


Dementia Study Day

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Commissioning Development Manager

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- Background information re dementia
 - Key issues
 - Dementia in Wolverhampton

Dementia in the UK

- Over 750,000 with dementia in UK
- To double in next 30 years
- Direct cost to Health and Social Care of £8.2 billion per year. (Total cost at least £17 billion)
- The direct costs of Alzheimer's disease alone exceed the costs of stroke, cancer and heart disease combined

(Quality outcomes for people with dementia. DH, Sept 2010. NICE Commissioning Guide. June 2010)

(*Alzheimer's disease in the UK*, Lowin et al, International Journal of Geriatric Psychiatry, Dec 2001).

Background: 2006 - 2011





Key issues for improving care for people with dementia

1. Good-quality early diagnosis and intervention for all;
2. Improved quality of care in general hospitals;
3. Living well with dementia in care homes;
4. Reduced use of antipsychotic medication

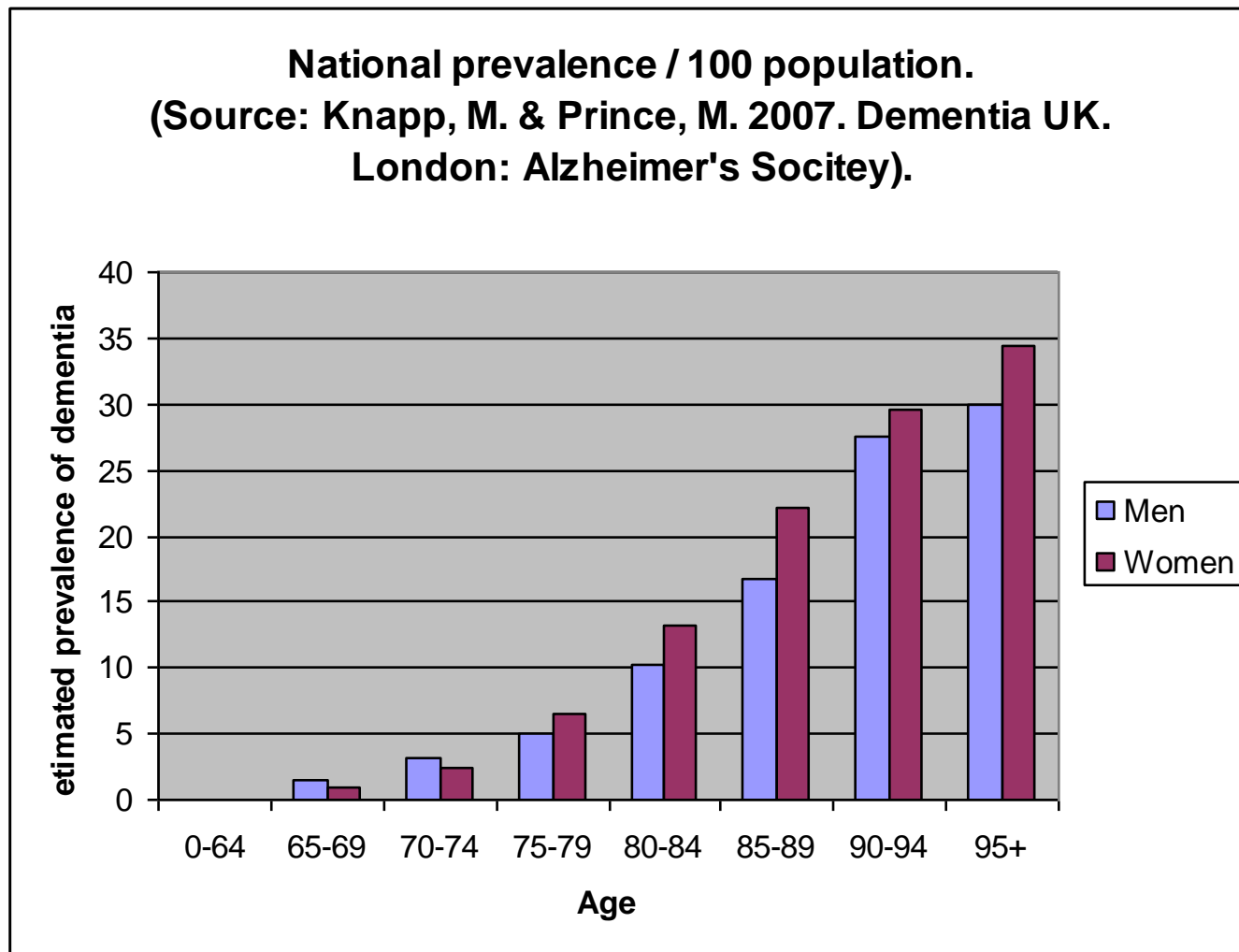
(Quality outcomes for people with dementia. DH September 2010)



