

Dementia –current themes

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This talk

- What is dementia?
- The dementia care pathway - if you or a relative developed dementia what should happen?
- Current themes
 - Improved diagnosis rates
 - Work across London to improve services
- Future themes
 - Problems at the moment
 - Themes
 - PM Challenge Implementation Plan

What is dementia?

- Cognitive impairment which
 - Affects several areas of cognitive function
 - Starts in adult life
- Dementia is a syndrome – but can have many causes
- Commonest cause is Alzheimer's disease – often co-existing with vascular disease
- Smoking, diabetes, lack of exercise, high blood pressure increase risk of dementia -20% of dementia is preventable

Symptoms of Alzheimer's disease

- Early- recent memory deficits
- Middle- word finding problems, problems with complex motor tasks (eg driving), apathy, irritability
- Later- increasing problems with speech and language, assistance with dressing washing, very forgetful and disorientated
- Advanced- weight loss, speech incoherent, full assistance with activities of daily living, risk of infections and pressure sores

Diagnosis

- Is in most people very straightforward
- Most important part of assessment is history from person and their relatives/friend
- People with mild symptoms may need follow up to decide what the problem is
- Other investigations may be needed
 - CT and MRI scanning
 - Neuropsychological assessment

Treatment

- Drugs – donepezil galantamine and rivastigmine have modest temporary benefit in 50% of people. There is no cure.
- Post-diagnostic interventions are vital and prevent problems later
- Personalised care planning is in NICE guidance but often not done or done very poorly
- As time goes on more practical help needed- respite, home carers, adaptations to home, move into supported accommodation
- Most of dementia care has nothing to do with medicine

Care Pathway- 1. GP role

- Person or relative goes to GP
- GP
 - gets history from carer
 - does basic blood tests
 - performs basic cognitive assessment
 - obtains patient consent to referral
 - refers to memory assessment service
- Person then waits between 1 week and 6 months depending where they live in the UK

Care Pathway

2. Memory Service

- Usually run by Mental Health Trusts. Commissioned to provide assessment and diagnostic services
- Initial assessment of patient and carer by practitioner (often nurse) after checking consent
- Nurse discusses with consultant
- Another appointment to go through diagnosis, start medication and give basic information
- Referral for specialist interventions if needed eg psychologist, brain scans, work with carers etc etc
- Refer back to GP once stable on medication

Care Pathway

3. Post-diagnostic interventions

Mental Health of Older Adults and Dementia
Clinical Academic Group

- This is what happens after memory service have done their work
- Patchy provision across UK, poor co-ordination
- Good pathway consists of
 - Practitioner present at the final Memory Service session- “seamless transfer” of care
 - Personalised care plan for patient and carer which is reviewed
 - Follow up and /or easy access back into services if needed
 - Use a variety of local services depending on needs of person

Examples of post-diagnostic interventions

- Simple practical advice- driving, finances
- Advance Care Planning
- Individual work with carer to cope with symptoms
- Groups to support carers
- Groups to support people with dementia
- Maintenance of function- OT, physiotherapy, speech and language therapy
- Regular phone contact from named practitioner

NHS England ambition

- NHSE set ambition of 67% of people with dementia to be on GP Case Registers by April 2015
- Emphasis on case-finding, coding, data harmonisation and other “quick wins” to achieve this
- But also recognition that we need sustainable and good quality services
- Regional Advisors (“Dementia Ambassadors”) for each NHSE Region- supported CCGs to improve diagnosis and look at future of services

