RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

MSNAP
MEMORY SERVICES NATIONAL ACCREDITATION PROGRAMME

2023

6th NATIONAL REPORT

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Artwork displayed on the front cover of this report was created by George Rook, Patient Representative and entrant of the 2023 MSNAP Artwork Competition.

FOREWORD

It is my great pleasure to introduce the 6th MSNAP National Report as the new Chair of the Accreditation Committee. The credit goes to the excellent team at the College's centre for quality improvement for their continued outstanding performance. I would also like to acknowledge the enormous contribution of the people living with dementia and their family carers and loved ones, the memory service staff who are working very hard, often in challenging circumstances, the MSNAP review teams, Advisory Group and Accreditation Committee who bring in expertise and dedication and our charitable partners and other stakeholders for their support and contribution.

Increasing demand of memory services over the years remains a testament of improvement and it is good to see a modest but steady growth in staffing levels and no significant increase in waiting time for diagnosis.

I am particularly impressed by the analysis on the five overarching themes in this report that encompasses good quality care. While all the details are reflection of the comprehensive and formative assessment process of MSNAP, significant improvement in accessibility, post-diagnostic care and innovative practices during and post pandemic are excellent progress to name a few.

To my knowledge, there is no other national benchmarking process as robust as MSNAP across the globe. The testimonials in this report from our member services underpin very well the value and contribution of this not-for-profit programme to maintain and improve the quality of memory services across the country and I hope that will be incentive enough to expand our membership. We are also reaching out globally to support other countries to develop their own programme, to forge new partnership and to enrich ourselves in that process.

Assessment and treatment of memory disorders are currently in a crossroad with new developments in treatment and assessment process. This will have major implications on how memory services are delivered in the UK over coming years. MSNAP is fully committed to remain and evolve at the cutting edge of assessing and improving quality in the future.

Dr Sujoy Mukherjee, Consultant Psychiatrist (Old Age)

West London NHS Trust and MSNAP Accreditation Committee Chair

INTRODUCTION

This report uses data collected from memory clinics who are current members of the Memory Services National Accreditation Programme (2023). A quantitative analysis has been conducted on compliance against the MSNAP standards for comparisons and benchmarking. A thematic analysis has also been conducted on the qualitative data collected of good practice examples from peer reviews. The data has been drawn from services most recent peer review findings and cross-comparisons have also been conducted with previous years' data from 2009 to present.

AIMS OF THIS REPORT

We hope that our member services find this report to be a celebration of their innovation and good practice, as well as being able to draw on inspiration from other services. The report is also aimed to assist member services going through the developmental or accreditation process to identify where the shortfalls may be within the standards for services.

In addition, for services that have been assessed or are currently meeting a majority of the MSNAP standards, we would encourage continuous improvement. We hope that the areas of good practice and innovations identified within this report may encourage services to consider ways in which they can improve their service even further.

For services not yet participating in MSNAP, this report aims to provide an overview of our standards, the peer review process and some examples of good work and achievements form other teams that have gone through the process of achieving MSNAP accreditation or through their developmental review process. We hope that memory services will find this report to be a useful tool in supporting them to think about how they might begin working towards the standards and making positive changes to the way they operate.

For patients and carers, this report intends to offer some assurance for good practice that exists within memory services. MSNAP would not success without the input of people who have accessed services and their views as to what excellent care should look like. This is a perspective we are hugely grateful to be able to include throughout this report.

ACKNOWLEDGEMENTS

The MSNAP team are grateful for the continued support received from both governance groups, the Accreditation Committee and the Advisory Group. Thank you also to our valued lived experience representatives (both current and previous) for all of their perspectives and involvement on the programme from its inception to date. Also, thank you to the memory services who are members of MSNAP and included in this report, we hope that this provides a useful benchmarking report and to highlight good practice examples. We would also like to thank previous members of the MSNAP team and other CCQI colleagues for support with the development of this report, including Miranda Fern and Kulvinder Wariabharaj and Camila Pulliza.

WHO WE ARE AND WHAT WE DO

The Memory Services National Accreditation Programme (MSNAP) was established in 2009 to support local service improvement of memory services in the UK and is one of just under 30 networks within the College Centre for Quality Improvement (CCQI) within the Royal College of Psychiatrists.

HOW WE SUPPORT SERVICES

We adopt a multi-disciplinary approach to quality improvement in memory services, using a set of a quality standards for memory services which are underpinned by research, best practice guidance and legislation. These evidence-based standards are revised every two-years to remain up-to-date.

Our comprehensive peer review process allows for a two-fold outcome. Firstly, through a culture of openness and enquiry we serve to identify areas for improvement. Secondly, through discussions led by staff members, patients and their carers, we highlight areas of achievement. Overall, the model is one of mutual support and learning rather than inspection.

Another key component of MSNAP is the facilitation and sharing of ideas and best practice across different members. This is accomplished through peer reviews, various webinars, and our Annual Forum held at the end of each peer review cycle.

MEMBERSHIP

Membership is open to all memory services across the UK and internationally. The following membership options are available:

Accreditation: Designed for services which are already meeting the majority of MSNAP standards and would like to achieve MSNAP Accreditation.

Developmental: A starting point for all services new to the MSNAP peer-review process. It is designed to support services as they work towards meeting sufficient thresholds for accreditation.

Affiliate: For services who are not ready to undergo the MSNAP self-review process, but who have plans to in the near future. Affiliate members will be able to benefit from access to the network and the support of peers, with the eventual aim of achieving accreditation.

Our member services are spread across the UK as demonstrated by the map.

THE REVIEW PROCESS

Memory services signed up to MSNAP will receive a comprehensive assessment against the Quality Standards for Memory Services. The review process against the standards contains four key stages indicated below.

SELF-REVIEW

Services complete a workbook which includes a self-rated score and comment against each standard and any accompanying evidence. Questionnaires are distributed to staff, patients, carers and referrers.

The self-review process is an opportunity for services to score themselves and provide commentary against each of the standards for memory services. Services are able to identify their own challenges and achievements.

PEER REVIEW

A visiting multi-disciplinary peer review team meets with staff, patients and carers to validate the information provided at the self-review stage. A tour of the service environment is completed. The service receives feedback on the preliminary findings at the end of the review, drawing on achievements and areas for improvement.

The peer review process allows for greater discussion on aspects of the service and provides an opportunity to learn from each other in a way that might not be possible in a visit by an inspectorate.

SERVICE LEVEL REPORT

The data that is collected from the peer review is recorded in a service level report, which summarises the areas of good practice and areas in need of improvement. The reports are comprehensive and provide a clear overview of how services have performed overall against the standards for veterans' mental health services. If standards are not met, the report contains recommendations for services as to how they can work on these areas.

ACCREDITATION

Members going for accreditation will be supported to provide further evidence for any unmet standards, the AC will provide the service with one of three outcomes:

1. Accredited
2. Deferred
3. Not Accredited

The AC can defer services up to three times. As a result, services have multiple opportunities to make changes and collect further evidence for the AC. Throughout the process, the network provides teams with time, support, and guidance to help services reach accreditation.

ACTION PLANNING

Whether services are on the accreditation or developmental membership, they are encouraged to continue with action planning after their peer review process has completed. Services are encouraged to continually improve in any areas of the standards that can be developed or enhanced further and use support from MSNAP to do this.