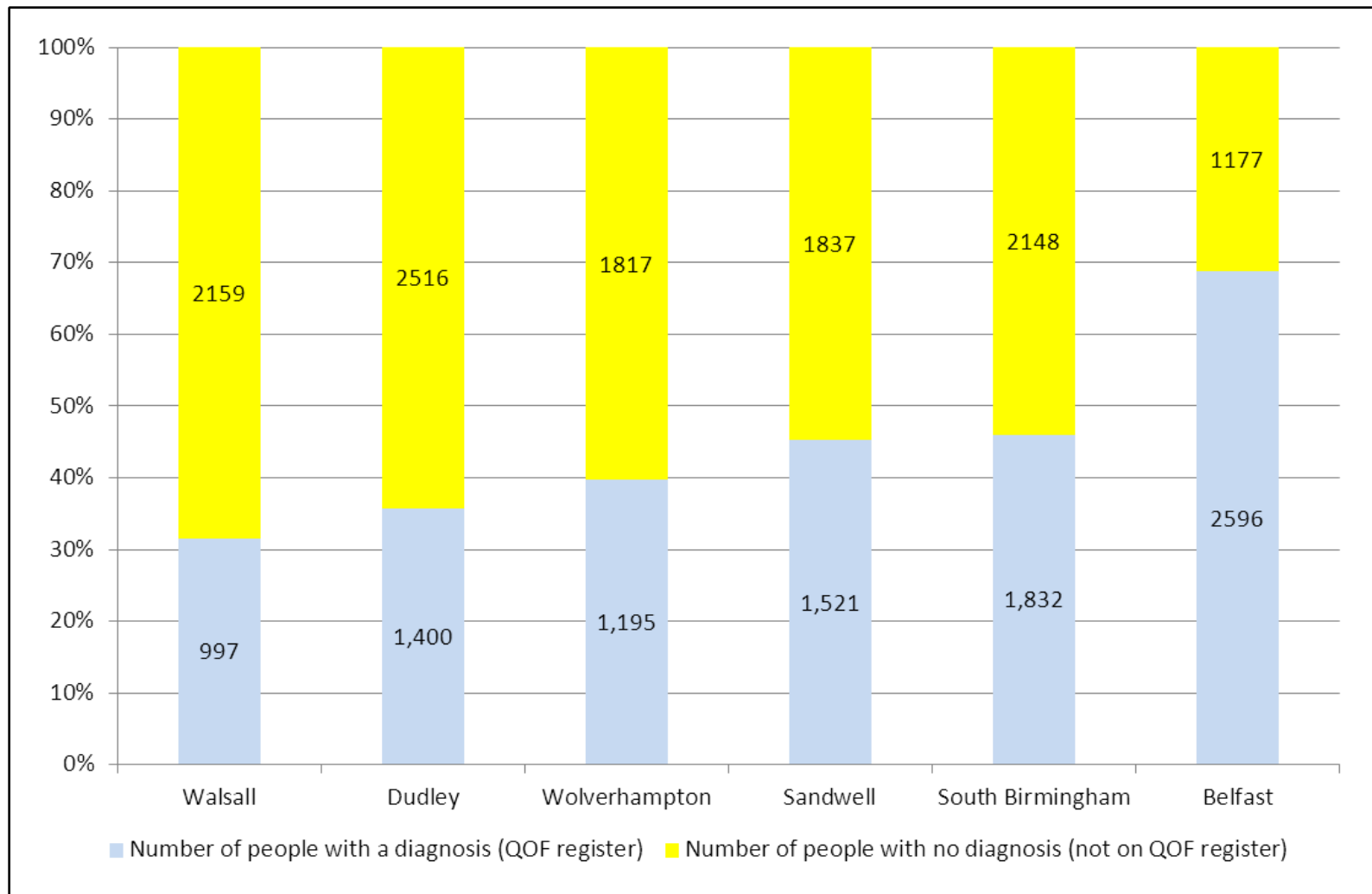
The case for early diagnosis

- Planning the future – patient/family and services
- Treatment and other interventions
- Supporting carers
- Cost-effectiveness
- Reducing hospital admission

