POSTER ABSTRACT

Developing an integrated memory service for older people in Waterford

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Roisin O’Sullivan, John Cooke, Anne Landers, Riona Mulcahy, George Pope, Michael Kirby

University Hospital Waterford, Ireland

Introduction: In the absence of a specialised interdisciplinary memory clinic, memory services for older people in the Waterford area are primarily delivered by the departments of psychiatry of old age, and medicine for the elderly. The services function independently, with separate referral pathways from primary care. It is recognised that there is considerable overlap between referrals to these two services. Some patients specifically require the expertise of psychiatric or medical services and some may require both, whilst a cohort of patients require diagnosis and optimal management of cognitive impairment without having specific psychiatric or medical needs.

Short description of practice change implemented: We undertook a review of 50 consecutive cognitive impairment related referrals to each service in order to quantify the degree of overlap, establish the potential discrepancies in assessment outcomes provided by the services and identify key characteristics in referrals that may indicate which service is the most appropriate. We also surveyed local GPs to establish the factors that influence their referral patterns and to elicit the priorities of a memory service from the primary care perspective. We are using our initial findings to develop a triage tool to be used by both services to ensure patients are directed to the most appropriate service at the point of referral.

Aim and theory of change: Establishing the baseline characteristics of the current services is vital preparation for longer term planning and development of integrated memory services. Development of a triage tool is an initial step towards integrating the existing services with the eventual goal of a fully integrated memory service.

Targeted population and stakeholders: Integrated memory services will primarily serve those aged over 65 in the Waterford catchment area. This project integrates the departments of psychiatry of old age and medicine for the elderly. In addition, development of services will establish links with primary care services and other relevant organisations such as the Alzheimer’s Society.

Comments on transferability: The absence of specialised interdisciplinary memory clinics is a national issue; the independent provision of memory services by psychiatric and medical services is common practice. It is therefore envisaged that findings and developments from this project will be applicable to other services.
**Discussion:** Our findings confirmed the need for development of integrated memory services, highlighting the current overlap and inequities in the services. There is a need for complex cases to have a joint approach to care rather than patients being seen by both services independently. In addition, the different resources in each service inevitably lead to inequity in services provided. An integrated service would enable standardised care pathways to be developed with resources being utilised in a more efficient manner. A single point of referral may streamline the referral process, providing a more easily accessible service from primary care. This current initiative forms the initial stages of development of integrated memory services in Waterford.

**Keywords:** memory; dementia; psychiatry; geriatrics; medicine