Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

South Gloucestershire Primary Care

Dementia and Mental Health Liaison Service

Quarter 2 Report – to September 2010

1. Introduction and Summary

The key aims of the service are to improve recognition and treatment of Dementia and other Mental Health problems in South Gloucestershire.

The service has an open entry policy, so reducing barriers to a rapid specialist advice, support and treatment. The team aims to connect people to services, getting people the right treatment and support at the right time, and to support and empower all those who provide care for them, including carers, relatives and health and social care colleagues.

This report follows on from the first report, which details the background and early development of the service. If you require a copy of this, please email OPLiaisonSupport@awp.nhs.uk.

2. Recognition of dementia and mental health issues

The service is working with S Glos PCT with the aim of identifying the most effective ways of improving recognition of dementia.

People who have dementia often have concurrent mental health and physical health problems. Older people without dementia but with physical or mental health problems can have dementia-like symptoms. It's therefore important that referrals are accepted:

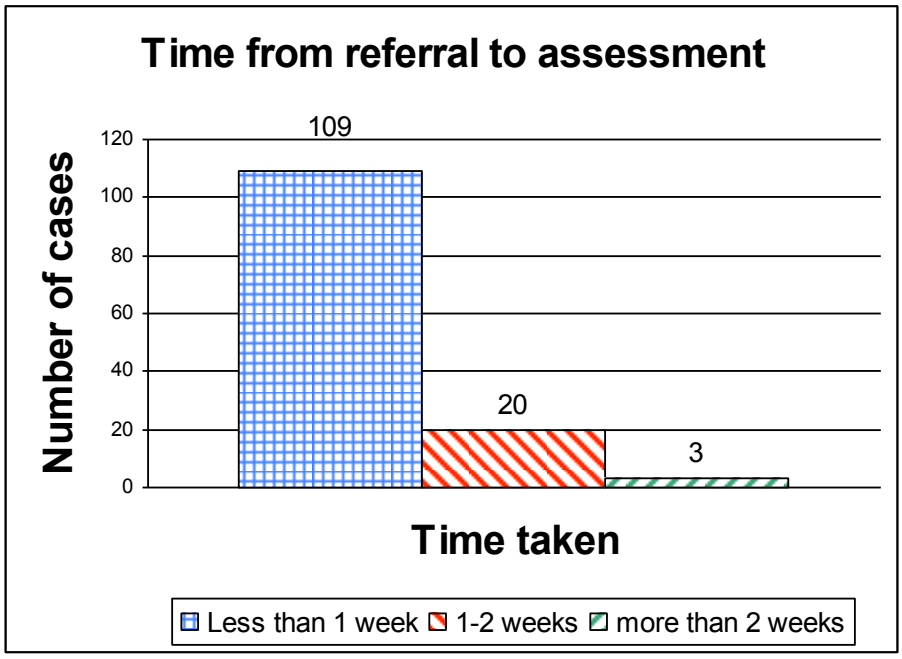
- for anyone who may have mental health problems, no matter how uncertain this is, and no matter how mild or severe the problems
- from anyone in the Primary Care community
- for anyone that our colleagues are concerned about – if someone in primary care has a concern, then it is our job to investigate this
- for people of any age whose problems may possibly be related to dementia – for example people with first presentations of intractable depression over age 50

As Primary Care staff have a range of levels of expertise the Primary Care Liaison Service (PCLS) is flexible in what is provided to them. So there are a range of referral routes including faxed referrals (the fax is always staffed in office hours); telephone referrals (all practices have the number of their local PCLS Nurse and of the Team Leader). PCLS Nurses are regularly present in Practices, available for discussion and regularly attend practice clinical meetings.

PCLS also has a range of available responses, from consultation and advice, to full specialist assessment.

Primary Care colleagues and service users often need much more than an assessment and signposting service. If a client or carer needs a service of any kind, PCLS will always attempt to identify an appropriate existing, preferably mainstream service provider. However, in some cases where for example education, brief therapeutic interventions, short term monitoring are required, and if it would more appropriate and effective for PCLS to directly provide this we will. But we are mindful of the need not to duplicate services, and so if something can be provided more effectively and efficiently elsewhere, then we will facilitate this. We have built good relationships with service providers in the area, so are able to help people through the complex care pathways.

People are often very worried when possible mental health problems have been identified, and early intervention is essential to ensuring people get the right support at the right time. It is therefore often important to see people rapidly. It was initially found that some clients were worried about speed of response (more than one client has said “I only saw the GP this morning – is it THAT serious?”) and many of the cases referred are not at all urgent so it is important not to be rigid about rapidity. PCLS responds sensitively to the urgency as perceived by the referrer and the client or carers. Some cases are seen within hours of referral. Some take weeks to organise. Responses outside the 1-3 day timeframe are monitored and to date slower responses have all been for sound reasons, such as the wishes of the client, or the need for carers, relatives or colleagues.



