

MSNAP
MEMORY SERVICES NATIONAL
ACCREDITATION PROGRAMME



Memory Services National Accreditation Programme (MSNAP)

Emma Copland

Deputy Programme Manager

COLLEGE CENTRE FOR
QUALITY IMPROVEMENT



What is MSNAP?



- Quality improvement + accreditation programme for UK memory services
- Review services against a set of evidence-based standards
- Voluntary
- Costs £1900+VAT/year
- Running since 2009

Review process



- Self review – 3 months
 - Questionnaires for staff, service users, carers and referrers
 - Case note audit and organisational checklist
- Peer review – one full day visit
- Accreditation Committee (AC)

Review cycle

- MSNAP Accreditation lasts for 2 years
- Interim review at 1 year
- Full review repeated after 2 years



The MSNAP Standards



- **Type 1:** failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence based care and treatment
- **Type 2:** standards that an accredited service would be expected to meet
- **Type 3:** standards that are aspirational or standards that are not the direct responsibility of the service

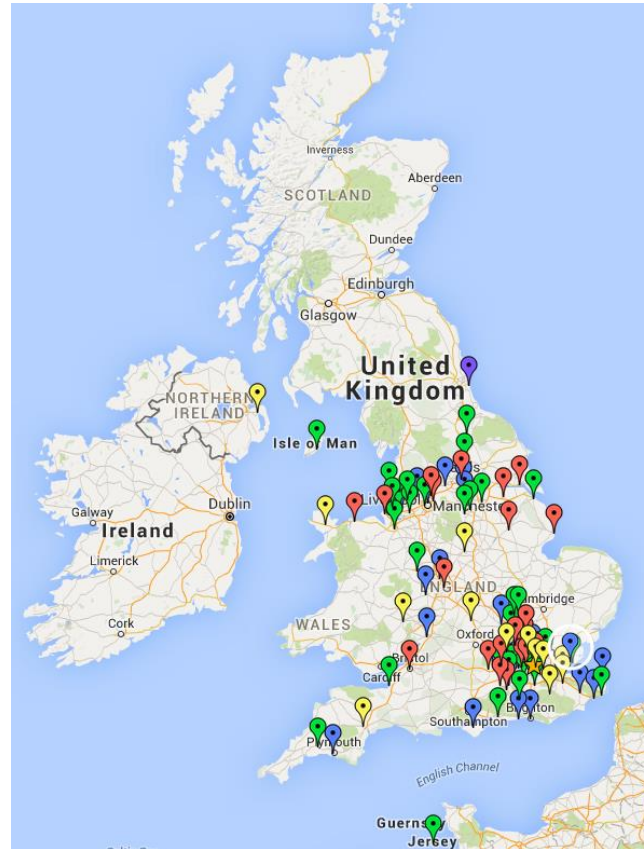
Accreditation Status



- Services have to meet certain proportions (not all) of the standards to be considered for accreditation
- They must meet all Type 1 standards
- Accreditation status:
 - Accredited
 - Accreditation Deferred
 - Not Accredited

Members

- 108 members
- 87 accredited
- 1 deferred
- 12 in review
- 7 affiliate
- 1 not accredited



Outcomes of the programme

- Leverage to obtain funding/resources
- Stimulates ongoing quality improvement by engaging memory service teams
- Benchmarking
- Networking
- Boost staff morale



Other benefits of membership

- Email discussion group
- Annual conference
- Opportunity to train as a peer reviewer
- Opportunity to attend reviews at other services



MSNAP
National Memory Services Forum
Sheffield City Hall, Barker's Pool, Sheffield S1 2JA

Wednesday 23 October 2013
10:00-16:40



9:30 – 10:00 Registration and Refreshments

10:00 – 10:10 Chair's welcome address
Professor Martin O'Neill, Chair of the MSNAP Accreditation Committee

10:10 – 10:30 Update from MSNAP
Sophie Hodges, MSNAP Deputy Programme Manager & Emma Holey, MSNAP Project Worker, Royal College of Psychiatrists

10:30 – 11:00 Living with dementia
Speaker TBC

11:00 – 11:25 Refreshments

11:25 – 11:55 Primary Care & Dementia
Dr Jill Kazamussen (TBC), Clinical Champion for Dementia, Royal College of GPs

11:55 – 12:25 Caring for a person with dementia
Speaker TBC, Uniting Carers, Dementia UK

12:25 – 12:30 Trading in the Knowledge Market
Sue Parker, Suffolk User Forum

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Feedback from members

“All of the improvements made have been received well, and some have led to changes being made across the Trust—not just to our memory service. This can only benefit service users and carers...”

