are not small men – recognition , assessment and treatment of brain injury in women who present with offending behaviours. During this session I will outline how brain injury in women can present, challenges in assessment, hidden injury of NFS and interventions.

Dr Burns will talk about the following: Brainkind is committed to supporting women with Acquired Brain Injury (ABI) in contact with the criminal justice system. In 2024, we launched Complex Lives report, exploring the experiences of justice involved women in Wales. This study revealed the very high prevalence of potential brain injuries via a blow to the head and non-fatal strangulation. It also highlighted the multiple disadvantages that these women experience (e.g. child adversity, domestic abuse) and how this contributes to their struggle to access the right support. At HMP Send (a female prison) we have observed the positive impact our Brain Injury Linkworker service has on the women's ability to understand their brain injury and engage with the prison regime. Consistent across all our work is the call from professionals for better access to training on brain injury and practical suggestions on how they can better support women with brain injury.

Neuroimaging of neurodegenerative conditions: what a clinician needs to know – workshop
Dr Habeba Ali

Neurodegenerative conditions represent an escalating challenge in contemporary medicine, with current estimates indicating that approximately one million individuals are living with dementia in the United Kingdom alone. Advanced neuroimaging modalities have emerged as indispensable non-invasive tools in early detection, characterisation, and monitoring of neurodegenerative pathology. This lecture aims to enhance clinical awareness regarding the effective choice of imaging modalities to support clinical decision and provide a case-based updated review of neuroimaging findings interpretation and scoring system of dementia.

How modern technology can improve care for neuropsychiatric patients – workshop
Dr Matt Rowett

Neuropsychiatry is undergoing a pivotal transformation driven by modern technology. This presentation explores how technological frontiers are actively reshaping patient care, offering scalable, personalised, and effective solutions for behavioural and mental disorders.
Digital interventions leverage smartphone apps for real-time monitoring (digital phenotyping) and delivering personalised cognitive behavioural therapy (CBT), virtual reality (VR) for immersive exposure therapy and cognitive rehabilitation, and Large Language Models (LLMs) for enhancing diagnostic support and patient communication. Artificial intelligence (AI) is crucial for boosting diagnostic accuracy through the analysis of multimodal data (neuroimaging, genetics, and behaviour) and for personalising treatment plans to optimise therapeutic efficacy. Brain-Computer Interfaces (BCIs) represent a new frontier, offering innovative strategies for the rehabilitation of motor disabilities and cognitive dysfunction by establishing direct brain-device communication.
We will detail the clinical applications, efficacy, and future directions of these technologies, while addressing essential ethical considerations, including data privacy and potential algorithmic bias. By embracing these innovations, we can enhance patient engagement, bridge the gap between neurology and psychiatry, and significantly improve outcomes for individuals with complex neuropsychiatric conditions.

Neurological assessment for non-neurologists – workshop
Dr Michela Simoni

This workshop on neurological assessment for non-neurologists aims to help clinicians in identifying symptoms or signs that need further investigations or neurology specialist review. We will proceed to review simple basics of history and examination and separately consider some of the most common symptom-presentations. We will review a few cases as examples, encouraging interaction from the participants.

Developing a young-onset dementia assessment service – workshop
Dr James Reilly, Dr Lorraine King, Dr Anna Isherwood, Dr Connor Watkins

North Staffordshire Neuropsychology (NSN) is a large team of neuropsychologists, clinical psychologists and assistant psychologists working across Stoke and North Staffordshire, based in inpatient, outpatient and community service. Our NSN sub team works within the North Staffordshire neurocommunity team (alongside Dr El-Nimr and Dr Sridharan). We present our new approach to assessing adults concerned about having a young-onset dementia (YoD) diagnosis (aged 50 to 59). High demands for this service meant long-waiting lists, with a full, comprehensive assessment offered to all, despite low incidence figures. Our new streamlined assessment pathway is introduced, including: our new evidence-based test battery; how we in neuropsychology can assist our MDT and neuropsychiatry colleagues towards accurate diagnoses; pointers to assist in spotting hallmark features of YoD (and those factors which suggest normal ageing or other aetiologies); our approach to providing a thorough service to those who present with a YoD, and also feeding back, reassuring, and offering interventions to those who appear not to. The team will present clinical examples and helpful metaphors to assist in your practice with query YoD presentations, as well as intervention approaches we offer, including ACT-based (acceptance and commitment therapy) interventions, and our all-new virtual memory skills course (available on YouTube). And all this in just an hour!!

