

STANDARD OPERATING PROCEDURE MEMORY ASSESSMENT SERVICES - CLINICAL AND WAITING PRIORITIES FOR HULL AND EAST RIDING

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	July 2022	<i>New SOP. Approved at MH Practice Network (6 July 2022). 10/07/23 – Access plan name corrected and date of next review fixed (now 3 years from approval date).</i>

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1. INTRODUCTION

Humber Teaching NHS Foundation Trust (HTFT) provides the Memory Assessment Services across Hull and the East Riding of Yorkshire to Adults.

Hull & East Riding Memory Assessment Services is administrated from Coltman Street, Hull and provides assessments across a variety of venues within Hull and the East Riding.

The service is delivered in conjunction with other services within the Trust, including Older Peoples Psychology Service, Older People's Mental Health Services, Mental Health Triage and Assessment Team and works in partnership with services commissioned by local CCGs - the Alzheimer's Society, Carers Information & Support Service(Hull) and East Riding Carers Support Service.

The Hull & East Riding Memory Assessment Service works alongside other agencies to ensure the needs of those assessed are met, for example the Integrated Care Centre (frailty), Social Services, Regional Driving Assessment Centre, Humberside Fire & Rescue, etc. All interventions are in Keeping with NG97 (Nice Guideline 97, Dementia: assessment, management and support for people living with dementia and their carers).

The Trust is committed to providing high quality care delivered in a timely and responsive manner to our local communities. In doing so we will also make the most effective and efficient use of resources.

In delivering the aspirations of 'right care, in the right place at the right time' we must do all we can to keep waiting times and the numbers waiting for a service to a minimum and manage this in a clear and structured way.

In considering the effective management of waiting times our guiding principle is that the interest of the service user is paramount. This Standard Operating Procedure outlines relevant rules, responsibilities and actions by which the Hull and East Riding Memory Assessment Services will manage patient/service users whilst they are waiting to be allocated for assessment.

A reduction in and management of waiting times are important because:

- Early diagnosis and treatment (where appropriate) can enhance a person's experience of living well with dementia.
- Early diagnosis and treatment (where appropriate) can enable a person and their carers/supporters to plan for their future.
- Early diagnosis and treatment (where appropriate) can assist a person and their carers/supporters to live independently for longer
- The patient/service user's condition may deteriorate while waiting and in some cases the effectiveness of the proposed treatment may be reduced.
- Risk to self and others may increase
- The very experience of waiting can be extremely distressing in itself.
- The patient/service user's family life may be adversely affected by waiting.
- The patient/service user's employment circumstances may be adversely affected by waiting.

Taking in to account the above, excessive waiting times must be reduced and as such the Hull and East Riding Memory Services are committed to having a clear management approach in managing our waiting lists, to achieve this we will:

- Strive to keep waiting times to a minimum.
- Ensure we monitor waiting times closely to address any emerging problems that adversely affect waiting times and act decisively to address these
- Will inform people of the need for a waiting list and will provide them with clear information as to whom to contact whilst they await an assessment so they may access support with any needs due to their cognitive decline or carer/supporter role.
- Engage with users of our services to look at how we can improve the experience of waiting for care.

2. SCOPE

This Standard Operating Procedure (SOP) sets out how The Hull and East Riding Memory Assessment Services will manage referral to diagnosis and treatment pathways, which currently has a contracted target of service user's waiting no longer than 16 weeks from referral to diagnosis.

Application of the Trusts Waiting Lists and Waiting Times Policy principles will ensure that each service user's journey is managed fairly and consistently in accordance with an agreed structured methodology.

Treatment decisions will be fair and transparent. This translates into the adoption of the following key principles:

- Patients/service users will be seen according to clinical priority and then in chronological order, subject to operational limitations.
- Patients/service user's choice will be facilitated where appropriate
- Patients/service user's referral to treatment pathway will be defined by the service specification agreed with commissioners.
- Management of patients/service user's will be fair, consistent and transparent and communication with patient/service user's and/or carers will be clear and informative and decisions taken regarding treatment will be based first and foremost on clinical need which will be agreed within a robust multi-disciplinary formulation.
- If the patients/service user's choice is to wait longer for a particular service, this choice will be considered and all parties informed.

3. DUTIES AND RESPONSIBILITIES

Division Clinical Lead/ Division General Manager Planned Care/Clinical Leads

Responsible for the creation, support and implementation of this Standard Operating Procedures based on the agreed service specification.

Service Manager, Team Leader, Clinical Lead and Consultant Psychiatrist

Responsible for the implementation of policy and procedures and training for relevant staff groups in their areas of responsibility.