Graph 1, speed of response

3. Raising Awareness and understanding of Dementia and Mental Health issues

3.1. Education

Education is at the core of our business. By far the bulk of this is clinically based, in the form of advice, joint working, role modelling and coaching. Since current recording methods began in August, the following education related contacts have taken place:

Category of contact	No. of contacts
Discussion with Patient/Relative/Carer etc inc assessment/follow up/advice	486
Liaison/Case Discussion/Advice with non-Primary Care – eg Social Worker	182
Non Primary Care Training, eg Social Worker	5
Primary Care Consultation/Advice/Case Discussion	216

Table 1 Summary of main training contacts

In addition the following pre-arranged Dementia focussed training sessions have been held:

	Subject	Training Duration in minutes	No. of GPs	No. of Primary Care Nurses	No. of Members of Public	No. of 3rd sector reps	Comments
	Dementia	180	3		38		Presentation on Dementia to Chipping Sodbury Rotary Club at their evening meeting
	Dementia	90	5	15			Presentation on treatment protocols for dementia at Thornbury HC
	Dementia	60				5	Seminar on challenging behaviour at Nutfield House Extra care team
	Dementia	120			5	10	2 workshops at "Bristol Dementia Conference" in Engineers house, attended by voluntary sector, carers, statutory colleagues
	Dementia	360		2			Dementia awareness training day
Total		**810**	**8**	**17**	**43**	**15**	

Table 2 Pre-arranged Dementia Training

A regular training programme has now been developed, which will be instituted in early 2011.

3.2. Public awareness raising

Leaflets aimed at members of the public on a range of mental health issues are being placed in GP surgeries. One staff member has been charged with spreading this across South Glos.

Many of the third and statutory sector service providers and campaigning groups have been engaged to ensure mutual awareness and good joint working.

The Alzheimer's society is a key ally in provision of services and support, and a meeting is planned shortly to further this alliance.

4. Achieving good quality early diagnosis

PCLS is playing its part in ensuring South Glos successfully meets the new DoH target to increase recognition of dementia in S Glos Primary Care from its current 32.5% up to 60% by 2012/13.

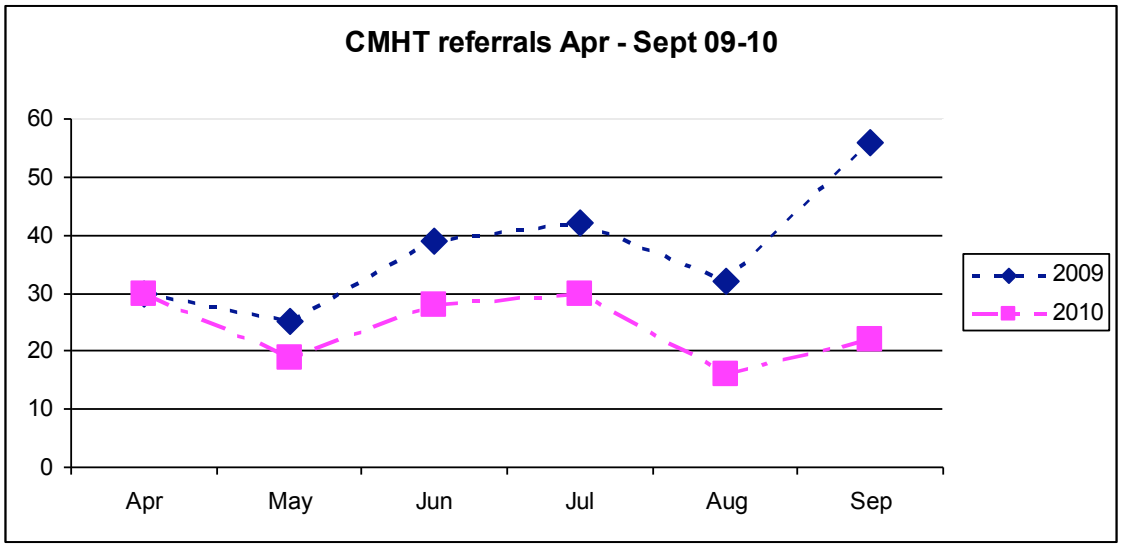
To this end, a list of Practices which appear to need particular support has been agreed with the PCT and interventions will be focussed on them, including training, attendance at meetings, leafleting.

