

P-460 - DESIGNING A COMMUNITY SAFETY NET FOR DEMENTIA - CHANGING PRACTICE TO REDUCE HOSPITAL ADMISSIONS FOR OLDER PEOPLE WITH DEMENTIA

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There is a general move towards trying to reduce hospital admissions for people with dementia and to reduce length of stay in hospital. Many new developments in older peoples mental health services have aimed to improve care. However, there is very little research on what might reduce inpatient bed use.

The objective of this study was to reduce the need for psychiatric inpatient beds for older people by developing and testing a new model of service which emphasised working more closely with general practitioners and care homes.

The new model of service was implemented over a three year period in one sector and at the end of the time the bed use was compared with other similar sectors in the region. It involved close working links with GPs/practice nurses and a same day response where possible. Close working links were developed with local care homes including training and case discussions.

The key elements of the model were access/support, training/development and liaising- providing the missing link. The number of admissions per 10,000 elderly was only 16 per year (other consultants 19-50 per year) and the length of stay was 29 days (other consultants 37 to 89 days). Occupied bed days were under 500 per year compared to 1000 to 1800 for the other consultants.

The new model enabled the identification of difficulties before reaching crisis point. Use of beds was reduced to 33% of the other consultants and the model was popular with GPs and care homes.