It is the responsibility of Team Leader to review waiting lists weekly and submit this information in respect of all those waiting to the Service Manager on a weekly basis.

The leadership team will support the Hull and East Riding Memory Assessment Services in providing assessment, diagnosis and treatment (where appropriate) and for monitoring waiting times within their operational structures. Where factors adversely affecting waiting times are identified, they will act to address these as swiftly as possible.

The leadership team will work closely with corporate support services, in particular the performance team to provide a clear line of sight for the Trusts senior management team regarding any emerging pressures within the service.

Information and Performance Management Teams

The leadership team will provide appropriate performance reports, technical advice, systems support and tools to ensure the Hull and East Riding Memory Assessment Services are able to manage waiting lists and referral to diagnosis/treatment pathways in an effective and efficient manner.

Employees

All employees will comply with this Standard Operating Procedure.

4. PROCEDURES

4.1. Referral Criteria

Hull and East Riding Memory Assessment Services will provide memory assessment and diagnosis services to those people who have a GP within the Hull and East Riding Care Commissioning Groups. The Hull and East Riding Memory Assessment Services provide this service to those experiencing cognitive problems who have had all treatable physical and mental health causes eliminated or treated. Those over the age of 65 are referred directly to the Memory Assessment Service via the Electronic Referral Service. Those aged under 65 are initially referred to the Mental Health Triage and Treatment Team who will screen for any treatable mental health issues that may be affecting the person's cognition. All referrals must be accompanied with a minimum amount of information that is featured in the referral form. There are slight differences in the referral criteria for Hull and East Riding services as the commissioning service specification is slightly different – for example all patients within the Hull CCG have to have a CT scan either prior to referral or it must be ordered at the time of referral.

East Riding Referral Criteria:

People presenting with memory problems or declining cognitive function who haven't received a diagnosis of dementia. Other physical causes must be excluded and focussing on those people where declining functioning impacts on their ability to perform activities of daily living.
Hull Referral Criteria:

People presenting with memory problems or declining cognitive function who haven't received a diagnosis of dementia and for whom other physical causes have been excluded.

4.2. Exceptions

East Riding:

Individuals who already have a diagnosis of dementia and individuals who are at the point of crisis. Those with a Learning Disability and those with Parkinson's Disease.

Hull:

Individuals who have been diagnosed with Parkinson's disease. Individuals with a confirmed Learning Disability and receiving care via LD services and people who already have a diagnosis of Dementia (for Older Peoples Community Mental Health Team, refer onto them via that email below)

4.3. Referral and Triage Process

On receipt of the referral a referral screening process is conducted. This checks that the referral meets the referral criteria and is complete with recent blood results – where any abnormalities have been treated, the referral is also checked to rule out any unmet needs or risks to the person or others. If these are found, either onward referrals are made immediately if there are risks (with the consent of the patient) or the referral is returned to the GP explaining where the referral has been rejected. The patient is also made aware of any reason for rejection and any actions they may need to take.

Once the referral has been screened it is accepted. The patient is informed of this by letter and the letter includes numbers for them to contact if they require support prior to assessment.

The team receives written referrals from

- Mental Health Triage and Treatment Team
- Integrated Care Centre

4.4. Management of New Referrals

As above. All referrals are screened as above.

4.5. Waiting List Management

Each clinician with a responsibility for assessment has allocated assessment appointments as part of the Memory Assessment timetable. There are a number of venues available for assessment across Hull and the East Riding that allow for patients to be offered an appointment near to their home. The patient is then sent an appointment letter. The patient is asked to confirm attendance and they are also called the day before their appointment to prompt attendance. This also gives the patient the opportunity to inform the Service if they do not intend to attend their appointment – this appointment can then be offered to another patient. Until the point of being contacted the day prior to their appointment there is no contact made with the patient. The patient has the acceptance letter giving information on how to contact services should they have additional needs.

Patients are held on a number of access plans as they pass through the elements of the service:

Waiting Assessment

Assessed Waiting Treatment

Further Testing

Feedback

Post Medication Wellbeing Review

Awaiting prescribing

Occupational Therapy

12 week Care Plan Review

These access plans are overseen by admin assistants who review these weekly.

A meeting is held weekly to identify those patients who are to be offered an appointment for assessment. This is to establish if the person still requires an appointment and to consider the availability of staff and venues.

Each week those patients who have been waiting for more than 52 weeks for the conclusion of their assessment are reviewed to identify actions to be able to complete their diagnosis.

5. REFERENCES

1. HTFT Waiting List and Waiting Times Policy
2. Service Specifications – Hull and East riding
3. Memory Assessment Service SOP