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# WELCOME

Welcome to our 24<sup>th</sup> issue of the Memory Services National Accreditation Programme newsletter! As always, we are very pleased to be sharing a range of articles covering various themes and areas of best practice from our members. The newsletters are hoped to serve as a way to showcase the great work taking place across memory services to help share learning nationally.

So far this year, MSNAP has seen many positive achievements including new memory services signing up to join the programme either as affiliate, developmental or accreditation members. This is fantastic news to see that the programme is growing and continuing to support as many memory services as possible.

In addition, we have also been fortunate to present about our work on MSNAP at the International Psychogeriatric Association in Lisbon, Portugal (see more about this on [page 2](#)). In addition to the work we have already conducted with the Australian Dementia Network (ADNet) to develop a similar assessment process for memory services in Australia, MSNAP is looking forward to other international opportunities or ways in which we can share our learning and guidance with other countries to develop a similar accreditation programme, or to support them through our developmental membership to go through ours.

We hope that you enjoy reading this newsletter and look forward to publishing more in the future to share additional great work taking place in memory services. If you would like to be featured in the next issues of our newsletter, please feel free to get in touch with us!

**Jemini Jethwa, Programme Manager**

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# International Psychogeriatric Association Congress in Lisbon, Portugal.

**Jemini Jethwa**, MSNAP Programme Manager, Royal College of Psychiatrists

On Friday 30<sup>th</sup> July, MSNAP Programme Manager (Jemini Jethwa) and Accreditation Committee Chair (Dr Sujoy Mukherjee) attended and presented at the 2023 International Psychogeriatric Association Congress in Lisbon, Portugal.

Jem and Sujoy were able to present on the accreditation programme that we successfully run in the UK, and the potential applications for this internationally. The presentation was a way to demonstrate to the international audience that MSNAP is, to our knowledge, the only accreditation programme that specifically seeks to support memory services improve the quality of care and enable opportunities for services to learn from one another through the peer review model.

This presentation was a great achievement from MSNAP, and we hope to generate some international interest from it!



MSNA Programme Manager, Jem (left) and MSNAP Accreditation Committee Chair, Sujoy (right) at the International Psychogeriatric Association

# Analysis of feedback from people living with dementia attending Cognitive Stimulation Therapy and their carers

**Millie Padget-Wharton**, Honorary Assistant Psychologist; **Claire Rowley**, Assistant Psychologist; **Dr Julia Cook**, Consultant Clinical Neuropsychologist, *Early Intervention Dementia Service, Herefordshire & Worcestershire Health and Care NHS Trust.*

Cognitive Stimulation Therapy (CST) is a widely-known evidence-based psychosocial treatment for people living with mild to moderate dementia (PLWD) aiming to actively stimulate and engage them through different topics, activities and social interaction (Spector et al., 2003). CST is routinely offered in accordance with National Institute for Health and Care Excellence (NICE, 2018) guidance and Memory Services National Accreditation Programme (MSNAP, 2022) guidelines at the Early Intervention Dementia Service (EIDS). It comprises ten weekly one and half hour sessions focusing on topics such as music, money and numbers.

This article will highlight the benefits/improvements expressed by the PLWD attending and their carers following CST in Worcestershire as part of post-diagnostic support. It will also identify the underpinning factors that facilitate these benefits/improvements to form suggestions on how to best maximise benefits from CST. This article builds on growing literature surrounding the benefits of CST and the value of this intervention being implemented within NHS settings (e.g., Spector et al., 2011).

In 2022 six sets of face-to-face CST groups ran from April onward countywide. A total of 35 people with dementia attended these sessions: henceforth known as 'attendees'. Feedback from 13 attendees and 15 carers/family members was obtained using evaluation questionnaires with free text. Feedback was overwhelmingly positive with no negative impacts reported. To find out specifically what attendees enjoyed/valued from

the sessions and what benefits attendees experienced from attending CST we conducted a thematic analysis (Braun & Clarke, 2006).

A total of seven themes were identified and fell into two categories – benefits/improvements and facilitating factors.

## **Benefits/Improvements**

This category captures the benefits/improvements observed/experienced by attendees and their carers. Interestingly the themes identified here also align with Kitwood's flower of emotional needs.

### **Theme: Psychological improvements**

Both attendees and their carers reported experiencing/observing emotional, cognitive and motivational improvements in attendees following CST.

