Achieving less than 6 weeks from referral to assessment in Memory Services – report and top tips

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NHS Improving Quality
The Memory Services National Accreditation Service (MSNAP) recommends a standard of 6 weeks from referral to assessment.

Data from the recent RCP survey of 178 memory services in England found self reported referral to assessment times ranged from 1 week to 25 weeks with 43 services exceeding the 6 week standard identified by MSNAP.
Brief to NHS IQ

To support and coordinate a series of visits with Professor Alistair Burns to memory service providers where self-reported waiting times from referral to assessment exceeds 12 weeks (total 14 memory services), with support from MSNAP, in order to identify factors affecting long wait times for assessment.
Selection criteria

From MSNAP survey results

• 12 services where waiting times from referral to assessment exceeded 12 weeks
• 2 services where waiting times from referral to assessment less than two weeks

In some, waiting times had changed significantly since last years audit.
Lancashire Care NHS Foundation Trust
Lancaster Memory Service- a proactive approach to managing referrals

On receipt of referral the patient is contacted by phone within 24 hours to start the assessment process using a set of standard questions and protocols. Where appropriate scan requests and other pre diagnostic tests are arranged and information is sent to the person in advance of their appointment.

Patients suitable for a one-stop single assessment with a nurse, including diagnosis and treatment, has enabled 50% of people to leave clinic with a diagnosis
Joint working with GP mental health leads has led to the introduction of standardised clinic letters to GPs where the outcome of the specialist assessment is clearly documented. Patients are all offered a copy of the clinic letter. This has helped improve relationships with primary care, improved coding and helps ensure patients are followed up appropriately.
Merging of local services, coupled with rising demand had led to waiting times exceeding 6 months.

- Appointment of a team manager who reviewed team skills, re-structured the workforce
- Review of care pathway with revised criteria for home based assessments

This facilitated an increase in nurse led clinic capacity for the initial assessments and helped reduce waiting times to 4-6 weeks.
Barnet, Enfield & Haringey Mental Health Trust -
Enfield Memory Service - increasing capacity by extending working hours

The trust operates a 13 week breach policy across Mental Health services, and an exception report is generated to identify each breach case. A report which goes to the Management Group noted that there were too many breaches in the memory service.

An action plan was developed to reduce the WL including Saturday clinics with variable appointments dependant on staff availability started June, and ending mid-Aug, which has reduced the waits to 6 weeks.

Staff would like to retain more flexibility in working hours long term (Saturday working, 7day services)
Supporting primary care to perform Memory Clinic reviews

Commissioners supported the joint shadowing of the MS Clinical Team manager and the Lead Practice Nurse for the North Leeds CCG. Observing a long term conditions/pre-diabetes review and Memory Clinic review led to breaking down the review appointment into:

• Biological
• Psychological
• Social perspectives

Many of these could be addressed in other arenas such as ‘long term condition reviews’ and ‘year of care’ work.

A wider general medication review could include Medication monitoring. Cognitive assessment and appropriate use of assessment, when and where to use it was identified as a training need for Primary Care staff.
Southwark & Lambeth Memory Service.

Demonstrating increased demand with good quality data has resulted in increased funding for three band 6 practitioners.

Waiting list reduced from 23 weeks in October 2013 to 13 weeks in March 2014

Low QOF diagnosis rates within the borough and quality data on predictions of how additional staff would increase assessments and ultimately diagnosis rates has resulted in further funding approval for 3 posts, one of which will work primarily in GP surgeries.
Common features of services making progress

- Good clinical and managerial working relationships across organisational boundaries
- Use of quality, reliable, regular data presented to CCG, GP and Trust management groups
- Using the MSNAP standards as a guide to service development
- Learning from others
Common features of services making progress

Redesign of pathways and reconfiguration of workforce- matching people to pathway, competencies/training, increased role of nurses, dementia advisors, admiral nurses, specialty doctor

Joint protocols for shared care - FU’s in primary care, scans, diagnosis, referral criteria to improve quality, care homes

Pro-active approach to clinics in primary care
Challenges

- Increased demand - most sites reporting demand increases in excess of 50% over past 3 years
- CT/MRI scanning - access to scans/reports, length of time taken to get an appointment and report, whether all patients need one
- High DNA rates - one site in particular had issues with a DNA rate of 40%
- Referral information – completion/outcome of tests, next of kin information
- Building relationships with GPs - GP education, shared care protocols, improved access for specialist advice, coding (standard letters)
Challenges

- Nursing roles - Admiral nurses, dementia advisors, practice nurses
- Data collection – what to collect, analysis, audits
- Variable relationships with CCG’s – business planning and how to ensure sufficient resources available
- Psychologist waiting times
- Retaining post diagnostic support/activity groups etc whilst reducing diagnosis wait times
- Care home diagnosis
A quick run through

