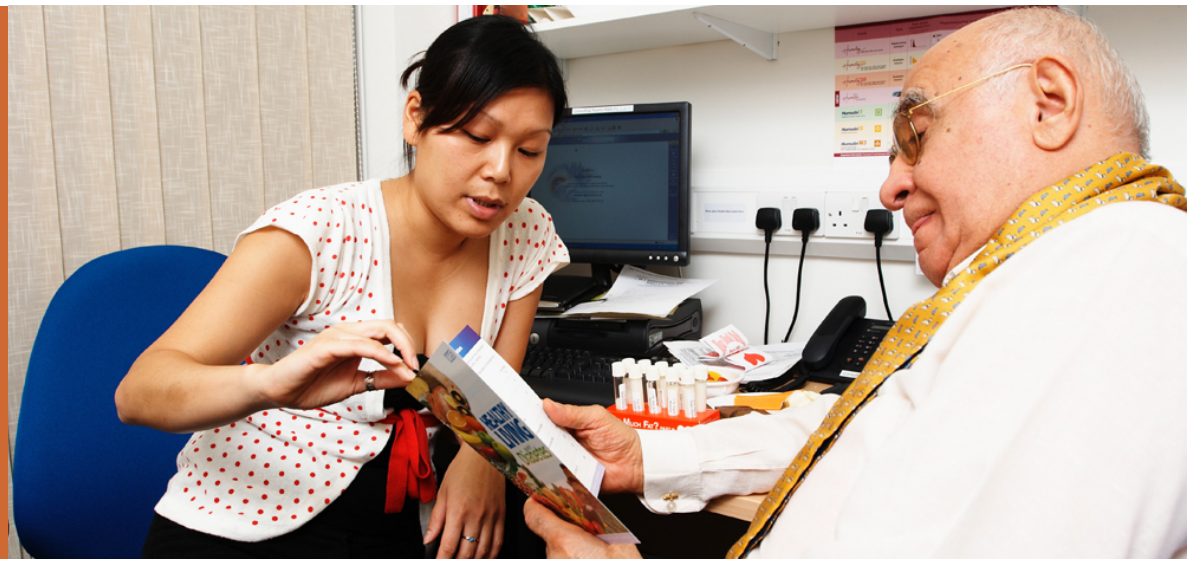
Dementia Partnerships

Sharing knowledge, learning and innovation to improve health and care

DEMENTIA: 10 KEY STEPS TO IMPROVING TIMELY DIAGNOSIS



A resource pack for Commissioners and General Practices

3rd edition, January 2014

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Introduction

NHS Mandate 2014-15

The Government's goal is that the diagnosis, treatment and care of people with dementia in England should be among the best in Europe.

The objective is for NHS England is to make measurable progress towards achieving this by March 2015, in particular ensuring timely diagnosis and best available treatment for everyone who needs it, including support for carers.

NHS England have agreed a national ambition for diagnosis rates that by 2015 two-thirds of the estimated number of people with dementia in England should have a diagnosis, with appropriate post-diagnosis support. Better dementia diagnosis will improve the lives of people with the condition and give them, their carers and professionals the confidence that they are getting the care and treatment they need. NHS England should work with CCGs to support local proposals for making the best treatment available across the country.

This resource pack sets out key steps for Commissioners and General Practices to improve the diagnosis of dementia, and the diagnosis pathway. These steps focus on,

- understanding your local prevalence of dementia, and the local diagnosis rate;
- considering where and how improvements in diagnosis might be achieved, focusing on improving,
  - awareness and recognition
  - access to memory assessment and diagnosis
  - access to the right information, at the right time
  - and improving the experience for people seeking help with memory problems.

Using the resource pack

The ‘key steps’ offer a systemic approach to improve the quality of services for people seeking help with memory problems. Each step is accompanied by links to a range of resources to support local implementation, and examples of positive practice.

The online version of the pack is continually evolving to include new resources and examples of positive practice. Access it on the Dementia Partnerships knowledge portal http://dementiapartnerships.com/diagnosis/resource-pack/

Why is diagnosis important?

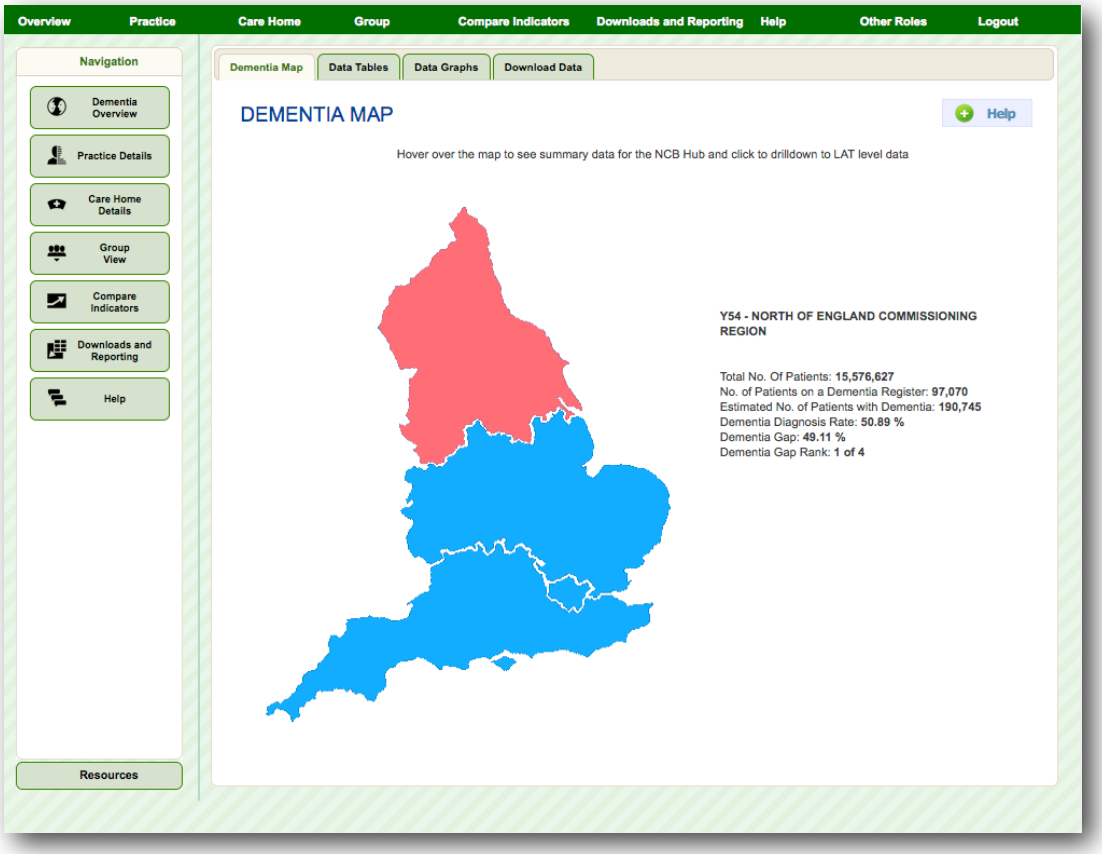
Most people want a diagnosis, many to help them plan for the future. An earlier diagnosis can lead to,

- a better quality of life for both the person with dementia, and carer
- the right support for carers/families, at the right time
- a reduction in the risk of misdiagnosis and inappropriate management
- delaying a move to a care home, enabling people to remain in their own home, for longer
- ensuring people have access to services and medication that will enable them to live well, for longer
- planning for future care and support needs, including, end of life care.

The Dementia Prevalence Calculator

The Dementia Prevalence Calculator enables General Practices and Commissioners to,

- take account of prevalence among patients in local care homes, and in the community;
- review estimated local prevalence in relation to numbers of patients on a Practice's dementia register, and estimate a Practice's 'diagnosis gap';
- consider prevalence by age group, and by severity;
- plan, and take action to improve local diagnosis rates using a range of mechanisms, including improving coding, case finding, targeted screening, and education to improve recognition, assessment, and diagnosis;
- review and redesign diagnosis pathways;
- benchmark progress to improve diagnosis rates.



10 key steps

The '10 key steps for improving dementia diagnosis and the diagnosis pathway' (page 7) identifies interventions which can be applied at different points, and at different levels within health and care systems.

