

AUDIT OF MEMORY CLINIC PRACTICE AGAINST CCG GUIDELINES: WEST SUFFOLK HOSPITAL

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SUMMARY

Introduction: The memory service based in the West Suffolk has received increased funding to deliver a high quality service against standards set by the Clinical Commissioning Group (CCG).

Aims: This audit aims to examine if we are achieving the standards set by the local CCG and to identify areas to improve the quality of the service. We also aimed to assess information as to how many patients referred had dementia. If they had a dementia suitable for possible anti-dementia medication (such as dementia of Alzheimer's type, Alzheimer's mixed type or atypical or Lewy body/ Parkinson's dementia) to ascertain if they were being offered anti-dementia medication.

Methods: Retrospective analysis of 60 patients from the memory service were analysed. The first 10 patients referred in alternative months were selected for inclusion. Standards were based on targets set by the CCG in terms of time needed to assess, diagnose, communicate diagnosis to the GP and give post diagnostic advice.

Results: Patients in this memory service were being seen 37 days (on average) after referral. Most patients received a diagnosis at their initial assessment but some needed further investigation to establish the diagnosis or the specific type of diagnosis. The time for letters to be typed did not meet standards and letters were sent out on average 23 days after patients were being seen. Post diagnostic advice was delivered to most who received a diagnosis.

Conclusions: Our service is offering timely diagnosis to those referred to the memory service in line with national guidelines.

Key words: dementia - memory clinic - Clinical Commissioning Group

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INTRODUCTION

Dementia is a common illness. It currently affects approximately 850,000 people in the UK (<http://www.alzheimers.org.uk/statistics>).

"A memory clinic/service is defined as a multi-disciplinary team that assesses and diagnoses dementia, and may provide psychosocial interventions for dementia. This can include Community Mental Health Teams for Older People." (English National Memory Clinics Audit Report). A memory clinic/service aims to offer patients a thorough assessment, diagnosis and a treatment and care plan for different forms of dementia. In the WSH service, referrals are received usually from GPs and the Memory Clinic will work with the patient, their relative/carer and GP to achieve the diagnosis. Diagnoses are usually made by doctors or nurse specialists (band 7) in the service (sometimes with input from neuropsychologists) and other nurses support the post diagnostic follow-up service. Most patients have an Addenbrooke's Cognitive examination performed as part of their diagnostic assessment. Brain scans (CTs or MRIs) are routinely offered to most patients in the service. Patients of all ages can be referred to the service.

The memory service based in the West Suffolk has received increased funding to deliver a high quality service against standards set by Clinical Commissioning Group (CCG).

The time between the assessment and diagnosis will often include receiving a brain scan, any additional tests

needed (for example, specialist tests delivered by a neuropsychologist, or further input from a neurologist or geriatrician) and the wait for an appointment to deliver the diagnosis in the clinic. From the English National Memory clinic audit we know that the average waiting time for assessment is 5.20 weeks, and from the point of assessment to receiving a diagnosis the average wait is 8.36 weeks (so a total of approximately 13 weeks average to a diagnosis). The average waiting time for assessment is within the Memory Services National Accreditation Programme recommended standard of 6 weeks, which should be commended.

OBJECTIVE

- To examine how many patients referred in this sample had a diagnosis of dementia. If patients were suitable for anti-dementia medication to ascertain if patients were offered medication and the reasons why suitable patients did not receive anti-dementia medication.
- Examine if we are achieving the standards set by the local CCG.
- Identify areas to improve service.

STANDARDS

Standard 1: Time to the first appointment is 28 days (Aim for 100% compliance).

Standard 2: Time to letters being typed is 3 days (Aim for 100% compliance).

Standard 3: Additional time needed after initial appointment to communicate diagnosis is a maximum of a further 21 days (Aim for 100 % compliance).

Standard 4: Additional time to communicate diagnosis when further tests needed after initial appointment is maximum of 42 days (Aim for 100% compliance).

Standard 5: Post diagnostic advice should be offered to all patients (100% compliance in patients receiving a diagnosis of dementia)

METHODOLOGY

Data collection

The memory clinic secretaries provided JSR with names of the first 10 patients referred to the memory clinics in alternating months from the South and North Bury Memory services. (September 2014, November 2014 and January 2015) in order to achieve a random sample of 60 patients referred for this audit. Clinicians involved in the data collection included 3 consultant psychiatrists (RC, SF, JSR), 1 specialist trainee (VBM) and an FY2 trainee (AM). The audit proformawas developed by JSR.

Data was collected retrospectively using casenotes/ letters/ correspondence from E-pex and LoRenzo.

Data analysis

Data analysis was done using Microsoft Excel in order to analyse descriptive characteristics.

RESULTS

- Total of 60 patients;
 - 6 patients excluded from audit
 - 1 Patient died;
 - 1 Patient refused to be seen;
 - 2 Patients already seen and diagnosis made prior to referral;
 - 1 Patient physically too unwell to be seen;
 - 1 Patient referral was withdrawn by GP.
 - New cohort of 54 patients:
 - Average age: 80 years. Age range from 51 to 92 years;
 - 34/54 patients (63%) had dementia;
 - 20/54 patients (37%) were not diagnosed with dementia
 - 15 patients had mild cognitive impairment (MCI);
 - 5 patients had other diagnoses/reassured.
- See figure 1.
- 28/54 patients were not considered suitable to receive anti-dementia medication such as Acetylcholinesterase inhibitors or Memantine if they had a diagnosis of MCI, depression, vascular dementia, AD-severe stages
 - 26/54 were suitable for medication;

- 73%(19/26) patients were offered medication;
- 27% (7/26) were not offered medication.