**Subtheme: Emotional improvements.** Attendees and their carers expressed that they noticed that the attendee was happier, more positive, more open and more confident after attending the sessions. This aligns with the emotional need for positive emotional experiences and a sense of well-being within Kitwood's model.

- *"I feel more confident"*
- *"she [attendee] was very wary at first about attending but she now open to new experiences"*
- *"it has made dad a lot happier when he has been and talks about it often"*

**Subtheme: Cognitive improvements.** Attendees and carers also reported seeing cognitive improvements following CST. These cognitive improvements address the need for cognitive stimulation and engagement within the emotional needs framework.

- *"concentration has improved when he comes home"*
- *"helped him to recall events and conversations better"*
- *"it makes me think more quickly"*

**Subtheme: Motivational improvements.** Carers also reported that attendees had increased motivation, increased energy, were more animated and more talkative. which aligns with the emotional need for meaningful engagement and stimulation.

- *"always is more chatty after he attended"*
- *"He is motivated on the day he attends"*
- *"He seems more positive on the whole and"*

has recommenced doing a few things he hadn't bothered with for some time"

- "He is quite animated when he gets home"

### **Theme: Companionship.**

Attendees also greatly valued the company of others and the chance to interact, share stories and learn about others in the group. This fulfills the need for social connection and companionship in the Kitwood's model

- "I see other people and it cheers me up to talk to others, I like talking."
- "She has enjoyed the company of others in the group & sharing experiences"
- "[enjoyed] The companionship of the group members"

### **Subtheme: Feeling understood and less alone.**

Attendees and their carers often expressed that the attendees felt understood by others in the group and less alone and comforted in their shared dementia diagnosis. This corresponds to the emotional need for a sense of belonging, understanding, and empathy within the Kitwood's model.

- "I don't feel so isolated"
- "I think it's been a comfort to realise she [attendee] isn't on her own when dealing with this dementia"
- "it has shown him he is not alone with his diagnosis"

### **Theme: Sense of enjoyment.**

It was often reported how much the attendees enjoyed the groups, particularly being able to talk and laugh with others and the topics covered. This addresses the emotional need for pleasure, enjoyment, and positive experiences.

- "enjoyed the topics"
- "She tells me every week how much she enjoyed it"
- "[enjoyed] Company, Mixing with others sharing stories."

### **Theme: Independence and sense of purpose.**

Coming to the groups appeared to enhance some attendee's independence and sense of purpose. It was often reported how the attendee liked to be organised, particularly with transport, and valued how the sessions gave them a routine. This aligns with the emotional need for a sense of autonomy, agency, and meaningful engagement.

- "I like to be organised."
- "he books his own transport to come"

- "gets himself ready with no prompting he's eager, he has a purpose he would like to go more."

- "He takes steps to prepare for each session"
- "given mom some independence"

## **Facilitating factors**

This category captures the factors that enabled the attendees to experience the benefits/improvements reported.

### **Theme: Supportive environment.**

Both carers and attendees viewed the environment as supportive, often praising the staff and commenting on how kind, welcoming and friendly the other group members were and on how they felt treated as equals.

- "[I] felt no pressure & a supportive environment"
- "they are a nice crowd friendly & easy going"
- "Staff were excellent"
- "I really appreciated being treated intelligently and not patronised or being called sweetie or Darling"
- "Everyone has been kind and considerate to my dad & I would like to thank them very much"

**Subtheme: Shared experiences.** Attendees often expressed how they appreciated that everyone in the group had shared experiences. Coupled with having a supportive environment, attendees reported that this made it easier to talk to people and share as they felt more understood.

- "It's nice to talk to others with my same problem and understand each other"
- "I have found it easier to talk to those in my group than others who do not understand the problems".
- "I was able to talk freely."
- "It has benefitted me in that I could see some people shared the same difficulties has me and shared attitude in dealing with things"

### **Theme: Stimulation.**

Attendees appreciated the level of stimulation they received from the sessions, namely the topics covered and the conversations and discussions they had.

- "Yes was stimulating"
- "seems to have stimulated him to do more"



getting out and meeting others in the group has been positive for him”

- “[benefited from] stimulation of other people’s conversation”
- “the stimulation seems to have helped him and he is generally more pleasant”
- “Good to recall memories facts, places and people”

One additional theme was around next steps.

### **Theme: Next steps.**

Attendees and carers commonly expressed how much the sessions would be missed when they come to an end at the 10-week mark and how they wished they could continue. Some feedback also expressed wishes to have a guide on how to continue with CST at home.