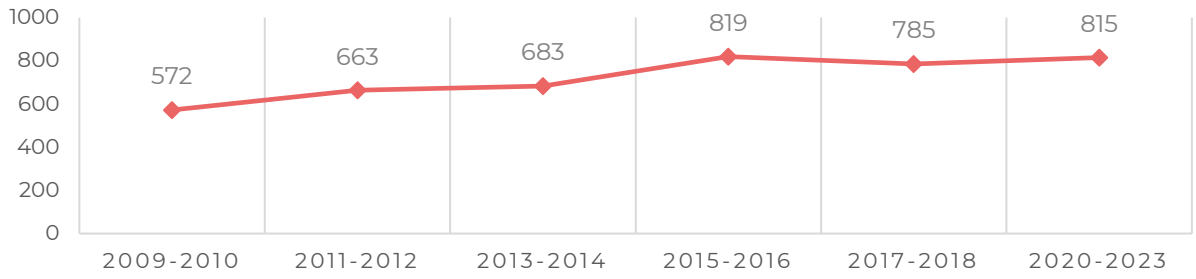
CONTEXTUAL INFORMATION

As part of the MSNAP self-review process, we ask memory services to provide us with some contextual information about their service and the way in which they are operating. The data is drawn from all memory services that were members of MSNAP at the specific time periods indicated below from 2009 to 2023.

It is worth noting that the exact number of memory services that have been members of MSNAP has varied over these time periods and therefore averages for each time period have been used. Data collected between 2019 – 2020 has not been included as part of the analysis as there were large gaps in data due to the Covid-19 pandemic.

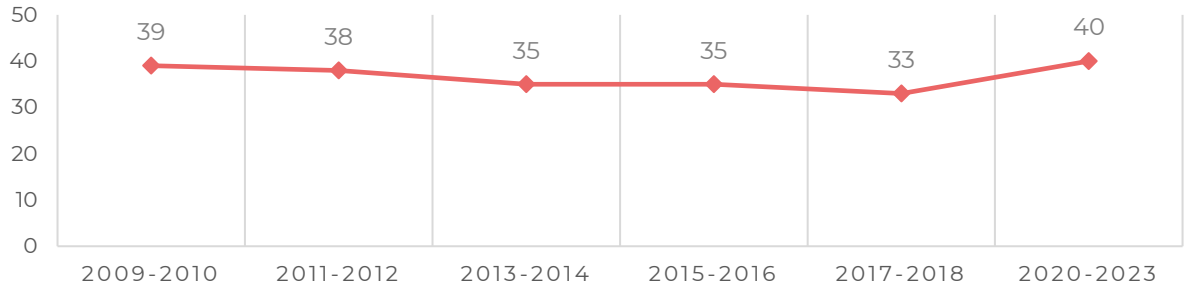
AVERAGE CASELOAD

The average caseload for memory services reached a peak in 2015 – 2016, with a slight decrease in 2017 – 2018.



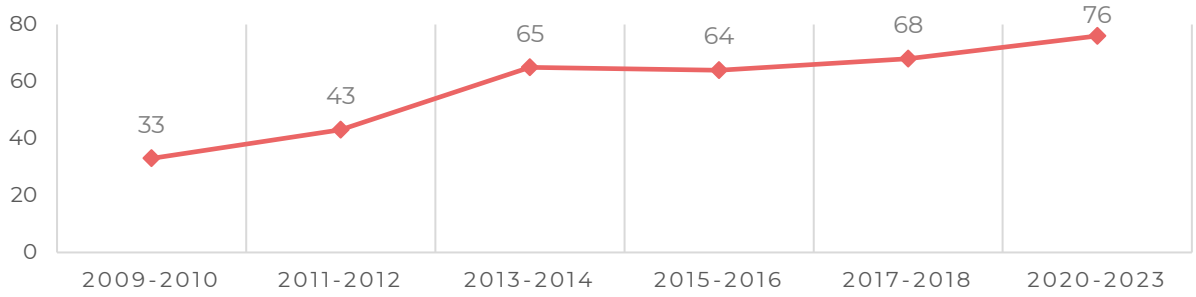
WAITING TIMES

The total number of days between a referral and initial assessment has varied through the years, with a slight decrease from 2013 to 2016. A significant decrease was seen in 2017 - 2018



NEW ADMISSIONS

The number of new admissions taken on by memory clinics per week has risen by 130% since 2009.

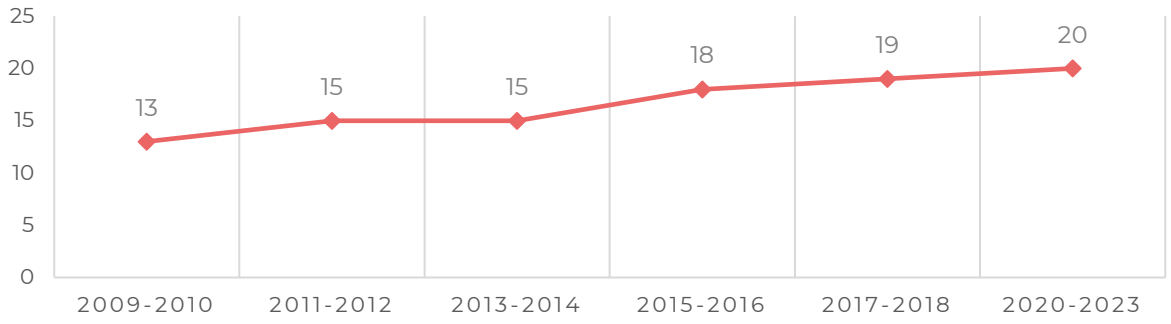


STAFFING IN MEMORY SERVICES

MSNAP collects data from each service around the number of staff across different disciplines that sit within the memory service. Staffing levels have been seen to vary significantly across the UK, however a common theme felt across all services is that the staff teams are quite stretched to manage the rising caseload numbers as seen on the previous page.