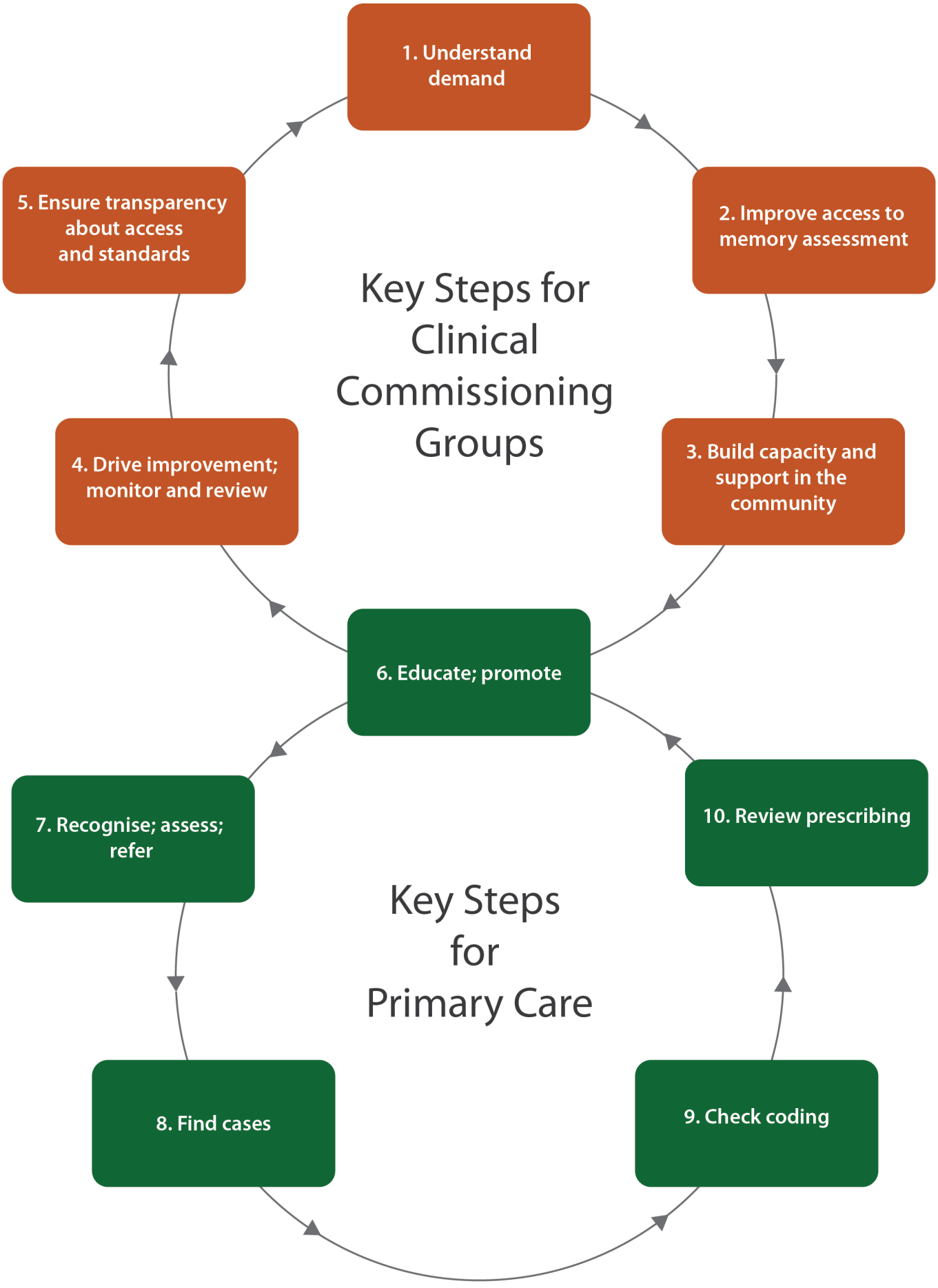
Principles critical to the success of this approach are embedded in each key step.

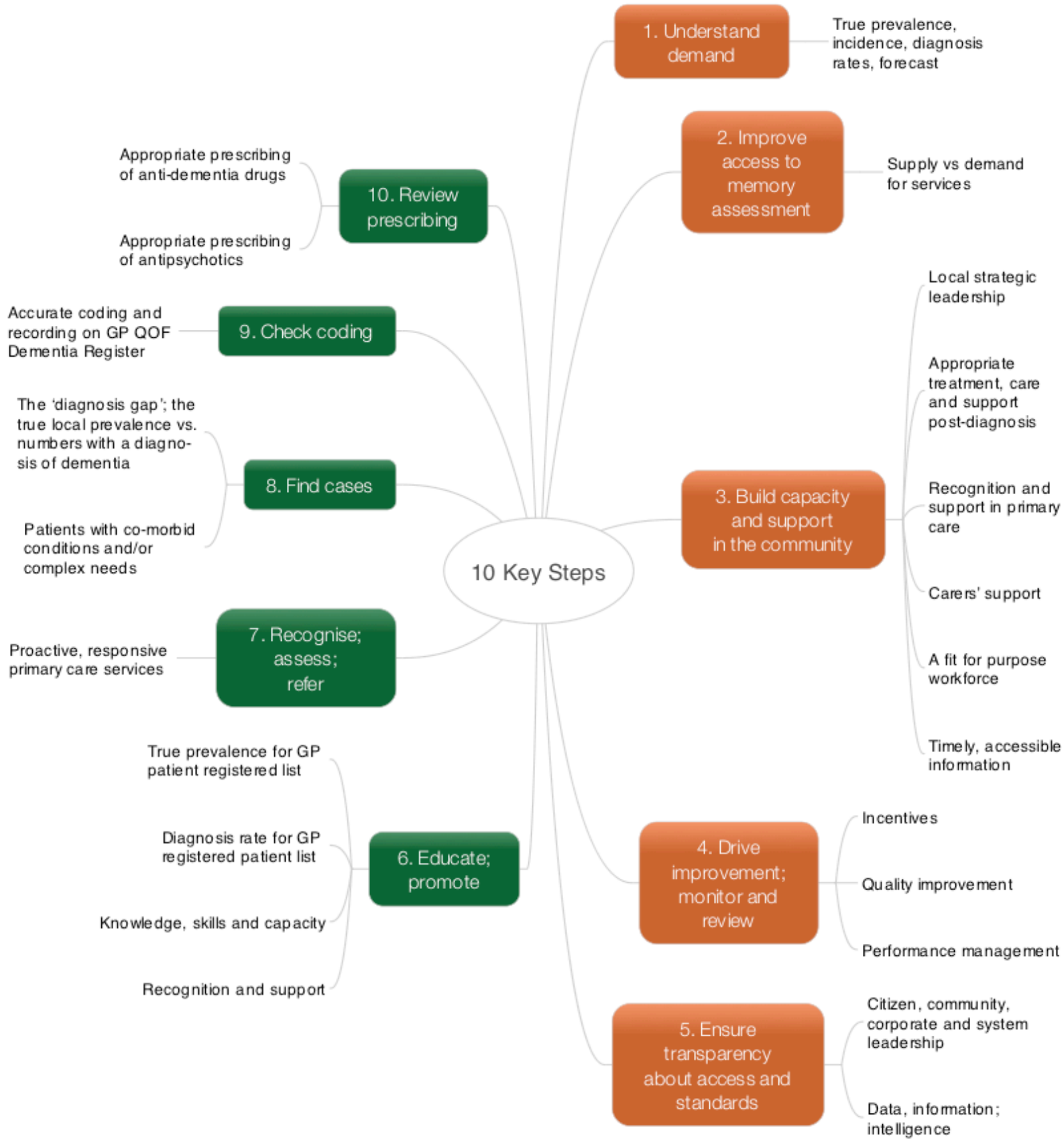
These principles include:

- **leadership, and capacity** to deliver diagnosis improvement plan, including resources, are established at the outset
- **a strategic, planned approach** is taken jointly with key stakeholders, including people living with dementia
- **action, is based on an understanding of the baseline**, and what is needed;
- the introduction of '**catalysts**', '**accelerators**' and '**enablers**' to drive change and improvement;
- **actions are within systems and across systems**, and initiated in parallel where this will have a positive effect
- **brief cycles of change** are used in order to maintain momentum
- **interdependencies** are mapped, anticipated and reviewed regularly
- **action is sustained** over time, ensuring continuity where system change may otherwise be destabilising
- change and improvement are **tracked**, **measured**, and inform next steps. (Schneider, K., 2012)

Commissioners will need to introduce a number of actions and changes, and use levers at different points within their local health and care systems in order to achieve and sustain improvement in the diagnosis pathway, and to improve the rate of diagnosis for their local population.

