

NHS

England

Strategic Clinical Networks
(South West)



Dementia Diagnosis Competence Map

a resource for commissioning, workforce planning and development

Introduction

One of the key priorities in the Government's mandate to the NHS Commissioning Board is that the diagnosis, treatment and care of people with dementia in England should be among the best in Europe. The objective for the Board is to make measurable progress towards achieving this by March 2015, in particular ensuring timely diagnosis and the best available treatment for everyone who needs it, including support for their carers.¹

In addition an objective of the [National Dementia Strategy](#)² is to increase the numbers of people receiving a good-quality early diagnosis of dementia. Early diagnosis, and timely diagnosis add value to people's lives when it allows them to plan and receive treatment and care earlier, preventing future crises. It is estimated that currently only around half of people with dementia ever receive a formal diagnosis.³

There has been a significant change in recent years in the role of primary care in diagnosing and supporting people with long-term conditions, including dementia. In the South West region a peer review of dementia diagnosis services in 2011 found that there were three models for assessment and diagnosis of dementia in operation:

1. primary care-led diagnosis, with referrals for specialist memory assessment by exception, for example where early dementia was suspected, or diagnosis was uncertain;
2. mixed model: a proportion of referrals from primary care being made to memory services;
3. memory services-led model, with all people with cognitive impairment being referred, after initial assessment, to the specialist service.

The developing role of primary care in the management of long term conditions may indicate that in future specialist services may only become involved in the assessment and management of people with complex presentations or significant complications. It is recognised that increasingly much of the dementia journey from diagnosis to end of life care could be managed within primary care, although specialist advice may be needed at a number of points on the journey.⁴ However, many GPs may only diagnose two or three new patients with dementia each year, and have only twelve to fifteen patients with dementia on

¹ NHS (2013) Dementia diagnosis resource pack. <http://www.dementiapartnerships.org.uk/diagnosis/resource-pack>

² Dept of Health (2009) Living well with dementia: A National Dementia Strategy <https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy>

³ NICE (2013) Support for commissioning dementia care <http://www.nice.org.uk/usingguidance/commissioningguides/dementia/home.jsp>

⁴ Dementia Partnerships. Diagnosing Dementia Guidance and Standards <http://www.dementiapartnerships.org.uk/resource/guidance-for-diagnosing-dementia>

Introduction

an average whole time equivalent list. These relatively small numbers may result in a lack of confidence and skills in the field and low exposure to dementia patients may result in a delay in diagnosis. ⁵

Recognising this, the Strategic Clinical Network for Dementia in the South West commissioned the development of a 'competence map' in order to move to clarify the competences required to inform screen, assessment, and diagnosis of dementia, and thereby inform the commissioning of diagnosis pathways and services. This should be read in conjunction with [Caring, compassionate, skilled – transforming the dementia workforce](#), and the associated [Checklist for commissioners](#).

Diagnosis Competence Map

The map and associated pathway draw upon the NICE dementia diagnosis and assessment pathway ⁶ and sets out the steps in the first and second of these models, with the aim of contributing towards increasing the rate of timely diagnosis. The national occupational standards (NOS) are from Skills for Health, <http://www.skillsforhealth.org.uk/about-us/competences%10national-occupational-standards>.