- “We would have welcomed the sessions continuing if it was at all possible”
- “Mom says she will miss it. I hope we will be able to find something to take its place.”
- “it would be helpful if you could give him an outline of the topic each week so that each week I can prompt him to continue with him”

This theme shows the importance of commissioners ensuring maintenance CST is available and services signposting to this where possible to ensure the benefits of CST are not lost. This also identifies that something as simple as an outline of the weekly topics may help to encourage stimulation outside of the sessions.

### **Clinical Implications and Impact**

This thematic analysis has helped to shed light on the benefits of attending CST for attendees and carers, and most importantly which factors help achieve these. Ensuring and maintaining a supportive environment where people feel safe, listened to and respected is important to encouraging attendees to engage and share. Likewise, being around people with similar experiences support attendees to feel understood and less alone. Having topics that encourage a mix of recall and conversation/discussion appear to be beneficial to providing improvements. Interestingly many of the themes linked with Kitwood’s model of emotional needs (Kitwood, 1997). For example, the themes of companionship linked with the need for comfort and attachment. Feeling understood and less alone linked with the need for comfort, attachment and inclusion. Independence and sense of purpose and enjoyment linked with the need for occupation,

inclusion and attachment. Supportive environment linked with the need for comfort. Shared experiences satisfied the need for identity and inclusion. Finally, stimulation linked with the need for occupation. Seeing these connections with needs indicates that CST is clinically meaningful and further highlights the importance of maintenance CST as a way to continue to meet the needs of attendees. Completing this thematic analysis has proven to be beneficial for our service through offering insight into ways we can improve our CST offer. For example, acting on the suggestion of having a weekly outline of topics we have started to provide a 10-week programme outlining the topics of each session and a few questions to guide attendees, enabling them to consider topics in advance. We have found that doing this has encouraged people to come prepared - sometimes bringing photos or notes. It is hoped that that this article can inform practice for other dementia assessment services and their implementation of CST. This may encourage other services to collect and review feedback from attendees and carers and consider ways to continually improve CST offers.

## **Have you signed up to Knowledge Hub?**

We have an online discussion platform for it’s members, called KnowledgeHub.

Knowledge Hub allows members to:

- Ask questions, have conversations and share experiences
- Network with one another independently
- Upload, share and comment on documents
- Promote forthcoming events and access MSNAP events and booking forms

**If you would like to sign up, please [email us](#) so we can send you an invitation.**

The logo for Knowledgehub, with 'Knowledge' in dark grey and 'hub' in a teal color, all in a lowercase, sans-serif font.

# MSNAP Artwork Competition 2023!

We are so impressed with all of the entries we've received from patients and carers all around the UK, thank you to everyone who sent in their artwork. Choosing this year's winners was not an easy decision!







Winning pieces of artwork are marked with this award symbol.  
Congratulations to our winners: **George Rook**, **Clive Rogers** and **Gail Gregory!**



# Visuospatial deficits and driving in patients with dementia diagnosis

**Dr Faria Zafar**, Consultant Psychiatrist, *Macclesfield Memory Service*; **Pranav Hebbalu**, Medical Student; **Joshua Aduba**, Medical Student, *Buckingham University*

During my training days in old age psychiatry, I heard my seniors saying if a patient can not draw a clock, he/she is not safe to drive. In general, low score on visuospatial aspects of cognitive assessment tools is considered a clinical indicator of unsafe driving.

To identify if there is research evidence to support that, I recently completed a literature review and complemented it with an audit. Psycinfo and EMBASE were searched using 41 search terms.

As Addenbrooke's Cognitive Examination (ACE-III) is currently the most widely used cognitive assessment tool the literature search was primarily focussed on identifying if low scores on visuospatial part of Addenbrooke's cognitive examination correlate with poor driving performance. The broad search picked up studies where mini-mental state examination (MMSE) and Montreal cognitive assessment (MoCA) were also looked at. Mini-Mental state examination (MMSE) which is often used to predict fitness for driving appears to be less effective in discriminating between safe and unsafe drivers (Ferreira, Simões and Marôco, 2013). Some studies do support the effectiveness of trail making test, but the evidence is scarce. Trail making tests are more highly correlated with road test driving scores than the MMSE, a measure of global function (Ott et al., 2013). To date the utility of Addenbrooke's cognitive examination as an indicator of driving ability has not been established (Ferreira, Simões and Marôco, 2012).