10 key steps to improving diagnosis, and diagnosis pathways




10 Key Steps
1. Understand demand
True prevalence, incidence, diagnosis rates, forecast
2. Improve access to memory assessment
Supply vs demand for services
3. Build capacity and support in the community
Local strategic leadership
Appropriate treatment, care and support post-diagnosis
Recognition and support in primary care
Carers' support
A fit for purpose workforce
Timely, accessible information
4. Drive improvement; monitor and review
Incentives
Quality improvement
Performance management
5. Ensure transparency about access and standards
Citizen, community, corporate and system leadership
Data, information; intelligence
6. Educate; promote
True prevalence for GP patient registered list
Diagnosis rate for GP registered patient list
Knowledge, skills and capacity
Recognition and support
7. Recognise; assess; refer
Proactive, responsive primary care services
8. Find cases
The 'diagnosis gap'; the true local prevalence vs. numbers with a diagnosis of dementia
Patients with co-morbid conditions and/or complex needs
9. Check coding
Accurate coding and recording on GP QOF Dementia Register
10. Review prescribing
Appropriate prescribing of anti-dementia drugs
Appropriate prescribing of antipsychotics

1. Understand demand

- ✓ what are the local needs – today, and what is the forecast?
- ✓ what is the ‘supply gap’?
- ✓ what is people’s experience?
- ✓ what needs to improve?

1. Understand demand

DRIVER: True prevalence, incidence, diagnosis rates, forecast

ACTIONS	RESOURCES	EXAMPLES
Review current diagnosis rate(s) at General Practice, and/or CCG level. With stake holders, consider • variation and range • factors that may be affecting the capture and recording of dementia diagnosis; • methods and options for improving rates of diagnosis: consider the domains covered within the '10 Key Steps'.	Dementia Prevalence Calculator Dementia: A state of the nation report on dementia care and support in England Everyone counts: planning for patients 2013-14 Putting dementia on the map World Alzheimer Report 2013	Accelerating Dementia Diagnosis 2012 action plan This plan sets out actions to accelerate dementia diagnosis across Cornwall and the Isles of Scilly. Dementia diagnosis audit template This audit tool produced by NHS Cornwall and Isles of Scilly enables the identification of people living with dementia by General Practice. London dementia needs assessment This dementia needs assessment describes the population at risk of dementia, highlighting particular characteristics relevant to London.

1. Understand demand

ACTIONS	RESOURCES	EXAMPLES
Map and review current diagnosis pathway(s), activity and contracts in order to establish • estimated true prevalence • actual and projected demand v. supply • the quality of service response; • improvement priorities • deliverables and associated outcomes • actions to deliver improvement • leadership and time frame • governance, monitoring and review of delivery	Dementia diagnosis improvement plan Guidance on the use of neuro-imaging in the assessment of dementia in Primary Care Map of Medicine for dementia assessment Map of Medicine for dementia management New models of care for dementia NICE dementia quality standard Quality outcomes for people with dementia	Accelerating Dementia Diagnosis 2012 action plan This plan sets out actions to accelerate dementia diagnosis across Cornwall and the Isles of Scilly. Dementia care pathway This document produced by NHS Bristol outlines the care pathway for people with dementia and their families and carers living in Bristol. Dementia diagnosis in Walsall Walsall Clinical Commissioning Group has developed whole-system dementia commissioning model to improve diagnosis, the experience and outcomes of people with dementia and their carers. Dudley dementia pathway and gateway service The Dudley Dementia Pathway provides a single point of access for GPs and other health and social care professionals who can refer for assessment to specialist nurses. Early intervention and diagnosis, local delivery action plan 2012-13 This plan sets out actions to improve the diagnosis of dementia and provide better services for people living with dementia across Dorset, Bournemouth and Poole. Enhancing the early diagnosis of dementia across East Berkshire This project aims to improve the early diagnosis of dementia by increasing the number of initial screening assessments and raising awareness about the benefits of assessment and early diagnosis as part of an overarching Aging Well campaign across East Berkshire. Integrated Pathways in Nottingham Nottingham West Clinical Commissioning Group has incrementally commissioned a range of long term conditions pathways that have spread and sustained as models of good practice. South West memory services peer review This report highlights innovation, learning, and opportunities for improvement across the diagnosis pathway.

1. Understand demand

ACTIONS	RESOURCES	EXAMPLES
Review outcomes for people using diagnosis and post-diagnosis pathway(s); • listen to the experience of people seeking help with memory problems • involve people living with dementia in the (re)design of local pathway(s).	CMG48: Support for commissioning of dementia care Dementia: A state of the nation report on dementia care and support in England Making involvement count New models of care for dementia NICE dementia quality standard Quality outcomes for people with dementia World Alzheimer Report 2013	Dementia diagnosis in Walsall Walsall Clinical Commissioning Group has developed whole-system dementia commissioning model to improve diagnosis, the experience and outcomes of people with dementia and their carers. Dudley dementia pathway and gateway service The Dudley Dementia Pathway provides a single point of access for GPs and other health and social care professionals who can refer for assessment to specialist nurses. Making involvement count The resource pack is made up 18 cards each aimed at giving specific information, advice and top tips on a range of topics that will help overcome or prevent this, and support people with dementia to get involved in activities whilst recognising their current abilities.

2. Improve access to memory assessment

- ✓ what resources are in place currently?
- ✓ what are the ‘unmet needs’?
- ✓ could services be designed to be more effective, and more efficient?

2. Improve access to memory assessment

DRIVER: Supply vs demand for services

ACTIONS	RESOURCES	EXAMPLES
With stake holders, • model demand and supply for specialist assessments, specialist memory services; and for post-diagnosis support in the community • identify outcomes and quality standards	National Dementia Commissioning Pack	Accelerating Dementia Diagnosis 2012 action plan This plan sets out actions to accelerate dementia diagnosis across Cornwall and the Isles of Scilly. Dudley dementia pathway and gateway service The Dudley Dementia Pathway provides a single point of access for GPs and other health and social care professionals who can refer for assessment to specialist nurses.
Set trajectories for improvement in diagnosis rates. Estimate the number of specialist memory assessments which will convert to diagnosis of dementia.	Dementia Prevalence Calculator	

2. Improve access to memory assessment

ACTIONS	RESOURCES	EXAMPLES
Establish cost benefits and options for service delivery	Cost of Dementia in the Pre-Enlargement Countries of the European Union Guidance and standards for diagnosing dementia NICE dementia quality standard Service specification for dementia: memory service for early diagnosis and intervention	Accelerating Dementia Diagnosis 2012 action plan This plan sets out actions to accelerate dementia diagnosis across Cornwall and the Isles of Scilly. Bristol nurse-led dementia management model Dementia-specialist nurses from the secondary care memory assessment service in Bristol are now based in primary care, supporting GPs as they regain skills in managing dementia. Closer to home memory assessment: reaching out to rural communities in Buckinghamshire This project aims to adopt the Gnosall primary care based memory assessment approach to improve dementia diagnosis in harder to reach communities in Buckinghamshire. Collaborative dementia care in Oxfordshire This project aims to develop a more user-friendly care pathway for people living with dementia in Oxfordshire by providing easier access to assessment for early diagnosis and support within primary care settings. Early intervention and diagnosis, local delivery action plan 2012-13 This plan sets out actions to improve the diagnosis of dementia and provide better services for people living with dementia across Dorset, Bournemouth and Poole. Gnosall dementia co-ordinators The Gnosall dementia service identifies patients at risk or in the early stages of dementia in a primary care setting. Worcestershire Early Intervention Dementia Service Worcestershire Early Intervention Dementia Service (EIDS) have developed a clear referral pathway, which includes pre-assessment counselling, consent, family engagement, assessment by a competent specialist and sensitive disclosure, leading to better access to treatment and support.
Produce memory service specifications to include required increase in rates of diagnosis and standards of delivery. This may include: • diagnosis pathways within primary care (for example, for people presenting with at a later stage of dementia, i.e. with moderate-severe dementias) • diagnosis pathways via specialist memory services (for example, for people presenting with possible mild dementias, early onset dementia; complex presentations)		
Commission specialist memory services sufficient to meet projected increase in demand.		

2. Improve access to memory assessment

ACTIONS	RESOURCES	EXAMPLES
Incorporate requirements for memory assessment services into annual contract(s), including activity and quality standards.	Payment by Results for mental health	NHS North Somerset Dementia Pathway and Payment by Results This illustrates care packages for people living with dementia across four care clusters in line with payment by results for mental health.
Introduce a set of standard Read codes to specialist memory services and ensure these are utilised in discharge.	Dementia READ codes	Guidance on Dementia Coding A team of GPs working to improve dementia care in London, with support from specialist experts, has put together this GP dementia coding guideline. Improving GP coding of dementia in London This project aimed to find out whether it is possible to raise diagnosis rates through undertaking an exercise to 'clean up' dementia coding and records at a practice level. The hypothesis was that problems in GP coding may be contributing to the reported dementia diagnosis gap.

3. Build capacity and support in the community

- ✓ what do people with dementia, and their carers/families need, to live well?
- ✓ how can the needs of people living with dementia be better understood, and ‘mainstreamed’?
- ✓ what are the commissioning opportunities?
- ✓ what is the role of the GP and primary health care team?