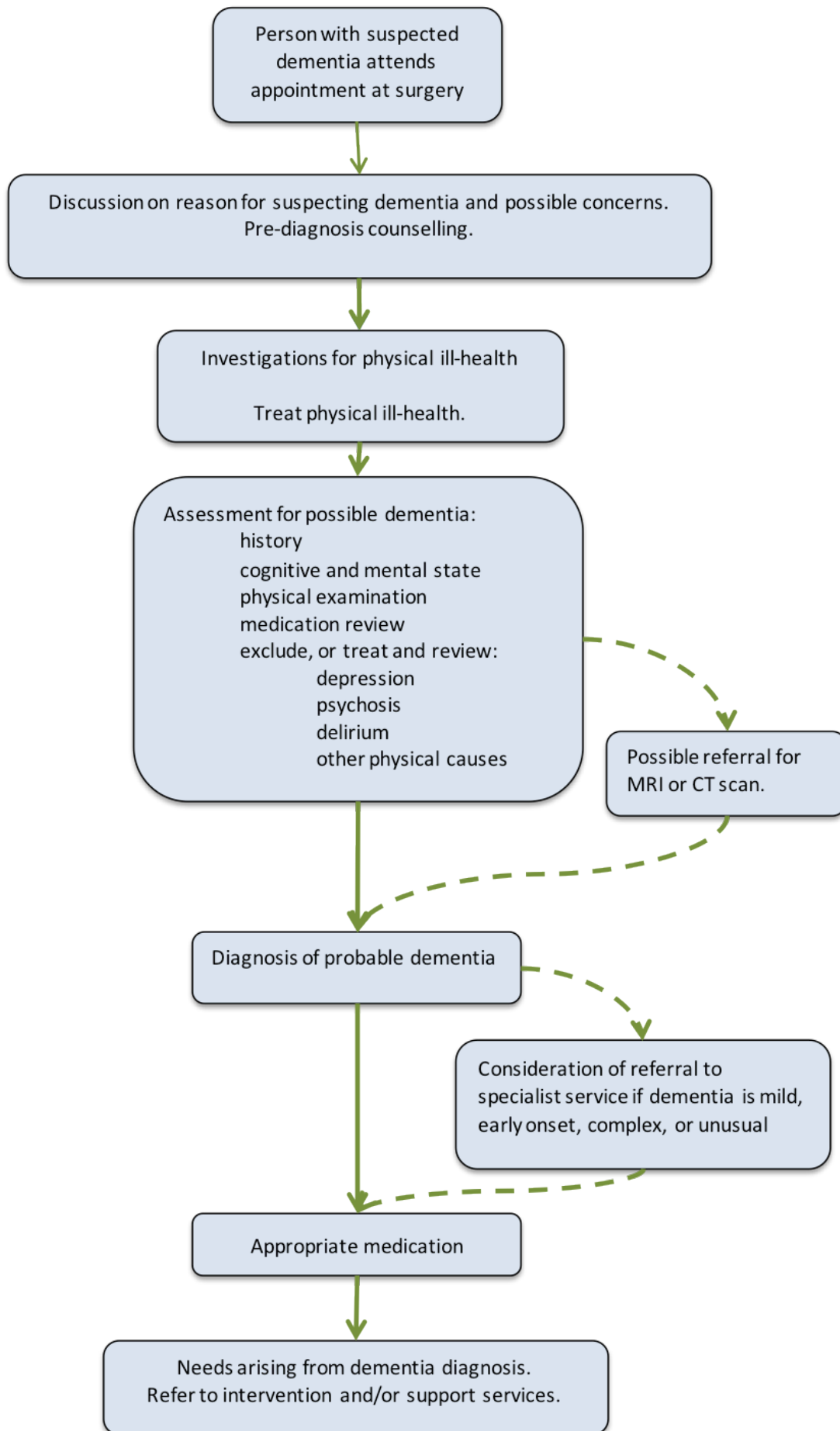
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⁵ NHS Devon. Report on the GP education seminar programme

⁶ NICE Pathways (2011) Dementia diagnosis and assessment. <http://pathways.nice.org.uk/pathways/dementia/dementia-diagnosis-and-assessment#content=view-node%3Anodes-diagnosis-and-assessment>

Dementia diagnosis pathway in primary care



Awareness raising and case finding

Steps in the pathway	Knowledge, skills and competences	Relevant National Occupational Standards
<p>1. Person with suspected dementia attends appointment in GP practice. <i>The NICE Quality standard states that People worried about possible dementia in themselves or someone they know can discuss their concerns, and the options of seeking a diagnosis, with someone with knowledge and expertise.</i></p>	<ul style="list-style-type: none"> • Have expertise in dementia, including different types, and its diagnosis. • Be able to develop relationship of trust. • Use interpersonal communication skills, particularly listening. 	
<p>2. Discussion of reasons for dementia being suspected and concerns about possible dementia. Pre-diagnosis counselling.</p>	<ul style="list-style-type: none"> • Use communication skills for communication with patient and family member(s) • Act with sensitivity to concerns about possible diagnosis 	<p>Communicate with older people and their carers (OP1) https://tools.skillsforhealth.org.uk/competence/show/html/id/612</p> <p>Support individuals with communication and interaction difficulties (GEN85) https://tools.skillsforhealth.org.uk/competence/show/html/id/2758</p> <p>Promote effective communication and relationships with people who are troubled or distressed (GEN99) https://tools.skillsforhealth.org.uk/competence/show/html/id/3861</p> <p>Work in partnership with carers to support individuals (SCDHSCO387) https://tools.skillsforhealth.org.uk/external/SCDHSCO387.pdf</p>
<p>3. Investigations carried out in or from primary care:</p> <ul style="list-style-type: none"> • routine haematology • biochemistry tests • thyroid functions tests • serum vitamin B12 and folate levels <p>Possibly chest X-ray or ECG. MSU or other appropriate tests to exclude delirium.</p>	<ul style="list-style-type: none"> • Be able to plan and organise physical health checks. 	

