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## Strategic clinical networks taking shape nationally

NHS Commissioning Board Local Area Teams are now recruiting senior management and clinical directors to lead emerging Strategic Clinical Networks in each region. Here in the South West these senior staff will be based with the Bristol Local Area Team with one Clinical Director taking responsibility for the SCN for Mental Health, Dementia and Neurological Conditions within which it is planned that our current Dementia Network will operate.

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## Your Strategic Clinical Network

Whilst information from the Department of Health on the structure and functions of SCNs is clear, their geographical coverage is dependent on what works best regionally.

Here in the South West amongst dementia stakeholders we have valued the work of the South West Dementia Partnership which covered the footprint of the South

West Strategic Health Authority. Pooling regional expertise, sharing practice and developing regional direction, standards and toolkits worked well. Consequently the current Dementia Network covers a very similar geography.

However, an alternative approach would be for each Local Area Team to have a SCN of its own. Potential advantages include:

- covering a smaller geography and allowing focus on the needs of a smaller (but still diverse) population
- encouraging stronger links with each Clinical Commissioning Group and one Local Area Team
- possible shared geography with other organisations.

Disadvantages might include: greater resource implications for each SCN to meet and function

- greater challenge to deliver on larger, whole system, work streams
- possible geographical challenges with the footprints of Academic Health Science Networks, social care networks and Clinical Senates.

The Chair of the current Dementia Network for the South West, Nick Cartmell ([nickcartmell@nhs.net](mailto:nickcartmell@nhs.net)), is therefore very keen to hear the views of all regional dementia stakeholders but in particular CCG dementia commissioners, GP leads and older person's mental health specialists on how they would like to see their SCNs shape up. He is happy to visit CCGs (an offer has already gone out), and would like to hear from them before they take over full commissioning responsibility in April 2013.

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### **Strong research focus for commissioning**

The SCN already has good links with local research networks regionally, and dementia has been set as a priority for research projects. The Dementia Network has therefore committed to promote with CCGs the value of including provision for quality research evaluation in any new service provider contract. Regional research experts will be developing contract wording which can be used by CCGs for this purpose (to be published on our website), and CCGs are encouraged to link with local Academic Health Science Networks for advice on research including most suited provider and financial considerations.

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### **Primary care diagnosis work stream**

Dr Martin Freeman is leading this work for the Dementia Network which is progressing well towards a tight deadline for a report by the end of March 2013. Using a combination of action research and commissioned investigation of existing or emerging approaches to primary care dementia diagnosis, the report will provide a detailed evaluation of each approach which CCGs and Local Area Teams can apply to their populations and resources to maximise patient access to diagnosis and therefore management options. This report will also help to steer an emerging national debate on this topic which we hope will be encouraged by NICE commissioning guidelines due for publication this year.

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### **Dementia Friendly Communities**

Congratulations to many CCGs in the South West who were successful in their bid for [Dementia Challenge funding](#) for projects to support the development of Dementia Friendly Communities (DFCs). DFCs form one of the Prime Minister's Challenges on Dementia to encourage a whole-community approach to the acceptance and support of people with dementia and those around them.

However, answers to questions such as what being a DFC really means, whether achieving a certain standard might provide the community with a recognised 'badge',

what each stakeholder in the Community might need to do on an ongoing basis, and how such Communities might be financially supported remain unclear.

Therefore the Dementia Network has asked members Ian Sherriff and Debbie Donnison to provide us with a briefing on DFCs to help answer these questions by the end of March 2013 for publication online. Ian is a leading expert on DFCs through his work with Plymouth City and the Five Parishes project in South Devon; he is also providing Plymouth University research expertise for a European funding bid to explore DFCs in Devon and France. Debbie, many of you will know, is regional director for Alzheimer's Society who have been instrumental in advising the Prime Minister on this Challenge.

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### **Representation of the views and needs of people with dementia and their carers**

The Network wishes to hear from CCGs on how they plan to achieve representation of the views and needs of people with dementia and their carers in commissioning decisions. There is a strong focus on this and sharing good practice across the region will benefit all.

Models of representation include direct membership of people with dementia and carers on dementia commissioning committees, or clearly defined

representation through direct membership of local voluntary sector organisations who themselves operate involvement networks. Challenges include ensuring lay members of commissioning committees are fully engaged and not swamped by jargon, and being sure that views or needs expressed are not only personal but reflect the wider views or needs of the community.

Please would CCGs communicate their model to the Network Chair or publish direct to the [Network website](#).

