

The Memory Assessment Journey In Central Manchester

23/10/15

- Brief Introduction
- What to expect in primary care-Dr. H Martin
- History taking and cognitive testing-Maxine Grant (RMN)
- The role of an OT in memory assessments-Julie Rowbottom and Sian Kirkland Harris
- The role of SALT in memory assessments-Farhat Ayaz
- The One Stop Shop-Marie O'Connor (support worker)
- Making diagnosis and treatment options -Dr NHP Allen & Katie Nightingale
- Support for carers Stephanie Ragdale (Admiral Nurse)

- Who I am
- MMHSCT-what is this
- Service composition- 4 teams under 1 roof
- An MDT
- Central Manchester

What to do next

- Visit your GP.
- Over to Dr. Martin.....



DEMENTIA

The GP Perspective

Helen Martin

Fri 23rd October 2015

Dementia Clinical Lead

- Why dementia matters
- When is memory loss not dementia?
- What can you expect from your GP

Apologies and Acknowledgements

- I'm taking a medical approach
- Not specialist
- Not social care and voluntary organisation
- Criss-crosses professional and social boundaries
- Dementia Revealed
- Local psychiatry teams

What is Dementia?

1. Memory decline. This is most evident in learning new information
2. Decline in at least one other domain of cognition such as judging and thinking, planning and organising etc., to a degree that interferes with daily functioning
3. Some change in one or more aspects of social behaviour e.g. emotional lability, irritability, apathy or coarsening of social behaviour
4. There should be corroborative evidence that the decline has been present for at least 6 months

What is Dementia

- Brain failure
 - Memory, but not just memory
 - Thinking
 - Deciding
-
- Time scale: months or years
 - Impact on daily life

Diagnosis: Presentation

Patient or family may notice that things have changed

Receptionist will notice that patient is getting confused about appointments or medication

Getting confused when sick or in hospital

Screening of at-risk groups

Diagnosis: presentation

- Difficulty learning new information
- Loss of previously familiar skills
- Disinterest in hobbies
- Difficulty managing money
- Getting lost
- Personal neglect

Diagnosis: What's normal?

- Occasional memory lapses
- Forget why we've gone upstairs
- To search brain for a name.
- Usually retain orientation
- Can plan and manage our affairs

Diagnosis: other possibilities

Depression

Delirium: acute brain failure

Medication

Alcohol

Mild cognitive impairment

Vitamin deficiency

Thyroid problems

What will GP do?

- History
- Function
- Context
- No such thing as a test

What will GP do?

Clock test

Tests of orientation

Tests of recall and concentration

Tests of language

Blood tests

ECG

Summary

1-knowing about dementia makes a big difference to your care.

2-Not all memory problems are dementia and dementia is more than just memory problems

3-GP: question you closely, do blood tests and refer you to memory clinic and a social care assessment

