



Media Release

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Subject: **Feedback on Psychogeriatric Services Consultation**

After analysis of feedback on the Psychogeriatric Services consultation from the public and staff a recommendation will be made to the Nelson Marlborough District Health Board to continue with the reconfiguration of services.

All responses were considered and the recommendation from the Psychogeriatric Services Steering Group has been made based on those considerations. The Board will consider this at the December 14 board meeting.

The proposed option was that continuing care beds be contracted in the community and the acute service be relocated to a specially renovated wing of the Mental Health Unit on Nelson Hospital campus.

The consultation that started on September 21, attracted 48 submissions. Of these, 26 were opposed to the proposal, a number of these focused on only a part of the preferred option and were silent with respect to other aspects

Based on the consultation feedback further evaluation of the number of acute beds, and their exact location will be undertaken. However it will be recommended that the acute service be provided on the Nelson Hospital site.

District Manager Rosey Wilson said, "For older persons with other illnesses and psychogeriatric disorders this would provide the benefits of improved access to diagnostic services for the acutely unwell, improve clinical support particularly after hours and increase support to the general hospital around psychogeriatric conditions.

"The need to develop Psychogeriatric Services to meet both present and future needs of Nelson Marlborough people requires us to develop the right number of beds to the right standard, in the right settings in both the community and on the Nelson Hospital site, with the right level of support.

"In the psychogeriatric continuing care area there are two groups, those with longstanding mental illness compounded by physical health issues and those with challenging behavioural symptoms of dementia. The two groups have distinct and not necessarily compatible needs. Best practice would see them accommodated apart.

"Contracting these services to the private sector would address the different needs of the current residents and future service recipients with services provided based on needs analysis of the individuals involved.

"This will be done through an Expressions of Interest process with providers.

"Future service providers would be required to meet the contract requirements that govern the services currently provided to this group at Alexandra Hospital, inclusive of allied health and other supports."

She said psychogeriatric continuing care residents would have access to the multidisciplinary community specialist team through a referral process.

With the service moving to community providers there may be opportunities for staff currently working with the continuing care residents in the future, she said.

Other recommendations that have been approved are that a clinical leadership group be established with key clinicians involved from across all relevant areas for Health of Older People, Mental Health, Neurology and other Surgical and Medical areas.

Another recommendation is that Alexandra Hospital site be sold and the proceeds used to establish a purpose built facility on the Nelson Hospital site to accommodate the agreed number of beds for psychogeriatric acute services and the community team.

Mrs Wilson said, "The development of services is necessary to meet the demands of the future and the re-investment of sale proceeds into a capital project satisfies the conditions placed upon NMDHB in divesting of property."

ENDS

Questions and Answers

Psychogeriatric Services Consultation

What is psychogeriatric care?

Psychogeriatrics is a branch of Psychiatry and forms part of the multidisciplinary delivery of mental health care to older people. In Nelson Marlborough the Psychogeriatric Service primarily provides care for patients with dementia complicated by significant behavioural or psychological symptoms and elderly patients with mental illnesses like depression complicated by associated physical health issues.

Patients with such disorders are also treated and supported by many other services including Primary Care, Support Works, non government organisations and general hospital services. Many patients with these conditions are supported at home but some who have more complex needs require support in Aged Residential Care facilities.

What are the different levels of care in Aged Resident care facilities?

There are a number of levels of care these include, rest homes, hospital level care, dementia level care and the highest level, psychogeriatric care. Where patients are cared for depends on the level and type of disturbance they have associated with their mental disorder, and their associated physical health needs. Currently the highest level of care (Psychogeriatric care) is provided by NMDHB in Alexandra Hospital. In most other parts of New Zealand this type of care is provided by privately run Aged Residential Care Facilities

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 will 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 recommendation is accepted providers in the community who are able to meet the needs of people with the same or similar needs 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 keep residents, families and stakeholders advised of this process. The physical facilities needed for this proposal will take some time to be developed.

How will families of resident's of Alexandra Hospital know where their family member will go to?

If residents are in a psychogeriatric 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.

Transfer to the acute unit 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.

What does this mean for the people of Marlborough?

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.

If Psychogeriatric Continuing Care residents were not able to be managed in other care facilities prior to admission to Alexandra Hospital how can they be supported in community care now?

NMDHB has not previously contracted for this level of care in the community. We will now work with providers for the right level and type of care to be available for 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 support to community providers.

We recognise these people require a high level of support in the community and the community support team will be further developed to meet the increasing needs of the population.

Where will people be admitted if they require acute services in the future?

The only difference in the future will be that the service will be provided at Nelson Hospital site. If admitted acutely, the person would be treated much as they are now. A plan will be made in conjunction with relatives and support people for when they are ready to be discharged. Acute services will remain at Alexandra Hospital until an alternative facility is developed.

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 moving Psychogeriatric Services 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.

Preferred Option as Provided in the Consultation Document

1. The current psychogeriatric community team becomes a specialty team of the Mental Health Service;
 2. The seven beds for the assessment of those who are acutely unwell be relocated into a specially renovated wing of the Mental Health Admissions Unit on the Nelson Hospital site;
 3. Long term Continuing Care be provided in the community.;
 4. A clinical leadership group be established with key clinicians from across all relevant Provider areas for Health of Older People, Mental Health, Neurology and other Surgical and Medical areas where appropriate;
 5. The future of the Alexandra Hospital site is considered.
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