STAFFING LEVELS

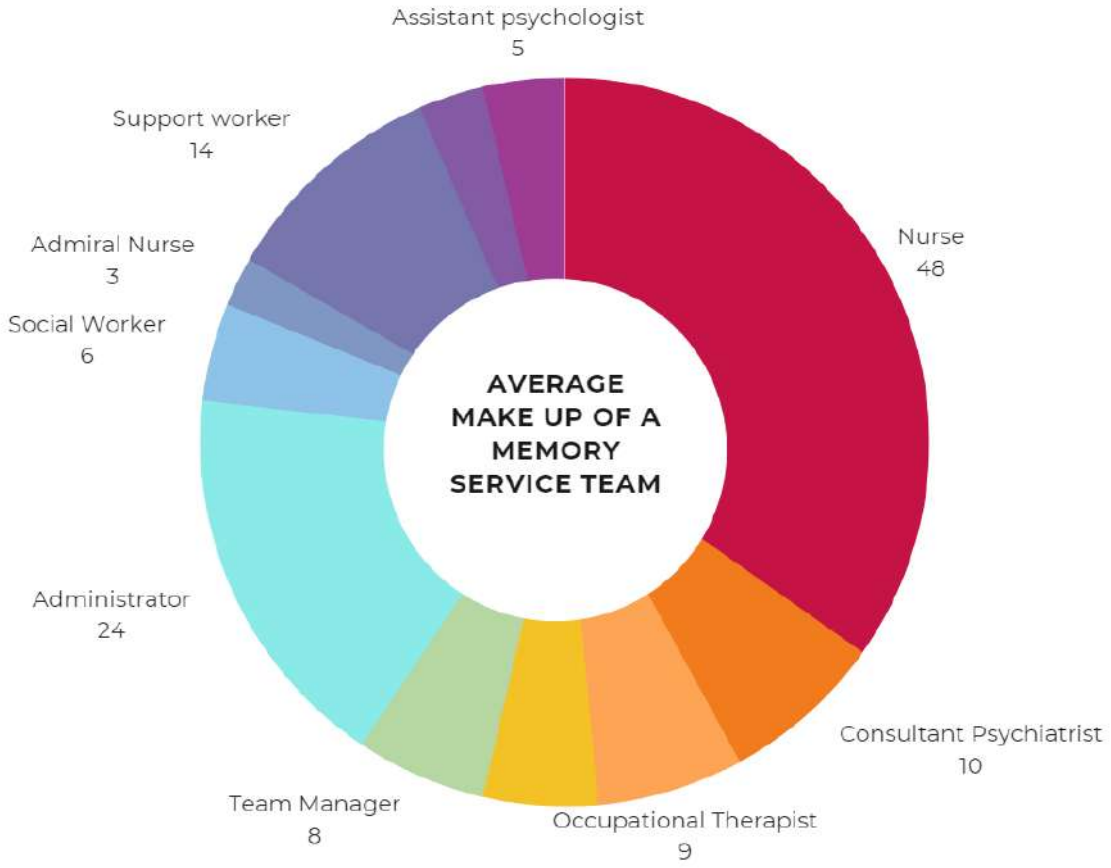
The average number of staff from 2009 to 2023 has not increased much, with the overall average during this time period being 17 members of staff.



WHAT DO MEMORY SERVICE TEAMS LOOK LIKE?

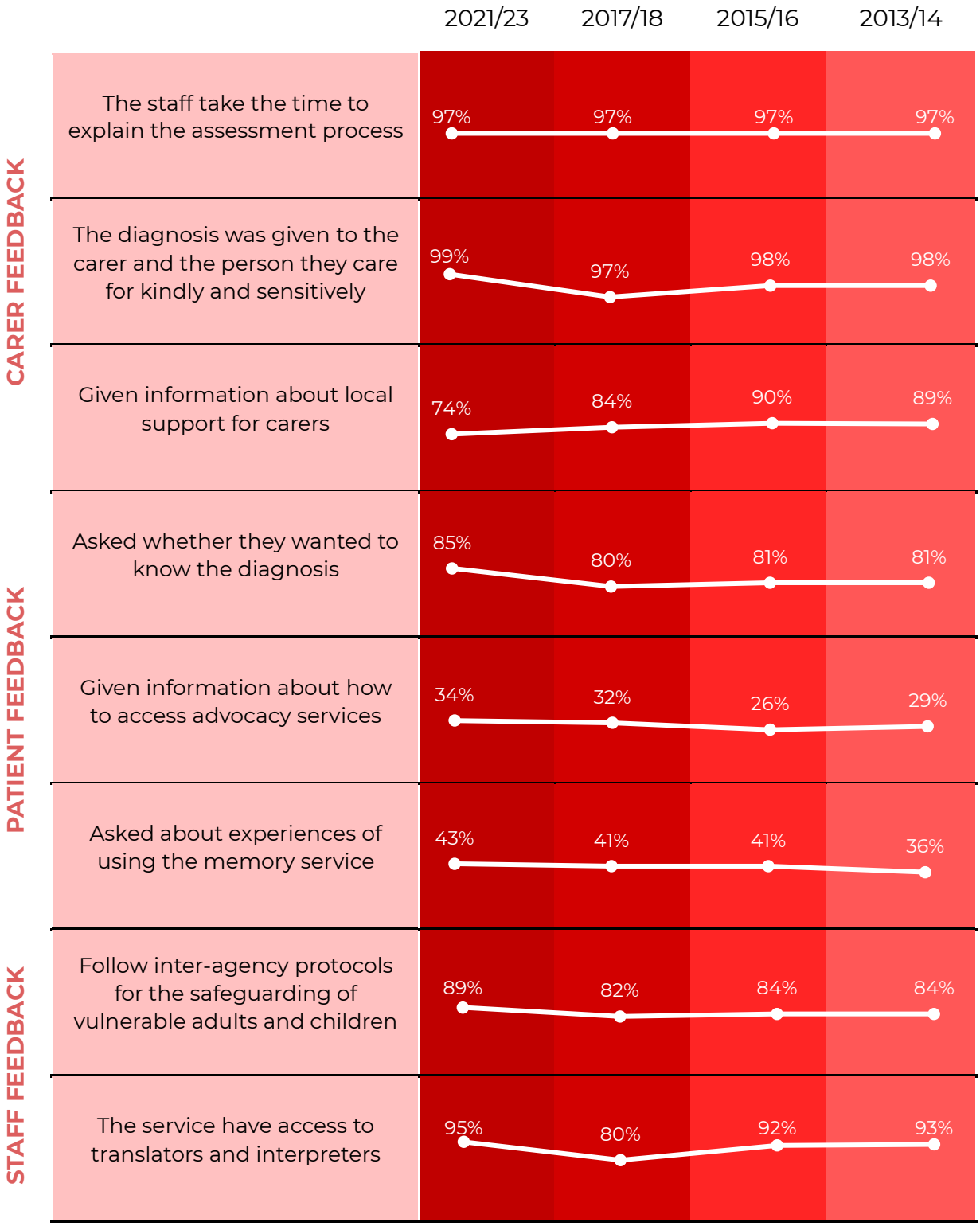
An analysis was conducted to understand what memory service teams tend to look like in terms of the range of professional disciplines and expertise that sit within each clinic.

The chart below demonstrates the range of multi-disciplinary roles across services.