Memory Assessments

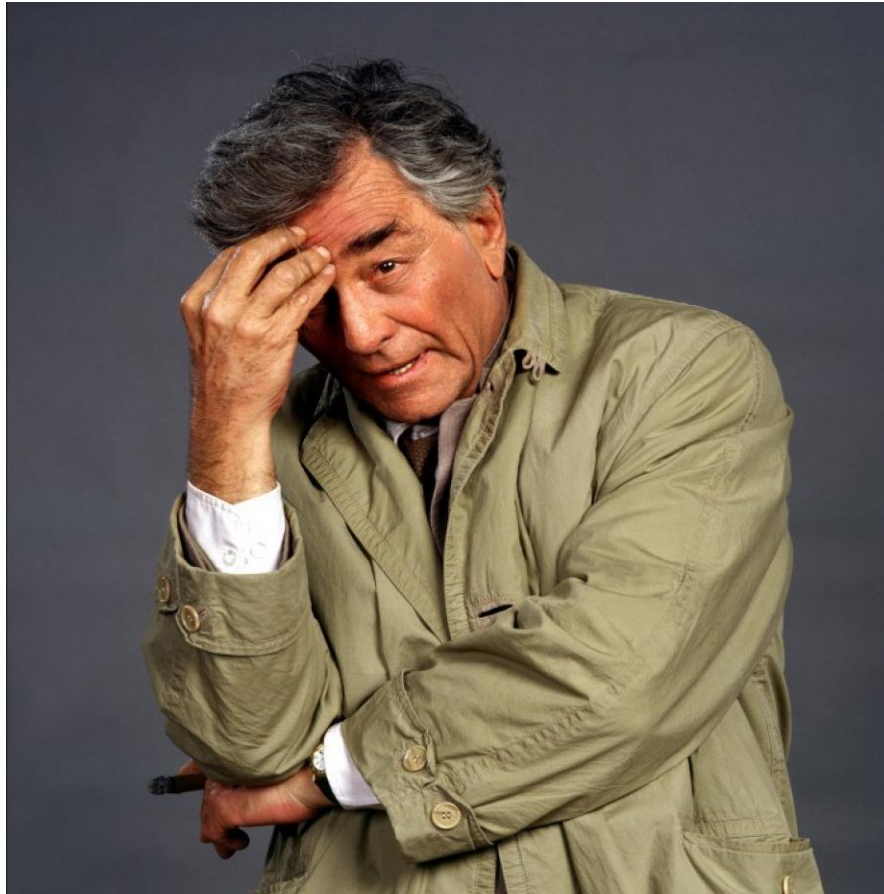
Maxine Grant

Are you sitting comfortably? ...



- On most occasions we will visit at home. This allows:
- The person being assessed to feel comfortable
- Reduces missed appointments
- Allows the assessor to identify other potential issues which we could help with
- The assessment usually takes between 1-2 hours. It is important everybody is as comfortable as they can be

What do we do?



- There are many reasons why a person may be experiencing memory difficulties.
- We try to establish the cause of the memory difficulties by asking questions
- It is really important to try to gather the views of families. They may have noticed something that the person with memory difficulties has not

Helps us build a picture



What sort of questions do we ask?

- Physical health history, including current medications
- Social and family history
- What type of day to day activities can the person manage without support? Is there anything that they may need help with?

Examples of questions we may ask

- When did the person (or family member) notice that memory problems were emerging?
- What types of problems did this cause?
- Has the person's memory been getting worse since the first signs were noticed?
- What prompted the referral to our team/visit to the GP?
Was there a specific event which caused concern?

- Does the person ever get lost or disorientated?
- Are they forgetting the names of people they know well?
- Is the person forgetting appointments? Having difficulty remembering the day/date?
- Has there been a change in personality? Has the person become more irritable or angry, more giggly, more tearful?

Cognitive Assessment

- A 'paper and pen' assessment
- It involves questions which look at memory, language skills, orientation and visuospatial skills
- It forms only part of the total assessment.
- It's not about 'passing' or 'failing'.
- It gives us an idea about what kinds of difficulties a person may be experiencing.

- They don't suit everybody and we are aware of their limitations
- We adapt to the individual needs of the person we are speaking to. We take into account hearing and sight difficulties, reading and writing abilities, cultural and language differences

What happens then?

- All of the information is collated and shared with the team
- A decision is then made to determine if further assessments would be helpful e.g. further physical investigations such as a brain scan and heart-tracing or a functional assessment by our occupational therapy colleague



Occupational Therapy and Dementia

Sian Kirkland-Harris & Julie Rowbottom
Occupational Therapists

Outline:

- What might you notice?
- Things that might help
- Useful contacts

What might you notice?

- The person starts to struggle with everyday activities, such as washing & dressing or kitchen tasks
- They may get lost when out, even in familiar places
- Driving becomes more difficult
- The person might try to leave the house at unusual times or get up/sleep at different times
- The person might become less interested in things that they used to enjoy

Things that might help...

- Equipment
- Assistive technology
- Memory aids
- Activity analysis
- Validation

- Bathing
- Toileting
- Chairs & beds
- Mobility
- Contact Social Services or the Disabled Living Centre for more information



Assistive Technology

- Smoke/heat alarms
- Door sensors
- 'Buddy' system
- Bed sensor
- Managed Medication System
- Contact Social Services or Independent Life Solutions for more information



Memory Aids

- Calendars & clocks with date, time, night/day
- Signs on doors e.g. “toilet”, “cups”
- Personal care checklists
- Leaving items out e.g. Clothing
- Organising kitchen areas so items are visible e.g. Everything needed to make a cup of tea together on the worktop
- Keeping items of interest visible around the home
- Dosette box for medication



Activity Analysis

- Looking at an activity that the person is interested in/used to enjoy
- Breaking it down into small steps
- Thinking about which steps the person can do & encouraging them to do these steps
- Identifying what they might need help to do, or what we can change to make it easier

How can we adapt activities?