Capacity and Demand

<table>
<thead>
<tr>
<th>Activity</th>
<th>This is the number of appointments when patients turned up and were seen on each day. It is a measure of the capacity actually used.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand</td>
<td>This is the number of referrals that come in, including any FU patients that need doing.</td>
</tr>
<tr>
<td>Capacity</td>
<td>This is the number of appointments that were available to be booked into on each day. It is a measure of the capacity available.</td>
</tr>
<tr>
<td>Backlog</td>
<td>This is the number of patients on your waiting list (new and FU)</td>
</tr>
<tr>
<td>Bookings</td>
<td>This is the number of appointments that were booked for patients on each day irrespective of whether they turned up or were seen- a measure of DNA’s.</td>
</tr>
</tbody>
</table>
Analyse data and charts

Why?
- The data is really powerful in convincing people to change their practice.

- Look for ‘trends’
- Look for ‘outliers’
- Is your WL stable?
- Is your capacity greater than the demand?
- Is your activity the same as the capacity?
- How variable is the capacity (and demand)?

Why?
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### Make a data table:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Demand</th>
<th>Capacity</th>
<th>WL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep-13</td>
<td>810</td>
<td>1192.5</td>
<td>967.5</td>
</tr>
<tr>
<td>Oct-13</td>
<td>675</td>
<td>1597.5</td>
<td>1035</td>
</tr>
<tr>
<td>Nov-13</td>
<td>517.5</td>
<td>1057.5</td>
<td>990</td>
</tr>
<tr>
<td>Dec-13</td>
<td>517.5</td>
<td>1260</td>
<td>990</td>
</tr>
<tr>
<td>Jan-14</td>
<td>765</td>
<td>1192.5</td>
<td>1935</td>
</tr>
<tr>
<td>Feb-14</td>
<td>1035</td>
<td>1057.5</td>
<td>1800</td>
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<tr>
<td>Mar-14</td>
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<td>1350</td>
<td>1890</td>
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<td>877.5</td>
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<td>Jun-14</td>
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<tr>
<td>Sep-14</td>
<td>1260</td>
<td>1350</td>
<td>2610</td>
</tr>
</tbody>
</table>

### OR   Add data:
Then you can make your graphs..............................
What is this chart telling you?
What about this one?
Or this one?

Waiting List reduction

- Capacity
- WL
- Demand
Or this one?
All types Demand less Capacity
Weekly totals from 2 September 2013
NHS IQ Test Assess

Commentary
The first chart shows both demand and capacity together so you can see any trends. Are they well matched?
The second chart subtracts capacity from demand each week to show the difference between the two. If demand is higher than capacity the value will be greater than zero.

There are 38 weeks where capacity exceeds demand and 13 weeks where capacity is less than demand. In the weeks when capacity is higher, it is higher on average by 9 appointments. When demand is higher, it is higher by 4 appointments.

What do you conclude from this?
What does this one mean?
and decide on your intervention...........

- Increase activity to fully utilise resources
- Reduce number of cancelled slots
- Reduction in DNA rate
- Increase capacity

Depending on what you want to achieve!
How????

- Redesign of pathway
  - Reduce hand-offs
  - Reduce batching
  - Eliminate/combine steps
  - Simplify processes/_steps
  - Remove wasteful activities
  - Review how referrals are handled

- RCA on DNA/cancellations—are there any patterns (seasonal, geography)?

- Review resources and skill sets

- Reduce variation in capacity
  Business case for extra resources—short or long-term
Discussion

Q. What successes have you had in reducing waiting times for assessment and diagnosis

Q. How does your service ensure high quality and appropriate referrals.

Q. To what extent are specialist memory services involved in assessment and diagnosis of dementia for people in care homes
Emerging top tips

1. Understand demand and map against available capacity
2. Review referral protocols in collaboration with acute providers, GPs and commissioners
3. Review CT/MRI scan protocol
4. DNA rates – text/phone reminders, choose and book
5. Ensure that correspondence from memory services to GPs informing them that a dementia diagnosis has been made includes clear diagnostic information. Consider standard letters and inclusion of ICD codes to aid accurate coding and ongoing support in primary care
Emerging top tips

6. Work with GP and regional dementia leads to identify education and training opportunities e.g. GP dementia awareness raising events

7. Support national ambition for dementia diagnosis through participation in local dementia coding cleansing exercises


9. Review with commissioners the role of specialist nurses/Admiral nurses to ensure continuity of support and advice around dementia from diagnosis through to end of life

10. Understand and involve service users and carers in all service improvement activities.
Next steps?

- Report on memory service visits - due October 14 (subject to gateway approval)
- Identify ways to share best practice, protocols, case studies
- Issue D&C tool to support demand and capacity management
- Support role of Dementia regional leads
- Two regional workshops (North & South) - what do you want on the agenda?