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## Dementia News Headlines

### **Prevention**

The SCN is working closely with Public Health England, the regional Directors of Public Health and Health & Wellbeing Boards to develop a dementia prevention strategy for the South West. Prevention of dementia is gathering momentum as a viable and cost-effective approach to minimising the impact of dementia on our communities and on individuals at greater risk of developing dementia in the future due either to having other long-term conditions or having an existing diagnosis of Mild Cognitive Impairment.

Dementia prevention focuses on minimising cardiovascular and diabetes risk factors including obesity and with an emphasis on the benefits of regular daily exercise and regular social interactions. There is therefore significant overlap with existing cardiovascular, diabetes and obesity prevention strategies; and because dementia is the most feared condition amongst over 50 year olds in England linking these prevention strategies together offers the possibility of enhancing their uptake.

### **Case Finding**

The end of March sees the completion of the first year of the national primary care

Direct Enhanced Service for Dementia programme, and the completion of the second year of the national hospital Dementia CQUIN programme. It is anticipated that a stronger emphasis on carer support will be incorporated into subsequent years of both programmes, and we in the South West are engaged with the National Clinical Director, Prof Alistair Burns, to ensure that both programmes are developed to maximise the emphasis on improving outcomes for people rather than simply being a box-ticking exercise to ensure funding.

### **Diagnosis Rates**

The 2015 aspiration that 66% of people with dementia will be diagnosed and appear on General Practice QOF databases is edging closer. See below for a detailed discussion on this topic.

Nationally the Department of Health and Alzheimer's Society is currently undertaking a refresh of the Delphi Consensus from which estimated prevalence for a given population is calculated. It is hoped that this will take adequate account of recent international research showing that current estimated prevalence figures may be falsely high and thus diagnosis rates falsely low.

## **Diagnostic Pathways**

It is good news that in the South West redesign of diagnostic pathways, be that by Memory Clinics or a more primary care-focused model, is resulting in a fall in waiting times despite a rise in referrals from GPs. Furthermore, diagnostic pathways are reporting that only about 50% of those referred end up with a diagnosis of dementia, the rest being diagnosed with Mild Cognitive Impairment (MCI), no dementia or other rarer scenarios.

This suggests that the public and GPs are getting the message about the value of earlier diagnosis, but it does raise an important question about how and by whom people with MCI should then be managed. It is the intention of the SCN to pose this question to the two Academic Health Science Networks in the region both in terms of the available evidence and considering providing support to research projects designed to answer the question.

## **Post-diagnosis Support**

The SCN is pleased to note that all CCG areas in the South West now have commissioned post-diagnosis support services in place with most areas offering both immediate post-diagnosis interventions (including Cognitive Stimulation Therapy) and ongoing support services (e.g. Dementia Adviser service).

There remains a challenge in ensuring such services are properly evaluated in terms of qualitative and quantitative benefits and the SCN anticipates that the forthcoming evaluation of SHA Dementia Challenge Fund projects in the South of

England will allow sharing of methodology. Some CCGs are using the NHS numbers of people engaged with such services to calculate their usage of other secondary care resources (in particular provided by acute trusts), comparing usage before they engaged with Dementia support services with that once they were engaged.

## **Dementia Friendly Communities**

Partly through SHA Challenge Fund projects and partly through a national gathering of momentum, Dementia Friendly Communities are now being developed in many parts of the South West. Whilst many are in early stages it is hoped that they will enhance the support people with dementia and carers feel in their communities, facilitate access to all local services and leisure activities, and assist with signposting people worried about their memory to appropriate assessments.

The Royal Pharmaceutical Society has also accepted as policy that all pharmacies should become dementia friendly with a dementia champion in each, following some excellent initial work here in the South West by David Bearman and the Peninsula Local Professional Network.

## **Regional Dementia websites**

The SW SCN is now developing its own website to share information for all four SCNs including the SCN for Mental Health, Dementia & Neurological Conditions. It can be accessed at [www.networks.nhs.uk/nhs-networks/south-west-strategic-clinical-network](http://www.networks.nhs.uk/nhs-networks/south-west-strategic-clinical-network).

In addition the Dementia Partnerships knowledge portal at <http://dementiapartnerships.com> provides a single point of access to curated summaries about the latest research, policy and practice developments in Dementia care nationally, and includes lots of information relevant to the South West including SCN projects and publications: <http://dementiapartnerships.com/dementia-network-south-west>. The knowledge portal showcases innovative practice in the design and delivery of services for people living with dementia. For example visit <http://dementiapartnerships.com/tag/dcf/> to find out the latest information about the SHA Dementia Challenge Fund projects in the South of England.

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## Diagnosis Rates

At the meeting of the SCN's Dementia Implementation Group on 27<sup>th</sup> February we undertook a problem-based learning exercise to identify methods CCGs might adopt cost-effectively towards achieving the national diagnosis rate aspiration of 66% by 2015. The following methods were supported:

- Employ a trained nurse, preferably retiring/retired CMHT CPN, to visit all care homes in the CCG area and check residents without an existing diagnosis of dementia (from GP databases). The number of nurses would depend on the number of homes, and their size, in the CCG, but funding of £30,000 per nurse could be found from the new Better Care Fund, drawn from savings in inappropriate acute hospital admissions through encouragement of advance care planning by GPs and care

home staff on those residents so identified.