Our starting point

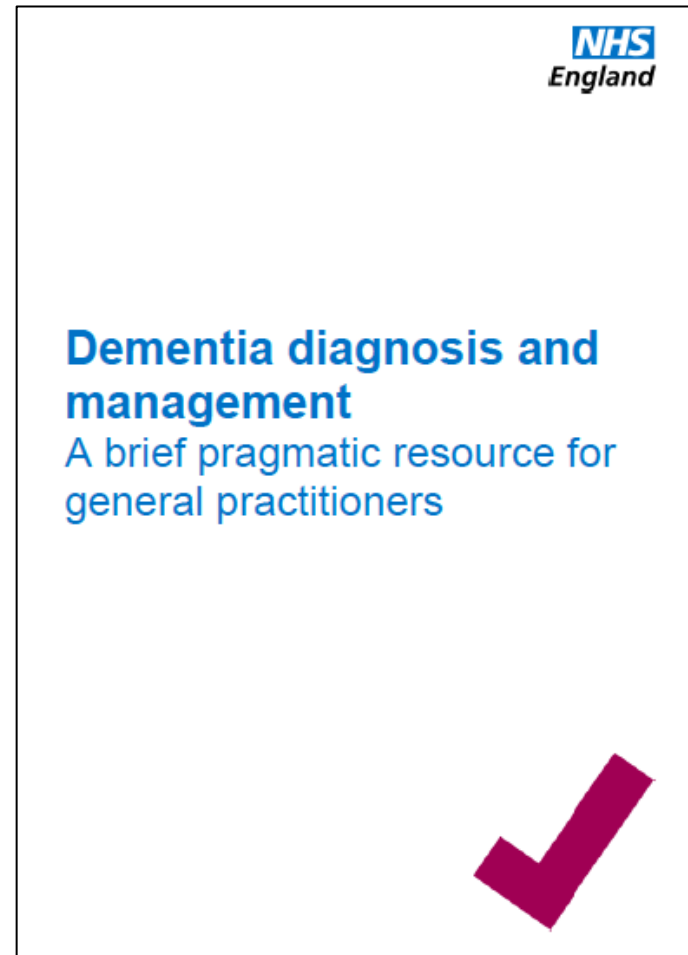
In September 2014

- diagnosis rates had improved by 2% each year for past 5 years.
- The London diagnosis rate was 55%
- so we needed to improve by 12% in 6 months