Prescribing psychotropic medication in brain injury rehabilitation
Dr Bruce Moore

Safe and effective prescribing can be particularly challenging in survivors of brain injury.
There is a range of well-recognised and common neurocognitive, neurobehavioral and psychiatric symptoms or impairments that can arise following brain injury. Some symptom profiles can be conceived as predominantly organically mediated impairments, particularly affecting cognition and executive function, including memory impairment, planning and organising, and monitoring responses, as well as altered mood and emotional dysregulation, poor initiative and motivation, aggression, impulsivity and disinhibited behaviour, and particularly sexual disinhibition.
Such behaviours may lead to significant unwanted outcomes, where potentially hazardous interpersonal interactions may arise, particularly in the community.
In addition, there are various symptoms and impairments which are not necessarily directly organically mediated, such as irritability, frustration, anger, and symptoms of post-traumatic stress disorder (PTSD) but it is well recognised that there is a significant overlap between organically mediated and psychologically mediated symptoms and impairments. This overlap of symptom aetiology (causation) mandates close liaison between the prescribing doctor and the client's rehabilitation team, and particularly with the treating neuropsychologist (for this reason it is my preference to undertake joint neuropsychological and neuropsychiatric clinical reviews).

Moreover, medical prescribing should not occur in a 'clinical vacuum' in which the doctor simply targets symptoms in order to 'tick off the boxes'. Such 'paternalistic prescribing' (doctor knows best) fails to take into account how the client views medication, and fails to engage their family, therapy and support team, and this can backfire and alienate the client and significant others.
Another complicating factor relates to the client's mental capacity with regard to the likely benefits and potential adverse effects associated with various medications, and a team approach to mental capacity is typically the best way to support safe and effective prescribing.
It is hoped that these highly complex and interwoven issues will be addressed in this presentation, and I particularly look forward to any comments and questions from the esteemed delegates!

Autoimmune Encephalitis and Psychiatry; beyond antibodies
Dr Richard Hackett

Current diagnostic approaches to autoimmune encephalitis reflect the neurological approach of relying exclusively on investigations, particular imaging, immunological tests on blood and CSF findings. Using illustrative cases I will question how relevant this is to patients who present to psychiatrists with these disorders where diagnosis incorporating clinical features might be just as appropriate.

HDYO - the impact of Huntington's disease (HD) on families & young people
Matt Ellison

Abstract: A talk on the impact of HD on families and young people around the world.

Our speakers

Dr George El-Nimr

Consultant Neuropsychiatrist, North Staffordshire Combined Healthcare NHS Trust, Honorary Clinical Lecturer at Keele University and Chair of the Faculty of Neuropsychiatry at the Royal College of Psychiatrists

In the context of a generic neuropsychiatric service, Dr El-Nimr provides care for patients with psychiatric manifestations of brain damage in various clinical settings. Dr El-Nimr is also the CPD lead for the Trust and the neuropsychiatry module organiser for the local MRCPsych course.

He has supported multi-disciplinary educational programmes in other universities and has published a number of scientific and educational papers and DVD materials. Dr El-Nimr has organised over 15 successful neuropsychiatry national/international conferences. He co-authored a chapter on neuropsychiatry service models for the Oxford Textbook of Neuropsychiatry and reviewed scientific papers for high-impact medical journals. He co-developed CPD online modules on Huntington's disease (HD) and Fronto-Temporal Dementia for the Royal College of Psychiatrists.
As the current Chair of the Faculty of Neuropsychiatry at the Royal College of psychiatrists, Dr El-Nimr oversees and contributes to various national training, service issues and commissioning initiatives. He also works collaboratively with other national and international organisations.