- Alternatively GPs could be incentivised to check their registered care home residents without a dementia diagnosis, payment also being dependent on the development of an advance care plan, through a Local Enhanced Service (LES) funded in the same way as above.
- Alternatively CCGs along with H&WBs and Local Authorities could raise awareness of Dementia with all local care home operators and support them to flag up residents with likely Dementia to their registered GP for assessment. Many of these would be eligible for inclusion under the primary care DES and increasing GP QOF registers as a result would provide financial support to GPs for any perceived extra work as a result.
- Data checking remains a very important method of increasing both the size and accuracy of GP Dementia registers and the methods previously circulated to CCG commissioners and clinical leads by Nick Cartmell could be undertaken by CCG Medicines Optimisation Teams (who have ready access to GP clinical computer systems) or GP back-room staff supported by CCG IT staff and, if necessary, a modest LES.

It was universally felt to be vital to emphasise the benefits, in terms of improved outcomes for people diagnosed, of identifying people missing from GP Dementia Registers to all involved in any of the above scheme, and support care homes in improving Dementia awareness and behavioural problem management skills amongst their staff.

Interestingly, all members of the Group felt that CCGs would not reach the aspiration of 66% diagnosed by next year.

Suggestions were then made on points CCGs might wish to emphasise should this result in Press, local MP, NHS England and/or Health & Wellbeing Board questions asking why the aspiration had not been reached:

- That diagnosis rates should be interpreted in the context of what is available to people once diagnosed.
- Publicising the quality and availability of local diagnosis and post-diagnosis services for people worried about memory problems or living with Dementia, and how these have improved over the past few years.
- Use such publicity opportunities to encourage the public to seek help and accept further investigation if they have memory or cognitive problems.
- That international research is showing that the risk of developing dementia for a community is in fact falling which is excellent news for people approaching older age and means that efforts by Public Health and the NHS to reduce risk factors for cardiovascular disease are having a positive effect.
- That diagnosis rates continue to rise, year on year, even though this aspiration has not yet been reached.
- That diagnosis rates as a figure are a poor marker for quality of Dementia care and likely to be an underestimate of the true picture due to a number of confounding factors (this argument may be better used in responses to NHS England than Press summaries).

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## 2014-15

The SCN will prioritise the following areas for further work and support to CCGs and other regional NHS and Social Care organisations:

- Diagnosis rates.
- Acute and community hospital standards: incorporation into CCG contracts with providers.
- Prevention strategy with Public Health.
- Improving the quality and effectiveness of the End of Life stage through (i) regional advance care planning guidance and education alongside Health Education South West, and (ii) guidelines on End of Life care delivery for people with dementia as part of the review of End of Life care after the removal of the Liverpool Care Pathway.

We will also be working with the SCN Mental Health Implementation Group to support CCGs in improving the quality of Crisis and Hospital Liaison services so that they cater for the needs of older people including those with Dementia as well as younger people.

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## SCN Structure and Membership

### **Steering Group**

A new SCN steering group is being formed to cover Mental Health, Dementia and Neurological Conditions. This group will have a small membership representing each condition and provide overarching governance to the SCN and all of its planned activities and work streams, meeting quarterly.

### **Dementia Implementation Group**

This group replaces the Dementia Network, sits beneath the Steering Group, and will have greater representation from across the South West from:

- CCG commissioners and clinical leads
- specialist older person's mental health service providers
- other post-diagnosis support service providers
- care commissioners
- voluntary sector providers
- representatives of the needs and views of people with dementia and their carers and families

The Group will then be better able to provide expert advice to any organisation that requires it, identify members able to progress specific pieces of work, and ensure that networking and sharing of good practice across the South West is enhanced.

The aim therefore is to gather a database of people in all of the categories above from each CCG area and we will be contacting relevant people shortly where there are gaps. All people on this database will be invited to quarterly Implementation Group meetings which will focus on specific areas of current challenge or concern and include an overview of how good the South West is, a briefing from each CCG on their actions towards tackling those areas, and Academic Health Science Network provision of any evidence base to support approaches to tackling the areas.

The next meeting of the Implementation Group will be in May 2014.

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## SCN Dementia Conference

**June 2014**

It is proposed that the SCN hosts a bigger conference about Dementia in the summer of 2014 in partnership with ADASS and attendance and contributions invited from other health, social care and voluntary sector regional organisations. The aims of the conference will be to publicise the role and work of the SCN (many people remaining unaware or unclear), publicise how the South West has made improvements to Dementia services with reference to the National Dementia Strategy ("5 years on"), promote health and social care integration, and importantly explore and raise awareness of the new Carers Bill and what implications that has for NHS and Social Care commissioners and providers.

If you would like to bring a poster, facilitate a workshop or give a presentation at the conference please contact Justine Faulkner as below.

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## Contacts

For information about the work of the Dementia Network within the SCN please go to <http://www.networks.nhs.uk/nhs-networks/south-west-strategic-clinical-network>.

You can still send comments, suggestions and material that you would like to share on the Dementia Partnerships website to [editor@dementiapartnerships.com](mailto:editor@dementiapartnerships.com). You can also follow Dementia Partnerships on Twitter @dementiapartner.

To discuss any aspects of the work of the SCN Steering Group and Dementia Implementation Group, please contact Associate Clinical Director, Dr Nick Cartmell at [nickcartmell@nhs.net](mailto:nickcartmell@nhs.net); or our network Manager Justine at [Justine.faulkner@nhs.net](mailto:Justine.faulkner@nhs.net).