Individual pathway

Steps in the pathway	Knowledge, skills and competences	Relevant National Occupational Standards
<p>4. Assessment Some or all may be carried out in primary care or in specialist memory assessment service.</p>	<ul style="list-style-type: none"> • Involve family members if at all possible. • Ask person being assessed if they wish to know the diagnosis. 	<p>Assess an individual's health status (CHS39) https://tools.skillsforhealth.org.uk/competence/show/html/id/221</p>
<p>1. History</p> <ul style="list-style-type: none"> • Onset • Progression (key to diagnosis is history of progressive impairment of memory and cognitive functioning) • Cognitive impairment • Functional impairment <p>2. Cognitive and mental state examination</p> <ul style="list-style-type: none"> • Attention and concentration • Orientation • Short and long term memory • Praxis (putting thoughts/ideas into practice, eg making a cup of tea) • Language • Executive function <p>Use a dementia testing tool e.g.</p> <ul style="list-style-type: none"> • 6-item Cognitive Impairment Test • General Practitioner Assessment of Cognition • 7-minute Screen. <p>Taking into account individual factors.</p>	<ul style="list-style-type: none"> • Develop a system to record whether person wishes to know diagnosis • Obtain a comprehensive history • Utilise skills in cognitive assessment • Ask the right kind of questions, eg <i>When speaking do you have more difficulty in finding the right word or tend to use the wrong words more than you used to?</i> • Know about the use of one or more dementia assessment tools • Interpret accurately dementia-assessment tool used • Understand individual factors which may affect results of tools used, including educational level, prior level of functioning and attainment, language, sensory impairment etc. • Utilise skills in appropriate physical examination • Know about medication which may affect cognitive functioning • Differentiate between dementia and other illnesses which present in similar ways • Differentiate between early onset, early stage, mild cognitive impairment and established dementia. • Understand the definition and significance of delirium and depression and how these differ from dementia. • Knowledge and understanding of the Mental Capacity Act 2005. http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=354 	<p>Conduct clinical examination of individuals with neurological conditions (LTCN9) https://tools.skillsforhealth.org.uk/competence/show/html/id/1900</p> <p>Obtain a patient/client history (CHS168) https://tools.skillsforhealth.org.uk/competence/show/html/id/2819</p>
<p>3. Physical examination</p>		
<p>4. Review of medication (including over the counter medication) and poly-pharmacy to identify any which may affect cognitive functioning</p>		
<p>5. Exclude, or treat and review, the following:</p> <ul style="list-style-type: none"> • Depression • Psychosis • Delirium/acute confusional state • Other physical causes 		

Individual pathway

Steps in the pathway	Knowledge, skills and competences	Relevant National Occupational Standards
<p>5. Possible referral for MRI or CT scan to exclude other causes and to differentiate between Alzheimer’s disease and vascular dementia (to inform future prescribing decisions).</p> <p>[NB reading of scans will be done by radiology service, not in primary care.]</p>	<ul style="list-style-type: none"> ▪ Collect and provide appropriate referral information 	<p>Determine investigations required to meet clinical need (CHS178) https://tools.skillsforhealth.org.uk/competence/show/html/id/2321</p> <p>Coordinate further assessments and investigations of an individual prior to initiation of an intervention (EUSC03) https://tools.skillsforhealth.org.uk/competence/show/html/id/957</p>
<p>6. Specialist referral</p> <p>If dementia is atypical or mild (including mild cognitive impairment), consider referral to a specialist service. This applies to possible early onset, possible early dementia, or complex presentations. Where dementia is already established (intermediate or more established) there may be no need to refer to specialist service.</p> <p>Consider referral to a specialist psychiatric service if:</p> <ul style="list-style-type: none"> ▪ complexity or uncertainty exists about the diagnosis after initial assessment and follow up. ▪ results of assessment are borderline-positive ▪ a second opinion is requested by the patient/family ▪ the patient suffers from significant depression and/or psychosis, especially if there is: <ul style="list-style-type: none"> ○ no response to treatment ○ acute distress ▪ there are treatment/medication problems <ul style="list-style-type: none"> ○ management is difficult due to challenging or risky behavior ○ multiple problems ○ concerns about possible abuse ▪ specialist opinion is needed on issues such as: <ul style="list-style-type: none"> ○ financial capacity ○ driving or similar medico-legal areas 	<ul style="list-style-type: none"> ▪ Mild cognitive impairment is defined as a decline in cognitive function greater than expected, taking account of the subject’s age and education, which is not interfering with activities of daily living. ▪ Know about local specialist services and how to refer to them. ▪ Provide comprehensive and appropriate referral information to secondary specialist service. 	