Professor Hugh Rickards

Consultant in Neuropsychiatry, Hon. Professor in Neuropsychiatry, National Centre for Mental Health, Birmingham

Hugh is a consultant in neuropsychiatry in Birmingham with a special interest in Huntington's disease. He is an Honorary Professor in Neuropsychiatry at the University of Birmingham. His research interests are in the altered mental states and behaviours of people with Huntington's disease (HD), and also in clinical trials for people with HD. When not at work he enjoys playing jazz piano and volunteering in the local park.

Professor Eileen Joyce
Neuropsychiatry, UCL Institute of Neurology, Sobell Department of Motor Neuroscience

Professor Joyce is an Emeritus Professor of Neuropsychiatry at Queen Square UCL Institute of Neurology. She obtained her first degree in experimental psychology and a PhD in behavioural neuroscience from the University of Cambridge. She went on to study medicine also at Cambridge. She trained in psychiatry at the Bethlem and Maudsley Hospitals and spent several years there as a Wellcome Trust Lecturer in Mental Health followed by time at the USA National Institutes of Health.
Before moving to UCL/UCLH in 2005, she was Professor of Neuropsychiatry at Imperial College. She has served as Chair of the British NeuroPsychiatry Association, the RCPsych Faculty Neuropsychiatry and the International Neuropsychiatric Association.

Dr Czarina Kirk
Consultant Neuropsychiatrist, Forensic Brain Injury Service, Lancashire and South Cumbria NHS Trust

I am a consultant neuropsychiatrist at the Forensic Brain Injury Service at Guild Lodge, Lancashire and South Cumbria NHS Trust, in Preston. This is a service that provides secure brain injury rehabilitation within a forensic mental health framework. I am vice chair of the Neuropsychiatry Faculty at the Royal College of Psychiatrists and we have been involved in a number of projects including Quality Network for neurorehab, integrating mental health care in neurology and neuro-rehabilitation, training and curriculum reviews to include neuropsychiatric conditions, suicide prevention etc. I am an affiliate member of the Neurology CRG. I am a board member of NW UKABIF and a member of the strategy team of the ABI Justice Network – a parliamentary sub-group of the ABI APPG.

Dr Annmarie Burns
Consultant Clinical Neuropsychologist, Brainkind and North London Foundation NHS Trust

Dr Annmarie Burns is a Consultant Clinical Neuropsychologist working for Brainkind and North London Foundation NHS Trust. She has over twenty-five years of experience working in neurorehabilitation. Since 2021 she has worked at Brainkind; delivering and developing services for people with brain injury going through the Criminal Justice System and researching the prevalence of brain injury in people with lived experience of domestic abuse.

Dr Habeba Ali
Consultant Neuroradiologist, Royal Stoke Hospital, NHS Trust

Dr. Habeba Ali, MD, FRCR, MBA, MSc, MBBCh, is a distinguished neuroradiologist with extensive clinical expertise and a strong academic background. She currently serves as a Locum Consultant Neuroradiologist at the University Hospitals of North Midlands (UHNM) NHS Trust and as an Assistant Lecturer of Neuroradiology at Cairo University, Egypt.
Dr. Ali's work spans a broad range of advanced neuroimaging applications, including functional neuroimaging, automated brain volumetry, diffusion tensor imaging (DTI), perfusion, and MR spectroscopy. Her research focuses on the utilization of these techniques in the evaluation of neurodegenerative diseases, epilepsy, inflammatory brain disorders, and brain and spinal tumours. In addition, she has extensive experience in MR neurography and in the imaging assessment of cranial disinnervation disorders.