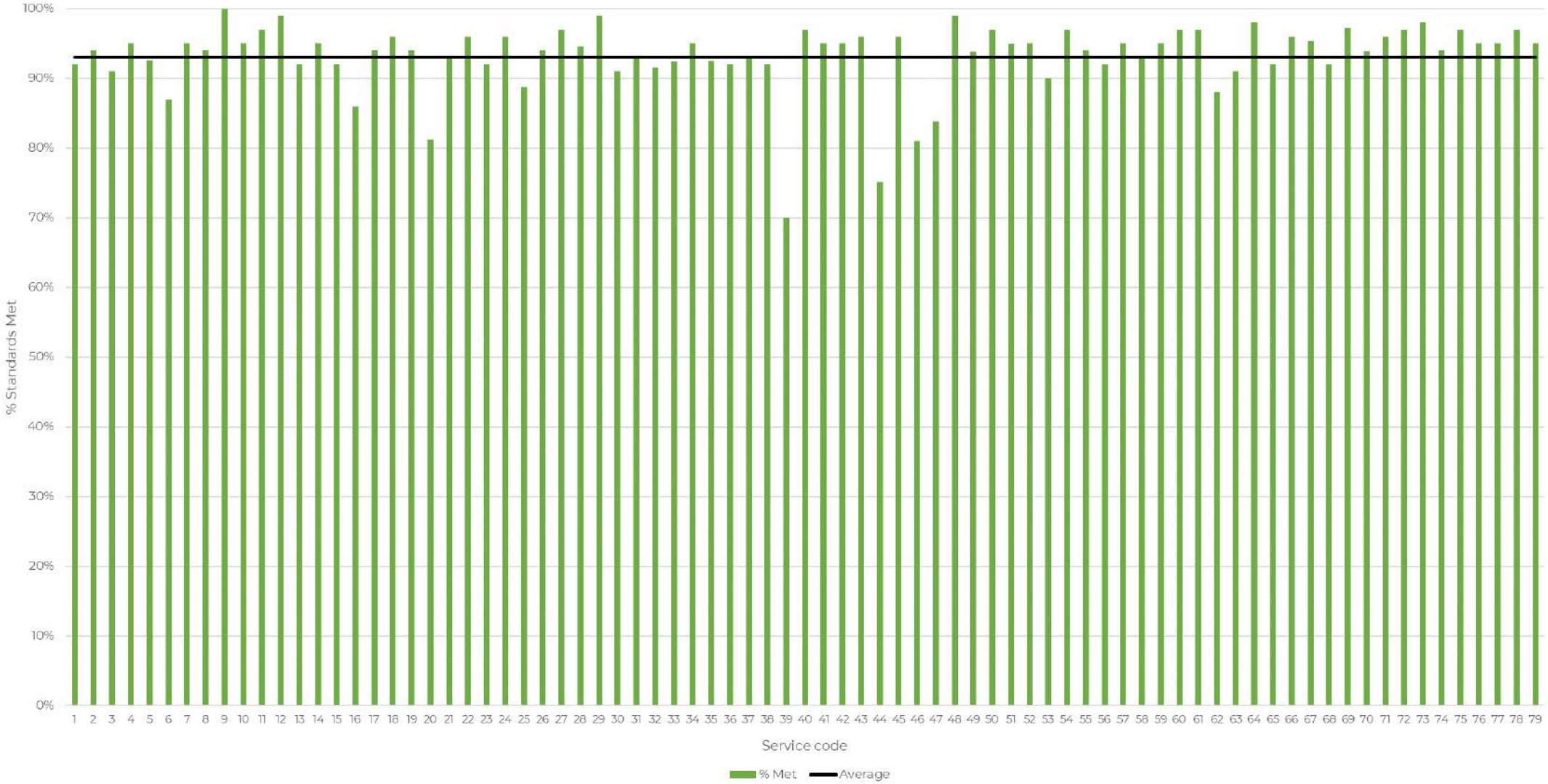
CHANGE OVER TIME

As part of the MSNAP peer review process, services are required to distribute anonymised questionnaires to staff, patients and carers to gather their feedback and understand their experiences of the service. The following line graph demonstrates changes in feedback received from carers, patients and staff over the past ten years.



PERFORMANCE AGAINST STANDARDS

The following graph demonstrates the compliance against the MSNAP standards for memory services (both 6th and 7th editions) at the point of their most recent assessment*. Services are indicated by an anonymised code.



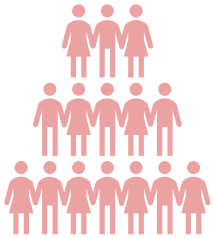
Scores are likely to change for accreditation members after they are presented to the Accreditation Committee, hence data has been used from the peer review stage (draft reports).

DATA COLLECTION AND ANALYSIS

The following section contains data collected from MSNAP peer reviews that were conducted from 2021 to 2023.

During this timeframe, a majority of memory services had received a peer review against the MSNAP standards on either the 6th or 7th edition of standards. Out of these services reviewed, feedback used for this report has been drawn from survey responses collected as part of the self-review assessment during the peer review process. The following information has been included within this analysis:

892 staff completed surveys



430 patients completed surveys

490 carers completed surveys

ANALYSIS

A thematic analysis was conducted on the areas of good practice that peer reviewers identified on the MSNAP peer review days. Five overarching themes were identified from the collated data:

1. **PATIENT AND CARER EXPERIENCE**
   Positive experiences of staff, communication and information, patient and carer involvement and post-diagnostic support
2. **STAFF WELLBEING AND SUPPORT**
   Staff wellbeing, support and morale, staff skill mix, training opportunities and professional development
3. **DEVELOPMENTS AND NEW INITIATIVES**
   Assessments and referrals, technology, COVID19, governance, research opportunities and quality improvement
4. **COLLABORATIVE WORKING**
   Joint working, liaising with GPs, working with community mental health teams, shared information systems and transitions between services
5. **CLINIC ENVIRONMENT**
   Artwork, meeting spaces, accessibility and dementia-friendly adaptations that have been implemented throughout services

Each theme will be discussed more in the following sections of this report. As well as a summary of each theme, this section will include the overall compliance of services against related MSNAP standards. Relevant survey responses and report examples have also been used to further illustrate the themes.

1. PATIENT AND CARER EXPERIENCE

Within this theme, overall experience of patient and carer experience is broken down into their positive experiences of staff, communication and information, involvement within their services, post-diagnostic support and accessibility.

OF THOSE SURVEYED

Of patients felt staff treated them with compassion, respect and dignity at all times.

Of carers felt welcomed when they attended the clinic.

1.1 POSITIVE EXPERIENCES OF STAFF

For many services, both patients and carers reported positive experiences of the staff. This was spoken about in general, with staff being described as friendly, welcoming, kind, excellent or reassuring. There were also more specific areas where experiences of staff were felt to be positive. For example, not feeling hurried and being flexible with appointment times, having professional pride or giving a high quality of care and support.

STANDARD COMPLIANCE

Of services reviewed treat patients and carers with compassion, dignity and respect

EXAMPLE

MILTON KEYNES SPECIALIST MEMORY SERVICE

Without exception, patients and carers were full of praise for the way they were treated. They were welcomed to the clinic, and as one said, “It’s like coming to a friend’s house.” They felt that the fear and apprehension with which they arrived for their initial assessment was dispelled by the calm reassurance they received, and that as a result their confidence about themselves and the future grew.

EXAMPLE

EALING COGNITIVE IMPAIRMENT AND DEMENTIA SERVICE

Patients and carers speak highly of the care and support they receive, the respect they are given and the careful addressing of their concerns. One reported that the “nurses are as good as gold”. Patients and carers feel the support they receive is good and enquiries and concerns are addressed promptly.

1.2 COMMUNICATION AND INFORMATION

Services were praised for their communication with, and information given to patients and carers. The communication was often commended for being jargon-free, clear and sensitive. Also, the use of translation services was mentioned and staff explaining processes and reasons for tests. The information made available was also spoken about positively, with reference to leaflets, newsletters, information about research as well as driving guidance and information from external services.

