

MSNAP **CCQ** RC **PSYCH** ROYAL COLLEGE OF PSYCHIATRISTS

9th National Memory Services Forum

2nd October 2018

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#MemoryForum

COLLEGE CENTRE FOR QUALITY IMPROVEMENT **CCQ**

MSNAP **CCQ** RC **PSYCH** ROYAL COLLEGE OF PSYCHIATRISTS

MSNAP: An Update

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Memory Services National Accreditation Programme (MSNAP)
Royal College of Psychiatrists

COLLEGE CENTRE FOR QUALITY IMPROVEMENT **CCQ**

Current Membership

Area (NHS England regional teams)	No of Services
South East	29
North	26
London	22
Midlands & East	12
South West	3
Wales	3
Ireland	3
Jersey	1
Isle of Man	1
TOTAL	100

100 member services across 43 Trusts

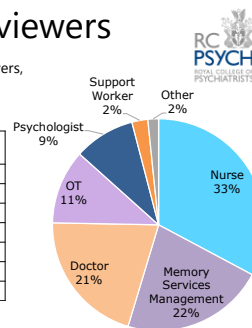
Trusts with most members:

1. Surrey & Borders Partnership NHS Trust = 9
2. East London NHS Foundation Trust = 7
3. Berkshire Healthcare NHS Foundation Trust = 6
4. Kent & Medway NHS & Social Care Partnership Trust = 6

Peer Reviewers

- We now have 281 trained peer reviewers, including includes 34 service user and carer representatives.

Reviewer Staff Role	% of Total Reviewers
Nurse	33%
Memory Services Management	22%
Doctor (incl Consultant)	21%
Occupational Therapist	11%
Psychologist (incl Asst. Psych)	9%
Support Worker	2%
Other	2%



6th edition standards

All services starting self-review will now use the new standards.

Old (5th ed)	New (6th ed)
Staff members receive training in dementia knowledge.	Clinical staff fulfil the competencies of Tier 2 or above in the Health Education England (HEE) Dementia Core Skills, Education and Training Framework.
Administrative staff have received training in dementia	Administrative staff have received training in dementia and fulfil the competencies of Tier 1 or above in the Health Education England (HEE) Dementia Core Skills, Education and Training Framework.

6th edition standards

Old (5th ed)	New (6th ed)
Staff members have access to reflective practice groups	Staff members are able to access reflective practice groups at least every 6 weeks where teams can meet together to think about team dynamics and develop their clinical practice.
The diagnosis is given within 12 weeks of referral, unless any further specialist assessments or investigations are required <i>Guidance: Investigations such as blood tests and brain scans would be considered routine rather than specialist</i>	Within 6 weeks of referral , patients receive a diagnosis, meet with their care coordinator and set an initial NICE-recommended care plan, unless any further specialist assessments or investigations are required, or other circumstances cause delay. Reasons for delay are recorded and monitored. <i>Guidance: Investigations such as blood tests and brain scans would be considered routine rather than specialist</i>

6th edition standards

Old (5 th ed)	New (6 th ed)
<p>People with dementia who are prescribed mood stabilisers or antipsychotics are reviewed at the start of treatment (baseline), and then every 3 months unless a physical health abnormality arises</p> <p>The clinician monitors the following information about the person with dementia:</p> <ul style="list-style-type: none"> • A personal/family history (at baseline and annual review); • Lifestyle review (at every review); • Weight (at every review); • Waist circumference (at baseline and annual review); • Blood pressure (at every review); • Fasting plasma glucose/HbA1c (glycated haemoglobin) (at every review); • Lipid profile (at every review) 	<p>Patients who are prescribed antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), and then every 3 months unless a physical health abnormality arises.</p>



New Standards

**Service planning and commissioning**

The diagnosis rate in the area covered by the memory service is at least 66%.

➤ [Type 2 Standard](#)

Accessibility of the Service

The service provider has a local strategy in place to promote and monitor equality and diversity, prevent discrimination and to address any barriers to access.

➤ [Type 1 Standard](#)



New Standards

**Staffing for the Memory Service**

The team has access to a peer support worker.

➤ [Type 3 standard](#)

Staff Training and Development

Staff members are knowledgeable about, and sensitive to, the mental health needs of people from minority or hard-to-reach groups. This may include: Black, Asian and minority ethnic groups; Asylum seekers or refugees; Lesbian, gay, bisexual or transgender people; Travellers.

➤ [Type 1 Standard](#)



New Standards

**Care Management**

People who are diagnosed with dementia are allocated a named co-ordinator of care. This person should be allocated based on personal need, and may come from various settings, for example primary care, the voluntary sector or memory assessment services.

➤ [Type 1 Standard](#)

Patients know who is co-ordinating their care and how to contact them if they have any questions.

➤ [Type 1 Standard](#)



New Standards

**Pharmacological Interventions**

Patients prescribed psychotropic medication, e.g. anti-depressants, benzodiazepines, have this reviewed in accordance with NICE guidelines.

➤ [Type 1 Standard](#)

For people with dementia who are taking antipsychotic medication, the team maintains responsibility for monitoring their physical health and the effects of antipsychotic medication for at least the first 12 months or until the person's condition has stabilised, whichever is longer. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements.

➤ [Type 1 Standard](#)



New Standards

**Pharmacological Interventions**

People with dementia, carers and prescribers are able to contact a specialised pharmacist and/or pharmacy technician to discuss medications.

➤ [Type 1 Standard](#)

Psychosocial Interventions

Input from psychologists and occupational therapists is sufficient to provide evidence-based interventions.

➤ [Type 1 Standard](#)



Sustainability



NUMBER	STANDARD/CRITERION	TYPE
5.2.2.2 N	Patients prescribed psychotropic medication, e.g. anti-depressants, benzodiazepines, have this reviewed in accordance with NICE guidelines. Sustainability Principle: consider carbon.	1 Ref 2
5.2.3 M	The service collects data on the safe prescription of high risk medications such as: lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines. The service uses this data to make improvements and continues to monitor the safe prescription of these medications on an ongoing basis. Sustainability Principle: prioritise prevention	1 Ref 7

Sustainability



Services that meet **90% or more** of the standards relevant to Sustainability Principles will be awarded a Sustainable Service Accreditation certification in recognition of provision of a sustainable mental health service.



Dates for the Diary 2019 - 10 years of MSNAP!



Peer Reviewer Training

- 16th April 2019
- 1st November 2019

Special Interest Days

- 10th May 2019
- 20th November 2019

CST Training

- April 2019

National Report Publication

- MSNAP 5th National Report

10th National Memory Services Forum

- 18th October 2019



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