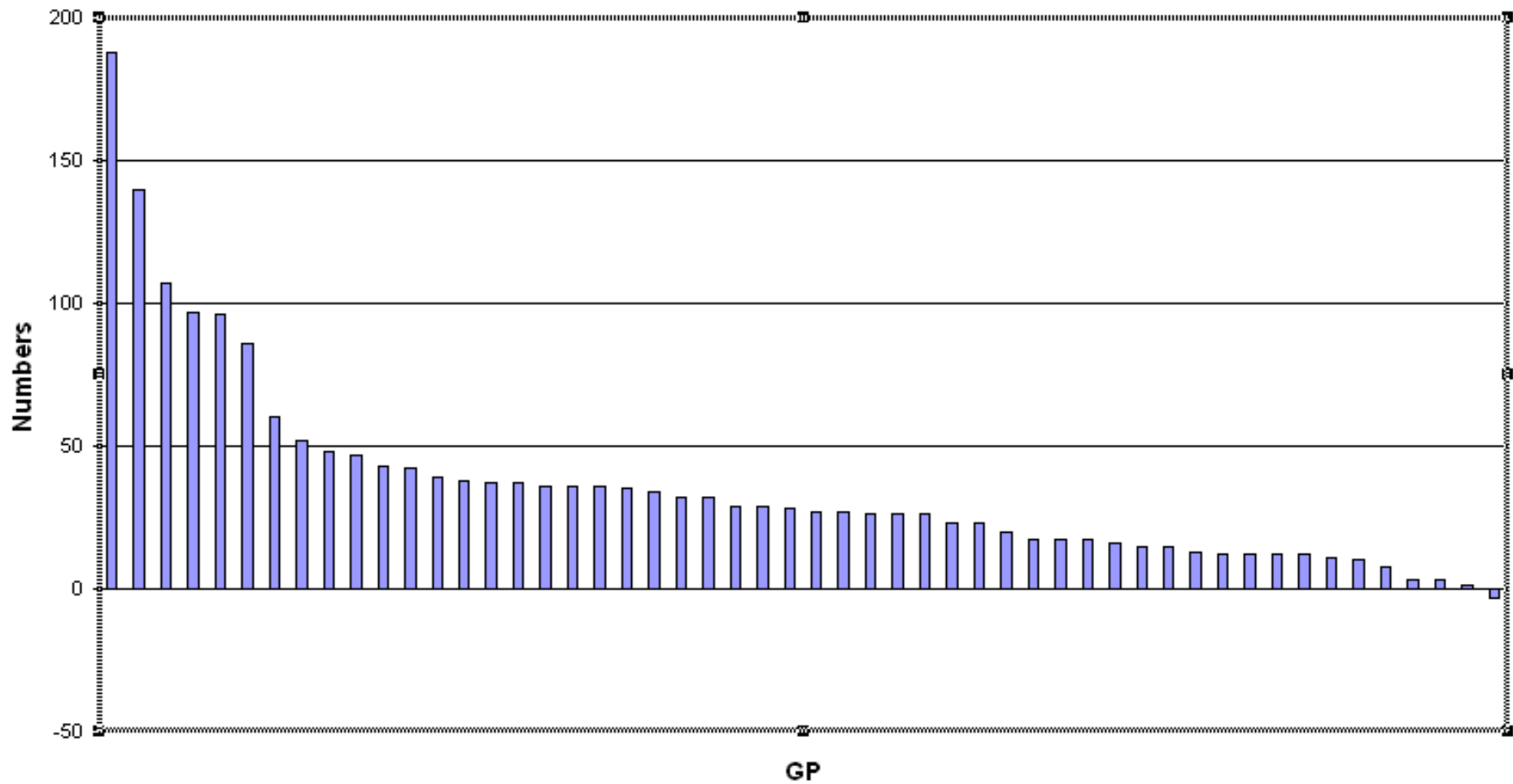
Estimated prevalence



Diagnosis of dementia (QOF 2010-2011)