It's clear that visuospatial deficit alone is not an indicator of poor driving, but several other factors play part. These include processing speed, executive function, simultaneous capacity, and even poor short-term memory. Mental and physical health co-morbidities can also not be ignored. I then completed an audit (with the help of two medical students) randomly selecting 25 patients who were assessed in memory clinic and diagnosed with dementia.

<b>Gender</b>	Male Female	40% 60%
<b>Age</b>	Range Mean	73-91 79
<b>Type of Dementia</b>	Alzheimer's Atypical or mixed Parkinson's	60% 36% 4%
<b>Driving</b>	Yes No	20% 80%
<b>ACE III scores in drivers</b>	Minimum Maximum	13/16 16/16

Common mental health co-morbidities affecting driving status were anxiety and depression. Lack of confidence was also a common factor.

Frailty, arthritis, stroke, visual deficits were common physical factors for giving up driving.

The audit identified that those scoring low on visuospatial component of ACE III had an overall low score on ACE III.

There is currently lack of a valid screening tool for fitness-to-drive assessment in later life adults with cognitive impairment. The driving status is dependent on several factors and aging is simply the most important one.

Due to aging and health status people may be subjected to a decrease of cognitive ability and subsequently also a decline of driving safety (Zellner et al., 2021). On the other hand, there is lack of valid and economically applicable instruments to assess driving performance (Zellner et al., 2021).

## MSNAP Peer Reviewer Training



Thursday 9 November 2023



09:30—11:30



Online (MS Teams)

Peer-reviewer training is a free event for staff that are from an MSNAP member service. We strongly encourage individuals organising and reviewing other services to attend this training.

[Register your place](#) or to find out about future peer reviewer training dates, please



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## MSNAP 14th Annual Forum!

We are excited to be hosting our 14th Annual Forum next month! We have a interesting and packed programme which you can [view here](#).



Thursday 12 October 2023



10:00—16:00



Online (MS Teams)

To book your place, [please complete this form](#).

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## Upcoming Webinars

We still have a few more webinars scheduled to take place this autumn/ winter. Please see below for topics which will be covered:

### **Dementia Enquirers**

**26 September, 11:00-12:00**

Rachael Litherland and Teresa (Dory) Davies will describe the work of the award winning Dementia Enquirer's programme. Dementia Enquirers supported over 20 groups of people with dementia to conduct and control their own small-scale research projects. We will provide best practice examples and resources around involving people with dementia in research.

### **IDEAL Project (Improving the experience of dementia and enhancing active life)**

**30 October, 11:00-12:00**

Prof Linda Clare (Chief Investigator, IDEAL Programme and GREAT Cognitive Rehabilitation) and Dr Catherine Charlwood (IDEAL Research Translation and Impact Manager) introduce a series of free resources to support people with dementia and carers to live life as they choose and discuss the research underpinning them. They are in conversation with Consultant Clinical Psychologist, Reinhard Guss, who shares how he is implementing these resources in his own clinical work with Oxleas Memory Service.

### **Meeting Centres for people with dementia**

**15 November, 11:00-12:00**

A Meeting Centre is a local resource, operating out of ordinary community buildings, that offers on-going warm and friendly expert support to people with mild to moderate dementia and their families. Meeting Centres originated in the Netherlands over 30 years ago and there is a strong evidence base. Their number in the UK and globally is growing rapidly but sustainability is a key question which will be addressed by the presenters.

To book your place on any of these webinars, please [complete a booking form](#).

*We are currently working on a schedule of webinars for 2024 and will share information about the upcoming topics soon! **If you would like to present a webinar, please get in touch with us!***

[MSNAP@rcpsych.ac.uk](mailto:MSNAP@rcpsych.ac.uk)

## Useful links

### Discussion group:

[Memory-CHAT@rcpsych.ac.uk](mailto:Memory-CHAT@rcpsych.ac.uk)

### General queries:

[MSNAP@rcpsych.ac.uk](mailto:MSNAP@rcpsych.ac.uk)

### The Royal College of Psychiatrists:

[www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

### MSNAP page:

[www.rcpsych.ac.uk/msnap](http://www.rcpsych.ac.uk/msnap)

### MSNAP standards—8th edition

[Access the standards here](#)

### Resources for people with dementia and carers

[Access information here](#)

### Twitter

Follow us: **@rcpsych**

**@rcpsychCCQI**

And use **#MSNAP** for up-to-date information

### Royal College of Psychiatrists' Centre for Quality for Improvement

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