



# Post Diagnostic Support

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## Milton Keynes MASS

- Established in January 2011, officially commissioned from April 2011
- Staff team of 0.4wte Psychiatrist, 1 wte manager (nurse), 1 wte senior practitioner (nurse prescriber), 1 wte Occupational Therapist, 2.2 Clinical Psychologists, 1 wte Assistant, 1 vacancy (Band 6 – OT/Nurse)
- Referrals 2014-2015; 717
- Number of assessment per week; approx 15
- Average wait time 2014-2015; 0-4 weeks
- We offer predominantly a “one-stop shop” appointment where assessment, diagnosis and advice/support is given
- Then service users join the pathway for Post Diagnostic support

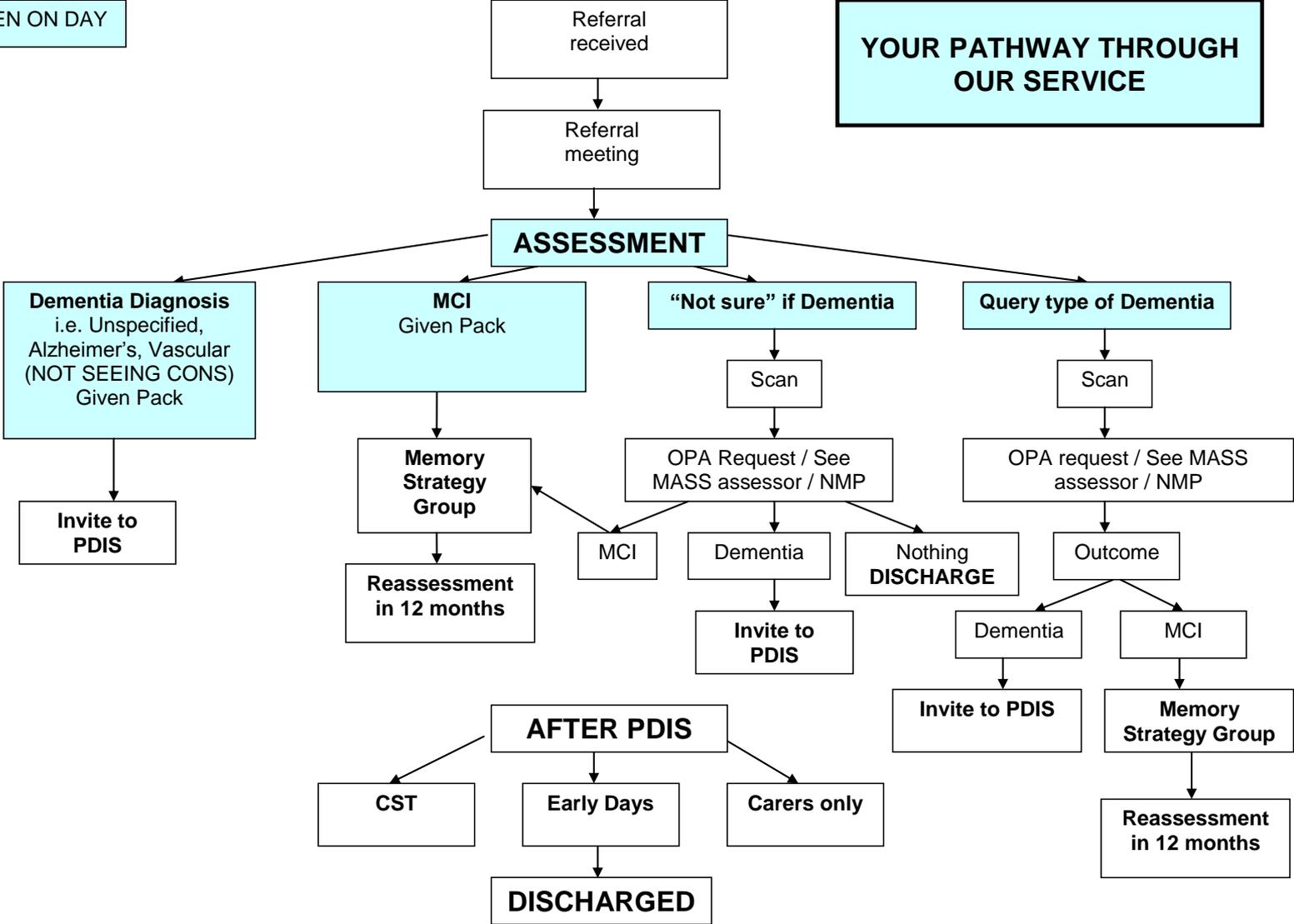


## Assessment & Diagnosis

- Assessment; interview, neuropsychology testing (graded scale), carers questionnaire. Then break for scoring and discussion with a senior clinician
- Diagnosis; feedback of results, a provisional diagnosis or outcome
- Information if Dementia; Outcome document, Post Diagnosis Information Session (PDIS) Leaflet, Menu of Psychosocial Interventions available, AS Dementia Guide, if appropriate Driving and Power of Attorney Information
- Information if not Dementia; Outcome document, information about memory strategies, MCI if appropriate, invite to memory strategies group, follow-up in set time (1yr usually)

GIVEN ON DAY

**YOUR PATHWAY THROUGH OUR SERVICE**



## CQUINS @ MASS

- 2014-2015 two CQUINS
  1. Ensure people are seen and diagnosed within 18wks = ACHIEVED
  2. Care Home diagnosis rate = ACHIEVED

### The 67% target

1. Develop diagnosis guidelines for GP's
2. Ensure diagnoses in care homes are accurate, and recorded in patient notes and on the QOF. 15 care homes, 157 patients "formally" diagnosed
3. Introduction of a GP Pilot for early screening – separate funding & a new team

**\*\*So proud to achieve 67% - one of only two CCG's in our region\*\***



# The GP Pilot Project

- New team; 0.8 wte Clinical Psychologist, 2 wte Assistant Psychologists
- CANTAB – paired associate learning task, measure of mood and ADL's
  - Red outcome – needs further assessment
  - Amber outcome – see in one year
