

The Gnosall Model for dementia

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Problems of Dementia in the community.

- QOF database prevalence only 40% of predicted.
- Need for early diagnosis
- Stigma and Lack of primary care expertise.
- Diagnosis times.
- Medical or social problem.
- Will this bust PBC and social care budgets?

What Do We Know?

- Care not cure so only 10% medical and social burden mainly on relatives.
- Progressive and not life limiting.
- Physically and socially disabling.
- Increasing prevalence.
- Affects carers both emotionally, financially and physically.

What Can be done by GPs?

- Case manage.
- Improve the things you can – vascular benchmarks etc.
- Aricept- sandbags in the stream.
- What is a dementia review??? Manage or monitor?
- Care and act as an advocate.

“Round up the usual Suspects”



Medical Practice Disease Databases

- The practice register includes 8,000 patients

Condition	Number of patients on the database
Coronary heart disease	327
Strokes and TIAs	149
Hypertension	874
Atrial Fibrillation	112
Diabetes	220
Total	1682





Likely number of cases within the Practice

- Population of Practice = 8,000
- Estimate of population 65 yrs + = 1,152
- Estimate prevalence of dementia all diagnoses = 60 (5/100 65+)
- Estimate prevalence VaD = 11-20 (1-2/100 65+)

Potential prevalence of Mental Health problems amongst older people registered with the Practice

- Patients known to GPs or others to have memory problems – Query dementia
- Patients known to GPs or others with other mental health problems
- Patients known to Old Age Psychiatry service in Stafford
- Patients identified from screening

Care Pathway

-  Patient identified
-  Health Visitor assessment within 1 week
-  Consultant examination within 1 month
-  Care Plan and treatment within 1 month

Screening questions for patients with diabetes, coronary heart disease, stroke, atrial fibrillation and hypertension.

When speaking does the patient have more difficulty in finding the right word or tend to use the wrong words more than they used to?

Is the patient having trouble concentrating and or remembering things that have happened recently?

Initial assessment by health visitor:

Clock Test

GPCOG (General Practitioner assessment of cognition)

BASDEC (Brief Assessment Schedule Depression Cards)

GPCOG

Patient section:

Patient is given a name and address for recall test

Patient asked for the date

Clock Drawing

Patient asked for information on a current event

Recall name and address

Carer section: Compared to a few years ago

does the patient have more trouble;

remembering?

recalling conversations?

finding the right words?

Are they less able to manage their; personal affairs,
medication, transport arrangements

BASDEC

19 statements arranged into True or False

for example: "I'm not happy at all" , "I've lost interest in things"

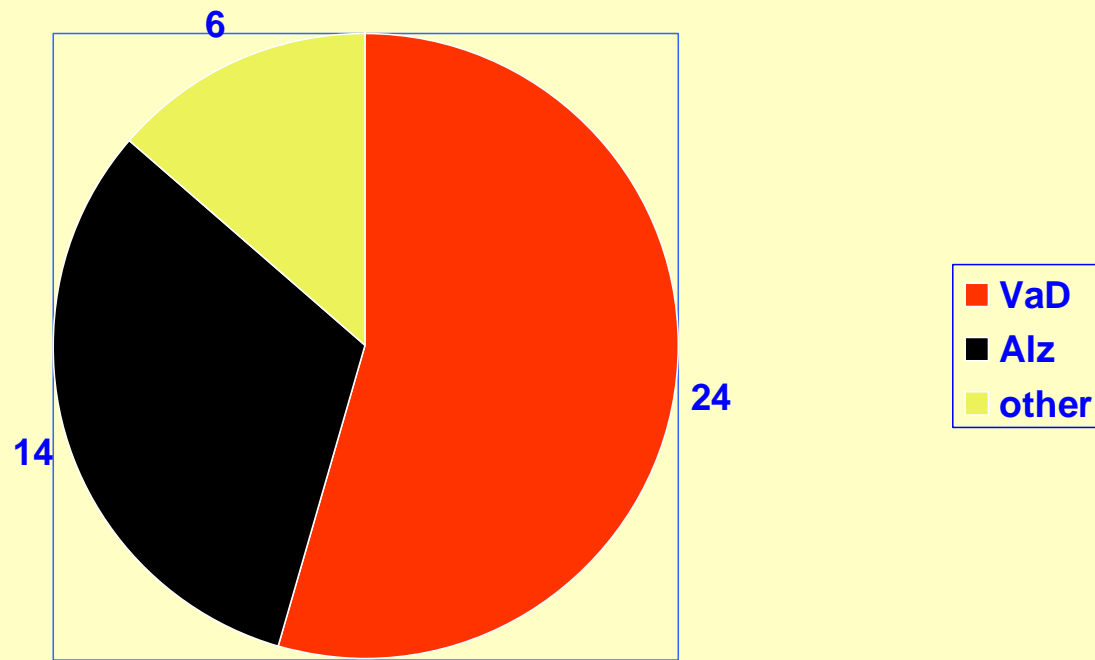
One point for true, half a point for I don't know,
Except for "I've given up hope" six points
"I've seriously considered suicide" seven points

A patient scoring a total of seven or more points may be suffering
from a depressive disorder