- Simple instructions each step of the way
- Keeping everything that is needed visible and within reach
- Stay in the moment & explore senses e.g. tastes
- Reminisce
- Offer simple choices
- Sit down if needed
- Electric cookers are safer than gas
- Slicers/graters may be easier/safer than using a knives

- Focusing on the emotional perspective & acknowledging the person's experience
- Rather than repeatedly correcting the person if they are factually incorrect, this approach focuses on how the person is feeling and their lived experience
- It can be helpful to reduce distress

Useful contact details

- Manchester Contact Centre – 0161 255 8250
- Manchester Fire Service – 0800 555 815
- The Alzheimer's Society Helpline- 0300 222 11 22
- The Disabled Living Centre - 0161 607 8200
- College of Occupational Therapists - www.cot.co.uk
- Life Story Resources - www.dementiauk.org
- Age UK Advice Line – 0800 169 2081

Speech & Language Therapy

Farhat Ayaz

23.10.2015

What is Speech & Language Therapy?

This service is available to assess, diagnose and manage difficulties with:

Communication

Eating, drinking, swallowing (Dysphagia)

Communication

Understanding of Language

Verbal and non-verbal(reading, gesture)

words grammar sentence structure

Communication

Expression

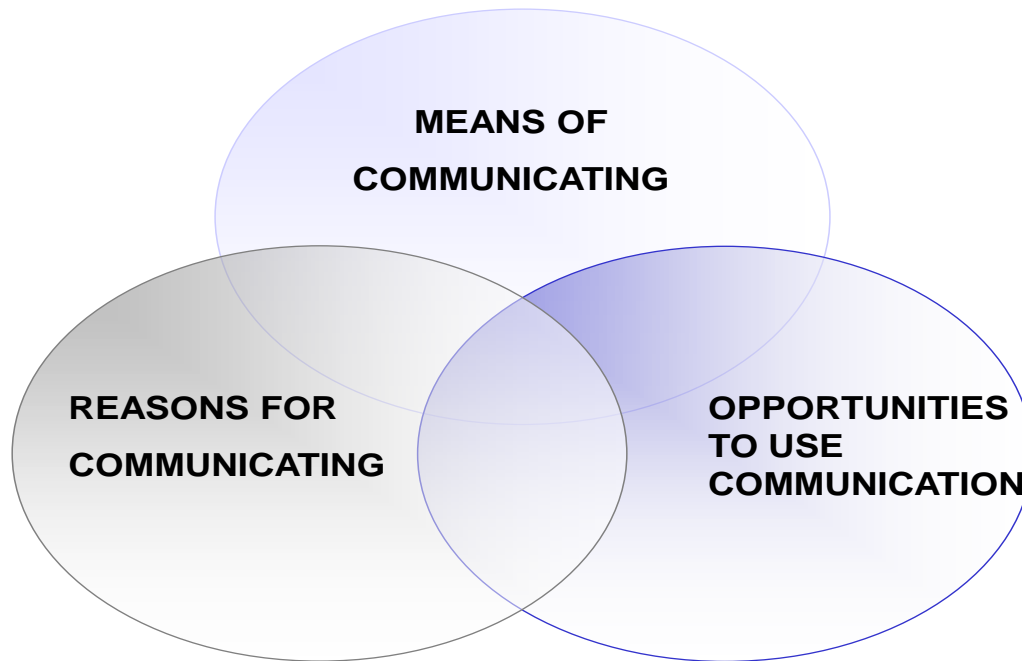
Verbal:

naming; sentence structure; grammar;
fluency; articulation

Non Verbal:

writing
gesture

Communication Assessment/Intervention



Role of Speech & Language Therapist

Differential diagnosis

Programmes to maximise function

Reduce stress and burden on caregiver by providing strategies

Maintenance of interpersonal relationship between client / carer

Role of Speech & Language Therapist

Maintenance of function

Enable carers and professionals to provide optimum environment (communication, eating & drinking)