“We have developed leaflets and information sheets for service users and carers as a result of the accreditation procedure; reviewed the support provided to service users and carers; we have looked at staff training issues; GP training issues; documentation in case notes and even the availability of Trust policies amongst other things...”

Developing the Standards



- NICE guidance, RCPsych reports, Department of Health, Audit Commission publications
- Wide consultation
- Expert consensus
 - Multi-disciplinary standards development group
- Revised regularly – currently on 5th edition

5th edition standards



- Published March 2016
- Incorporated CCQI core standards for community-based mental health services
- Added standards specifically relating to young onset dementia
- Access to CST now a Type 1 standard – mandatory for accreditation

National Reports



- National report produced every 2 years
- Aggregate self review data received over last 2 years
- Pick out key themes
- Monitor improvements made over cycles
- Produce recommendations

2013/14 recommendations

- Improve relationships with referrers
- Focus on psychosocial interventions
- Ensure carers are offered an assessment
- Create links with research organisations and actively promote these to people with dementia and carers

Two years on...

- Improve relationships with referrers ✓
- Focus on psychosocial interventions ✓
- Ensure carers are offered an assessment ✗
- Create links with research organisations and actively promote these to people with dementia and carers ✓

Relationships with referrers

Referrer Questionnaire	2013-14 data	2015-16 data
Have you been provided with policies and protocols on how to refer people into the memory service?	70%	71%
Has the memory service provided you with written information about the service?	70%	73%
Has the memory service provided you with the following:		
Advice?	72%	76%
Training?	32%	34%
Outreach?	36%	42%

Access to psychosocial interventions

	Mean	Range	Median
2015/16: The percentage of people with dementia under the care of the service who have accessed psychosocial interventions in the past year (n=73)	34%	0.2-100%	23.1%
2013/14: Percentage of people on the memory clinic caseload who have accessed psychosocial interventions in the past year (n=38)	23.6%	0-80%	16.7%

Carers assessments

- Statistics the same this year as 2 years ago
- 96% of staff (n=1302) say that carers assessments are offered
- 55% of carers (n=933) say they have been offered an assessment

Links with research organisations

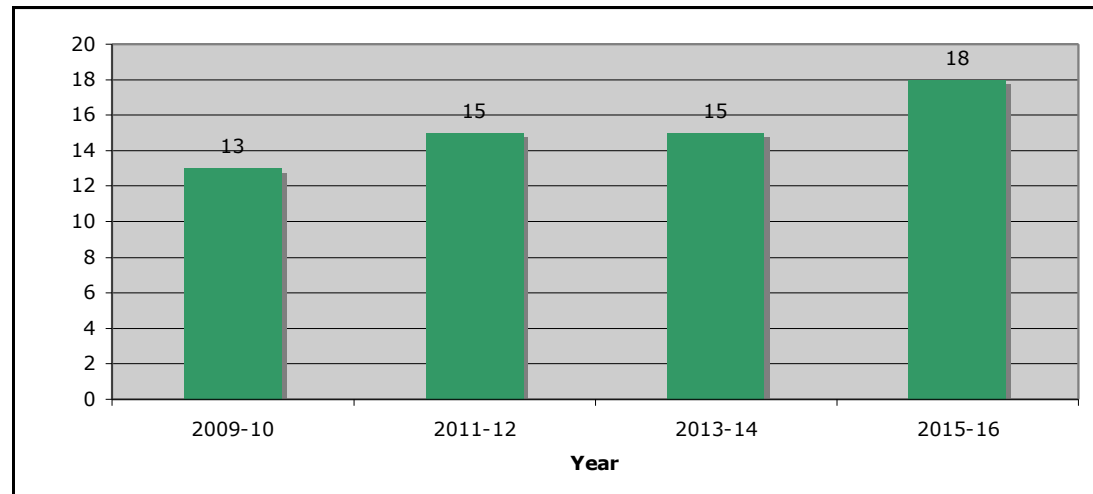
	Mean	Range	Median
2015/16: The percentage of people with dementia under the care of the service who have registered their interest in participating in research over the past year (n=57)	9.5%	0-55.6%	6%
2013/14: Percentage of people with dementia who have registered their interest in participating in research over the past year (n=39)	6.1%	0-45.1%	1.8%

Contextual data 2015-16

Contextual data (number of responses)	Mean	Range	Median
Current caseload (n=85)	819	90-3299	635
Number of new patients seen within the last 4 weeks (n=84)	64	9-381	51
Average time between referral and first assessment (n=84)	5 weeks	0.3-12 weeks	4 weeks
Number of staff working for the memory service (n=86)	18	5-68	15

Staffing

Contextual data (number of responses)	Mean	Range	Median
Number of staff working for the memory service (n=86)	18	5-68	15