> *Staff explained the process and reasons for particular tests, using jargon-free language, and made them feel supported and reassured.*

Wakefield Memory Service

> *Explanations of the assessment process were reported as being clear and free of jargon and information is communicated with great sensitivity. Advice on driving is comprehensive and care is taken to ensure service users appreciate the legal issues.*

Luton Memory Assessment Clinic

1.3 PATIENT AND CARER ENGAGEMENT

Patient and carer engagement also came up as a common area of achievement. Participation in research was the most frequently mentioned area of engagement for patients, with review teams particularly being impressed with services having research champions or a research register which patients and carers can join. Patients and carers are also engaged in improving services through providing feedback. This is done using feedback forms, feedback reports, having a dedicated member of staff focus on feedback and feedback feeding into team meetings. Patient and carer involvement in QI projects or staff interviews were also highlighted as areas of good practice.

EAST SUFFOLK COMMUNINTY MEMORY ASSESSMENT SERVICE

Patients and carers are involved in delivering post-diagnostic programmes, interviewing process for recruiting staff, research programme for the living with dementia (LWD) programme, giving feedback on the ongoing work of the service.

EXETER, EAST AND MID DEVON MEMORY SERVICE

The service considers wider involvement opportunities for patients and carers including having representatives who attend champions meetings and are involved in the services Quality Improvement (QI) projects.

OF THOSE SURVEYED

Of staff reported giving people with dementia and their carers information about opportunities to participate in research studies.

1.4 SUPPORT FOR CARERS

Carer support came up as an achievement for several services. Specific areas that were commended, included carers having individual time with staff to discuss their needs, being included in processes and being offered carer assessments. Post-diagnostic support being offered to carers was also an area that impressed peer review teams. For example, the STrAtegies for RelaTives (START) course was referred to in a number of services' areas of achievement. Virtual support for carers was also mentioned as a positive thing for enabling more carers to attend groups.

Of services actively encourage carers to attend carer support networks or groups and/or have a designated staff member to support carers.

> *Carers feel that staff take the time to explore the patient's thoughts and wishes. Staff also helped patients find their voice and assessed capacity to make their own decisions.*
>
> West Suffolk Memory Assessment Service

> *Carers were all aware that they have an equal entitlement in the process, as a majority were asked whether they would like a carer's assessment.*
>
> Sedgemoor Memory Service

1.5 POST-DIAGNOSTIC SUPPORT

Post-diagnostic support was often highlighted an area of achievement when identified by review teams. This included references to specific interventions such as Cognitive Stimulation Therapy (CST), Living with Dementia sessions or art and music therapy. Also, generally having drop-in sessions, both group and individualised post-diagnostic support and retaining patients after diagnosis.

Support around safe driving after diagnosis was also commended on positively. This included referral to driving assessment centre and raising it at the beginning of the patient journey.

OF THOSE SURVEYED

Of patients were offered a face-to-face support meeting in the days or weeks after diagnosis

Of services are offering patients and their carers access to post-diagnostic support, individually or in a group.

This might include education, treatment, support groups or one-to-one support

BRISTOL DEMENTIA WELLBEING SERVICE

The service offers both group and individual post-diagnostic support, including CST and Living Well with Dementia. These groups are run separately, providing distinct spaces for the therapeutic and emotional sides of

LATER LIFE AND MEMORY SERVICE ST HELENS

The service retains patients once a diagnosis has been delivered and patients are reviewed at 6 months, demonstrating good patient retention and patient centred care.

1.6 ACCESSIBILITY

Efforts to improve the accessibility of services for patients and carers was another positive outcome identified across peer reviews. Examples of this include: adjustments made to clinic environments for those with physical or hearing needs, access to interpreters or active efforts to reach specific cultural groups.

OF THOSE SURVEYED

Of staff had access to translators or interpreters.

GATESHEAD SPECIALIST MEMORY HUB

The work that is currently being done with the Jewish community shows good awareness of different communities in the area, with regard to how this could affect their access to the memory service.

JERSEY MEMORY SERVICE

The team have a good sense of the needs of their patient demographic and respond accordingly, including training their interpreters in the ACE-III to ensure an accurate assessment for patients with a first language other than English.

Of services use interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation and/or communication support. The patient's relatives are not used in this role unless there are exceptional circumstances.

2. STAFF WELLBEING AND SUPPORT

This theme looks at experiences of staff working in memory clinics in terms of their wellbeing and support. It is broken down into subcategories covering their morale, the staff skill mix wthin teams and training offered to support professional development.

OF THOSE SURVEYED

Of staff feel that their service supports their health and wellbeing

2.1 STAFF SUPPORT, WELLBEING AND MORALE

It was positive to see that staff support, wellbeing and morale was one of the most prominent themes that was identified from peer reviews. Some formal support strategies included things like flexible working adjustments, access to relaxation, wellness or exercise sessions, access to mental health apps, robust lone working policies, away days, workload/caseload monitoring and working hours audits. Additionally, there were also forms of informal support such as peer support from colleagues.

> *Staff feel well supported through a wellbeing group that is held monthly, and there are strategies in place to support with staff morale and give staff opportunities to express their views.*

Team culture was often commented on, for example teams having a lack of hierarchy, a sense of belonging and feeling valued, whether permanent or bank staff. Finally, as part of this subcategory, impressive and comprehensive inductions for new starters were mentioned as well as careful introductions for new starters and impressive retentions rates.

CITY AND HACKNEY MEMORY SERVICE

There is a positive support system in place for staff, ensuring their psychological safety. Staff feel that managers are very approachable and extremely flexible, such as enabling working from home arrangements for them and adjusting schedules to allow staff to attend appointments when needed, which enhances staff wellbeing.

MONKWEARMOUTH MEMORY PROTECTION SERVICE

The team are very cohesive and there are many opportunities for team building including monthly team days, peer support and training opportunities available. There is good retention within the team and staff reported being able to actively contribute to continuous improvement and development to the service. Team members feel valued and value one another and in particular, new staff members feel well-integrated within the team.

2.2 SUPPORT FROM MANAGERS

Linked to this theme, supportive management was often highlighted by staff members on peer reviews. Teams were often described as being “well-led” or that managers are “very supportive”. It was also reported that managers are easy to contact, that there are open door polices, they have regular check-ins from managers and that staff feel empowered to suggest new ways of working or to raise any issues they have.

84%

Of services provide line management supervision to all staff members on a monthly basis.

EMDASS East

Staff feel supported by management and each other and work well together, there are good developmental opportunities available. There appeared to be no sense of hierarchy, the team came across as a community of equals.

2.3 STAFF SKILL MIX

The staff skill mix of teams was an area of achievement identified from a number of reviews. This mostly consisted of having a comprehensive multi-disciplinarity team with a good mix of expertise and professional backgrounds, which was recognised as being good for patient care. There were a number of specific roles mentioned as being positive additions to the teams, including: administrative staff, admiral nurses, patient volunteers, physical health support workers and dementia navigators.

95%

Of services review the staff members and skill mix of the team annually. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the service.

SHEFFIELD MEMORY SERVICE

There is strong skill mix in the team, including a carer liaison worker, registered learning disability nurse and assistant psychologist in the team which is very useful to provide support with the pandemic backlog. There is a trainee advance clinical practitioner in the team which is rare in memory services. There is funding for more band 6 nurses to support with the waiting list to do home visits and they aim to train band 3 staff to provide post-diagnostic support. There is an allocated band 3 support worker assigned to the waiting area who will support the assessor to gain any further information as required.