Dr Matt Rowett
Consultant Neuropsychiatrist, Cygnet Newham House,
Deputy Regional Medical Director (Neuropsychiatry – North) and Chief Clinical Information Officer, Cygnet Health Care

Dr Matthew Rowett is passionate about transforming mental healthcare through innovation, data, and compassionate leadership. His vision is to design and lead neuropsychiatric services that deliver measurable quality improvement and make a tangible difference in patients' lives. Throughout his career, he has established new services, built collaborative partnerships, and implemented data-driven strategies to optimise clinical outcomes. As a clinical leader in neuropsychiatry and digital health, he has championed the integration of technology, analytics, and clinical insight to enhance decision-making and service design. He is committed to fostering a culture of continuous learning and improvement, ensuring that both patients and healthcare teams can thrive.

Dr Michela Simoni
Consultant Neurologist, Royal Stoke Hospital, NHS Trust

Michela is a clinical neurologist with an interest in cognitive disorders and neurodegenerative conditions. She has been a neurology consultant at UHNM since 2019 and had previously worked as neurology and stroke consultant in Sandwell and West Birmingham NHS Trust, following completion of Neurology training in the West Midlands Deanery in 2017.
Michela is originally from Florence, Italy, where she graduated in Medicine and worked as a Neurology resident and researcher. In the UK, she re-trained as a physician (MRCP London) and subsequently worked as clinical research fellow in the Oxford Vascular Study (OXVASC). She has a DPhil in Neurosciences from the University of Oxford, based on her research on age-related white matter changes in patients with strokes and TIAs in the population-based OXVASC Study.

Dr James Reilly
Principal Clinical Neuropsychologist

I am a Principal Clinical Neuropsychologist in the North Staffordshire Neuropsychology Service across inpatient and outpatient settings. Since starting on the long road to becoming a qualified Clinical Psychologist, the area of Neuropsychology has always been my main area of interest. In particular the behavioural aspects of TBI, neuropsychological formulation and rehabilitation. I have recently completed my MSc in Clinical Neuropsychology at University of Glasgow and can now proudly call myself a Clinical Neuropsychologist.
I qualified as a clinical psychologist in 2017, completing my doctorate at University of Liverpool. I had previously worked in inpatient rehabilitation and in paediatric neuropsychology. My first qualified post was in a forensic High Secure Hospital setting. From this I particularly enjoyed working with individuals who are challenging to engage. I have a great belief in the value of positive therapeutic relationships and utilising approaches which give the person a thorough understanding of their difficulties and what can be done to help.

Dr Lorraine King
Consultant Clinical Neuropsychologist

I have worked in the field of neuropsychology since 2001. My current NHS role, held for the past five years, is leading the neuropsychology provision within a regional neurocommunity service. My work largely involves neuropsychological assessment and rehabilitation with individuals who have suffered an acquired brain injury (e.g. head trauma, stroke, brain tumour), are being assessed for young onset dementia, or have been diagnosed with a neurological condition (e.g. multiple sclerosis, Parkinson's disease, spinal cord injury).
I deliver clinical input with individuals and/or their families/care teams for a range of difficulties; devising and delivering individually tailored rehabilitation interventions, working therapeutically with clients (often within an Acceptance and Commitment (ACT) therapy model, or delivering EMDR (eye movement desensitisation and reprocessing) trauma therapy), and providing training and supervision to MDT clinicians and care teams.

I am also research-active, regularly publishing in, and reviewing for, peer reviewed journals, and I teach and provide clinical placements and research supervision to Doctorate and Masters Courses across the North West and Midlands.

Dr Anna Isherwood
Senior Clinical Psychologist

Anna is a Senior Clinical Psychologist at North Staffordshire Neuropsychology, North Staffs Combined NHS Trust. She qualified from University College London in 2017, having held a number of clinical and research roles in neuropsychology and the neurosciences prior to this. Since qualifying she has worked in community stroke and neurorehabilitation services and currently works for the Neurocommunity Team at the Bennett Centre in Stoke-on-Trent.
She sees a diverse cohort of patients with acquired neurological conditions for cognitive assessment, neurorehabilitation and therapy in addition to leading the long-COVID pathway since 2022. She has a special interest in working systemically with couples and families as they adjust to the impact of neurological diagnoses. In addition to her clinical role, Anna also co-facilitates on the Leadership strand of the Lancaster University clinical psychology doctorate, as well as teaching on neurorehabilitation and systemic approaches.