Contribute to MDT problem solving/ care planning

Advocate for people with communication disorder

Role of Speech & Language Therapist

Train others to manage communication and dysphagia

Specialist input to inform decision making around non-oral intake

Cultural & Linguistic Considerations

**We all have individual beliefs, values
and interests irrespective of
background**

“Languages are not spoken in a cultural vacuum”

- Roger 1998
Aphasiology clinical Forum

Culture/ Language

A bi-/ multi-lingual approach needs to integrate cultural, social and linguistic dimensions

Culture/ Language

Also consider individual & Family's

Response to:

- Illness
- Disability
- Understanding of role of professional
- Status of language

Naming Systems- an example

Manzoor Begum (Choudhry)

Nusrat Ara

Jahan Ara

Farhat Fardoos -> Farhat **Ara**

Barkat Ali (Choudhry)

Nasir **Abbas**

Naming Terms of respect

- Older sister- Baji Apa
- Older brother Bhi/ Bhi Jan
- Maternal and paternal uncles and aunts

Assessment

- Establish family key worker
- Establish **who** speaks **which language(s)** to **whom when** and where

Assessment

- **Literacy levels**
- **Establish levels of literacy and which written script**
- **Religious script**
- **Punjabi speaker Urdu? Gurumukhi? Arabic**

Assessment

- **Seek help from client, family and interpreter**
- **Utilise culturally appropriate materials in correct script**

Assessment

- **Materials from:**
Home environment
Clients experiences
- **Observation can be very helpful**

.

Assessment

- **Some standardised assessments available**
- **MOCA Montreal Cognitive assessment validated in 24 languages**
- **Ace-III**
- **Australian Collaborative Research Centre 2012 some alternatives suggested**

The One Stop Shop

Marie O'Connor

Admiral Nurse Service

Stephanie Ragdale

What are Admiral Nurses?

Specialist mental health nurses working in the community:

- We focus on the needs of the family carer, including psychological support to help family carers understand and deal with their feelings
- We help families better understand dementia and use a range of interventions that help people live well with the condition and develop skills to improve communication and maintain relationships

What are Admiral Nurses?

- We are a source of contact and support for families at particular points of difficulty in the dementia journey, including diagnosis, when the condition advances, or when difficult decisions need to be made such as moving a loved one into care
- We provide advice on referrals to other appropriate services and liaise with other healthcare professionals on behalf of the family
- We provide consultancy and education to professionals to model best practice and improve dementia care in a variety of care settings.

Why “Admiral Nurses”?

- The Admiral Nurses were named in memory of Joseph Levy CBE BEM, who had vascular dementia and was known as ‘Admiral Joe’ by his family and friends due to his love of sailing.
- Dementia UK was officially registered as a charity in 1994 to take forward the development of Admiral Nursing.



Nationally there are around 145 Admiral Nurses.

The service in Manchester consists of 3 nurses for
North, Central and South

How do you Access our Service?

Referral criteria:

- Person being cared for must have a diagnosis of dementia
- Referral must come from a health professional within Manchester Mental Health and Social Care Trust and the person being care for must be on their caseload
- Carers own mental and physical health is at risk of deteriorating due to stress

What Groups do we Provide?

MANCHESTER CITY COUNCIL Manchester Mental Health and Social Care Trust A University Teaching Trust

Carers Workshop

Run by Manchester Admiral Nurses

The group is aimed at carers of people who are diagnosed with a dementia to enable them to learn more about dementia. The group is only for carers and family members not the person with dementia.

It runs for 6 weeks and covers various topics including:

- What is dementia
- Memory aids
- Coping with symptoms & emotions
- Stress, anxiety & guilt
- Communication
- Legal matters

Often our courses have guest speakers such as Speech and Language, Solicitors, Psychology and Occupational Therapists

Courses run a couple of times per year in North Manchester and a combined Central and South group

To find out when the next courses are running contact 0161 882 1063

People can access the course if they are open to the Admiral Nurse Service – for a carer to be able to access this service the person with dementia must be open to a team from the Manchester Mental Health and Social Care Trust such as Memory Clinic or Community Mental Health Team, that team will then refer to Admiral Nurses.

Presented in partnership with Manchester Academic Health Science Centre

Where People Matter Most

MANCHESTER CITY COUNCIL Manchester Mental Health and Social Care Trust A University Teaching Trust

Post Diagnostic Support Group

Run by Manchester Admiral Nurses

The group is aimed at people who are newly diagnosed with a dementia and their carer to enable them to learn more about dementia.