WAKEFIELD MEMORY SERVICE

There is a strong skill mix of professional roles within the team, which provides a great service to patients and carers for their range of needs. It is also a huge asset to the team that there are three dedicated admiral nurses. Despite staff pressures, the team are maintaining a high standard of service.

2.4 STAFF TRAINING AND DEVELOPMENT

On numerous peer reviews review teamsidentified areas of achievements around staff training and opportunities for professional development. These tended to be general comments on the excellent training provision or encouragement for staff to undertake extra training to support with their roles. Areas of good practice were identified, including when staff members at all levels are well-trained in dementia communication or terminology.

"Administrative staff are well-trained in dementia terminology and communicating with patients. They play a pivotal role in ensuring patients attend their appointments."

OF THOSE SURVEYED

Of administrative staff have completed training in dementia and dementia awareness.

Services were identified as making opportunities more accessible for staff members to be able to access training courses around their busy workoads.

86%

Of services make arrangements for staff cover to allow staff to attend training.

MILTON KEYNES SPECIALIST MEMORY SERVICE

Staff are able to complete mandatory training easily in one day, and are strongly encouraged to undertake further training to improve their skills. There is ample funding for training and staff can book themselves onto training as they wish.

"As staff members, we are constantly encouraged to develop our knowledge and skill-base, and undertake any courses that will benefit ourselves as well as the services as a whole."

3. DEVELOPMENTS AND NEW INITIATIVES

This theme explores a range of new developments and initiatives that services have implemented to improve processes including assessment and referrals, quality improvement and research. New developments were also identified in terms of using technology, and making adaptations to services following Covid-19.

3.1 ASSESSMENTS AND REFERRALS

There are a number of services doing work around referral and assessment processes that were highlighted on peer reviews. For referrals, this was often around the quick timeframe in which services are able to respond to referrals when received, specifically when this was within 24 hours or less of receiving a referral. There were other positive elements of referrals noted, such as having no barriers to accepting referrals, having robust triage systems, using a physical health checklist for GPs and clearing large backlogs.

HOUNSLOW COGNITIVE IMPAIRMENT AND DEMENTIA SERVICE

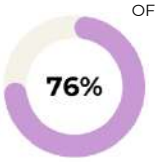
The duty system allows for quick management of referrals. It is positive that the service contacts patients as soon as they have been referred so they feel engaged with and supported from the service from the start.

For assessments, timeframes were also noted as a positive area for many services. For example, some services have a 10-day timeframe for assessment and a diagnosis is often provided within six weeks. Flexibility of assessment appointments was also thought to be positive, particularly to do with where they take place and the offering of home appointments for patients. Having comprehensive standardised assessments, pre-assessment home visits and high-quality procedures were also highlighted as positive initiatives.

JERSEY MEMORY SERVICE

The standardised assessment proforma and consent forms are very comprehensive, looking at every aspect of the patient's biopsychosocial profile to make sure they receive holistic care. The service conduct pre-assessment home visits, which act as a reminder of the appointment, introduces the patient and carer to the service, allows an assessment of the patient's home life and needs, and ensures any safeguarding issues are promptly dealt with.

OF THOSE SURVEYED



Of patients were told how long they would wait for an assessment.

Of patients had an assessment at a time and place that was acceptable for them.

> *Our service triages referrals to make allocations, then we send out appointment letters daily. Our referrals have increased significantly so daily action is required to keep up to the standard of care and to provide efficient services.*

3.2 TECHNOLOGY

Several services demonstrated the use of technology as an innovative way of working during peer reviews. Some examples included using known technology in new ways such as having a TV in the waiting room to display information, use of iPads to complete assessments and to take to patient homes during the pandemic. There was also the use of apps such as WhatsApp to communicate with patients and carers as well as communication between the staff team.

WANDSWORTH OLDER PEOPLE'S SERVICE

The team are trialling new technology including the TIMPER device which is used to check the ears before referring patients to audiology and the use of portable ECG machines for patients that cannot attend the clinic.

Of services provide advice and support on assistive technology and telecare solutions designed to assist people with activities of daily living

3.3 ADAPTATIONS FOLLOWING COVID-19

As the data used for this thematic analysis was collected from the period 2021 to 2023, it's unsurprising that service adaptations as a result of the pandemic came up a lot on peer reviews. Whilst this was a significant challenge for many services, there were some great innovations identified from services too. For many services, this was generally around managing to continue to operate during various periods of lockdown and adapting well to offer continuity of care. For other services, it was more specific changes that were picked up on, such as conducting ECGs in outdoor areas, effectively setting up remote working for staff, having contingencies in place to operate when staff were redeployed and offering support to patients who did not have access to technology. Many services ere praised for continuing to offer a hybrid model of working and offering virtual appointments and meetings with family to create ease of access.

HAMBLETON AND RICHMOND MSHOP

During the pandemic, the team has been enabled to work much more closely with primary care colleagues to carry out prescribing and monitoring medication. The team has been quick to adapt and has been creative during the pandemic, such as conducting ECGs outside in the car parks and outside care homes.

> *Our service has been able to make the best out of the pandemic and the restrictions. We can now offer appointments in three different ways including face-to-face, telephone or video, which is a really positive outcome.*

3.4 QUALITY IMPROVEMENT AND RESEARCH

In general, services having a proactive attitude to general service development was noted as a common area of achievement from peer reviews. Some services were commended for having innovative ideas for quality improvement (QI) projects and impressive and consistent commitment to formalised QI projects. Specific projects were highlighted including reducing waiting times, engaging with ethnic minority groups and the effect of MCI clinics and CT scans on patient experience.

70%

Of services actively encourage patients and carers to be involved in quality improvement initiatives.

Research was another area that impressed peer reviewers. Specifically, committed attitudes to research within teams and encouragement from managers to engage in research was mentioned. In addition, referrals to Trust research teams and personalised research services for staff members were also praised.

> *We have research links with a local University and our Trainee Clinical Psychologists regularly undertake both small and large-scale research projects within the service and patients are also informed of national relevant research opportunities.*

> *Our service has an exceptional research-focused ethos; staff, patients and carers all recognise the importance of their research contributions and feel empowered to participate in this.*

OF THOSE SURVEYED

Of staff have access to study facilities and time to support relevant research and academic activity.

Of patients were asked if they would like to add their details to a research register

4. COLLABORATIVE WORKING

OF THOSE SURVEYED

Of referrers are able to contact their local memory service for advice on providing care and treatment for patients if needed

Of referrers find that their local memory service provides good outreach support such as joint visits or reviews

Collaboration and joint working was another overarching theme identified from peer review areas of achievements. Having good connections and impressive joint-working with GPs and referrers was one element of this theme. This was evident in things such as having weekly multi-disciplinary (MDT) meetings with GPs, specific email addresses for GPs to use if they have any queries, attending joint working meetings and having shared IT systems.

Other examples of collaborative working included services having access to a range of departments, services and professionals which can support with improvements in care and offer seamless transitions between services. Examples of this include links with community mental health teams, radiology departments, dieticians, services in the voluntary sector (particularly the Alzheimer's Society), social services, local hospitals, admiral nurses, talking therapies services, local dementia networks, audiology, falls clinics and drug and alcohol services. Teams being located in the same building as other services was particularly noted as an efficient way of enabling collaborative working.