  - Green outcome – no concerns
  - All provided with information pack
- 3 phases;
- Phase 1 (Jan-March); 3 surgeries
- Phase 2 (June-Sept); 6 surgeries
- Phase 3 (Oct-Dec); 4 surgeries

## Results so far

### Phase 1

288 people assessed - 77% Green 2% Amber 21% Red

Offered assessment - 70% attended, 30% declined

Outcomes - 60% received a diagnosis 40% No diagnosis

23% Dementia

37% MCI

### Phase 2 (31.8.2015)

445 people assessed - 65% Green 3% Amber 32% Red

No outcome data yet

**DOUBLED THE REFERRAL RATE TO MASS.....**

**waiting times have gone from 0-4weeks to 10-12 weeks**

# Impact of GP pilot on MASS

Referrals received to date in 2015 (April-Aug); 485

Comparison data (from Ann Saunders, Team Manager)

Date	April	May	June	July	Aug
2014	34	50	65	67	58
2015	76	74	100	112	123

## CQUIN 2015-2016

### Dementia Post Diagnosis Project

2 assistant psychologists appointed (starting 21.9.15)

- Gain service user feedback about existing provision
- Increase the variety of provision
- Increase the frequency of provision
- Be able to offer more bespoke provision



## Existing Post Diagnosis Support @ MASS

- Twice monthly PDIS held for newly diagnosed clients and their families
  - Questions and answers -usually cover different types of dementia, medication, support, managing challenging issues/behaviours, health promotion and legal matters
  - Access group support
- Early Days Group
- Cognitive Stimulation Therapy (rolling program)
- Carer's group
  
- Memory Strategies and Support for MCI (since Jan 15 – 4 groups)

**2014/2015 data – 126 people accessed therapy/support groups**

## Post Diagnosis Info Session Service User Feedback

89% of service users reported they had found the session helpful.

70% of service users reported they had found the location of the group (Cripps Lodge) convenient.

81% of service users reported they had found the time of the group (1:30-3pm) convenient.

100% of people stated they would recommend attending this session to other people.

The following comments were reported by service users regarding this session: “Very informative and helpful” and “Very helpful”.