3. Build capacity and support in the community

DRIVER: Local strategic leadership

ACTIONS	RESOURCES	EXAMPLES
Engage with local authority public health, and Health and Wellbeing Boards to review prevalence of dementia and trajectories for increase. Consider implications of this changing profile, over time. Undertake a needs assessment for the current and future population with dementia.	Dementia Prevalence Calculator Integrated Care: Our Shared Commitment Joint Strategic Needs Assessment and joint health and wellbeing strategies explained Narrative for person-centred, coordinated care Practical guides for health and wellbeing boards	Early intervention and diagnosis, local delivery action plan 2012-13 This plan sets out actions to improve the diagnosis of dementia and provide better services for people living with dementia across Dorset, Bournemouth and Poole. Gloucestershire dementia strategy The Gloucestershire dementia strategy recognises the pivotal role of primary care staff, and GPs in particular, in diagnosing dementia and in subsequently co-ordinating care across a range of services. London dementia needs assessment This dementia needs assessment describes the population at risk of dementia, highlighting particular characteristics relevant to London.
Ensure that the needs of vulnerable older adults are reflected in local planning strategies (supported housing; transport; health; social care, residential and nursing care; carers' strategies; carers' services).		

3. Build capacity and support in the community

ACTIONS	RESOURCES	EXAMPLES
Promote dementia friendly communities to tackle stigma, raise awareness, and promote opportunities for people living with dementia to live well.	Building dementia-friendly communities: A priority for everyone Putting dementia on the map QS30: Supporting people to live well with dementia World Alzheimer Report 2013	Bristol as a Dementia Friendly City This project aims to move Bristol towards becoming a 'dementia-friendly city' in which people with dementia can enjoy the same opportunities to take part in a social life, live independently and engage in everyday activity as other people, without fear of stigma or rejection. Dementia Action Alliance Dementia Action Alliance is the coming together of over 700 organisations to deliver the National Dementia Declaration, a common set of seven outcomes informed by people with dementia and their family carers. Dementia Health Integration Team Bristol and South Gloucestershire The Dementia Health Integration Team (HIT) is a team of professionals who are all working together to transform care for dementia patients across Bristol and South Gloucestershire through comprehensive research, integrating and improving care services, and by creating dementia-friendly communities. Dementia Resource Suite The Dementia Resource Suite contains tools and resources developed by pupils and teachers as part of an intergenerational project, to create dementia friendly communities in 22 pioneer schools across England in 2012-13. Establishing dementia friendly communities in Hampshire Hampshire has secured Dementia Challenge Funds to establish sustainable dementia friendly communities, reaching as wide a range of different communities as possible.

3. Build capacity and support in the community

DRIVER: Appropriate treatment, care and support post-diagnosis

ACTIONS	RESOURCES	EXAMPLES
With stakeholders, review local strategies and care pathway(s) to identify range of support required at different stages and steps, and inform local strategies. For example, • targeted screening for dementia • information and guidance • GP/Primary Care liaison and support • education and training for carers • flexible respite • support and care at home, including night sitting • case management/key working • advocacy • telephone contact 24/7 • specialist advice and interventions • dementia care in hospital (acute and community hospitals) • workforce development	Cost of Dementia in the Pre-Enlargement Countries of the European Union Counting the cost: caring for people with dementia on hospital wards Dementia 2013: The hidden voice of loneliness Dementia Adviser service: evaluation Dementia workforce portal Housing and dementia Improving the care of people with dementia in general hospitals National Dementia Commissioning Pack New models of care for dementia Peer support networks and dementia advisers: evaluation	Accelerating Dementia Diagnosis 2012 action plan This plan sets out actions to accelerate dementia diagnosis across Cornwall and the Isles of Scilly. An evaluation of dementia support worker roles This report presents an evaluation of existing models of community-based support for people with dementia, their families and carers. Closer to home memory assessment: reaching out to rural communities in Buckinghamshire This project aims to adopt the Gnosall primary care based memory assessment approach to improve dementia diagnosis in harder to reach communities in Buckinghamshire. Dementia Care in Hospital: A compendium of positive practice The compendium brings together a selection of some of the many positive developments and practices initiated to improve the quality of dementia care in hospitals across the South West of England. Oxleas Advanced Dementia Service: Supporting carers and building resilience This case study, published by The King's Fund, looks at how Oxleas Advanced Dementia Service provides care co-ordination, and specialist palliative care and support to patients with advanced dementia living at home.

3. Build capacity and support in the community

DRIVER: Recognition and support in primary care

ACTIONS	RESOURCES	EXAMPLES
Ensure effective training is in place for GPs and primary health care teams to ensure they have the competences required to recognise memory problems; undertake a basic dementia screen; make a diagnosis of dementia (moderate-severe stage); and refer to specialist memory assessment services where indicated.	Care of people with dementia in primary care Dementia 2013: The hidden voice of loneliness Dementia workforce portal Diagnosis and early intervention in primary care Everyone counts: planning for patients 2013-14 Guidance and standards for diagnosing dementia NICE Clinical guideline CG42 Dementia: supporting people with dementia and their carers in health and social care Royal College of Psychiatrists Alzheimer's and dementia resources	Closer to home memory assessment: reaching out to rural communities in Buckinghamshire This project aims to adopt the Gnosall primary care based memory assessment approach to improve dementia diagnosis in harder to reach communities in Buckinghamshire. Dementia diagnosis and management: a narrative review of changing practice Through the EVIDEM project, Professor Steve Iliffe and colleagues, reviewed studies of interventions to improve GPs performance in the early detection and management of dementia. Interventions proved more successful when tailored to the learning needs of the GPs and developed with them. Devon dementia diagnosis action plan This action plan outlines work to achieve improved, responsive and quality services for people with dementia and their carers across Devon. Key areas include: a GP clinical lead for dementia; a localised Map of Medicine; a memory assessment pathway; a GP education programme. Gloucestershire dementia strategy The Gloucestershire dementia strategy recognises the pivotal role of primary care staff, and GPs in particular, in diagnosing dementia and in subsequently co-ordinating care across a range of services.
Engage with deaneries to promote access to training and education for pre- and post-registration medical staff, including GPs.		
Ensure each General Practice has a named clinical lead, or champion for dementia.		
Promote and facilitate networking between dementia clinical leads/champions.		
Work with primary care commissioners to ensure that standards of care and support are in place in primary care for people who have a diagnosis of dementia, and their carers/families – both for those living at home, or in care homes.		

3. Build capacity and support in the community

ACTIONS	RESOURCES	EXAMPLES
Work with general practices to ensure that the case management role of the general practitioner is recognised and effective.	SCIE Dementia Gateway	GP dementia fellowship posts Severn Deanery has recruited five GP Dementia Fellows to work with local practices to develop understanding about, treatment and care for people living with dementia. Greenwich Advanced Dementia Service The Greenwich Advanced Dementia Service is helping people in the borough remain in their own homes for longer by supporting carers to increase their resilience. Oxleas Advanced Dementia Service: Supporting carers and building resilience This case study, published by The King's Fund, looks at how Oxleas Advanced Dementia Service provides care co-ordination, and specialist palliative care and support to patients with advanced dementia living at home. Somerset dementia strategy Somerset dementia strategy provides a framework to implement improved, responsive and quality services for people with dementia and their carers across Somerset. The accompanying action plan outlines work underway to achieve the strategy objectives. Specialty Training Registrar (STR4) GP trainee NHS Cornwall and Isles of Scilly, with SW Peninsula Deanery have funded one Specialty Training Registrar (STR4) GP trainee to work with local general practices to develop understanding about, treatment and care for people living with dementia. Sussex Admiral Nurses This project aims to commission Admiral Nurses to provide specialist and personalised support to people with dementia and their families and carers in Sussex.
Facilitate the identification of learning and development needs within general practice, and support local improvement plans.		
Promote awareness and understanding of the role health and social care, and the voluntary and community sector, and independent in supporting people living with dementia in the community, and in care homes.		