84%

Of services will arrange a meeting between the receiving service, the patient and their carer to discuss transfer of care when patients are transferred between community services.

As well as improving things at their own services, there was also examples of collaborative working used to improve other services. For example, training GPs, care home staff or staff within local hospitals.

95%

Of services provide advice to other professionals and staff whose responsibilities include providing care and treatment of older people with dementia/ suspected dementia e.g. GPs; residential care, nursing homes and sheltered housing; domiciliary care; day care; hospital care, including inpatient services

TAMESIDE MEMORY SERVICE

The wider older adult service, of which the memory service is part of, has excellent joint working arrangements in place. All services share a building so communication between teams is easy, and teams will often work jointly on a particular case to ensure the patient receives the most appropriate care. Staff are offered the opportunity to sit in on appointments with other staff roles and levels, including admin staff who sit in on an assessment and diagnosis appointment as part of their training; this means everyone on the team knows what patients are going through, and are able to offer them targeted support.

WANDSWORTH OLDER PEOPLE'S SERVICE

The service has good working links with the CMHT and other secondary care services, ensuring patients with complex support needs do not slip through the gaps. The service has a really positive relationship with GPs, who attend joint working meetings where possible and are starting to diagnose simple cases themselves with support from the memory service. GPs feel able to contact the memory service at any time for advice, including after a patient has been discharged.

5. CLINIC ENVIRONMENT

For many services, the clinic environment was praised by patients, carers and the visiting peer review team. Overall, many environments were described as nice, clean, well-presented and spacious.

89%

Of service environments were found to be clean, comfortable and welcoming.

There were also more specific elements that were considered to be positive about clinic environments. For example, having artwork displayed, well decorated rooms or clear signage. Accessibility or dementia-friendly elements of the clinics were also noted, including colour contrasted toilets and handrails as well as access to enough space for private meetings and group sessions. The safety of the clinics was also mentioned, with alarm systems or staff personal alarms ensuring help can be easily called for if needed.

84%

Of service environments are suitable for people with different types of dementia and their carers e.g. firm seating at the right height, handrails, good lighting, large signs, accessible for people with physical disabilities, high colour contrasts, etc.

The physical spaces of the clinics were not the only thing picked up on. While this was often an effect of elements of the physical environment, for example the artwork, it was also sometimes noted as a result of the patients and carers being greeted by welcoming reception staff. When speaking with patients, many cited the clinic feeling “friendly” or “calming” as indicated by the patient quotes below.

“The clinic environment is excellent. There is plenty of comfortable seating and a pleasant room to wait in.”

“The clinic is very calm and inviting. It is warm, well-lit and spacious.”

NORTH EAST ESSEX MEMORY ASSESSMENT SERVICE

The service has a very positive environment. Patient artwork is displayed in the corridor making the environment feel less clinical for patients and carers. There is good signage and the environmental as a whole is clean and welcoming with drinking water available.

TAMESIDE MEMORY SERVICE

The reception desk is located right inside the door, which allows reception staff to welcome patients from the moment they arrive on the premises. Several patients and carers commented on how helpful the reception staff were in making them feel welcome and reducing their anxiety.

OF THOSE SURVEYED

Of patients find that their clinic is clearly signposted both outside and inside.

Of carers feel that when they attend the clinic for appointments, that they felt welcomed by staff.

TESTIMONIALS

We gathered some feedback from members on their experiences of MSNAP. Contributions from the following services are summarised below: Greater Manchester Mental Health Foundation Trust, Somerset Partnership NHS Foundation Trust, Kent and Medway NHS and Social Care Partnership Trust, Sheffield Health and Social Care NHS Foundation Trust, Jersey Mental Health Department (Health and Social Services).

What were the key reasons why you signed up to MSNAP?

- To improve the quality of our service and receive recognition of good practice.
- We feel that we provide an excellent memory assessment and treatment service and wanted this to be recognised.
- To be an accredited service with high standards that can be followed across our geographical area.
- The service had a desire to benchmark and improve the quality of our offer. The opportunity to link with other similar services and provision of evidence-based standards was useful for us, particularly when communicating with senior managers in our organisation and also with CQC inspectors visiting our Trust.
- To ensure our service is up to date and 'current' against standards that are expected of the service to ensure we are providing the best possible service to our patients and family members.

> *"It was an excellent experience and the sharing of ideas with the review team has given our service some ideas and QI aspects to take away and build on"*

How did the peer review process help you?

- It gave areas for improvement which were constructive and from different services.
- It helped us recognise areas that we are performing well at and excelling in, as well as areas that we need to improve.
- Firstly, it allowed a certain confidence in any observations, recommendation and 'celebrations' – we knew that peers understood our service and the challenges we all face. Secondly, it has allowed for the development of networks with opportunities to share, compare and collaborate.
- It allowed us to evaluate our service and sure we are providing the best care possible and if we were not, to allow us to change and make the necessary improvement to the service.
- It has been helpful to learn from peer reviews of other services.

Since being awarded accreditation, how has this helped your service?

- It has helped our service immensely. We have shared our excellent news with all GPs and service users known to the service. This achievement has now made our colleagues apply for accreditation.
- By being able to maintain high standards, attend conferences and gain information from other services.
- To ensure standards are maintained and that service improvements are in line with the agreed standards.
- It raises our profile within the Trust. It allows CQC to 'move on' more quickly to other areas of the Trust. The staff team themselves feel a pride in their accreditation status and feel more energised about further quality improvement – it becomes a virtuous circle.
- It ensures the service is working effectively, efficiently and working to current standards, alongside other memory assessment services across the UK.

> *"The team have benefitted so much from this process. It has made us realise what we actually do, how well we work together and what we have achieved for the patients and carers."*

What can other services gain from going through this process?

- To learn from other services, strive to meet quality guidelines and recognition of good practice.
- Services can get the recognition and the sense of achievement that they deserve.
- It is a good way to look at the way a service is running, review the service and continue to adapt.
- Services can evaluate and audit their own practice, make sure they are working to current standards and look at any potential areas of service development.
- Obtaining accreditation is an achievement and something to be proud of, it also gives patients and families reassurance.

MEMBER FEEDBACK

Following each peer review visit, we are very keen to hear what our members have to say about the peer review process and the network in general. We are committed to providing an excellent service to our members and are always happy to hear feedback on what we've done well and where can make improvements. Some positive comments are below:

> *"We all appreciated the feedback at the end - one strength of the MSNAP process is the ability to meet with and engage with other clinicians, to learn from good practice nationally, and incorporate in our own practice."*

> *"The review process is really helpful for sharing ideas on service developments to improve the experiences of people being assessed for a possible dementia and their families."*

> *"The whole process was useful (in terms of reflecting on the service during the submission of information) and enjoyable, in terms of time spent with the review team, who asked interesting questions and were very supportive."*

> *"The virtual review went better than anticipated and we would support this approach should it be necessary in the future. The day was well planned and flowed well. Everyone on the panel was engaging and put the team at ease."*

> *"This was my first review, following the reviewer training. The experience was great and has helped in changing my own practice and that of my team following review of the brilliant service that we reviewed."*

However, we did receive some comments suggesting improvements that we could make as a network to our peer review process. These are summarised below with comments to explain how we plan to address these.