It runs for 6 weeks and covers various topics including:

- What is dementia
- Memory aids
- Coping with symptoms
- Stress and anxiety
- Communication
- Legal matters

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Where People Matter Most

What Groups do we Provide?

MANCHESTER CITY COUNCIL Manchester Mental Health and Social Care Trust A University Teaching Trust

Alz Café

North Manchester Dementia Café 2015

The idea of the Dementia Cafés is to bring people with dementia and their family carers together in the community. The cafes are a 'safe' place that you can come to and get support from the Admiral Nurse and also support from other people in the same situation as you. It's a place to make new friendships.

The Alz Café is held on the last Thursday of each month

Friday, 30 th January, 2015	THURSDAY, 30 th July, 2015
Friday, 27 th February, 2015	THURSDAY, 27 th August, 2015
Friday, 27 th March, 2015	THURSDAY, 24 th September, 2015
Friday, 24 th April, 2015	THURSDAY, 29 th October, 2015
Friday, 29 th May, 2015	THURSDAY, 26 th November, 2015
Friday, 26 th June, 2015	NO DECEMBER CAFE

Place: Community Lounge at the Sydney Jones Sheltered Housing Complex, 333 Saint Mary's Road, Moston M40 0BH

Time: 12.15 p.m. to 2 p.m.

Parking on the Car Park is for residents only unless you have a Blue Badge.

You can Park on the road outside the complex or we have permission to park At the back of FC UNITED.

For more information contact:

Susan Ashcroft-Simpson, Admiral Nurse, 11th floor, Hexagon Tower, Crumpsall Vale, Manchester, M9 8GQ
Telephone number: 0161 882 2053, Mobile Number: 07811 349 328
Email: sue.ashcroft.simpson@mhsc.nhs.uk

The Alz Café is supported by the Manchester City Council Carers' Grant

Provided in partnership with Manchester Academic Health Science Centre

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NEW Memory Café

Central Manchester Dementia Café

The idea of the Dementia Cafés is to bring people with dementia and their family carers together in the community. The cafes are a 'safe' place that you can come to and get support from the Admiral Nurse and also support from other people in the same situation as you. It's a place to make new friendships.

Date: Third Wednesday of the month – starting Wednesday 15th April

Time: 1:00 – 3:00pm

Place: Birch Community Centre, Brighton Grove, Rusholme, Manchester, M14 5JT

- Light refreshments free of charge
- Free parking onsite and on street
- Served by bus routes 41, 42, 42A, 43, 44, 141, 142, 143, 145, 157, X41, X57, all of which stop less than ½ mile away

For more information contact:

Stephanie Ragdale, Admiral Nurse
Tel: 0161 882 1104
Mob: 07436 036505
Email: stephanie.ragdale@mhsc.nhs.uk

The Memory Café is supported by the Manchester City Council Carers' Grant

Provided in partnership with Manchester Academic Health Science Centre

Where People Matter Most

MANCHESTER CITY COUNCIL Manchester Mental Health and Social Care Trust A University Teaching Trust

The Breakfast Club

South Manchester Dementia Café

The idea of the Dementia Cafés is to bring people with dementia and their family carers together in the community. The cafes are a 'safe' place that you can come to and get support from the Admiral Nurse and also support from other people in the same situation as you. It's a place to make new friendships.

First Thursday of the month – unless otherwise stated

2015 DATES:
NO JANUARY CAFE
Thursday 5th February
Thursday 5th March
Thursday 2nd April
NO MAY CAFE
Thursday 4th June

Thursday 2nd July
Thursday 6th August
Thursday 3rd September
Thursday 1st October
Thursday 5th November
Thursday 3rd December

10am until midday

- Free onsite parking
- Free tea, coffee and breakfast
- Accessed directly by bus number: 105

Benchill Community Centre
Community Room, Benchill Community Centre, Benchill Road, Manchester, M22 8EJ. Tel: 0161 945 0879

For more info:
Debbie Westacott (Admiral Nurse) on 0755 33 77 308 or Team Secretary on 0161 882 1063.

The Breakfast Club is supported by the Manchester City Council Carers' Grant

Provided in partnership with Manchester Academic Health Science Centre

Where People Matter Most



Thank you for listening