## Early Days

**The Early Days Group - Aimed at people in the early stages of dementia and who are struggling to come to terms with the diagnosis.**

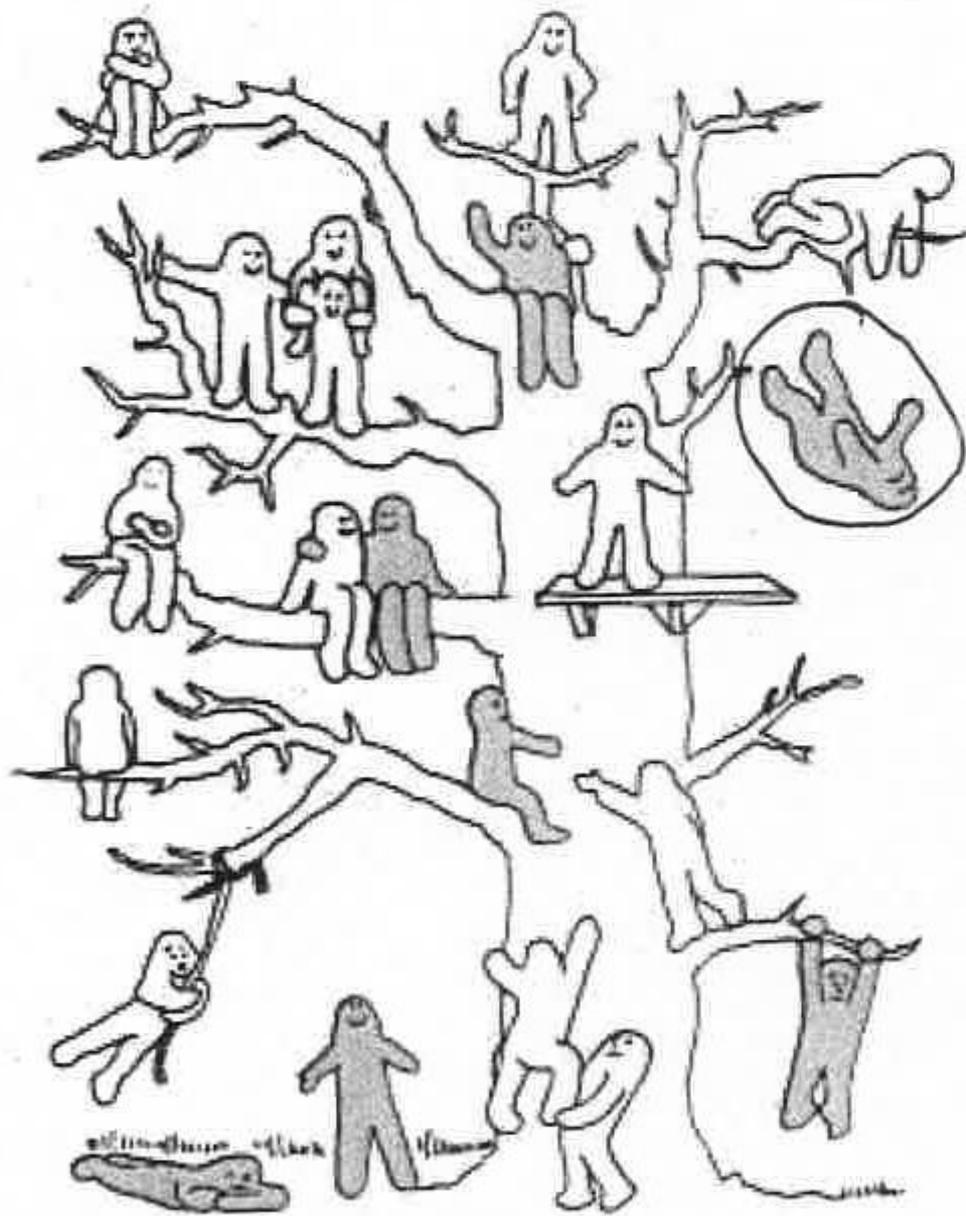
A five week group providing the necessary psychological support to enable the person recently diagnosed with dementia the time and space to talk and reflect about their diagnosis and the impact of this on their and their family's lives.