YOU SAID	WE DID
A review of the standards with the view to reduce the amount to be met within the time frame.	We have significantly reduced the number of MSNAP standards, to ensure that the review process allows time to discuss standards in more detail. From the 7th to the 8th edition of MSNAP standards, the number of standards has been reduced from 195 to 154.
It would be really nice to have allotted time which isn't focusing on standards, but to have a less formal conversation about challenges and successes of the service and to allow wider sharing of good practice.	We have adapted our developmental review timetable to allow for a 30-minute 'open discussion' meeting which provides some time to discuss key priorities or challenges relevant to the service.
The feedback at the end of the review should be fuller and more detailed for things they do well, and things they could develop.	Preliminary feedback is provided at the end of peer reviews with the view to include more detail and context within written reports that follow review days. We will consider this feedback and improve the detail provided in feedback at the end of peer review days.
There could be an element of feedback provided which captures how the service being reviewed compares to the overall perspective of services.	We are committed to sharing information and learning across services. Whilst this might not be possible during the feedback on peer review days, we hope that our national reports offer an opportunity for services to benchmark themselves against others nationally.
There could be shorter patient and carer questionnaires to reduce the burden on patients/carers.	We will revise our peer review tools in consultation with our group of lived experience representatives and will continue to do so to ensure the questionnaires (and other tools) are appropriate.
Guidance for services on how to provide an environmental tour on virtual peer review days, to enable a more comprehensive assessment.	We will provide additional support for teams that require guidance in completing their virtual environmental tour. Here is an example of a virtual tour provided by North Staffordshire and Stoke.

APPENDIX 1: LIST OF MEMBERS

The following list details the memory services that participated in the period of membership included in this report (2021 – 2023).

Later Life and Memory Service, Wigan
Mid Surrey Older Persons Community Mental Health Team
Bexley Memory Service
Oxford Older Adult Central CMHT
Leeds Memory Service
Tower Hamlets Diagnostic Memory Clinic (prev. CMHT for Older People)
Worcestershire Early Intervention Dementia Service (formerly Kidderminster)
Isle of Man Memory Clinic, Older Persons Mental Health Service
Reading Memory Clinic
North East Memory Service (Colchester)
Bromley Memory Service
Havering Memory Service
Gwynedd & Anglesey Memory Assessment Service
Barking and Dagenham Memory Service
Beechcroft Memory Clinic, Newbury
Scunthorpe Memory Clinic, Ironstone Centre
Enfield Memory Service
Specialist Memory Service (Milton Keynes)
North Buckinghamshire Memory Service
Memory Service Walsall
Surrey Heath CMHTOP
Brighton and Hove Memory Assessment Service
Fylde Coast Memory Assessment Service
Lancaster & Morecambe Memory Assessment Service
Redbridge Older Adults Mental Health Team & Memory Service
Ashford Community Mental Health Team for Older People
Kirklees Memory Service
Harrow Memory Service
Bracknell Memory Clinic
Swale Community Mental Health Service for Older People
Wokingham Memory Clinic
Later Life and Memory Service, Warrington
Newham Diagnostic Memory Clinic

North Shields Memory Clinic
EMDASS North
Macclesfield Memory Service
Hambleton and Richmond MHSOP (Northallerton)
EMDASS North West
Slough Memory Clinic
EMDASS South West
West Sussex South Memory Assessment Service
Thanet Memory Clinic
East Surrey Older Persons Community Mental Health Team
Windsor, Ascot & Maidenhead OPMH Memory Clinic
Calderdale Older People's Memory Service
Exeter, East and Mid Devon Memory Service
Hounslow Cognitive Impairment and Dementia Service
Ealing Cognitive Impairment and Dementia Service
Belfast Older Peoples Mental Health Services
Monkwearmouth Memory Protection Service
Luton Memory Assessment Clinic
Dartford, Gravesend & Swanley CMHSOP
Medway CMHTOP
North East Lincolnshire Community Mental Health and Memory Service (CMHMS)
Canterbury Community Mental Health Service for Older People
Tameside Memory Service
LLAMS St Helens
Harrogate & District Memory Service
NE Essex Memory Assessment Service
Guildford & Waverley Community Mental Health Team for Older People
Milton Keynes Specialist Memory service
North Manchester Park House
Barnet Memory Assessment Service
Haringey Memory Service
Sedgemoor Memory Service (formerly Burnham)
City and Hackney Memory Service
East Suffolk Community Memory Assessment Service
Barnsley Dementia Service
Gateshead Specialist Memory Hub
Wakefield Memory Service

Wandsworth Older People's Service
Bristol Dementia Wellbeing Service
Sheffield Memory Service
EMDASS East (Herts)
Waltham Forest Memory Service
West Suffolk Memory Assessment Service
North Staffordshire and Stoke Memory Service
Jersey Memory Service
Dover Memory Service

APPENDIX 2: COMMITTEE MEMBERS

MSNAP is governed by two key groups of professionals who represent key interests and areas of expertise in memory services, as well as patient and carer representatives with lived experience.

MSNAP advisory group members:

Rhian Russell-Owen (Chair), Team Manager and Memory Nurse, Gwynedd and Anglesey Memory Clinic
Matthew Beaumont (Deputy Chair), Team Manager and OT, Cumbria County Council
Sarah Ghani, Psychologist, West London Cognitive Impairment and Dementia Service
Rashi Negi, Psychiatrist and OA Faculty Representative, St Michael's Hospital Lichfield
John Mulinga, Psychiatrist, Lancaster and Morecambe Memory Assessment Service
Joanne Kelly-Rhind, Psychologist, Betsi Calwaladwr University Health Board
Sarah Richardson, Occupational Therapist
Alexandra Singer, Nurse, Barnsley Memory Service
Kate Fullen, Psychologist, Hambleton and Richmondshire Memory Service
Tim Beanland, Head of Knowledge Management, Alzheimer's Society
Jill Rasmussen, Royal College of GPs
Beth Britton, Carer Representative, Royal College of Psychiatrists
Professor Martin Orrell, International Representative, University of Nottingham & Nottingham Health and Social Care Trust
Richard Clibbens, Nurse, Wakefield Memory Service
Mary Champkins, Occupational Therapist, Guildford and Waverley CMHTOP
George Rook, Patient Representative, Royal College of Psychiatrists
Gina Awad, Carer Representative, Royal College of Psychiatrists

MSNAP accreditation committee members:

Dr Sujoy Mukherjee (Chair), West London NHS Trust
Reinhard Guss (Deputy Chair), British Psychological Society, Faculty for the Psychology of Older People, Bromley Memory Service
Dr Leah Clatworthy, Buckinghamshire Older People's Psychological Services
Emma Barton, College of Occupational Therapy
Alice Ayres, College of Occupational Therapy
Angelo Makri, Alzheimer's Society
Dr Jill Rasmussen, Royal College of GPs
Dominic Hudson, Lancashire & South Cumbria NHS FT
Damien Taylor, Guildford and Waverley CMHTOP
Mohan Bhatt, Faculty of Old Age Psychiatry
Clive Rogers, Patient Representative, Royal College of Psychiatrists
Roberta Hamond, Carer Representative, Royal College of Psychiatrists
Rowenna Spencer, Carer Representative, Royal College of Psychiatrists

APPENDIX 3: CONTACT DETAILS

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