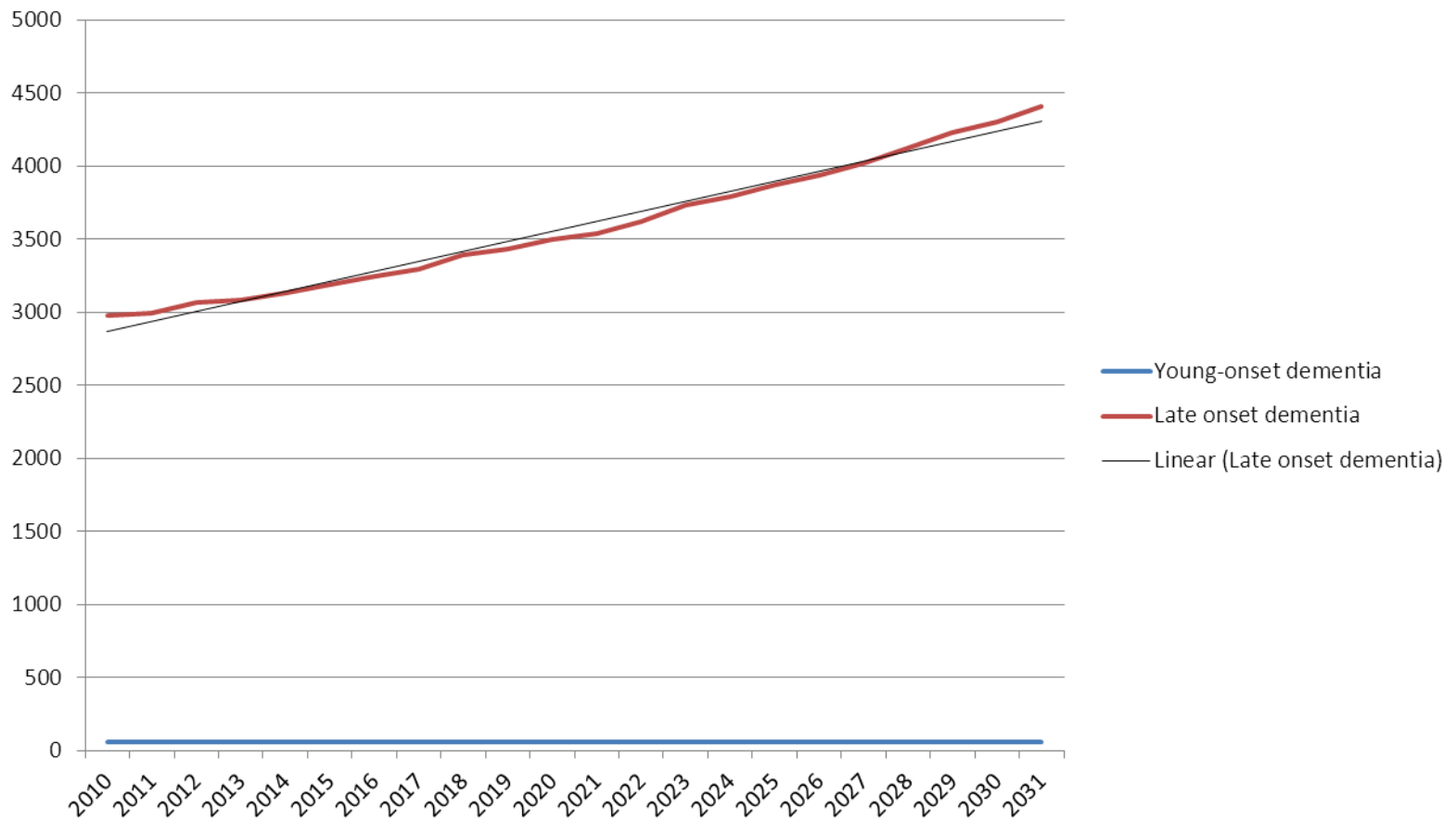


Difference in numbers from expected to reported prevalence at March 2010 by GP



(Source: NHS comparators. Wolverhampton GPs.)

