MSNAP
MEMORY SERVICES NATIONAL ACCREDITATION PROGRAMME

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Welcome

Issue 07 **December 2012**

Merry Christmas and a very Happy New Year from the MSNAP team!

2012 has been a busy year for MSNAP! The 3rd edition standards including the new psychosocial interventions module were published in June; the new affiliate membership was launched and the Forum took place in October. We have also had a change in staff, Emily Doncaster said farewell to MSNAP in September and Sophie Hodge is now the Deputy Programme Manager. Emma Hailey joined the team as a Project Worker in October.

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In this issue...

Congratulations!

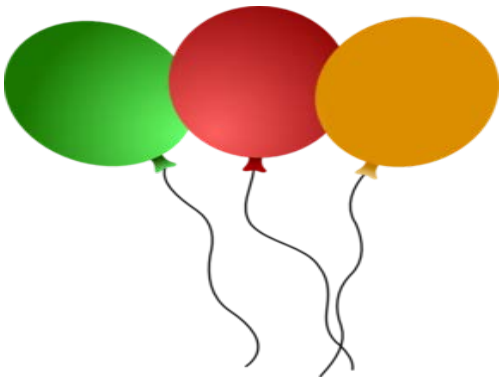
The following services have been accredited by MSNAP since July 2012:

Accredited as excellent

Blackpool Memory Assessment Service
West Elmbridge CMHTOP

Accredited

Plymouth Community Memory Service



MSNAP National Memory Services Forum

15 October 2012

This year's MSNAP Forum was a great success and the MSNAP team would like to thank everyone who attended, particularly the speakers and exhibitors.

A variety of topics were covered throughout the day including how research can be integrated into a memory assessment/treatment clinic, life story work in post-diagnostic clinics and how specialist Occupational Therapy interventions can help to improve the health and wellbeing of dementia patients demonstrating challenging behaviour.

Professor Mike Kopelman opened the audience's eyes to the wide range of memory deficits beyond dementia, and sparked a good debate in the theatre about the remit of memory clinics.

Dr Dan Harwood from the Isle of Wight Memory Service gave a really insightful presentation about how they have reduced the amount of antipsychotic drugs prescribed to people with dementia within their service. He presented data from the most recent audit that was carried out and gave tips for other services.

National Audit of Memory Services

The Royal College of Psychiatrists are working in collaboration with the Department of Health to conduct an audit of the provision of memory services/clinics in England. A memory clinic/service is defined as a multidisciplinary team that assesses and diagnoses dementia.

All memory clinics/services will be asked to complete a short questionnaire which will look at funding, waiting times, the percentage of people who are diagnosed in the early stages of dementia and the number of service users who are accessing psychosocial interventions.

This information will be used to monitor the progress over the last year on the key commitments in the Prime Minister's Challenge on Dementia regarding memory clinics, and will be compared with the findings in the NHS Information Centre's 2011 report Establishment of Memory Services. The survey will be launched in 2013 via the Royal College of Psychiatrists' website and once this is available all memory clinics in England will be contacted with a request to take part.

Peer Reviewer Training Day

The next peer reviewer training day will be taking place on Thursday 24th January 2013 at Standon House in London. This training day is free to our members (affiliate members are entitled to 2 free places) and after you have attended you will be able to attend a peer review of your choice. If you would like to attend the training day or if you would like any more information please contact the MSNAP team.

Feedback we've had from peer reviewers:

"I find the reviewer experience immensely rewarding."

"A good opportunity for sharing and learning."

" I find it a very informative and beneficial experience"

A Day in the Life of...

Nurse Consultant, Richard Clibbens

Wakefield Memory Service

How does your role as a nurse consultant differ to that of a registered nurse?

Nurse Consultant roles were introduced by the department of health in 1999, to enable experienced expert nurses to remain in direct clinical practice, rather than entering management or full time higher education posts. The role combines expert clinical nursing practice, with education, research, service and practice development.

Although I spend the majority of my week in clinical practice, I am able to combine this with other roles for example; regular lecturing at our local University on the non medical prescribing course and medicines management courses, being part of the local service management team, the drugs and therapeutics sub-committee and Trust wide practice development groups (together with leading on meeting MSNAP standards of course!).

Why did you decide to specialise in older people's mental health/dementia?

I started out as a mental health nurse in Lincolnshire in 1985, then after working in a working age adult admission unit, completed my adult nurse training in Sheffield in 1991 and a Master of Medical Science degree at Sheffield University in 1999. I have worked in older people's mental health and dementia services for the past 22 years and as a Nurse Consultant in older people's mental health in Wakefield since 2000 and Nurse Prescriber since 2004. I am currently writing up a part time PhD related to the experiences of younger people with dementia. I have always found that older people's mental health and dementia care is both challenging and rewarding in requiring the application of all my mental health and physical care knowledge and skills each day.

What does a typical day in the memory clinic involve for you?

A typical day in the memory service will find me chairing a team meeting, then completing home diagnostic appointments or clinic based diagnostic appointments, usually mixed in with some supervision of other clinical staff and practice based education.

Do you conduct assessments? If so what does this typically include, and how long does it take?

My core clinical role is in the provision of dementia diagnosis, combined with independent non medical prescribing. I will usually review the gathered assessment information from cognitive and other assessments, MRI brain scans, blood results etc, to make and share the diagnosis and agree on next steps, including medication where appropriate. We provide a memory assessment service to adults of any age, with everyone seen at home initially for a comprehensive mental health and social care assessment, followed by a diagnostic appointment where appropriate with myself or one of the doctors or Clinical Psychologists within our team. Our team work very closely with the Alzheimer's society locally, both at the time of diagnosis and for post diagnostic interventions, education and support.