It is widely believed that many people with mild to moderate cognitive impairment are able to perform at their best when seeing their GP, so memory problems may not be noticed. The service is exploring ways of case finding.

PCLS will accept referrals for people of any age with Dementia, and in view of research indicating the prevalence of dementia among people over age 50 with intractable depression, and that for many people the first sign of dementia is anxiety, this ageless assessment service is extended to functional mental health problems (eg depression, anxiety) also.

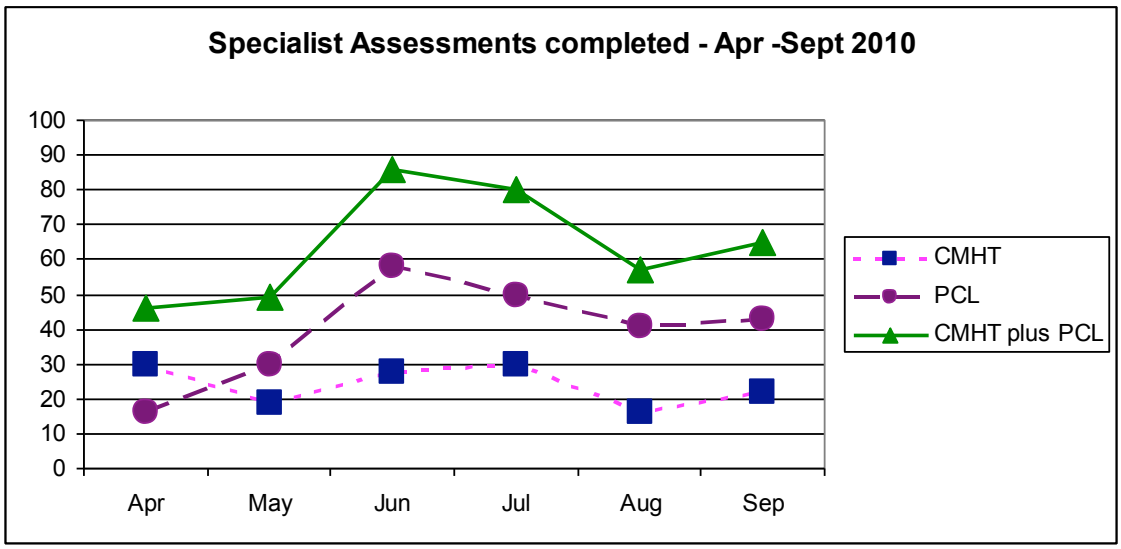
Approximately 30% of people who our staff feel would benefit from full diagnosis and treatment from the Memory Service do not wish to receive this. In these cases, staff always attempt to persuade, but of course people have the right to make this choice. Therefore a protocol is being refined with memory service to ensure the highest possible standard of assessment for these people.

The service aims to improve detection of dementia and mental health problems and thereby access to support, and also to improve the care pathway. Comparing Q1 and Q2 for 2009 -2010, there has been a downward trend in the number of referrals received by the Community Mental Health team (CMHT):



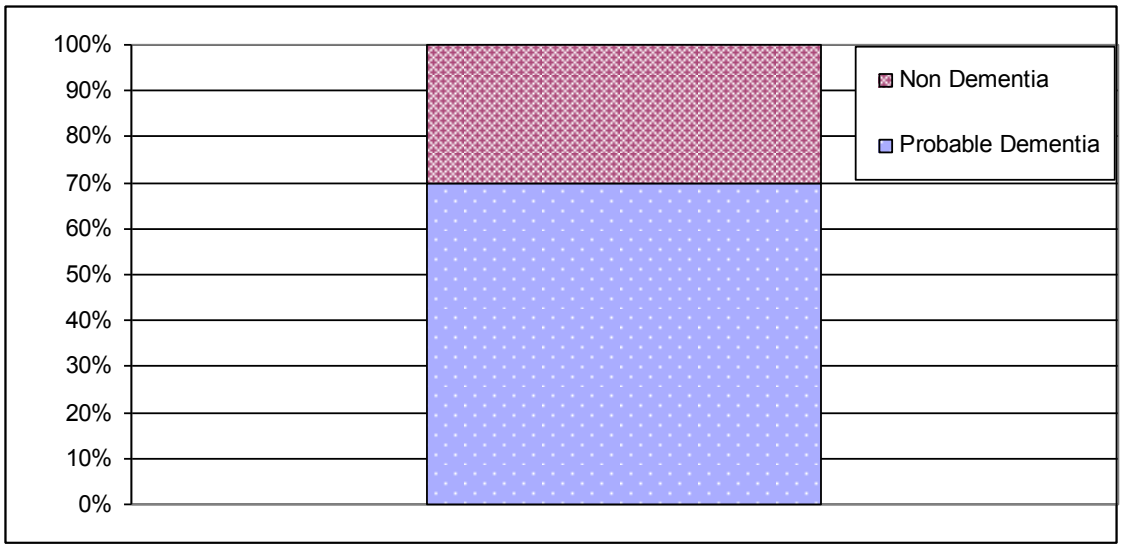
Graph 2 Total Q1 & Q2 CMHT referrals in 2009 and 2010