Dr Connor Watkins
Clinical Psychologist

Dr Connor Watkins is a Clinical Psychologist working in the Community Neuropsychology Team within the North Staffordshire Neuropsychology Service, based at the Bennett Centre. He qualified in 2024, having already built over a decade of experience in mental health across a variety of NHS trusts and third-sector organisations, including the past four years with the North Staffordshire Combined Healthcare NHS Trust.

Connor has a particular interest in supporting people and their families to adjust to life-changing experiences, such as neurological conditions and acquired brain injury. He works therapeutically with approaches such as Acceptance and Commitment Therapy (ACT), focusing on helping people live in alignment with their personal values, build psychological flexibility, and sustain a sense of meaning and purpose alongside the challenges of illness, injury, or trauma.

Dr Bruce Moore
Medical Director and Consultant Neuropsychiatrist (Brain Injury Medicine) at Habitat Health Group

Dr Moore graduated in medicine from The University of Liverpool in 1993 and trained in neuropsychiatry at the Institute in Neurology in London and passed his membership examination of Royal College of Psychiatrists in 1997 with the highest marks in the United Kingdom (awarded the Laughlin Prize). He became a Consultant in 2000 and was medical lead for the brain injury service Liverpool and established the UK's first clinical bio magnetic service. He has published scientific articles and also books on depression, anxiety and schizophrenia (BMA book prizes 2000).

He was awarded his MD for research into the functional neuro-anatomy of psychiatric disorders and has lectured internationally on mental health. He provides training and lectures to professional associations on topics ranging from risk management, mental capacity assessment and treatment in Brain Injury Medicine, and he has recently written a book chapter on Neuropsychiatry for Neuropsychologists, to be published in 2025.

He has been Clinical Advisor to the Healthcare Commission and Medical Assessor to the Royal Pharmaceutical Society, and from 2004-2008 was Medical Director of 5 Boroughs NHS Trust, a large specialist mental health Trust, and represented NHS Hospitals on the National Provider Advisory Group for Regulatory Reform. He was appointed visiting Professor at the University of Chester in 2008, and was Medical Director for Priory Group Neurodisability Services from 2010 to 2012 and then Medical Director for Glenside Hospital Salisbury 2013-2014, and since 2014 he has been in fulltime private practice at Habitat Health Ltd, providing independent consultancy advising on the clinical management of complex neuropsychiatric cases and acts as an expert witness to the Courts in brain injury rehabilitation medicine.

Dr Richard Hackett
Consultant Neuropsychiatrist, Manchester Centre for Neurosciences, Salford Royal NHS Foundation Trust

Richard graduated from The Royal London Hospital Medical School in 1982. He completed his pre-registration house officer year at Tameside General Hospital and psychiatry training in South Manchester, including clinical work at the David Lewis Centre for Epilepsy. During training, Richard completed a diploma in tropical medicine and his MD thesis was undertaken in India, focusing on epilepsy, learning difficulties and movement problems in children. Richard was appointed as a consultant at Salford Royal in February 2001.
Richard works with Dr Rachel Thomasson to provide a comprehensive neuropsychiatry service for Greater Manchester and neighbouring areas. His general clinics are focused on diagnosis and treatment of neuropsychiatric aspects of known or suspected neurological disease. He also collaborates with psychiatrists in secondary care to investigate psychiatric presentations that have a suspected organic basis. Richard's special interest clinics include epilepsy, movement disorders and sleep. He also has particular interest and expertise in neuropsychiatric sequelae of inborn errors of metabolism and collaborates regularly with the Mark Holland Metabolic Unit.

Matt Ellison
Project Co-ordinator and Founder of HDYO

Matt is from a family impacted by HD and is the founder of the Huntington's Disease Youth Organisation (HDYO) - a charity which offers support, education and opportunities to young people impacted by huntington's disease.

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Our sponsors

We would like to extend our thanks to the sponsors who have made the conference today possible.

HUGH JAMES

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