3. Build capacity and support in the community

DRIVER: Carers' support

ACTIONS	RESOURCES	EXAMPLES
Ensure carers have timely access to carers' assessments, flexible respite, carer's breaks, education, single point of contact 24/7.	Building dementia-friendly communities: A priority for everyone Dementia 2013: The hidden voice of loneliness Dementia awareness resource pack Devon dementia carers pathways booklet How would I know? What can I do? NHS Operating Framework 2012-13 Peer support networks and dementia advisers: evaluation QS30: Supporting people to live well with dementia World Alzheimer Report 2013	Carers Call to Action The Dementia Action Alliance have launched the Carers Call to Action to transform the lives of family and friends caring for people with dementia. Early identification of people with dementia and their carers in Torbay This report presents findings of a Torbay pilot project and recommends that all carers of newly diagnosed patients with dementia should be offered an enhanced health check at the time of diagnosis. Greenwich Advanced Dementia Service The Greenwich Advanced Dementia Service is helping people in the borough remain in their own homes for longer by supporting carers to increase their resilience. Integrating hospital and community care pathways in Bath This project aims to provide a new pathway of care for people with dementia admitted to the Royal United Hospital Bath, which puts carers and patients in the 'driving seat', improving discharge and reducing unnecessary admissions in future. Oxleas Advanced Dementia Service: Supporting carers and building resilience This case study, published by The King's Fund, looks at how Oxleas Advanced Dementia Service provides care co-ordination, and specialist palliative care and support to patients with advanced dementia living at home. Sussex Admiral Nurses This project aims to commission Admiral Nurses to provide specialist and personalised support to people with dementia and their families and carers in Sussex.
Ensure carers are signposted to social care to access Carers' Assessments (Carers Recognition and Support Act, date)		
Capture feedback and outcomes from carers of people living with dementia, in order to establish quality of experience and standards of care. Use this information to inform local service improvement and (re) design.		
Ensure carers receive regular health checks, and engage with health promotion opportunities.		

3. Build capacity and support in the community

DRIVER: **A skilled, compassionate workforce**

ACTIONS	RESOURCES	EXAMPLES
Consider range of relevant service contracts, and build in to contracts standards for staff competence in working with people living with dementia.	Caring, compassionate, skilled – transforming the dementia workforce Dementia Competency Framework Dementia workforce portal NICE Clinical guideline CG42 Dementia: supporting people with dementia and their carers in health and social care	Early intervention and diagnosis, local delivery action plan 2012-13 This plan sets out actions to improve the diagnosis of dementia and provide better services for people living with dementia across Dorset, Bournemouth and Poole. Gloucestershire dementia strategy The Gloucestershire dementia strategy recognises the pivotal role of primary care staff, and GPs in particular, in diagnosing dementia and in subsequently co-ordinating care across a range of services. London dementia needs assessment This dementia needs assessment describes the population at risk of dementia, highlighting particular characteristics relevant to London.

3. Build capacity and support in the community

DRIVER: Timely, accessible information

ACTIONS	RESOURCES	EXAMPLES
Ensure patients and carers/families have access to a range of information about memory problems, and dementia. Build this requirement into contracts, making use of a range of media and ensuring that information meets people's changing needs.	Dementia awareness resource pack	Sheffield dementia information pack This pack provides a guide to the medical, care, support and advice services in Sheffield and to living well for those worried about their worsening memory problems and those with a diagnosis of dementia.

4. Drive improvement; monitor and review

- ✓ what levers can be used to drive quality, innovation, prevention, productivity, and performance?

4. Drive improvement; monitor and review

DRIVER: Incentives

ACTIONS	RESOURCES	EXAMPLES
Introduce incentives to promote focused action to improve recognition, screening, and access to diagnosis in primary and secondary care, community services, and local communities (LES, DES, CQUINs).	Adult Social Care Outcomes Framework 2013-14 CCG Outcomes Tools Enhanced service for people with dementia in primary care NHS Mandate NHS Outcomes Framework 2013-14 NHS Outcomes Framework 2014-15 Public Health Outcomes Framework 2013-16 The role of the outcomes frameworks	Bristol dementia practice incentive scheme An NHS Bristol incentive scheme which has achieve over 50% sign up and from those practices, nearly 250 people were identified as having dementia and added to the registers. The biggest improvement was 37 people in one practice (2012-13). Stockport local enhanced scheme 2012-13 This scheme, led by Stockport Clinical Commissioning Group, offers examples of partnership working between primary care, secondary care, social care and third sector organisations, to assist people with dementia and their carers/family in living healthily and well in the community. Torbay Local Enhanced Scheme 2011-12 This programme has helped practices to use examination of their patient register to identify patients with confusion or memory problems who might be in the early stages of dementia and/or whose condition may have deteriorated. Wirral Local Enhanced Service for Dementia This sets out Wirral Clinical Commissioning Group's shared care arrangements for people diagnosed with dementia through a GP Local Enhanced Service for Dementia Care.

4. Drive improvement; monitor and review

ACTIONS	RESOURCES	EXAMPLES
Ensure care pathways, systems, information and training are in place to support local implementation of national dementia CQUIN. With local stakeholders, track progress, address challenges. Monitor referrals to memory assessment services in order to measure impact and outcomes. Quality assure processes, delivery and outcomes.	National Dementia CQUIN The National Dementia CQUIN aims to help identify patients with dementia and other causes of cognitive impairment, alongside their other medical conditions and to prompt appropriate referral and follow up after they leave hospital.	Bournemouth dementia CQUIN methodology University Hospitals Bristol NHS Foundation Trust has adopted an interesting methodology to introducing the national dementia CQUIN. Introducing the dementia CQUIN in Bristol University Hospitals Bristol NHS Foundation Trust has taken a systemic approach to introducing the national dementia CQUIN. The Right Care: creating dementia friendly hospitals The Right Care is a call to action to transform the acute hospital experience for people with dementia and their carers. Wirral Local Enhanced Service for Dementia This sets out Wirral Clinical Commissioning Group's shared care arrangements for people diagnosed with dementia through a GP Local Enhanced Service for Dementia Care.
Enable and support stakeholders to access pump priming monies to support local innovation, and implementation of innovations in dementia in order to accelerate change and improvement.	Innovation Health and Wealth: accelerating adoption and diffusion in the NHS	NHS South of England Dementia Challenge Fund 2012 Communities across the South of England are benefitting from an extra £9 million to enhance treatment, care and support for people living with dementia, their families and carers.

4. Drive improvement; monitor and review

DRIVER: Quality improvement

ACTIONS	RESOURCES	EXAMPLES
Work with pharmacists, primary, community, and secondary care providers to improve prescribing of (a) anti-dementia drugs; and (b) antipsychotics	Guidance on initiating the Prescribing of Donepezil in Primary Care Reducing the inappropriate prescribing of antipsychotic medication for people with dementia Resources to support the reduction of inappropriate prescribing of antipsychotics Technology appraisal TA217 Alzheimer's disease – donepezil, galantamine, rivastigmine and memantine The Right Prescription: a call to action on the use of antipsychotic drugs for people with dementia The Right Prescription: resource pack The use of antipsychotic medication for people with dementia: Time for action	Audit of antipsychotic therapy in dementia patients in Hampshire This audit of antipsychotic therapy in patients with dementia was undertaken by NHS Hampshire to ensure it is safe and complies with local guidance. Medicines optimisation in East Berkshire care homes This project aims to reduce the prescription of antipsychotic medication for people living with dementia in care homes across Windsor, Ascot and Maidenhead. Reducing inappropriate antipsychotic prescribing in Sussex This project aims to commission Antipsychotic Prescribing Support Pharmacists to review and, where appropriate, reduce the prescribing of anti-psychotics medication in a supported manner for people living with dementia in Sussex. Stop, Think, Assess and Review (STAR) tool NHS Cornwall and Isles of Scilly uses the STAR tool to support medications review and ensure appropriate prescribing of antipsychotic medications. Training programme to reduce antipsychotic prescriptions in care homes An Alzheimer's Society training programme is being rolled out to 150 care homes across the UK to increase understanding and awareness of dementia and provide tools, ideas and resources to enable staff to provide good quality person-centred care.

4. Drive improvement; monitor and review

ACTIONS	RESOURCES	EXAMPLES
Design, facilitate and promote engagement with general practices and primary health care teams to develop, implement and review general practice dementia care improvement plans. Link this to education and training initiatives and opportunities (Key Step 6)	CMG48: Support for commissioning of dementia care Dementia care in primary care toolkit Dementia diagnosis improvement plan Practical guides for health and wellbeing boards	Gloucestershire dementia strategy The Gloucestershire dementia strategy recognises the pivotal role of primary care staff, and GPs in particular, in diagnosing dementia and in subsequently co-ordinating care across a range of services. Quality outcomes tool for general practice The NHS London quality outcomes tool for general practice provides bundles of outcome indicators for general practices to promote transparency, manage performance, and identify opportunities for improvement. Somerset dementia strategy Somerset dementia strategy provides a framework to implement improved, responsive and quality services for people with dementia and their carers across Somerset. The accompanying action plan outlines work underway to achieve the strategy objectives.