See figure 2.

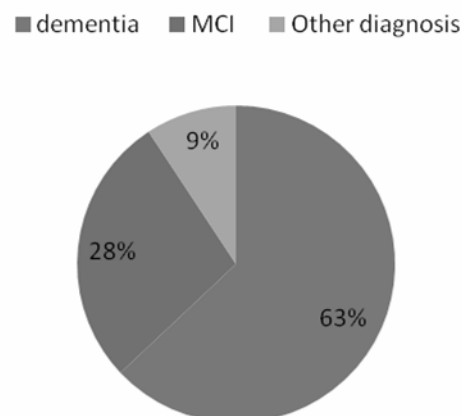


Figure1. Diagnosis

■ yes ■ no

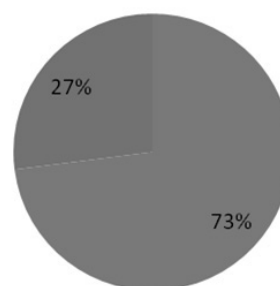


Figure 2. Medication Offered

The reasons stated by clinicians as to why medication was not offered:

- 4 patients actively refused/ were not interested
- 1 patient was non-compliant
- 1 patient has too advanced disease
- 1 patient was awaiting CT result to confirm the diagnosis at the time of the audit.

Audit standard results

Standard 1: Time to be given 1st appointment should be 28 days in 100% of referrals:

- Average to 1st appointment: 37 days;
- Range to 1st appointment 13 to 73 days;
- Approximately one quarter of patients had to change their appointment for a later date. (25.9% =14/54).

Standard 2: Time for typing and letters sent out after initial appointments should be 3 days in 100% of patients:

- Average day for typing: 23.25 days;
- Range day for typing 3 to 91 days.

Standard 3: Time to communicate diagnosis 21 days if no further investigations needed in 100% of patients:

Result: Most patients received diagnosis at initial appointment if no further investigations were needed except one patient who needed 16 days extra. Standard achieved.

Standard 4: Time to communicate final diagnosis when further tests needed 42 days n 100% of patients:

- 28% (15/54) patients needed further investigation;
- Average 11 days;
- Range 0 to 113 days;
- Standard achieved based on average.

Standard 5: Post diagnostic advice should be given in all patients receiving a diagnosis of dementia (100% compliance):

- 88.2 % (30/34) patients post diagnostic advice given;
- Some issues with interpretation of data. In some patients psychosocial interventions were given at the time of diagnosis and a further post diagnostic appointment was not given.

DISCUSSION

Overall, the memory service in West Suffolk has performed well in offering timely diagnoses to patients. Mostly patients receive a diagnosis at the initial appointment (72%). In some patients the diagnosis is made only after some further investigations (28%). However, we have not always achieved the targets set by the CCG which are not based on national guidelines and seem a bit unrealistic. These concerns have been communicated to the CCG. The time to 1st appointment is not always consistently in the CCG target range and this may have been partially due to some patients changing their appointments. In fact, 25.9% (14/54) patients needed to change date of appointments to later than that given. From our administrative staff, anecdotally, we understand that appointments are cancelled mainly because relatives are unable to attend the initial appointment offered. We do request specifically that a relative or carer is present for the appointment but this issue needs further investigation to be certain of the cause.

The typing time remains an issue and clinicians feel there needs to be greater administrative support to the

clinics to ensure letters are sent out more quickly and appointments if cancelled can be remade more quickly. Increased administration to the memory service was recommended as part of the outcome of this audit. Digital dictation may also help to alleviate administrative issues and this is also being considered by the service.

The main difficulty in assessing whether post diagnostic advice were given or not arose from obtaining information in the notes as to whether advice have been adequately given and if in a specific post initial diagnosis appointment i.e some patients were only given advice on the day of their diagnostic appointment and not in a separate appointment.

The percentage of patients receiving a diagnosis of dementia from those referred is in keeping with a recently reported memory clinic service in those patients of similar ethnic identity (in this service mainly White British) (Tuerk 2015). Patients suitable for anti-dementia medication were considered for such medication and in those patients where they were not offered or given medication the reasons provided by clinicians seemed acceptable (usually patients refused or the clinician felt their dementia was too severe or there were compliance issues).

CONCLUSIONS

Our service is offering timely diagnosis to those referred to the memory service in line with national guidelines.

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Conflict of interest: None to declare.

References

1. <http://www.alzheimers.org.uk/statistics>
2. *English National Memory Clinics Audit Report - November 2013.* <https://www.rcpsych.ac.uk>
3. Tuerk R, Sauer J: *Dementia in a Black and minority ethnic population: characteristics of presentation to an inner London memory service. Bulletin 2015; 39:162-166.*

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