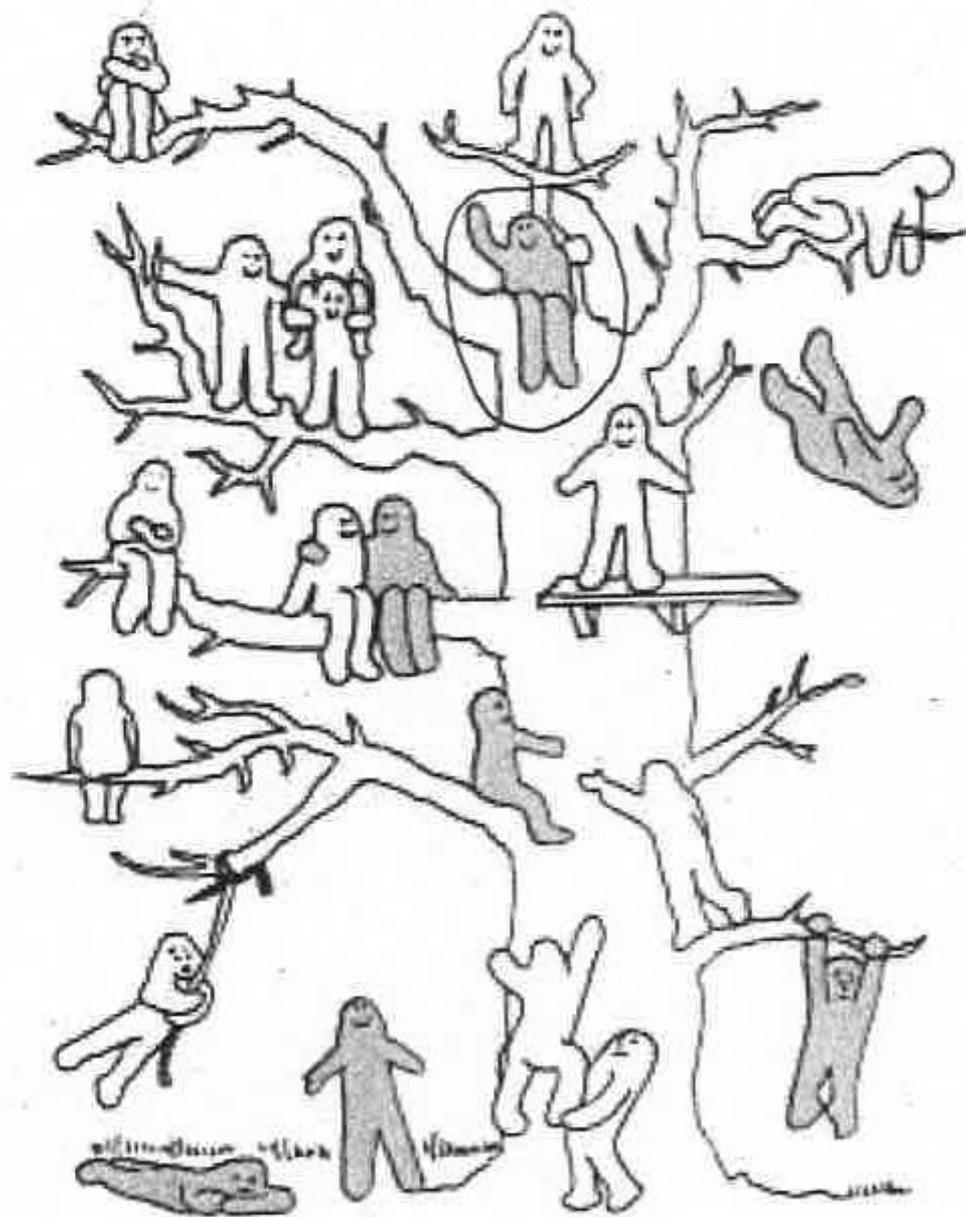
The group provides structure and time to share thoughts and feelings and to help the person find and develop ways to cope and manage effectively.

Strategies to improve independence and memory function are discussed. The group aims to be supportive and enjoyable.

Measures; A variety but now Dem Quol, Jelly Baby Tree & Evaluation Questionnaires

Averages Dem Quol Scores pre 80 post 91







## Early Days Service User Feedback

95% of service users reported they had found the group helpful.

73% of service users reported they had found the location of the group (Cripps Lodge) convenient.

95% of service users reported they had found the time of the group (1:30-3pm) convenient.

83% of people stated they would recommend attending this group to other people.

The following comments were reported by service users when asked what they enjoyed about the group: “Meeting people with Dementia and making friends”; “Talking about feelings and getting more information”; “Hearing other people’s stories”.

