

Improving Identification and Assessment: The Older People's Liaison Service

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Newham

- 400 bed hospital serving a population of around 250,000
- One of the most deprived boroughs in the UK
- Diverse – over 100 languages spoken in Newham
- Young – highest birth rate in the country & half of the national proportion of over 65s
- High levels of cardiovascular disease and diabetes

Getting a diagnosis of Dementia

- Only one third will receive a diagnosis at any time in their illness (NAO 2007)
- Sampson et al (2009) found 42% of people 70yrs+ admitted to hospital over a six month period to have dementia with no prior diagnosis
- In Newham 30% of admissions have a diagnosis of dementia, 80% of patients on older people's wards have cognitive impairment (local audit 08)

Barriers to seeking assessment and diagnosis

- Lack of insight into memory problems and consequently not presenting to GP with problems
- No close family or friends to spot early signs of dementia and encourage seeking help
- Lack of awareness of early signs of dementia – person and family and friends
- Lack of awareness of interventions to improve well being for people with dementia (thinking nothing can be done, so not presenting to GP)
- Stigma / denial – not wanting to accept a possible diagnosis of dementia
- Accepting cognitive decline as a normal part of ageing

Barriers to appropriate referral and diagnosis by health care professionals

- Lack of awareness of the early signs of dementia
- Lack of confidence in assessing cognitive impairment
- Lack of confidence in discussing memory problems with patients
- Lack of awareness of the interventions to improve well being for people with dementia
- Lack of specialist services to diagnose dementia i.e. Memory clinics

Dementia in Newham

- Well established diagnostic memory clinic – jointly run by neuropsychology, psychiatry and geriatric medicine receiving up to 500 referrals a year

Concerns:

- High proportion of older inpatients with a cognitive impairment that wasn't being investigated
- Increasing numbers of older people from minority ethnic backgrounds who are reluctant to acknowledge cognitive problems
- People with frequent readmissions often have underlying cognitive impairment but not always referred to / attending memory clinic

Nurse Consultant Older People appointed in January 2010 and Older People's Liaison Service (Dementia & Mental Health) established July 2011

Older People's Liaison Service

- Joint project with acute trust and mental health trust
- Based in acute trust and led by Nurse Consultant Older People
- 1 wte Band 7 mental health nurse
- 1 wte Band 5 Dementia Care Advisor
- 1 wte Band 4 Coordinator
- 0.5 wte Band 8a Neuropsychologist
- 0.5 wte Consultant Psychiatrist
- 0.2 wte Occupational Therapist

Memory Clinic in reach service

- No diagnosis of dementia but low MMSE score and history of deteriorating cognitive impairment
 - Short neuropsychological testing done as an inpatient
 - Collateral history and dementia screen bloods and CT head
 - Discussed at weekly memory clinic MDM
 - If further neuropsychology required seen by OPLS psychologist as an inpatient or in memory clinic as outpatient
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- Diagnosis made whilst in hospital if possible if not followed up in memory clinic
 - If no clear history of cognitive decline followed up in clinic by nurse consultant and neuropsychology repeated then discussed at memory clinic MDM as appropriate

Memory clinic in reach

- Majority of people assessed by in reach service fall into three categories:
- People living alone, no close family or friends, unlikely to present to GP with problems or attend memory clinic
- People being cared for/ supported by family who have accepted cognitive decline but either felt that nothing could be done or didn't know what to do until reached crisis point
- People being supported by family / friends who didn't feel there were any cognitive problems
- Many people presenting in late stages of dementia only a very small number found to be cognitively intact after further assessment

Benefits to diagnosis or assessment in hospital

- Link in to specialist dementia services on discharge
- Support for family / carers
- Reduction in number of clinic visits for frailer people
- Capturing people who would otherwise not have been referred to / attended memory clinic
- Appropriate intervention e.g. Medication where necessary

Things to consider.....

- Difficulties associated with making a dementia diagnosis whilst someone is in hospital
- Challenges of early diagnosis and intervention when people don't seek assessment in the community
- Pre and post diagnosis support for person with dementia and their families is essential – dementia care advisor role
- Close links with community dementia services – dementia care team, Alzheimer's society, assistive technology

Thank you!

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