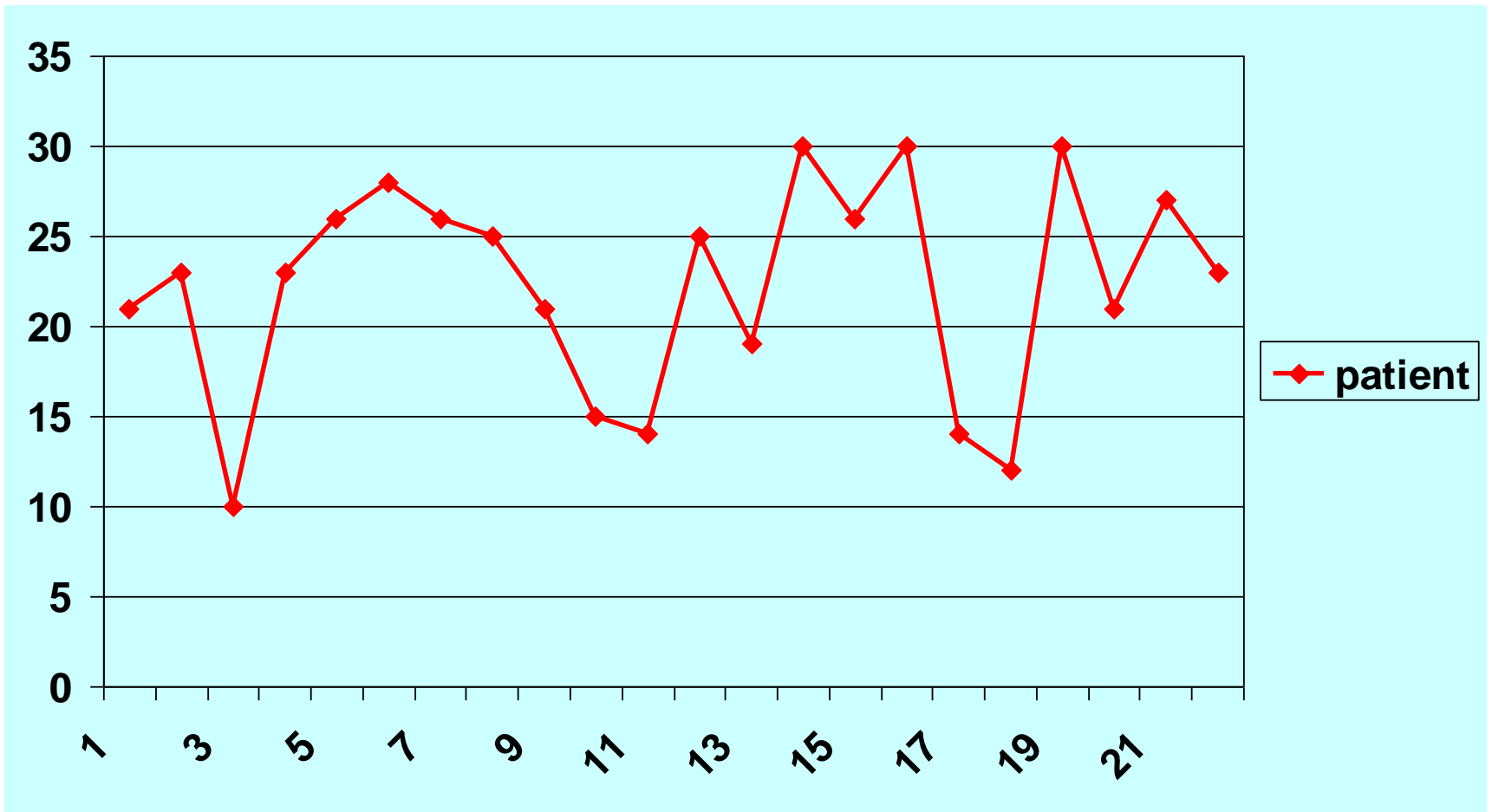
Consultant Examination

- ▶ Appointment with Old Age Psychiatrist – At the practice or patient's home, with the health visitor & access to patient clinical records
- ▶ Clinical consultation
- ▶ Summary letter to Practice – copied to patient
- ▶ Additional information/investigations requested where appropriate
- ▶ Care Plan, treatment and follow up within the Practice

Diagnosis



Mini Mental State Exam Scores



Service considerations & outcomes

- 3 patients already known to Stafford Old Age Psychiatry Service
- 1 referral for Psychological Assessment
- Only 1 (of the 3 known patients) admitted to Secondary care
- 1 x CT, 1 x MRI scan
- 10 prescribed cholinesterase inhibitor
- 2 receiving B12
- 3 deaths.
- 6 depressed

Home Circumstances at Presentation & Current Situation

Resides at presentation → Resides Currently ↓	Home alone	Home + spouse	care	Total
Home	20	15		35
Care		1	1	2
Dead	2		1	3
Total	22	15	2	40

Roll Out for 360,000 population.

- £165,000 for 6 dementia facilitators.
- £500,000 for memory clinics in primary care.
- £25,000 for education.
- £25,000 for care support.
- £150,000 for housing support.
- Pharmacy contract – MURs -£28 x 400

Innovations

- S-PMS contract – primary care.
- Joint commissioning – Is this the new PBC?.
- Second social workers.
- GPSWIs
- On line training and revalidation.
- Support for GPs prescribing - chemical coshing.
- Third sector menus.
- Patient held records.

Money

- Pilot saved £400,000 for £6,000 input.
- Nation audit office- £284,000,000 – savings in England/Wales
- Direct costs estimated to be £8.2 billion!
- 75% of excess bed days – dementia.
- Most excess bed day patients discharged to residential/nursing home.