Estimate of dementia in Wolverhampton 2010-2031 (NHS West Midlands 2006)



QOF (2011-2012)

DEM 1

- The practice can produce a register of patients diagnosed with dementia (Points 5)

DEM 2

- The percentage of patients diagnosed with dementia whose care has been reviewed in the preceding 15 months (Points 15. 25%-60%)

And new indicator

DEM 3

- The percentage of patients with a new diagnosis of dementia (from 1 April 2011) with a record of FBC, calcium, glucose, renal & liver function, thyroid function tests, serum vitamin B12 & folate levels recorded 6 months before or after entering on to the Register
(Points 6. 40%-80%)



Quality Standards (NICE 2010)

1. People with dementia receive care from staff appropriately trained in dementia care
2. People with suspected dementia are referred to a memory assessment service specializing in the diagnosis and initial management of dementia
3. People newly diagnosed with dementia and/or their carers receive written and verbal information about their condition, treatment and the support options in their local area
4. People with dementia have an assessment and an ongoing personalised care plan, agreed across health and social care that identifies a named care coordinator and addresses their individual needs
5. People with dementia, while they have capacity, have the opportunity to discuss and make decisions, together with their carer/s, about the use of: advance statements, advance decisions to refuse treatment, Lasting Power of Attorney, Preferred Priorities of Care



Quality Standards (NICE 2010)

- 6 Carers of people with dementia are offered an assessment of emotional, psychological, and social needs and if accepted, receive tailored interventions identified by a care plan to address those needs
- 7 People with dementia who develop non-cognitive symptoms that cause them significant distress, or who develop behaviour that challenges, are offered an assessment at an early opportunity to establish generating and aggravating factors. Interventions to improve such behaviour or distress should be recorded in their care plan
- 8 People with suspected or known dementia using acute and general hospital inpatient services or emergency departments have access to a liaison service that specialises in the diagnosis and management of dementia and older peoples mental health
- 9 People in the later stages of dementia are assessed by primary care teams to identify and plan their palliative care needs
- 10 Carers of people with dementia have access to a comprehensive range of respite/short-break services that meet the needs of both the carer and the person with dementia



Wolverhampton Joint Dementia Strategy

In development:

the approval process (Health and
Social Care) will be during
September – October 2011



Timetable for education day 29.6.11

- 1.15 – 2.00 Introduction to Dementia. Dr Rosie Jenkins
- 2.10 – 3.00 p.m. Workshop Session 1
- 3.00 – 3.30 p.m. Tea/Coffee (with visit to market stalls)
- 3.30 – 4.15 p.m. Workshop Session 2
- 4.20 – 4.35 p.m. Anti Dementia Drugs, LES & Shared Care.
Dr Julian Parkes
- 4.35- 5.00 p.m. Panel Question Time
- 5.00pm Finish

References

- Department of Health (February 2011) **No Health without Mental Health: the economic case for improving efficiency and quality in mental health**
- Knapp M., Prince M et al (2007) **Dementia UK: a report into the prevalence and cost of dementia. Alzheimer's Society . London**
- Saad K. et al (2008) **West Midlands regional dementia care pathway report** 'Caring for people with Dementia: It's Really Time To Do Something Now!'
- Department of Health (2009) **Living well with dementia: A National Dementia Strategy,**
- National Audit Office (2007) **Improving Dementia Services in England –an interim report**
- Seamer P. NHS West Midlands (2010) **Demand forecasting to support the West Midlands regional dementia care pathway.**
- Department of Health (September 2010) **Quality outcomes for people with dementia: building on the work of the National Dementia Strategy**
- National Audit Office (2010) **Improving dementia services in England an interim report**
- Department of Health (2009) **The use of antipsychotic medication. A time for action**
- **NICE Dementia Quality Standards (2010)**
- **Dementia diagnosis.** NHS Comparators <http://www.ic.nhs.uk/nhscomparators>
- NICE technology appraisal 111 (March 2011) **Alzheimer's disease - donepezil, galantamine, rivastigmine (review) and memantine**
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