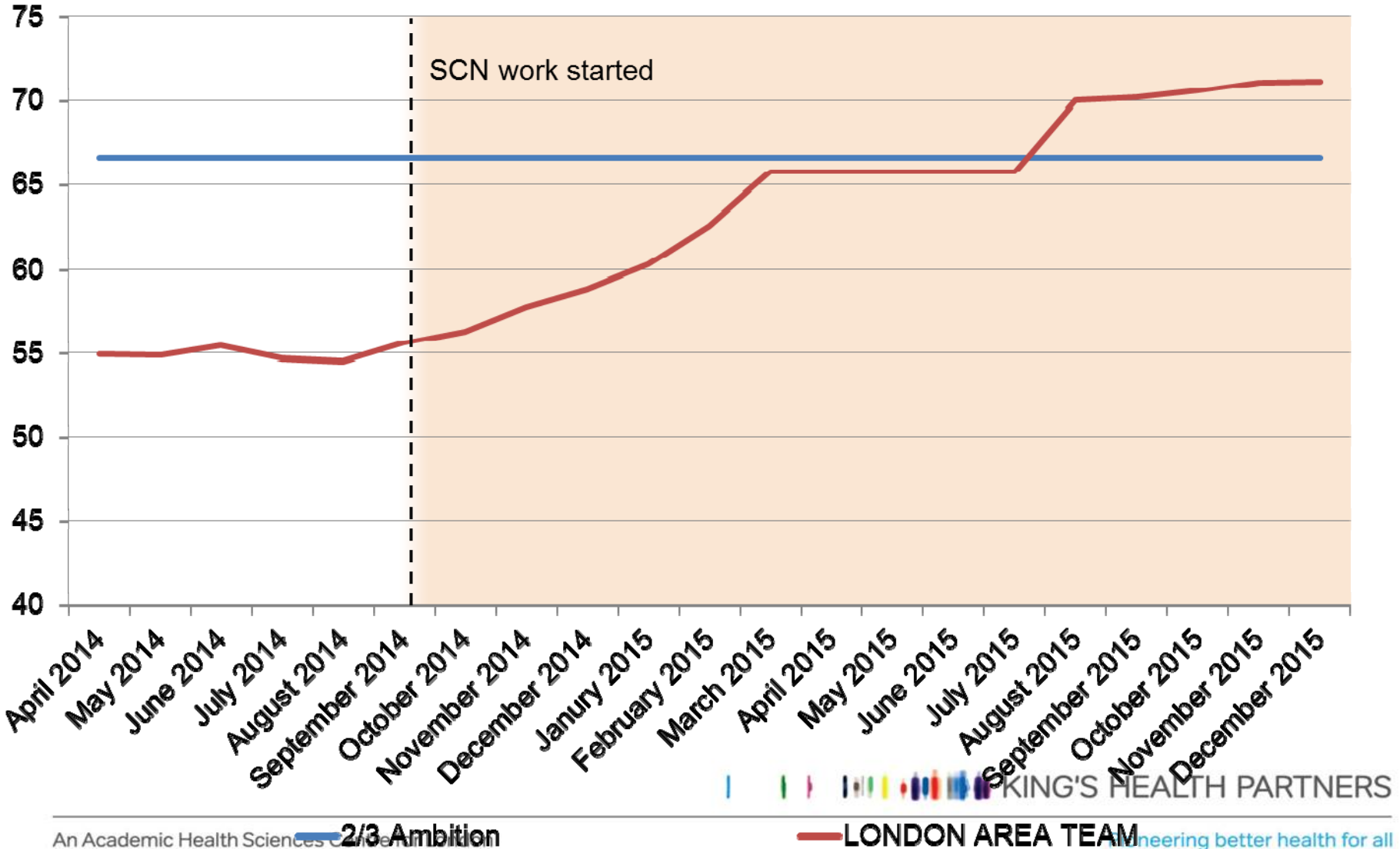


What the SCN did to improve diagnosis rates

- Met with all CCGs
- Worked with national team and other Regional Advisors
- Disseminated guidelines
- Provided advice and supported networking to share good ideas
- Small grants from national team for specific projects