4. Drive improvement; monitor and review

DRIVER: Performance management

ACTIONS	RESOURCES	EXAMPLES
Monitor delivery of local diagnosis improvement trajectories at General Practice, and/or CCG level. With stake holders, consider • variation and range • factors affecting the capture and recording of dementia diagnosis • action to close gaps.	Dementia diagnosis improvement plan	Accelerating Dementia Diagnosis 2012 action plan This plan sets out actions to accelerate dementia diagnosis across Cornwall and the Isles of Scilly. Dementia diagnosis audit template This audit tool produced by NHS Cornwall and Isles of Scilly enables the identification of people living with dementia by General Practice. Bristol dementia practice incentive scheme An NHS Bristol incentive scheme which has achieve over 50% sign up and from those practices, nearly 250 people were identified as having dementia and added to the registers. The biggest improvement was 37 people in one practice (2012-13). Wirral Local Enhanced Service for Dementia This sets out Wirral Clinical Commissioning Group's shared care arrangements for people diagnosed with dementia through a GP Local Enhanced Service for Dementia Care.
Set trajectories/ambitions, driving improvement via General Practice Contract, quality schedule, training plans.		

5. Ensure transparency about access and standards

✓ how shall we ensure accountability, and to whom?

5. Ensure transparency about access and standards

DRIVER: Citizen, community, corporate and system leadership

ACTIONS	RESOURCES	EXAMPLES
Identify, and bring together key stakeholders to review standards of access, delivery, the experience of people living with dementia and their carers/ families. Develop a local action plan for improving diagnosis rates, and the diagnosis pathway.	Making involvement count The resource pack is made up 18 cards each aimed at giving specific information, advice and top tips on a range of topics that will help overcome or prevent this, and support people with dementia to get involved in activities whilst recognising their current abilities. Involving people with dementia in service evaluation and planning This project led by South Yorkshire Collaborations in Leadership for Applied Health Research and Care is exploring the ways that people with dementia can be better involved in service feedback, evaluation and planning. Told in South Yorkshire – life story work and people with dementia A group comprising people with dementia, carers, health and social care staff and academics are leading a programme of research and practice development around the use of Life Story Work.	Accelerating Dementia Diagnosis 2012 action plan This plan sets out actions to accelerate dementia diagnosis across Cornwall and the Isles of Scilly. Early intervention and diagnosis, local delivery action plan 2012-13 This plan sets out actions to improve the diagnosis of dementia and provide better services for people living with dementia across Dorset, Bournemouth and Poole. Gloucestershire dementia strategy The Gloucestershire dementia strategy recognises the pivotal role of primary care staff, and GPs in particular, in diagnosing dementia and in subsequently co-ordinating care across a range of services.

5. Ensure transparency about access and standards

DRIVER: Data, information; intelligence

ACTIONS	RESOURCES	EXAMPLES
Capture, validate and share data on estimated true prevalence of dementia, local diagnosis rates and diagnosis pathways.	CCG Outcomes Tools CMG48: Support for commissioning of dementia care Dementia Prevalence Calculator NHS Outcomes Framework 2014-15 Putting dementia on the map	Our health – information about dementia services, South of England Our health provides provides general practice and locality-level data on dementia services and diagnosis rates. Quality outcomes tool for general practice The NHS London quality outcomes tool for general practice provides bundles of outcome indicators for general practices to promote transparency, manage performance, and identify opportunities for improvement.
Consider and include information and data that will ensure that local stakeholders are informed about the quality and standards of local services for people living with dementia; priorities for improvement; action taken to deliver improvements; and accountability for delivery.		

6. Educate; promote

- ✓ what is the ‘diagnosis gap’ in my practice?
- ✓ what are the needs of people living with dementia, on my practice list?
- ✓ what do our patients’ experience tell us? what do our staff tell us?
- ✓ how can we improve their experience, and achieve better outcomes?
- ✓ do patients and carers/families have access to the right information and support, at the right time?

6. Educate; promote

DRIVER: True prevalence and diagnosis rate for GP patient registered list

ACTIONS	RESOURCES	EXAMPLES
Estimate true prevalence and calculate local diagnosis rate: • estimated prevalence of dementia in the community, • estimated prevalence of dementia in local care homes.	Dementia Prevalence Calculator	Accelerating Dementia Diagnosis 2012 action plan This plan sets out actions to accelerate dementia diagnosis across Cornwall and the Isles of Scilly. Enhancing the early diagnosis of dementia across East Berkshire This project aims to improve the early diagnosis of dementia by increasing the number of initial screening assessments and raising awareness about the benefits of assessment and early diagnosis as part of an overarching Aging Well campaign across East Berkshire. Improving GP coding of dementia in London This project aimed to find out whether it is possible to raise diagnosis rates through undertaking an exercise to 'clean up' dementia coding and records at a practice level. The hypothesis was that problems in GP coding may be contributing to the reported dementia diagnosis gap. Memory First Memory First is an integrated dementia service run by a consortium of 162 GPs across 41 practices in Staffordshire. Its pioneering joined-up approach to care has cut diagnosis times from 3 years to 4 weeks and led to major improvements in patient experience. Primary care early detection and support services for dementia in Kent and Medway This project will establish a primary care based model of memory assessment to increase the recognition, diagnosis and targeted case management of people living with dementia in Kent and Medway.
Use true local prevalence as a baseline in order to establish 'diagnosis gap' and local trajectories for improvement. Estimate: • local diagnosis rate • local 'diagnosis gap' in the community, and among patients living in care homes • patients with co-morbidities • potential needs of carers/families		

6. Educate; promote

DRIVER: Knowledge, skills and capacity

ACTIONS	RESOURCES	EXAMPLES
Listen to the voices of people living with dementia.	Dementia: A state of the nation report on dementia care and support in England Making involvement count World Alzheimer Report 2013	Involving people with dementia in service evaluation and planning This project led by South Yorkshire Collaborations in Leadership for Applied Health Research and Care is exploring the ways that people with dementia can be better involved in service feedback, evaluation and planning. Making involvement count The resource pack is made up 18 cards each aimed at giving specific information, advice and top tips on a range of topics that will help overcome or prevent this, and support people with dementia to get involved in activities whilst recognising their current abilities. Told in South Yorkshire – life story work and people with dementia A group comprising people with dementia, carers, health and social care staff and academics are leading a programme of research and practice development around the use of Life Story Work.

6. Educate; promote

ACTIONS	RESOURCES	EXAMPLES
Review learning needs, and build in to General Practice team development plans training and education in dementia recognition, assessment, and care.	Care of people with dementia in primary care Dementia Diagnosis Competence Map Dementia workforce portal Dementia: A state of the nation report on dementia care and support in England Diagnosis and early intervention in primary care Essential knowledge updates – dementia Report on the GP education seminar programme Royal College of Psychiatrists Alzheimer's and dementia resources SCIE dementia e-learning programme Timely diagnosis of dementia: Integrating perspectives, achieving consensus	An evaluation of dementia support worker roles This report presents an evaluation of existing models of community-based support for people with dementia, their families and carers. Dementia diagnosis and management: a narrative review of changing practice Through the EVIDEM project, Professor Steve Iliffe and colleagues, reviewed studies of interventions to improve GPs performance in the early detection and management of dementia. Interventions proved more successful when tailored to the learning needs of the GPs and developed with them. Gloucestershire dementia strategy The Gloucestershire dementia strategy recognises the pivotal role of primary care staff, and GPs in particular, in diagnosing dementia and in subsequently co-ordinating care across a range of services. Lostwithiel nurse led memory assessment service Lostwithiel General Practice in Cornwall has introduced a nurse led memory assessment service to support detection, diagnosis, and post-diagnosis care and support. The Torbay and South Devon dementia care home learning community This project aims to develop an innovative service to improve the quality of life of people with dementia through the development of a care home learning community in Torbay and South Devon.
Consider new roles, and new ways of working to support people with memory problems and a diagnosis of dementia, and their carers/families in primary care and the community.		

6. Educate; promote

DRIVER: Recognition and support

ACTIONS	RESOURCES	EXAMPLES
Ensure patients and carers/ families have access to a range of information about memory problems, and dementia	Carers Call to Action The Dementia Action Alliance have launched the Carers Call to Action to transform the lives of family and friends caring for people with dementia. Dementia awareness resource pack This pack contains a selection of quality assured awareness raising resources designed to promote living well with dementia. The resources include leaflets, factsheets, contact lists and a DVD.	Gloucestershire Living Well Handbook The Living Well Handbook has been developed to allow people living with dementia to communicate their likes, dislikes, medical and lifestyle needs to carers and healthcare staff. Post diagnosis support and information in South Gloucestershire This South Gloucestershire based project aims to share good practice and ensure that all patients and carers get equal access to post diagnosis support and information via a range of media: face to face, handbooks, leaflets, telephone and the web. Sheffield dementia information pack This pack provides a guide to the medical, care, support and advice services in Sheffield and to living well for those worried about their worsening memory problems and those with a diagnosis of dementia.

