Diagnosing Well in Carlisle

The ‘Memory Matters’ service at Geltwood House near Carlisle is a memory service that uses ‘virtual clinics’. This innovative service model focusses on patients by putting mental health nurses at the forefront of service delivery. The service was redesigned this way to meet the challenges of increasing demand, personnel shortages and funding pressure. The model has now been adopted elsewhere in Cumbria Partnership NHSFT.

The Pathway

- Mental health nurses carry out an initial assessment, modified through a process of continuous improvement to include more important information that psychiatrists need to diagnose.
- Necessary scans are completed.
- The ‘virtual clinic’ takes place, where the nurse will present the cases to the psychiatrist.
- The psychiatrist attempts to make a diagnosis and suggest a treatment plan.
- The same nurse who took the assessment will then deliver the diagnosis to the patient.

This approach improves use of psychiatrist time, as each diagnosis now takes around 20 minutes instead of an hour long patient facing appointment. Feedback from patients and carers shows no reduction in the quality of the experience. The excellent results of nurse delivered diagnoses are attributed to consistency; seeing the same person over all appointments which helps trust and rapport. After diagnosis, the service routinely offers psychosocial interventions delivered by Assistant Practitioners, including Cognitive Stimulation Therapy (12 sessions where appropriate). People with dementia who are prescribed medication are not discharged and have their medication titrated either in clinic or at home. These might be completed by an assistant practitioner alone or via a joint visit with a nurse. Those discharged have easy return access to the service when needed.

Involving service users and carers

Revised assessment documentation includes carers from the start. The resulting care plan includes actions to help carers as well as the person with dementia. There is a named carer lead in the service and pleasant dedicated rooms contribute to a relaxed atmosphere. Nurses aim to empower patients and carers by involving them in controlling the process, signposting as appropriate e.g. Carers Association, existing conveniently located carers groups, etc. Questionnaires are used to gain feedback on both service and staff.

Capacity and Demand

Demand is well understood as huge increases were the key reason for development of the current service model. Changes to the service and the staff roles have been achieved without extra money. Roles are now more specific, with clear areas of responsibility matched to the skills and interests of the staff members. This has proven popular with staff as they feel more engaged and valued. The service will soon be moving to a new IT system (RIO) to give them further improved access to data.

Referral and Scanning

The majority of referrals come from GPs, but the team has a triage system to cope with referrals from elsewhere (liaison nurses, social workers, carers, self-referrals). Triage uses clear criteria to ensure that referrals are appropriate; otherwise they are referred on elsewhere. Scans are discussed between the assessing nurse and the consultant. The consultant decides what each patient has on a needs basis. The service uses existing scans if possible to avoid delay to diagnosis caused by the scanning wait list. Did Not Attend (DNA) rates have been improved under the new model. Patients can be seen outside of the two main clinic days if necessary and there are dedicated nurses for home visits where the patient cannot travel. However, most now prefer to attend clinic as the process is familiar from other specialist services. DNA rates improved when nurses were given responsibility for arranging their own appointments with patients, far outweighing the time spent. They avoid potential pitfalls by involving carers in decisions and use experience to predict barriers to appointments occurring as planned. The phone call also forms part of the patient assessment, helping to form a full picture of their condition.

Communication and Education

The service uses standard letters and paperwork for diagnosis and assessment letters, to both GPs and patients. GP letters include the relevant ICD10 codes and patients get a care plan to go with their diagnosis. The service has linked with Stirling University to provide staff training, and staff can suggest training that they find through their own research. Staff development is also achieved through reflective practice and consultant led teaching sessions. The service is linked to CHESS, the Care Home Education Support Service, who provide a rolling program of dementia training for care home staff. There is also an education pack for carers.

Innovations

The model relies on using nurses to improve efficiency in terms of consultant time, relying on a culture of mutual trust and respect. The positive attitude to change, evident in the enthusiasm of the staff, allows continuous improvement. For example patients get added value on issues important to them like advice/signposting around driving after diagnosis.

More Information: david.newman7@nhs.net