

Job Description

CT1-3 in Bedford Older People Mental Health
Clinical Supervisor: Dr Aneeba Anwar

Locality: Bedfordshire

Main Base: Twinwoods, Clapham, Bedfordshire

Team / Service: Memory Assessment Service (MAS)

Address / Contact details:

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Introduction & Summary

Training Opportunities:

The Older Adult Psychiatry post is based in a memory assessment service (MAS) at Twinwoods. The aim of the Memory Assessment Service (MAS) is to provide a full assessment of memory concerns, which can include a range of physical, neurological, medical and psychosocial assessments in order to formulate a diagnosis. The aim of the clinic is to provide good quality, early diagnosis and intervention for patients with dementia. The Memory Assessment Service is a single point of referral in Bedfordshire to ELFT for all people with a suspected diagnosis of Dementia. There are 3 MAS clinics in Bedfordshire.

This post is based in Bedford MAS.

The clinic base is at Twinwoods. The clinic takes place Monday to Friday. Home assessments and feedback discussions may take place based on individuals' needs. However due to Covid 19 pandemic situation and high risk / vulnerable population the memory assessment pathway has been modified with mixture of remote and face to face assessment based on risks.

Once the patients are triaged then they are booked in available clinics (virtual using telephone or video consultation) and face to face based on risks. The first stage of assessment is completed by various clinicians including trainee doctors, nurses, psychologist and consultant psychiatrists. Clinicians have weekly supervision by their supervisors and agree the second stage of assessment, which can be done virtually or face to face based on identified need and risks at first consultation. There is weekly MDT, where complex cases are discussed and patients who require further investigations such as neuropsychology, OT and brain scans are being allocated accordingly. Team clinicians will have access to IT facilities including laptop, dictation software if needed and remote access.

Training Opportunities:

This placement offers a comprehensive understanding of the working of Mental Health services with focus on Memory Assessment Service as a Multi-Disciplinary Team involving input from the Consultant Psychiatrist and supported by the Nurses, Occupational Therapists and Clinical Psychologists. The service hosts a mixture of trainees including Specialist higher Trainees in Psychiatry, as well as GP Trainees. The Trainee will be able to participate and observe the working of Memory Clinic, contribution from various professionals, assessment, investigations, diagnosis and management. This placement also gives exposure to safe prescribing and risk assessment for the management of dementia, behavioural and psychological symptoms associated with dementia.

During their placement the trainee will also be expected to use opportunities to spend sessions with other multidisciplinary team members to understand their role and to learn from them too.

The overall educational objectives are to provide the trainee with the knowledge, skills and attitudes to be able to:

- Take a history and examine a patient's mental state and memory
- Identify and synthesise mental health problems
- Prescribe safely according to BNF guidelines
- Understand the interface of complex physical health problems on mental health of patients.
- Keep an accurate and relevant medical record
- Manage time and clinical priorities effectively
- Communicate effectively with patients, carers and colleagues
- Use evidence, guidelines and audit to benefit patient care
- Act in a professional manner at all times
- Cope with ethical and legal issues which occur during the management of patients with mental health problems
- Educate patients and carers effectively
- Become life-long learners and teachers
- Identify and Manage risk effectively
- Develop an understanding of Memory assessments also the differences in presentation in the elderly and General adult patients.

Typical working Pattern Weekly

Mixture of clinics including initial assessments, feedback and prescription clinic follow up. There will be shadowing for 2 weeks period. For remote consultation, this can be organised.

Time for administration, CPD work, audit, QI and teaching.

Attending weekly MDT

Educational Activities:

Trainees are supported to attend their Teaching as well as educational activities.

Protected Supervision is led by Consultant for 1 hour every week. Trainees are encouraged to take part in audits and quality improvement projects and also contribute to the in-house training program.

There is weekly post graduate teaching programme.

Memory Assessment clinic consists of input from:

- Consultant Psychiatrist, Trainee doctors in Psychiatry, GP trainee doctors

- Clinical Psychologist, Trainee Clinical Psychologist, Assistant Psychologist

- Dementia Nurse Specialist

- Occupational Therapist

Speech and Language Therapist, Dietician, Physiotherapist, Geriatrician, Neurologist – on request

•Consultant Psychiatrist

The Consultant Psychiatrist provides assessment, diagnosis and initiates treatment with anti-dementia medication when indicated in line with NICE recommendations

•Trainee doctors in Psychiatry

The trainee doctors under supervision of the Consultant Psychiatrist provide assessment, diagnosis and initiate treatment. These can be done as stage one initial assessments on phone and video. Then discussed with the team or supervisor, where next action is agreed. Similarly feedbacks can be done on telephone or video consultation on case by case basis.

•Clinical Psychologist

The Clinical Psychologist provides specialist neuropsychological assessment for more complex cases, and supervision of assessments undertaken by Assistant and Trainee Psychology staff.

•Assistant Psychologist

The Assistant Psychologist carries out neuropsychological assessment under the supervision of the Clinical Psychologist. They also contribute to stage one assessment by using telephone and video consultation.