6. Educate; promote

ACTIONS	RESOURCES	EXAMPLES
Promote and support dementia friendly communities.	Building dementia-friendly communities: A priority for everyone Dementia 2013: The hidden voice of loneliness Dementia Action Alliance Dementia Action Alliance is the coming together of over 700 organisations to deliver the National Dementia Declaration, a common set of seven outcomes informed by people with dementia and their family carers. Dementia: A state of the nation report on dementia care and support in England Dementia Resource Suite The Dementia Resource Suite contains tools and resources developed by pupils and teachers as part of an intergenerational project, to create dementia friendly communities in 22 pioneer schools across England in 2012-13. Prime Minister's challenge on dementia QS30: Supporting people to live well with dementia World Alzheimer Report 2013	A range of projects are underway across the country to develop dementia-friendly communities in which people with dementia can enjoy the same opportunities to take part in a social life, live independently and engage in everyday activity as other people, without fear of stigma or rejection. Bristol as a Dementia Friendly City Dementia friendly communities in Farnham and Surrey Heath Dementia friendly communities in Guildford and Waverley Dementia friendly communities in Kent and Medway Dementia Friendly Communities in North West Surrey Dementia friendly community learning groups in Oxfordshire Dementia friendly community in Somerset Dementia friendly communities in Dorset Dementia friendly Crawley Dementia friendly Plymouth Dementia Health Integration Team Bristol and South Gloucestershire Developing a more Dementia Friendly Hampshire Making Gloucestershire a dementia friendly community Making University Hospital Southampton dementia friendly Making Yeovil District Hospital dementia friendly Towards a memory friendly Buckinghamshire

7. Recognise; assess; refer

- ✓ how can we improve recognition of memory problems?
- ✓ how can we improve diagnosis of dementia?
- ✓ how can we improve the management of our patients' care?

7. Recognise; assess; refer

DRIVER: Proactive, responsive primary care services

ACTIONS	RESOURCES	EXAMPLES
Introduce targeted screening for key groups, e.g. • frail elderly people, including older carers • people with long term conditions, • patients in care homes • patients with cardiovascular disease • patients with Huntingdon's Disease or Parkinson's disease • older adults with depression • adults with learning disabilities • patients presenting with memory problems, or mild cognitive impairment Initiate targeted screening via, • annual checks for over-65s • over-75 health checks • 'flu clinics • reviews of clinic registers	CMG48: Support for commissioning of dementia care NICE Clinical guideline CG42 Dementia: supporting people with dementia and their carers in health and social care	Bristol dementia practice incentive scheme An NHS Bristol incentive scheme which has achieve over 50% sign up and from those practices, nearly 250 people were identified as having dementia and added to the registers. The biggest improvement was 37 people in one practice (2012-13). Dementia link nurses in West Kent This project will support dementia Link nurses in West Kent to work in primary care and proactively identify, diagnose, triage and assess people with dementia and provide appropriate prescribing and post diagnostic support. Early identification of people with dementia and their carers in Torbay This report presents findings of a Torbay pilot project and recommends that all carers of newly diagnosed patients with dementia should be offered an enhanced health check at the time of diagnosis. Enhancing the early diagnosis of dementia across East Berkshire This project aims to improve the early diagnosis of dementia by increasing the number of initial screening assessments and raising awareness about the benefits of assessment and early diagnosis as part of an overarching Aging Well campaign across East Berkshire. Specialist Link Nurses in Surrey Downs This project aims to increase diagnosis rates in the Surrey Downs community by adopting an innovative approach of using Specialist Link Nurses.

7. Recognise; assess; refer

ACTIONS	RESOURCES	EXAMPLES
Review annually patients who have presented with Mild Cognitive Impairment (Eu057). Maintain a register of people with suspected dementia or mild cognitive impairment. Review regularly within primary care, or via referral for a specialist memory assessment.	CMG48: Support for commissioning of dementia care Mild cognitive impairment factsheet NICE Clinical guideline CG42 Dementia: supporting people with dementia and their carers in health and social care	Bristol dementia practice incentive scheme An NHS Bristol incentive scheme which has achieve over 50% sign up and from those practices, nearly 250 people were identified as having dementia and added to the registers. The biggest improvement was 37 people in one practice (2012-13). Dementia link nurses in West Kent This project will support dementia Link nurses in West Kent to work in primary care and proactively identify, diagnose, triage and assess people with dementia and provide appropriate prescribing and post diagnostic support. Specialist Link Nurses in Surrey Downs This project aims to increase diagnosis rates in the Surrey Downs community by adopting an innovative approach of using Specialist Link Nurses.

7. Recognise; assess; refer

ACTIONS	RESOURCES	EXAMPLES
Run a real time audit with Primary Health Care Team to check, and follow up on cases involving or patients presenting with • falls • possible carer strain • older patients failing to attend appointments • older patients failing to collect, or take dispensed medications • patients in community hospitals • patients in care homes presenting with confusion, depression, problems thinking, reasoning, struggling to follow up conversations, forgetfulness, other changes in mood and cognition • problems with self care.		Improving GP coding of dementia in London This project aimed to find out whether it is possible to raise diagnosis rates through undertaking an exercise to 'clean up' dementia coding and records at a practice level. The hypothesis was that problems in GP coding may be contributing to the reported dementia diagnosis gap. Memory First Memory First is an integrated dementia service run by a consortium of 162 GPs across 41 practices in Staffordshire. Its pioneering joined-up approach to care has cut diagnosis times from 3 years to 4 weeks and led to major improvements in patient experience. Specialist Link Nurses in Surrey Downs This project aims to increase diagnosis rates in the Surrey Downs community by adopting an innovative approach of using Specialist Link Nurses.
Consider the needs of patients from Black and minority ethnic groups, where cultural differences may affect the timeliness of presentation.	Dementia does not discriminate This report produced by the All Party Parliamentary Group (APPG) on Dementia, looks at the experiences of black, Asian and minority ethnic (BAME) communities in dealing with the condition. Palliative and end of life care for Black, Asian and Minority Ethnic groups in the UK	Culturally sensitive dementia liaison in Gloucestershire Engagement with local black and minority ethnic groups in Gloucestershire has led to better understanding of the needs of people with memory problems, and living with dementia. Reaching out to BME communities in London The Alzheimer's Society has launched a volunteer project, 'Connecting Communities', which aims to raise awareness of dementia within black and minority ethnic (BME) communities across eight London boroughs.

8. Find cases

- ✓ what is the ‘diagnosis gap’ in my practice? (The true local prevalence vs. numbers with a diagnosis of dementia)
- ✓ do we record a patient’s diagnosis on the General Practice dementia register?
- ✓ do we review patient lists?

8. Find cases

DRIVER: The ‘diagnosis gap’

ACTIONS	RESOURCES	EXAMPLES
Establish general practice’s ‘diagnosis gap’ and local trajectories for improvement (see 6).	Dementia Prevalence Calculator Quality and Outcomes Framework for 2013-14	Early intervention and diagnosis, local delivery action plan 2012-13 This plan sets out actions to improve the diagnosis of dementia and provide better services for people living with dementia across Dorset, Bournemouth and Poole.
Review patient lists: vulnerable older patients in the community, and in care homes. Where dementia is moderate to severe (i.e. established dementia) • check whether a diagnosis has been recorded on the General Practice dementia register; • record a diagnosis where indicated	Enhanced service for people with dementia in primary care	Accelerating Dementia Diagnosis 2012 action plan This plan sets out actions to accelerate dementia diagnosis across Cornwall and the Isles of Scilly. Specialist Link Nurses in Surrey Downs This project aims to increase diagnosis rates in the Surrey Downs community by adopting an innovative approach of using Specialist Link Nurses. Stop, Think, Assess and Review (STAR) tool NHS Cornwall and Isles of Scilly uses the STAR tool to support medications review and ensure appropriate prescribing of antipsychotic medications.

8. Find cases

DRIVER: Patients with co-morbid conditions and/or complex needs

ACTIONS	RESOURCES	EXAMPLES
Review patients with co-morbid conditions: • Cardiovascular disease and stroke • Huntingdon's Disease • Parkinson's Disease • older adults with depression • adults with Down's Syndrome	Long-term health gains	Identifying patients with dementia who have complex needs in Plymouth hospitals Patients admitted through Urgent Care in Plymouth hospitals are screened on admission to identify the risk of complex needs in hospital, and to predict those on discharge. Primary care early detection and support services for dementia in Kent and Medway This project will establish a primary care based model of memory assessment to increase the recognition, diagnosis and targeted case management of people living with dementia in Kent and Medway.

9. Check coding

- ✓ is our practice's coding of dementia robust?
- ✓ are we getting the right in information back from memory services?
- ✓ how can we use our dementia register better to support our patients with dementia, and their carers/families?