The following constructive feedback was also given: “More sessions please”

## CST & Carers

### **Cognitive Stimulation Therapy**

Measures; Dem Quol

### **Carer Support - Aimed at all carers**

A carer support program runs alongside the Cognitive Stimulation Therapy and Early Days Groups. The sessions offer information, education and support about all aspects of living with someone who has dementia. Presentation, exercises and informal discussion provide a rich experience for the carer to develop their skills in looking after themselves and their loved one. Outside speakers are also invited to the program to develop community links.

Measures; Dem Quol- Carers

## Carers Service User Feedback

96% of carers reported they had found the group helpful.

86% of carers reported they had found the location of the group (Cripps Lodge) convenient.

92% of carers reported they had found the time of the group (1:30-3pm or 13:30-14:30) convenient

100% of attendees stated they would recommend attending this group to other people.

The following comments were reported by carers when asked what they enjoyed about the group: “Being able to discuss problems with other group members and realizing the problems we have are the same for others”.

The following constructive feedback was also given: “Not long enough; the time went too quickly” and “The early start [was challenging]”.



# Memory Strategies Group

**Memory Strategies Group - Aimed at anyone who has had a diagnosis of mild cognitive impairment.**

A recurrent monthly one-off session offering psycho-education about mild cognitive impairment and cognitive problems. Offering information about coping strategies and tips for coping with memory loss.



## Extending the Provision

- Introducing a new location and time for PDIS – Asda in the evenings
- START programme for carers
- 1-1 Life Story Work
- Reminiscence groups
- 1-1 Cognitive Rehabilitation sessions
- Monthly Drop In for Problem Solving – collaboration with Alzheimer's and Age Uk
- Memory Strategies for People with a diagnosis of Dementia (same session as MCI)



## Extending the Provision

- **START (STrAtegies for RelaTives)** is an eight session manualised intervention aimed at developing coping strategies for carers of people living with dementia. The START research trial demonstrated that this intervention reduced both depression and anxiety for carers when measured at eight months and two years after receiving the intervention. The START programme is also considered to be cost effective as it can be delivered by psychology graduates.
- **Cognitive Rehab** for service user & carer working together with a health professional to identify personally relevant goals & devise and implement strategies for achieving these.
- 10 individual sessions over 3 months, followed by 4 maintenance sessions over 6 months. Carer involved in part of each session where possible. Focus on up to 3 goals. Goals introduced one at a time depending on rate of progress.



## Extending the Provision

- **Reminiscence** Group to provide an opportunity for people living with Moderate/Severe Dementia to interact with other people in a safe environment to discuss past activities and events. Enjoyment and communication skills encouraged. Aimed at those unable to manage CST
- **Life Story Work** describes a biographical approach, which gives people the opportunity to talk about their life experiences. It involves recording relevant aspects of a person's past and present life with the aim of using this life story to benefit them in their present situation. The potential benefits of Life Story Work as an intervention for people with dementia and their families have been recognised for some time, in terms of promoting individualised care, improving assessment, building relationships between care staff and family carers as well as improving communication.



## What are others doing?

- CBT for carers 8 weeks - SLAM  
Usual elements of CBT – model, behaviours, thinking, problem-solving, coping, looking to the future  
13 groups analysed. Decrease in GhQ-28 core-on scores. Burden reduced.
- Living with dementia workshop - Oxleas Nhs Foundation Trust  
Half day, presentation on Kitwood's person centred approach then workshops: impact on relationships, practical strategies, help from the community. All positive responses.

FPOP no 131 July 2015

## Involving Others

- Combining MASS with the Community Dementia Service in MK to have a seamless provision in Secondary MHS
- Service user forum – supporting progress in our service and the start of us using of volunteers to support service users
- Education and training for care home staff as a result of the CQUIN – improved links
- Part of local DAA group and working on developing knowledge, skills and community support to make MK a dementia friendly city
- Strong working relationships with Alzheimer's, Age UK and Carers MK - referrals between services and their attendance at carer groups & PDIS
- Trained Alzheimer's staff in CST to look towards developing a maintenance programme
- Involvement with Commissioners in shaping a pathway in MK for people with dementia – accessing the Better Care Fund for funding for “gaps”



Thank-you for inviting me to speak

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