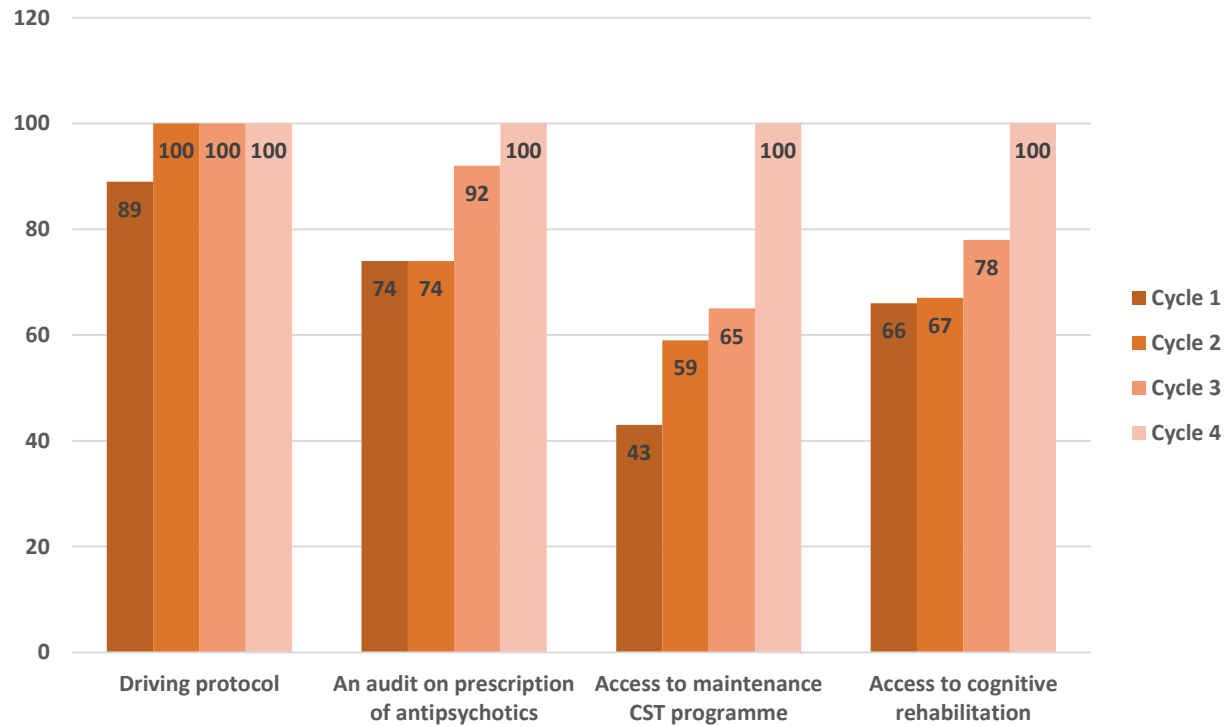
Staffing breakdown

Profession	Percentage of services with dedicated sessional time
Nurse (n=83)	100%
Consultant Psychiatrist (n=82)	98.8%
Occupational Therapist (n=82)	89%
Psychologist (n=81)	90.1%
Team Manager (n=85)	98.8%
Administrator (n=85)	98.8%
Speech and Language Therapist (n=62)	19.4%
Dietician (n=56)	3.6%
Physiotherapist (n=58)	8.6%
Social Worker (n=68)	39.7%
Geriatrician (n=59)	6.8%
Neurologist (n=56)	3.6%
Admiral Nurse (n=65)	27.7%

Improvements over time

Standard	Cycle number			
	1	2	3	4
Basic screen and blood tests	94%	95%	99%	100%
A physical examination and other appropriate investigations	81%	93%	99%	100%
A review of medication	94%	98%	100%	100%
A check of vision hearing and mobility	82%	93%	93%	100%
Electrocardiogram (ECG) carried out in accordance to clinical need	87%	92%	95%	97%
If the patient drives, he or she was informed about the necessity to report the diagnosis to the DVLA	76%	93%	89%	100%
The patient (and/or their carer) has been asked if they wish to register their interest in participating in research	38%	60%	53%	69%
The patient asked if they want to know their diagnosis	73%	90%	88%	93%
The patient was asked with whom the outcome of the assessment should be shared	78%	90%	94%	95%
The patient was asked if they would like to receive a copy of the letter sent to the referrer	72%	85%	92%	99%
The patient was asked if they would like their carer to receive a copy of the letter sent to the referrer	61%	83%	86%	97%
The patient was asked if they would like to receive a personalised letter/document containing information about their diagnosis and care needs for them and their carer	52%	65%	80%	100%

Improvements over time





Emma Copland

emma.copland@rcpsych.ac.uk

0203 701 2656

www.rcpsych.ac.uk/memory-network