South West Strategic Clinical Network

Dementia Newsletter Issue 6 May 2014

Dementia Implementation Group

The new look Dementia Implementation Group met this month in Taunton for an informative and useful discussion of current topics and sharing of approaches and practice across the region.

Membership has expanded so the Group this time was bigger and resulted in a stimulating discussion on a variety of topics. It was chaired as usual by Dr Nick Cartmell, Associate Clinical Director at the SCN, and featured excellent presentations by local expert colleagues.

Diagnosis rates

As the national aspiration that two thirds of people with dementia should have a diagnosis by 2015 looms ever closer we heard about the work being done in NHS Wiltshire to improve their diagnosis rates. Provisional 2013-14 figures suggest that this CCG has increased their diagnosis rate from 36.7% (2012-13 DPC) to 45.7% which is an impressive rise in just one year. Dr Celia Grommit, CCG GP lead, explained that this was through two new service level agreements with GPs to encourage primary care diagnosis of more straightforward cases of dementia at presentation, including care home residents, and donepezil prescribing in primary care. Both activities are supported by a CCG-wide Dementia Adviser service and memory support nurses from Avon & Wiltshire Partnership NHS Trust.

This shift of activity into primary care has freed up AWP to focus on more complex cases and waiting times for Memory Clinic have dropped from 9 months to 4 weeks. Similar targeted funding arrangements for specific primary care dementia activity are also ongoing in Bristol and South Gloucestershire CCGs with similar effects on Memory Clinic waiting times, and Dr Peter Bagshaw and Paul Frisby from S Glos currently estimate their diagnosis rate as 53%, up from 47.1% for 2012-13.

Other examples of effective case-finding activity in the South West have been discussed before, such as NHS Somerset's checking of all people receiving acetylcholinesterase inhibitor medication. NHS South Devon & Torbay, and NHS NEW Devon are planning a care home case finding project this year using local GPs and the new ACEMobile cognitive assessment tool developed by the University of Plymouth and Devon Partnership NHS Trust (available to download free from iTunes from July 2014).

SCN Financial support for case finding

Dr Nick Cartmell announced that he had been successful in his bid for SCN funds to support CCGs and/or Local Authorities in targeted case-finding work this financial year. CCG dementia commissioning managers have since been written to to invite them to submit project plans in order to receive a portion of the available one-off funding which will be allocated according to how many people each CCG's dementia prevalence (2012-13) would have to increase by in order to reach 66% by 2015. Region-wide this figure is 13,889 people.

Technical support for case finding

Dr David Llewellyn, of Exeter University, announced that he is working with Alzheimer's Society to develop a tablet App and/or programme to sit behind GP clinical record systems which will identify people most at risk of dementia for case finding. A 'beta version' is currently being tested.

Dementia DES

Dr Peter Bagshaw provided the Group with an update on the national Dementia Direct Enhanced Service which is now in its second year. It remains largely unchanged although additional Read Codes have been added to record end of life care planning activity with people identified through the DES as having dementia.

It is understood that NHS England will undertake calculations of how much each Practice in England will receive (for achievement during 2013-14) on 16th June and Practices will be notified and receive their allocation soon after this date. It is hoped that figures on achievement will then be available nationally to gauge how the South West has performed.

Practices wishing to improve their achievement this year would be advised to develop a clinical system template or protocol to highlight eligible patients and ensure correct Read Codes are recorded. Dr Nick Cartmell has developed a protocol for SystmOne users which he is happy to share.

Dementia hospital CQUIN

Emma Moody from NHS Bristol CCG updated the Group on progress with the national CQUIN for dementia. National figures on achievement are not available for 2013-14 but the Group noted that many hospitals in the South West were struggling to reach set achievement levels. Factors which assisted some hospitals with achievement (e.g. Salisbury DGH, North Devon District Hospital) include: electronic record keeping in hospital including templates to undertake the CQUIN and electronic discharge summaries to GPs; not requiring the hospital to refer direct to Memory Clinic or follow up, rather request the GP to consider once the patient was home; identifying members of the nursing team to question patients; carer questionnaire done by post-discharge phone call which also covers general care provision and medicines management questions.

Some concern was raised that even if hospitals do achieve the CQUIN many patients once discharged are not followed up by GPs and thus do not benefit from dementia identification. However, Derek Dominey pointed out that another benefit of the CQUIN, namely to ensure people with cognitive problems can access hospital delirium and dementia pathways for better care, was being achieved.