Individual pathway

Steps in the pathway	Knowledge, skills and competences	Relevant National Occupational Standards
<p>7. Diagnosis of probable dementia</p> <p>Giving diagnosis, including sub-type, sensitively and in appropriate environment, involving family members if possible.</p>	<ul style="list-style-type: none"> • Demonstrate expert and detailed knowledge of different forms of dementia • Communicate sensitively with individual and family members about diagnosis, sub-type, prognosis and next steps • Utilise skills in having difficult discussions with patient and family members • Know about support and services available • Be aware of impact of diagnostic errors. • Understand needs of younger people with dementia and their families. • Demonstrate awareness that early diagnosis and interventions can deliver better outcomes for people with dementia and their family/carers, and save money. <p>NB. Anyone diagnosed with dementia who wishes to continue to drive must notify DVLA. This does not apply to those diagnosed with MCI unless the MCI interferes with their ability to drive. See Alzheimer’s Society fact sheet Diving and dementia http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=144</p>	<p>Establish a diagnosis of an individual’s health condition (CHS40) https://tools.skillsforhealth.org.uk/competence/show/html/id/220</p> <p>Communicate significant news to individuals (CHS48) https://tools.skillsforhealth.org.uk/competence/show/html/id/2216</p> <p>Provide clinical information to individuals (CHS56) https://tools.skillsforhealth.org.uk/competence/show/html/id/2232</p>

Individual pathway

Steps in the pathway	Knowledge, skills and competences	Relevant National Occupational Standards
<p>8. Prescription of appropriate medication and other interventions</p>	<ul style="list-style-type: none"> • Know about cholinesterase inhibitors • Demonstrate understanding of the use, effects, and side effects of medication used to manage symptoms of dementia. • Knowledge and understanding of the Mental Capacity Act including how to document capacity assessments and to make best interests decisions and facilitate advance decisions. http://www.patient.co.uk/doctor/mental-capacity-act 	
<p>9. Needs arising from diagnosis Having difficult discussions with patient and family members</p> <p>Post-diagnosis support and information</p> <p>Provide information for patient and carer</p> <p>Referral to community team or third sector service, intervention and/or support services</p> <p>Care planning</p> <p>Inclusion on practice register with appropriate Read Code</p> <p>Carers' assessment and needs</p> <p>Review at least every 15 months (tailored to individual need, circumstances and medication).</p>	<ul style="list-style-type: none"> • Know about post-diagnosis support and information • Be aware of and share information about written information and websites, eg Alzheimer's Society information leaflets http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=536 • Information about financial and legal issues. http://www.alzheimers.org.uk/site/scripts/documents.php?categoryID=200353 • The RCPsych also produces useful information, eg. http://www.rcpsych.ac.uk/expertadvice/problemsdisorders/memoryproblemsanddementia.aspx • Understand that a person with dementia may be more vulnerable to abuse and neglect • Be able to discuss the characteristics of person-centred care • Use system for recalling for review 	<p>Provide advice and information to individuals on how to manage their own condition (GEN14) https://tools.skillsforhealth.org.uk/competence/show/html/id/377</p> <p>Provide information and support to carers of individuals with long term conditions (CHS58) https://tools.skillsforhealth.org.uk/competence/show/html/id/2234</p> <p>Develop care pathways for patient management (CHS173) https://tools.skillsforhealth.org.uk/competence/show/html/id/2315</p> <p>Coordinate the progress of individuals through care pathways (GEN79) https://tools.skillsforhealth.org.uk/competence/show/html/id/2723</p> <p>CHS124 Manage and support the progress of individuals through patient pathways https://tools.skillsforhealth.org.uk/competence/show/html/id/2599</p> <p>Refer individuals to specialist sources of assistance in meeting their health care needs (CHS99) https://tools.skillsforhealth.org.uk/competence/show/html/id/2262</p>

The primary care team

Those involved in assessment and diagnosis in primary care

- General practitioner
- GP with special interest in dementia care
- Mental health / memory service nurse/dementia liaison nurse
- Clinical psychologist
- Practice nurse

References

- ¹ NHS (2013) Dementia diagnosis resource pack. <http://www.dementiapartnerships.org.uk/diagnosis/resource-pack>
- ² Dept of Health (2009) Living well with dementia: A National Dementia Strategy <https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy>
- ³ NICE (2013) Support for commissioning dementia care <http://www.nice.org.uk/usingguidance/commissioningguides/dementia/home.jsp>
- ⁴ Dementia Partnerships. Diagnosing Dementia Guidance and Standards <http://www.dementiapartnerships.org.uk/resource/guidance-for-diagnosing-dementia>
- ⁵ NHS Devon. Report on the GP education seminar programme
- ⁶ NICE Pathways (2011) Dementia diagnosis and assessment. <http://pathways.nice.org.uk/pathways/dementia/dementia-diagnosis-and-assessment#content=view-node%3Anodes-diagnosis-and-assessment>
- ⁷ NICE (2013) QS 30 Quality standard for supporting people to live well with dementia <http://publications.nice.org.uk/quality-standard-for-supporting-people-to-live-well-with-dementia-qs30>