If we look at the number of assessments actually undertaken by the CMHT and the PCLS in April to Sept this shows a large rise in the total number of specialist Mental Health assessments (CMHT plus PCLS) completed in South Glos:



Graph 3 Specialist Mental Health Service Assessments undertaken in 2010

Since basic morbidity data collection began, 70% of the 92 cases PCLS have completed have confirmed or probable dementia:



Graph 4 Broad case categorisation

It is important to note that of those with confirmed or probable Dementia, over half have concurrent functional mental health problems (eg depression or anxiety). Many of these were initially referred because of their functional problems.

Severity, rated by clinicians on a scale of 1-3, is an average of 2, with no significant variation between dementia and functional cases.

5. Improving Interventions

5.1. Improving outcomes

A number of factors affect the quality of a person's journey through the complex care pathways available for people with dementia and mental health problems. The aim of PCLS is to improve the timeliness and consistency of this journey.

Of the 92 cases completed since August (when better data collection was introduced), the main outcomes were as follows (each case can have more than one outcome):

Outcome	Number	Proportion of cases
ACC (Social Services) input	23	25%
Clinical improvement through direct input	27	29%
CMHT referral	17	18%
Direct Carers' support and Advice	49	53%
IAPT (inc Let's Talk etc) input	6	6%
Primary Care treatment	28	30%
Memory Service referral	13	14%
Primary Care staff training and advice	29	31%
Voluntary sector input	10	11%

Table 3 Outcomes

Referrals to memory service may seem low, given that 70% of cases have probable dementia, but many of those cases have an existing diagnosis, and as stated, about 30% refuse referral.

Those people who have probable Dementia but who do not wish to go to Memory Service, and who do not meet CMHT criteria, used to present Adult Community Care with a dilemma, as their mental service for older people is only available for people with a formal diagnosis of dementia. It's very gratifying that ACC will accept PCLS assessment in such cases.

Preventing people from receiving the wrong treatment or service is just as important as ensuring that they get the right service. To this end, since starting to record outcomes, the following have been prevented:

Clinical deterioration	24
Unnecessary CMHT referral	19
Residential/Nursing Home Long term admission	5
Inappropriate treatment (eg anti-psychotics)	34
Hospital admission – acute/mental health	2
Not specified	8

Table 4 Inappropriate outcomes prevented

It is noteworthy that in about one third of cases inappropriate treatment has been prevented. "Treatment" in this context means a range of things, including medical and non-medical treatment. It appears that the inappropriate use of medication is not limited to Care Homes.

In many other Counties, a significant proportion of referrals to CMHTs are returned to the referrer unseen because they don't meet the clinical criteria. In South Glos, this has now stopped, as any referrals considered inappropriate are forwarded to PCLS.

5.2. Ongoing support and advice

PCLS provide service users and carers with individually tailored advice, education and support. This will range from directly provided support or brief therapy, to signposting or referral. Inevitably, some people will require further support or advice at later stages, so PCLS nurses will work with clients on how to access advice in the future. The rapid response of PCLS means that clients who need further specialist advice won't have to wait long.

6. User engagement

The Team has received excellent verbal feedback from clients, carers and colleagues, but we are constantly striving to learn from the user experience and so we consider it essential to provide accessible and formal ways for people to provide feedback.

We are involved with the AWP service user engagement forum. A feedback process has been drafted with input from the forum and we are planning to pilot this together with the Memory Service. We are holding a meeting with "Forget me not" in Swindon to test the draft feedback form, which we hope will be useable by almost all the people we see.

We are also looking into the best way to get formal feedback from Primary Care staff and other colleagues. We hope to start this in Late January or February 2011.

7. Conclusion and next steps

The service continues being busy and in demand, is popular with Primary Care staff, has dramatically increased access to specialist mental health assessment, and is signposting people to a wide range of specialist and mainstream services in the statutory and third sector.

Our main developments over the next few months will be to develop the education agenda; focus on improving recognition of dementia; improving evaluation of the service through client, carer and colleague feedback.