What is the most challenging aspect of your role?

The most challenging aspect of the role is in continuously driving up standards in a climate of cost improvement, with ever growing numbers of referrals and people of all ages concerned about memory changes and appropriately seeking assessment at an early stage. This is clearly something many memory services are struggling with up and down the country and I am involved with this both as a clinician and member of the local management team and wider work with partner agencies. We are all facing the challenge of reducing stigma, promoting dementia friendly communities and early awareness, combined with demographic changes and increasing service demands.

What is the most rewarding aspect of your role?

The most rewarding aspect of the role is the face to face contact with people with dementia and their families and friends. Challenging as it can be, I find the opportunity to make the diagnostic process as open and clear as possible, and to work in partnership with the person experiencing memory problems provides me with enthusiasm and energy for my role every day. I am fortunate to work in a very positive team, with excellent support from colleagues whether in senior Medical roles, Clinical Psychology or Administrative roles and together with the Nurses, we all have a strong sense of commitment to providing a memory service that we and the local community can be proud of. I have some great colleagues both locally and round the country, who are a great source of support and humour in a demanding area of work.

If you were not a memory clinic nurse, what do you think you would be doing?

If I wasn't doing this, I'd like to be out on my road bike in the Peak district more often than I manage now, although my family might say I go out on my bike quite enough! I have always enjoyed all aspects of my nursing career wherever I have worked, but am now firmly committed to promoting a positive journey of dementia for people who experience it and those close to them, so find it hard to imagine any other line of work.

Focusing on and encouraging good practice

Some of the feedback we obtained from the 2012 MSNAP forum was that members would like some examples of good practice from services who have been accredited. With this in mind, we will focus on a particular standard in each issue of the newsletter and give examples of good practice.

In this issue we will focus on the standards surrounding driving and informing the DVLA when dementia has been diagnosed.

Standard 3.6.6: People who drive are encouraged to report the diagnosis to the DVLA (or equivalent)

Standard 3.6.7: A local protocol is available to assist memory service staff in informing people about managing issues around driving

Standard 3.8.7.6: The service routinely provides people and their carers with a variety of written information appropriate to their needs, about: medico-legal issues, including driving

Hambleton and Richmondshire Memory Service in Northallerton have devised a checklist to hand out to carers so that they can look out for signs of unsafe driving and therefore be aware that it may be time for the person they care for to stop driving. The checklist that they use is based on an American checklist and a list of signs to look out for can also be found on the Alzheimer's Society website.

Hambleton and Richmondshire Memory Service also have an 'assessing and giving advice on driving for people with cognitive disorders' flowchart that their staff use to give advice to people who have been referred to the service. This was put together using DVLA guidelines and taking into consideration best practice/General Medical Council/Mental Capacity Act issues. The multi-discliplinary team reviewed and agreed the flowchart and the staff were given training sessions before they began using it.

If you would like any more information about the checklist or the flowchart please contact the MSNAP team who will request this from the service.

Older Persons Conference-Taunton

2 October 2012

Sophie Hodge spoke about MSNAP at the Older Persons Conference in Taunton, which was organised by the Somerset Partnership Foundation Trust.

Some really interesting talks were given at the conference, including one about the Service Users Complementary Holistic (SUCH) project which provides access to complementary and holistic treatments for those suffering mental distress. The range of therapies that they offer include: Indian head massage, reflexology, aromatherapy and relaxation techniques.

Dr Arthur Owino also gave a very interesting talk about people with dementia in forensic settings and how it should be highlighted and tested for in older people who are in prison.

Other topics covered included person centred care and challenging behaviour, dementia commissioning and talking therapies.

COGS Clubs

Jackie Tuppen

When it came time for me to retire from the NHS as an Admiral Nurse I wanted to continue to work for people living with dementia. A carer had asked me to find something that her husband could go to for stimulation. She was concerned that the only avenue open to them seemed to be day centres and in her words, 'he's not that bad'. I had received training in Cognitive Stimulation Therapy (CST) which is an evidence-based group programme of activity and stimulation grounded in person-centred care. It is recommended in the NICE Guidelines (2006) as a non-drug related treatment for memory problems. This seemed to be the sort of thing she was looking for. CST normally runs as a two hour session, twice a week over seven weeks and is led by professionals, but as with many therapies there comes a time when a person is discharged from the service.

With this in mind I developed a programme that is based on and run in the same structured way as a CST session. I stretched the time from 2 hours to become a day of activity, stimulation, music and fun for a person with mild dementia.

The day is from 10am to 3pm, once a week, for as long as a member can benefit from the stimulation. It provides the opportunity for them to recall or develop new skills in activities and to facilitate the transfer of these skills to activities at home. It also provides the family/carer/significant other with a day's **respite**. Fun is a key component to the day.

Most clubs are run by volunteers of an organisation like a church, Age UK or a Care Home. Two are run by private individuals who have taken out all necessary insurances. For anyone interested in starting a club I can provide guidelines followed by a visit to present the concept and answer any questions. The Clubs are self sufficient calling on a local Admiral Nurse, local Mental Health Team, GPs or Social Services for referrals. This means that whoever is running the club, be it a Care Home, church or someone else, they would be responsible for the club and collection of subs (which are determined by the Club, not me). The members pay a subscription to attend the club each week which varies depending on the overhead costs. At present the range is £8 - £22 each week.

The first two clubs were evaluated using feedback questionnaires and observation, and evidence shows that the clubs meet the needs of the members and their relatives. Facilitators were also positive and all wanted to continue. There are now 11 clubs in existence with more being planned.

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