Huntingdon's disease

Dr Eric Holliday, GP lead for NHS Swindon CCG, led an exercise to consider how to commission a service for rarer forms of dementia in particular Huntingdon's Disease. Numbers are small per CCG, and being a genetic condition will cluster where affected families live, but the support people with Huntingdon's Disease require as their dementia progresses should be multidisciplinary and are likely to need to be intense.

A model similar to those in existence in many areas for other neurological diseases was proposed and the Group considered how this might be commissioned from existing services in the area including the Huntingdon's Disease Liaison Nurse.

Research evidence for dementia

Drs David Llewellyn and Iain Lang, both of Exeter University, presented a digest of current research for interventions for dementia, including for prevention, drug therapies and non-pharmaceutical therapies and support methods.

Their presentation has since been circulated to DIG members and makes for interesting reading. The main challenge with dementia research, particularly into disease-modifying drug treatments, is that the ageing human brain is extremely complex and the association between the presence of visible pathology (such as amyloid plaques and neurofibrillary tangles) and cognitive impairment difficult to define. This means that drugs or treatments designed to reduce the appearance of pathological features may well not have any impact on cognitive decline and the elusive dementia cure remains a long way off.

Therefore we must continue to focus, as we are, on:

- Interventions, drug and non-drug, which support people with existing cognitive loss, and their carers, so that they can remain as independent as possible for as long as possible.
- Interventions, including increased public and professional awareness, which might reduce the risk of developing cognitive impairment at all.

Interventions for established dementia

Those with good evidence of benefit:

- Case management in primary care.
- Cognitive Stimulation.
- Information provision for people with dementia and carers.
- Regular aerobic exercise.

Those with evidence of some, but limited benefit:

- Acetylcholinesterase inhibitors and memantine.
- Community occupational therapy.
- Environmental design.

- Functional Analysis for managing challenging behaviours.
- Reminiscence therapy.

Other existing interventions either have some evidence showing no benefit or have not enough evidence to say either way. David & Iain reiterated the current problem with a lack of good quality cost-effectiveness evidence to assist commissioners in making best decisions about which services to commission with statutory resources.

Interventions to prevent dementia

The evidence for prevention strategies is growing and is now strong enough to make some specific recommendations. The recently published Public Health England "Blackfriar's Consensus" summarises the principles well and has been circulated to DIG members and posted to our website.

Specific interventions with the strongest evidence:

- Preventing or managing depression;
- Diabetes prevention or tight control;
- Regular aerobic exercise;
- Smoking cessation;
- Weight loss;
- Cognitive stimulation (eg through social interactions).

Although cardiovascular disease risk reduction has for some time been believed to help prevent dementia the relationship between them remains ill-defined and specifically there is evidence that "statins" are of no specific benefit.

NDS 5 years on

The DIG undertook a basic self-assessment of current progress against the original 17 objectives of the National Dementia Strategy which was published in 2009. Overall it was felt that most objectives were being or had been well addressed in all areas. Debbie Donnison of the Alzheimer's Society has agreed to ask regional Service User Review Panels for their feedback on this too.

Nick Cartmell proposed that the SCN develops, through the DIG, a new Regional Strategy for the next 5 years which will aim to build on work already done towards the NDS, focus on objectives where gaps remain, and take account of the current research evidence for interventions as detailed above. It is hoped that this would assist commissioners and providers in maintaining the momentum with dementia care improvements.

The strategy will include the promotion of dementia friendly communities and dementia friends in the region because they offer community and peer support for those interventions with good evidence of benefit, and can help empower people with dementia and their carers to access the services they most need, thereby promoting true person-centred care.

Next DIG meeting

The next Dementia Implementation Group meeting will be held in September. All existing members have now been notified by Sue Jones, the SCN PA, and new

provider members as nominated by CCG commissioners will also be invited.

Suggestions for topics to cover are always welcome, please contact Nick Cartmell. A session on Deprivation of Liberty Standards and Mental Capacity Act will be included in light of the recent House of Lords committee findings.

SCN Dementia Conference

The proposed regional conference for Dementia in the summer of 2014 in partnership with ADASS has been postponed while we fine-tune the detail with ADASS colleagues. We are also keen that it should not duplicate other meetings and conferences already happening in the region or suffer from lack of attendance or involvement during the summer holiday season.

Nevertheless the SCN remains committed to publicising how the South West has made significant improvements to Dementia services over the past few years to the benefit of people with dementia and their carers.

Contacts

For up to date information about the work of the Dementia Network please continue to go to www.dementiapartnerships.com.

To publicise any examples of positive practice in the South West, or to offer feedback on any technical or accuracy aspects of the content of this website please send an email to Nick Cartmell as below.

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; or our network Manager Justine at Justine.faulkner@nhs.net.