9. Check coding

DRIVER: Accurate coding and recording on GP QOF Dementia Register

ACTIONS	RESOURCES	EXAMPLES
Introduce a set of standard Read codes for routine use in the General Practice to be applied for cases of established dementia (moderate to severe).	Dementia READ codes Guidance on Dementia Coding A team of GPs working to improve dementia care in London, with support from specialist experts, has put together this GP dementia coding guideline. NICE Clinical guideline CG42 Dementia: supporting people with dementia and their carers in health and social care	Dudley dementia pathway and gateway service The Dudley Dementia Pathway provides a single point of access for GPs and other health and social care professionals who can refer for assessment to specialist nurses. Early identification of people with dementia and their carers in Torbay This report presents findings of a Torbay pilot project and recommends that all carers of newly diagnosed patients with dementia should be offered an enhanced health check at the time of diagnosis. Improving GP coding of dementia in London This project aimed to find out whether it is possible to raise diagnosis rates through undertaking an exercise to 'clean up' dementia coding and records at a practice level. The hypothesis was that problems in GP coding may be contributing to the reported dementia diagnosis gap.
Audit and reconcile referrals to memory services, and General Practice dementia register (QOF DEM1) to ensure that • outcome of referrals are recorded accurately; • Read codes and ICD10 codes are reconciled.		
Review records of patients with the following codes: • IB1A memory loss symptom • IB1A0 temporary loss of memory • Eu057 mild cognitive disorder Implement local protocol for review of patients with memory problems, and mild cognitive disorder.		
Review/recall patients where absence of a code, the code, or the patient's presentation indicates that a review would be appropriate.		

9. Check coding

ACTIONS	RESOURCES	EXAMPLES
Consider also the needs of carers: • health and wellbeing; health checks • health promotion and prevention • education, information needs • local networks / groups for support • need for signposting / referral for carers' assessment and care plan.	Building dementia-friendly communities: A priority for everyone CMG48: Support for commissioning of dementia care Carers Call to Action The Dementia Action Alliance have launched the Carers Call to Action to transform the lives of family and friends caring for people with dementia. Dementia: A state of the nation report on dementia care and support in England Dementia awareness resource pack Devon dementia carers pathways booklet How would I know? What can I do? NICE Clinical guideline CG42 Dementia: supporting people with dementia and their carers in health and social care Peer support networks and dementia advisers: evaluation QS30: Supporting people to live well with dementia	Early identification of people with dementia and their carers in Torbay This report presents findings of a Torbay pilot project and recommends that all carers of newly diagnosed patients with dementia should be offered an enhanced health check at the time of diagnosis. Greenwich Advanced Dementia Service The Greenwich Advanced Dementia Service is helping people in the borough remain in their own homes for longer by supporting carers to increase their resilience. Oxleas Advanced Dementia Service: Supporting carers and building resilience This case study, published by The King's Fund, looks at how Oxleas Advanced Dementia Service provides care co-ordination, and specialist palliative care and support to patients with advanced dementia living at home.

10. Review prescribing

- ✓ can we improve the prescribing of acetylcholinesterase inhibitors?
- ✓ can we reduce the prescribing of antipsychotic medication?
- ✓ can we review patients living in care homes who have been prescribed antipsychotics?

10. Review prescribing

DRIVER: Appropriate prescribing of anti-dementia drugs

ACTIONS	RESOURCES	EXAMPLES
Audit prescribing of acetylcholinesterase inhibitors. Check for: • adherence to NICE guidance • diagnosis captured on GP dementia register (QOF DEM1)	Guidance on initiating the Prescribing of Donepezil in Primary Care Putting dementia on the map Technology appraisal TA217 Alzheimer's disease – donepezil, galantamine, rivastigmine and memantine The Right Prescription: a call to action on the use of antipsychotic drugs for people with dementia The Right Prescription: resource pack	Collaborative dementia care in Oxfordshire This project aims to develop a more user-friendly care pathway for people living with dementia in Oxfordshire by providing easier access to assessment for early diagnosis and support within primary care settings. Prescribing guidelines: Acetyl Cholinesterase inhibitors These prescribing guidelines developed by Berkshire Healthcare NHS Foundation Trust support GPs on the use of Acetyl Cholinesterase inhibitors (ChEIs) for the treatment of Alzheimer's dementia in accordance with NICE guidance. Prescribing review: Acetyl Cholinesterase inhibitors This audit was undertaken by North Staffordshire Combined Healthcare NHS Trust to establish compliance with NICE Technology Appraisal Guidance 111 on the use of donepezil, galantamine and rivastigmine for the treatment of mild to moderately severe Alzheimer's disease.

10. Review prescribing

DRIVER: Appropriate prescribing of antipsychotics

ACTIONS	RESOURCES	EXAMPLES
Audit prescribing of antipsychotics of adults. Check for: • adherence to NICE guidance • outliers, where action is needed • diagnosis captured on GP dementia register (QOF DEM1)	Audit tool: GP prescribing of antipsychotics to people with dementia Low expectations Psychotropic medicine management for people in care homes with dementia Reducing the inappropriate prescribing of antipsychotic medication for people with dementia Resources to support the reduction of inappropriate prescribing of antipsychotics The Right Prescription on-line community The Right Prescription: a call to action on the use of antipsychotic drugs for people with dementia The Right Prescription: resource pack The use of antipsychotic medication for people with dementia: Time for action	Accelerating Dementia Diagnosis 2012 action plan This plan sets out actions to accelerate dementia diagnosis across Cornwall and the Isles of Scilly. Audit of antipsychotic therapy in dementia patients in Hampshire This audit of antipsychotic therapy in patients with dementia was undertaken by NHS Hampshire to ensure it is safe and complies with local guidance. Medicines optimisation in East Berkshire care homes This project aims to reduce the prescription of antipsychotic medication for people living with dementia in care homes across Windsor, Ascot and Maidenhead. Reducing inappropriate antipsychotic prescribing in Sussex This project aims to commission Antipsychotic Prescribing Support Pharmacists to review and, where appropriate, reduce the prescribing of anti-psychotics medication in a supported manner for people living with dementia in Sussex. Training programme to reduce antipsychotic prescriptions in care homes An Alzheimer's Society training programme is being rolled out to 150 care homes across the UK to increase understanding and awareness of dementia and provide tools, ideas and resources to enable staff to provide good quality person-centred care.

10. Review prescribing

ACTIONS	RESOURCES	EXAMPLES
Review regularly general practice patients living in care homes who have been prescribed antipsychotics.	Low expectations Psychotropic medicine management for people in care homes with dementia The Right Prescription: resource pack	Medicines optimisation in East Berkshire care homes This project aims to reduce the prescription of antipsychotic medication for people living with dementia in care homes across Windsor, Ascot and Maidenhead. Reducing inappropriate antipsychotic prescribing in Sussex This project aims to commission Antipsychotic Prescribing Support Pharmacists to review and, where appropriate, reduce the prescribing of anti-psychotics medication in a supported manner for people living with dementia in Sussex. Training programme to reduce antipsychotic prescriptions in care homes An Alzheimer's Society training programme is being rolled out to 150 care homes across the UK to increase understanding and awareness of dementia and provide tools, ideas and resources to enable staff to provide good quality person-centred care.
Consider training needs of care home staff in the management of behavioural symptoms.		
Engage with care home management and pharmacy leads to address this, where appropriate.		

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Production

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Dementia Partnerships knowledge portal

The Dementia Partnerships knowledge portal http://dementiapartnerships.com is the UK's leading innovation hub bringing together people, partnerships and networks to share knowledge and learning to improve the quality of life for people with dementia.

The portal offers commissioners, providers, patients and carers with a single point of access to expertly curated summaries about the latest research, policy and practice developments in the field of dementia care. This knowledgebase acts as a vital component for improving health and delivering care. It provides a platform for clinician led partnerships to support, accelerate and improve commissioning and service redesign.

The portal is organised around the commissioning cycle, providing key resources on:

- the evidence base
- needs assessment and economic modelling
- different interventions, models of care and service specifications
- outcomes indicators and measurement
- quality and safety, and
- informatics and intelligence.

The portal is supported by dedicated knowledge managers whose role is to identify, summarise and organise information about 'what works best' in dementia care. Curated information about 'grey literature', including publications from Government departments, think tanks, private, public and third sector organisations, sits alongside information about local initiatives and innovations that improve the health and wellbeing of local communities.

This dedicated knowledge management input helps to:

- provide busy practitioners with quick access to trusted and easily digestible knowledge and evidence, promoting the transfer of clinical excellence and competence in evidence based practice
- promote information literacy empowering people to ask questions, find, share and use information about innovative practice in the design and delivery of services
- encourage effective collaboration across teams, organisations and sectors that translates knowledge into safe and effective patient care, and
- nurture a person-centred enabling workforce by developing the "information support role", building health and social care staff confidence and competence in sharing knowledge with patients, carers and the public.

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