



Media Release

To: Media
From: Katherine Rock, Communications Advisor
Ext. 03 546 1824 email: katherine.rock@nmhs.govt.nz
Date: 22 September 2010
Subject: **Psychogeriatric Services**

Nelson Marlborough District Health Board wants feedback on how to realign Psychogeriatric Services in the district to allow modern best care practice for growing numbers of elderly people with age related cognitive decline and enduring mental illness.

The DHB's preferred option is to allow a community provider of psychogeriatric long-term continuing care to establish an appropriate facility, and have acute inpatient services provided by a seven-bed acute unit as part of the Mental Health Unit on site at Nelson Hospital.

This recommendation came from a Rutherford investigation into the requirements of patient care and safety practices which were found to need a more specialised environment than Alexander Hospital could provide.

Originally a rest home, Alexandra Hospital was adapted to provide residential hospital services to people with psychogeriatric conditions when Ngawhatu Hospital was closed. Since this time services and care have become more specialised with a greater emphasis on Assessment Treatment and Rehabilitation (A&TR) and community support services.

The report also recommended that a seven-bed acute unit be established as part of the Mental Health Unit, Nelson Hospital to give closer medical and diagnostic support services to acute patients.

District Manager Health of Older People, Rosey Wilson said, "We are consulting with staff and the public on our proposal to redevelop the Psychogeriatric Services in the district to get the best care for growing numbers of elderly people with age related cognitive decline and enduring mental illness in the district."

She said, "As we learn more about cognitive decline and mental illness in the elderly we must realign the way people are cared for. And in Nelson Marlborough it requires a more specialised environment to meet patient care and safety requirements.

"The old facility was no longer able to meet this changed service provision without significant capital expenditure.

“The increasingly acute nature of patient conditions also means clinical demand on services is unable to be sustained away from supporting medical and diagnostic services and this is why the acute services would be moved to Nelson Hospital in the Mental Health Unit,” said Mrs Wilson.

“There is a financial component to this change in model, however the overarching driver is the need to realign clinical services to best meet the needs of patients through clinical support for medical staff.”

This model of service provision proposed is well established around New Zealand. There are National Aged Residential Care (ARC) services provided in Nelson by organisations that currently provide psychogeriatric (ARC) services in other parts of New Zealand.

Mrs Wilson said the DHB would not know how the realignment of services would impact on staff until consultation with staff and public was completed.

Consultation documents are available on the website www.nmdhb.govt.nz under Community Consultations or phone 03 546 1309 or email enquiries@nmdhb.govt.nz

ENDS

Questions and Answers

How can residents and families be ensured that there will be no reduction in services?

This proposed model of care is based on best practice for psychogeriatric care in New Zealand. As part of best practice we would work with staff, families, clients, and future provider/s so that clients receive the care they need.

When will the changes take place?

If this proposal is decided providers in the community who are able to meet the needs of people with the same or similar needs as your relative will be identified. NMDHB must be satisfied that the provider can meet the requirements to provide this level of care. Until we go to the community providers we will not know the exact timeframe but we will work keep residents, families, and stakeholders advised of this process. However any change will take some time as the physical facilities needed for this proposal would take time to develop.

How will families know where their family member will go to?

If residents are in a Continuing Care bed they will be reassessed by clinical staff working with Needs Assessment Services Coordinators. They will consider support needs and work with families to decide where a relative's care needs are best met.

An acute admission would be a last resort. We know that the less people with these issues are moved the better and, where possible, we will avoid this.

If admitted acutely, the person would be treated much as they are now. A plan will be made in conjunction with you for when they are ready to be discharged. The only difference will be that the service will be provided in the Mental Health Unit.

Where are people of Marlborough seen in this service?

As they do now, acutely unwell people would be admitted when required for specialist assessment in Nelson and return either home or to a facility able to meet the needs of the individual. The increased medical cover will better support visiting services to Blenheim.

If residents were not able to be managed in other care facilities prior to admission to Alexandra Hospital what would have changed to allow community care now?

We recognise that people coming to Alexandra Hospital were not able to be managed in other facilities at that time. We will be contracting with providers for the right level and type of care to be able to manage people with similar conditions as are currently in Alexandra Hospital. The community team now has a mix of staff including Social Work, Occupational Therapy, Physiotherapy and Nursing and is better positioned to provide this support.

Where else has this model been introduced?

Bay of Plenty DHB – through Althorp Private Hospital

http://elderly.co.nz/Facilities/Dementia_Care_Secure_environment/Althorp_Private_Hospital/Service/DisplayService/FaStID/2634

Canterbury DHB

http://www.eldernet.co.nz/Facilities/Hospital_Psychogeriatric_Care/Tuarangi_Home_Canterbury_DHB/Service/DisplayService/FaStID/2747

Auckland DHB

http://www.communitylinks.co.nz/Facilities/Hospital_Psychogeriatric_Care/Cornwall_Park_Hospital_Epsom/Service/DisplayService/FaStID/3098

Why would the DHB spend money making additions to Mental Health Unit instead of keeping Alexandra Hospital open?

A lot of good work has been done in Alexandra Hospital and we must acknowledge this, however the DHB is required to evaluate and reposition its provision of Health Services to meet the challenges now and into the future.

This proposed model of care is based on best practice provision for psychogeriatric care in New Zealand and we believe will give the best quality of care for all residents.

Our analysis to date tells us that the costs involved in upgrading Alexandra are very high and that the proposed change is the better option for the future of psychogeriatric care services.

**TIERED MODEL OF SEVERITY
Vs TYPES OF CARE OF MENTAL
DISORDERS IN OLD AGE**