Improving diagnosis rates



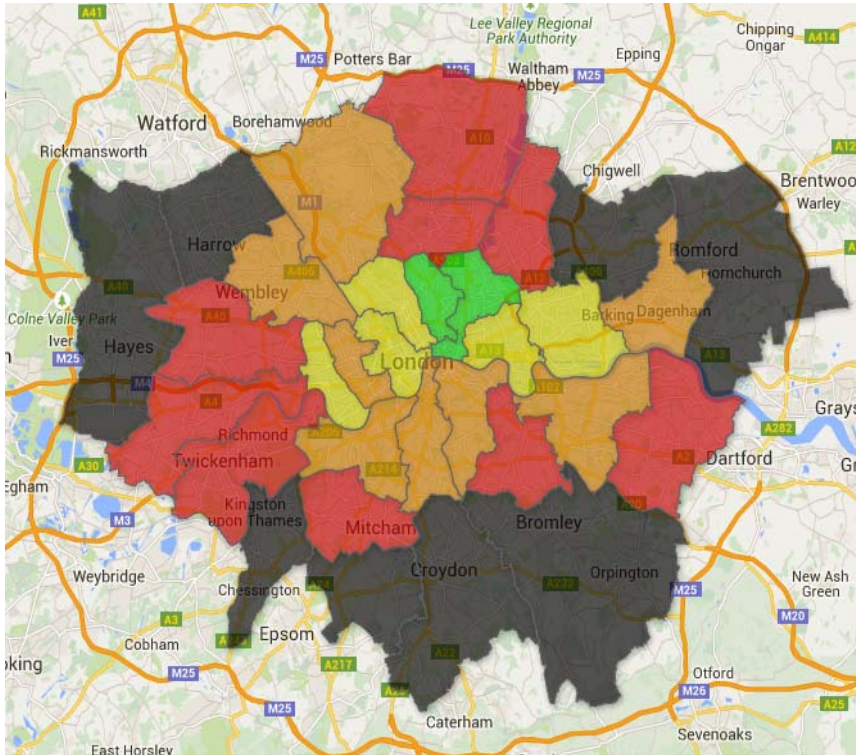
Results

- Overall London rate (March 2016) 72.2%
- Southwark 76%
- Lambeth 84%
 - (England rate 67.5%)
- All CCGs have improved but gap between highest and lowest rate CCGs has not changed since start of project – around 25%

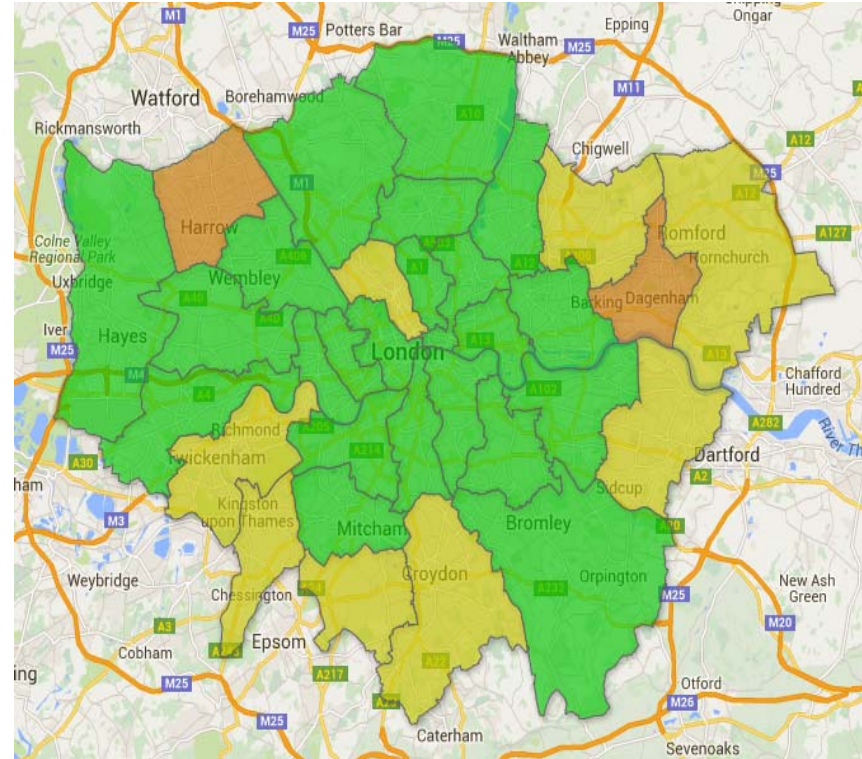


Improving diagnosis rates

September 2014



December 2015



Diagnosis Rate



Problems with dementia care

- Some groups find it harder to access services – some ethnic minority groups, people in care homes, living alone, physically ill
- Variability in practice from GPs
- Memory Services – haven't adapted to increased demand, overly complex care pathways
- Leadership in CCGs
 - Lack of “joined up” care pathways
 - patients and carers views not heard
 - Lack of joint working with GPs, CCGs and Memory Services

The future

- More primary care based services- GPs making more diagnoses
- Memory Services more specialist and doing more education, training, consultation work
- Better integration of services
- Seamless person-centred post-diagnostic support
- Better support for care homes – assessment, diagnosis, help with managing behavioural and psychological symptoms –HIN work in South London
- Improved access for hard to reach groups

The PM Challenge on Dementia Implementation

- Reduce variability in diagnosis rates and care
- Reduce wait times (Achieving Better Access Project)
- Personalised care planning for all
- Long term follow up
- Dementia friendly environments – hospitals, GP surgeries, communities
- More involvement of patients in research
- Better quality training for staff