

## Mental Health Services

# Guidance for the Transfer of Graduate Patients from General Adult to Older Adult Psychiatry

### Important Note:

**The Intranet version of this document is the only version that is maintained.**

Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments

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| Lead Manager:                                  | <b>Dr Elizabeth Quinn, Consultant Psychiatrist</b>  |
| Responsible Director:                          | <b>Lead Associate Medical Director &amp; Nurse Director Partnerships</b>                                    |
| Approved by:                                   | <b>Mental Health Service Quality &amp; Care Governance Group</b>  |
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# Guidance for the Transfer of Graduate Patients from General Adult to Older Adult Psychiatry

## Background

Mental Health Services should have guidance in place for potential transfer from General Adult to Older Adults' Psychiatry Services. There is often a perception that on reaching the age of 65, patients should be transferred to Older Adult Services. Generally, however, continuity of care should take precedence over automatic referral to Older Adult Services for physically well people without dementia over the age of 65 years.

The Equality Bill makes it unlawful to have age discrimination in services and public functions and makes it particularly important that there is a robust guidance in place.

A guidance was developed and approved across Greater Glasgow Health Board in 2011. This guidance was updated in 2015 and there is now a consistent guidance across the Board Area.

The guidance outlines the principles for management of people with enduring mental illness who have reached or are over the age of 65, and of people under the age 65 who develop significant cognitive impairment, particularly dementia. Funding of psychiatric services for younger people with dementia currently lies with Adult Services, but planning for services lies with Older People's Services.

Although the number of patients is relatively small, disputes between services can occur. This is not conducive to good patient care, and takes up often a lot of unnecessary time. This document presents guidelines for the management of patients who fall into these categories.

## Process

New referrals of patients over the age of 65 should be directed to Older Adults' Psychiatry Services regardless of diagnosis.

Transfer of existing patients with enduring mental illness should take place if:-

1. It is agreed that Older Adults' Psychiatry Services can better meet the patient's needs. The fact that a patient has reached the age of 65 is not in itself a reason for transfer to Older Adult Psychiatry Services. There should also be a good **clinical** reason for transfer. Examples of good clinical reasons would be development of dementia in a patient with functional illness, or **severe** co-morbid age related physical illness or frailty, the management of which requires the specialism of an Old Age Psychiatrist.
2. The patient is relatively stable from a psychiatric illness point of view. It is inappropriate to transfer a patient at a time when he/she is acutely unwell.
3. There is discussion and agreement among the clinical staff involved.
4. Where transfer of a patient is thought to be appropriate the referral must be "Consultant to Consultant". It is of course good practice for discussion to take place between other members of the team around whether a referral is appropriate.

5. If there is disagreement over transfer of care and this cannot be resolved among the clinical staff involved in the proposed transfer then the case should be referred to the appropriate Clinical Director for advice: in practice this will involve discussion with the local (Adult) Clinical Director and the Local Lead Consultant for Old Age Psychiatry. If the issue still cannot be resolved then an opinion from the Clinical Director for Old Age Psychiatry can be sought. The ultimate arbiter in any case will be the Board Associate Medical Director for Mental Health. The default position must be that responsibility for care of any patient must remain with the referring agency until an agreement to accept transfer has been reached. This also applies if Clinical Director agreement cannot be achieved.
6. The patient and his/her relatives or carers must be aware of the proposed transfer and why the transfer is being proposed. They must be aware of the services they can expect from Older Adult Psychiatry Services, and must be agreeable to the move. The patient and/or his GP should not be told that transfer to the Older Adult Psychiatry Services will go ahead until an agreement has been reached to accept the patient.

## **Referral of Patients with Suspected Dementia under the Age of 65**

1. Initial assessment should be by General Adult Psychiatry Services to confirm the diagnosis and to exclude an alternative diagnosis. (An exception to this might be if a firm diagnosis has been made by Neurologist).
2. Patients with a diagnosis of Alzheimer's disease of any age should be referred to an Old Age Psychiatrist for consideration of their suitability for cognitive enhancing drugs.
3. Patients with other types of dementia under the age of 65 may be referred to Older Adult Psychiatry Services for an opinion, but ongoing care from the Older Adults' Psychiatry Team will only be offered to those patients with significant behavioural problems or other psychiatric symptoms secondary to their dementia. The more straightforward cases requiring social care or supervision would be better referred to the Social Work Department.
4. Patients with non progressive cognitive impairment such as Acquired Brain Injury due to head injury or alcohol will not be considered for transfer to Older Adults' Psychiatry Services other than under the principles 1-6 above.

## **Implementation**

We recommend this guidance is adhered to across all Board Mental Health Service areas.

The guidance will be audited via the Older People's Mental Health Governance Group and the Mental Health Quality and Clinical Governance Group.

The guidance has been circulated across the Board's Adult and Older Peoples' Mental Health Services.