•Dementia Nurse Specialist

The Dementia Nurse Specialist provides a coordination function for the memory assessment pathway. They can be involved in the assessment process and initiate treatment. They offer post diagnosis support, advice, planning and education to patients referred to the clinic and their families

•Memory Clinic Nurse [Bedford]

The memory clinic nurse can be involved in the assessment process and offers post diagnosis support, advice, planning and education to patients referred to the clinic and their families

•Occupational Therapist

The Occupational Therapist provides specialist Occupational therapy assessments, such as the Assessment of Motor and Process skills to assist in the diagnostic process. The Occupational Therapist assesses the client's performance of activities of daily living and provides support, advice and education to patients and their families.

Where assessment cannot be undertaken in clinic, assessment will be completed in the most appropriate environment i.e. patients home / GP surgery.

History taking and Cognitive assessment: (there is detailed guidance developed for remote assessments)

a) A subjective and objective assessment of the patient's life, social, family and carer history, circumstances and preferences, as well as their physical and mental health needs and current level of functioning and abilities, including an interview with an informant (usually carer/family) to generate a collateral history

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- b) Assessment of history and impacts of impairments of vision, hearing and mobility
- c) Assessment of history and impacts of impairments of medical co-morbidities
- d) Assessment of key psychiatric and behavioural features, including depression, wandering and psychosis
- e) Risk assessment covering all areas appropriate to the individual, e.g. falls, risk to self, childcare or carer responsibilities, driving and financial and legal issues
- f) Carer assessment including burden, health and function.
- g) Cognitive and mental state examination including attention and concentration, orientation, short and long-term memory, praxis, language and executive function

Further investigations may be necessary to exclude other causes, inform diagnosis or sub-typing and identify suitable treatment options. These may include:

- a) At the time of diagnosis and at regular intervals, subsequently assessment will be made for medical comorbidities and key psychiatric features associated with dementia, including depression and psychosis, to ensure optimal management of coexisting conditions.
- b) Testing for syphilis serology or HIV will not be routinely undertaken. This will only be considered when the history suggests risk or if the clinical picture indicates this. MAS clinicians also have recently given access to ICE to check blood test results and also can look at results of any previously done brain scans.
- c) A Confusion Assessment Method (CAM) test may be carried out if delirium is a possibility. If delirium is identified the client will be immediately referred back to the GP. There may be patients who are identified to have possible prior cognitive impairment and then develop acute on chronic confusion. These will be identified and appropriately followed to aid diagnosis.
- d) Clinical presentation will determine whether investigations such as chest x-ray or electrocardiogram are needed.
- e) Cerebrospinal fluid examination will not be performed as a routine investigation. Patients can be referred to neurology or to specialist cognitive disorder clinic at Addenbrookes.
- f) Review of medication in order to identify and minimise the use of drugs that may adversely affect cognitive functioning
- g) ECG – may be carried out by the GP as per NICE CG42
- h) Structural imaging may be used in the assessment of people with suspected dementia to exclude other cerebral pathologies and to help establish the subtype diagnosis. Magnetic resonance imaging (MRI) is the preferred modality to assist with early diagnosis and detect subcortical vascular changes. Computed tomography (CT) may also be used depending on the specialist's assessment. There is a revised protocol for neuroimaging in view of Covid 19.
- i) Specialist advice should be taken when interpreting scans in people with learning disabilities.
- j) Formal neuropsychological testing will form part of the assessment in cases of mild or questionable dementia and unusual/complex presentations. However, currently this has been under review following restrictions related to Covid, validity of remote assessments etc.
- k) Other investigations as appropriate e.g. Observational assessment of Activities of daily living (ADL), Assessment of Motor and Process Skills (AMPS).

Communicating the Diagnosis

Diagnosis will be made following the collation of assessment evidence. This could take place at the initial assessment, but may require further contact from memory assessment clinic staff. A meeting will be held with the patient and carer/s (with patient's permission) to discuss the outcome of the assessment, the diagnosis, prognosis and immediate recommendations.

Post Diagnosis Interventions

Following a diagnosis of Dementia, unless the person with dementia clearly indicates to the contrary, written information will be given to them and their families. These interventions include a vast range such as voluntary sectors.
 DVLA/ driving assessment
 Medico – legal issues

Follow Up Care Planning

If the person meets the CMHT criteria they will be allocated a care co-ordinator from the CMHT and care will be co-ordinated in line with the CPA process.

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Discharge Or Transfer From The Memory Assessment Service

The decision on when the person should be transferred or discharged from the Memory Service will be made as a joint decision by the multi-disciplinary team and include discussion with the patient and their family/supporters. It is expected that this transfer or discharge would take place if;
The person develops complex needs which require support from a CMHT under Care Programme Approach (CPA)

The person and their family have needs which could more appropriately be met in primary care or other agencies – in this case, future re-referral into the Memory service will be fast-tracked.
The person has completed the assessment pathway and diagnostic support and has no identified current needs.