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### **Proposed work streams for 2013-14**

The Dementia Network has agreed in principle work streams for the next financial year. 'In principle' because from April we will be responsible to the NHS Commissioning Board and therefore will need to agree these work streams with them. By agreeing work streams we hope to provide expert steer to the NHS CB and stimulate discussion with CCGs before the year starts.

The proposed work streams are:

#### **Antipsychotic action plan**

Building on local and national audits of antipsychotic prescribing, this will develop a regional 'how to' guide on how health and social care professionals can avoid prescribing antipsychotics for people with dementia presenting with behavioural and psychological symptoms (often referred to as BPSD). This will include non-pharmacological and alternative

pharmacological approaches, what good practice might look like, and an encouragement of a research element to any local changes to practice. This work stream necessarily will have strong social care input with clear links with the next work stream.

### **Healthcare input into Care Homes**

Exploring a growing awareness that robust GP and/or specialist older person's mental health input into the health needs of care home residents might unlock significant benefits for both health and social care. This work will evaluate existing models of care to highlight innovative approaches which might be applied by CCGs and Local Authorities in a more consistent way, including exploring any funding implications.

### **Dementia MURs**

The Dementia Network now includes David Bearman, chair of Plymouth's Local Professional Network and a prominent local Pharmacist. He proposes to promote regional or national expansion of the current Medicines Use Review programme to include people with dementia whether taking drugs specific to that dementia or not. This programme would assist with reducing the risk of drug interactions, polypharmacy (a significant safeguarding risk factor) and people remaining on antipsychotics due to lack of timely reviews.

If CCGs have other issues of high priority for which they would value the advice,

information sharing and input of the Network, please contact Nick Cartmell. For example: a regional approach to further improvement in diagnosis rates through ensuring GP registers are as accurate as possible; a regional, joined-up, approach to the application of the proposed hospital Commissioning for Quality Innovation (CQUIN) and primary care Direct Enhanced Service (DES) for dementia 2013/14.

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### **Prevalence figures 2011 v 2012:**

#### **Alzheimer's Society January 2012**

The South West showed the largest growth of any region and we have climbed 2 places up a comparison table of Strategic Health Authorities. Nevertheless we remain low on diagnosis rates and this continues to come under Government and public scrutiny. Those Primary Care Trusts who have seen the greatest improvement (Torbay Care Trust showed the 4th highest growth in the UK of 8.1%) may be able to offer the rest of us some approaches to further improve figures and give people with dementia access to the services they need.

There is no doubt that a multi-factorial approach is needed which should include focus on primary care dementia awareness-raising, maximising accessibility of diagnostic services, and ensuring the provision of a variety of post-diagnosis interventions and supports from

diagnosis to end of life care. However there are some 'quick wins' simply by ensuring GP-held registers accurately reflect those who have already been diagnosed, and making sure care home residents are identified as discussed above. Assistance with these is available from the Network.

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## Dementia Prevalence Calculator

The Dementia Prevalence Calculator (v1) presents an opportunity for all health communities to gain a better understanding of their local estimated prevalence of dementia in the community, and among people living in local care homes.

The tool enables General Practices and Commissioners to establish a baseline by which to set and work toward local quantified ambitions for improvement in diagnosis rates, as set out in NHS Mandate 2012, and inform local joint strategic planning, commissioning, and service redesign and improvement.

The Calculator is comprised of four MS Excel tools, each aimed at a different audience: Clinical Commissioning Groups; General Practices; Local Authorities; and Local Area Teams.

Download the calculator and supporting materials at <http://bit.ly/demprevcalc>

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## Fourth Annual Conference - Dementia Care in Hospital

10am-4pm, Friday 8th March 2013  
Taunton Racecourse, Somerset

This year's conference 'Care, Compassion, Community' will focus on using learning to drive improvement, strengthen partnerships, and sustain community.

The conference is for clinicians, social care, commissioners, voluntary and third sector partners, and people living with dementia and their carers and families.

**Bookings:** Places are limited so please book early to avoid disappointment. Book online now at <http://bit.ly/hospitals2013>

**Locum costs:** are available for GPs and CCG GP Commissioners

**Enquiries:** Debbie Hiron, Conference co-ordinator [debbiehiron@theccn.co.uk](mailto:debbiehiron@theccn.co.uk)

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## Contacts

For up to date information visit [www.dementiapartnerships.org.uk](http://www.dementiapartnerships.org.uk).

To discuss any aspects of the work of the shadow SCN and Dementia Network please contact the chair, Dr Nick Cartmell at [nickcartmell@nhs.net](mailto:nickcartmell@nhs.net); or contact Kate Schneider, Programme Lead, [kate.schneider@southwest.nhs.uk](mailto:kate.schneider@southwest.nhs.uk).