Dementia Clinical Leadership
Group Meeting

January 2017

Daniel Harwood
Clinical Director Dementia Clinical Network
National Update

- NHSE Care planning guidance out soon- will support primary care taking a lead role after the post-diagnosis phase
- Diagnosis rates, care planning, and memory service wait times are the key priorities
- NHSE have started a Dementia Steering Group to oversee these targets and other issues as they affect the NHS
- Department of Health are overseeing PM Challenge at a “whole- system” level – Meaningful Care Delivery Group
London Network Current Workstreams

• Important that these link to NHSE and DH priorities
• Supporting CCG improvements
• Effective Diagnosis & Research
• Reducing dementia inequalities
• Primary care leadership
• Acute hospital care
• Improving dementia awareness and training in care homes
CCG work- Dementia Diagnosis Rate

• Continuing rolling programme of meeting CCG’s to offer individual tailored advice

• Working with quality assurance team at NHSE
Sharing Practice

• We collated information on “most improved” CCGs to disseminate good practice – key themes
  ❖ Streamlined data process
  ❖ GP engagement
  ❖ Improved Secondary Care Services
  ❖ Dementia Awareness in the Community
Improvements in Diagnosis Rates

August 2014

December 2016
Current diagnosis rates

London Clinical Networks

61.9%
Changes to prevalence calculation

Estimated
dementia
diagnosis rate

= \frac{\text{Number of people on QoF dementia register}}{\text{Estimated prevalence of dementia}} \times 100

Currently: Population estimates from Office for National Statistics
As from 1 April will change: Registered population from GP lists

Why?
To align with Public Health England
Makes more sense to have the denominator as GP registered patients
Effective Diagnosis

Feedback for the SCLG January 2017

Dr Jeremy Isaacs
Consultant Neurologist
St George’s University Hospitals NHS Foundation Trust
Aims and Objectives

1. **Memory Assessment Network meetings**
   - Share best practice in clinical care and service design
   - Provide continuing professional development
   - (CPD) and learning opportunities that are not readily available elsewhere

2. **Memory service audit**
   - Reduce variation in care and improve quality.

3. **Review of pathways across London**
   - Feed into a co-production event to plan an ‘ideal memory service pathway’
   - Creation of a tool kit for memory services
   - Support memory service in London to deliver the 2020 dementia access standard.
Aims and objectives

4. Research

- Reduce variation in memory service engagement with research.
- Work with Join Dementia Research to promoting the platform across services in London - Providing more opportunities for people with dementia and their carers to get involved in research.
- Work with the Clinical Research Network leads - to support collaboration and communication between CRN’s and memory services.
# Project Action Plan

<table>
<thead>
<tr>
<th>Action</th>
<th>Completed / Date due for Completion</th>
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</thead>
<tbody>
<tr>
<td>Plan 15 March Memory Assessment Network meeting</td>
<td>Mid February</td>
</tr>
<tr>
<td>Collate round 2 audit results</td>
<td>Present 15 March meeting</td>
</tr>
<tr>
<td>Write up memory visit findings</td>
<td>End of April</td>
</tr>
<tr>
<td>Start planning Achieving Better Access Pathway event</td>
<td>Event June</td>
</tr>
<tr>
<td>Re-meet with Clinical Research Networks</td>
<td>February</td>
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</tbody>
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Memory Service Pathway Project – Initial Key Findings

Services pathways and waiting times extremely varied across London

Key Considerations

Home visit vs clinic

Triage & allocation
- Think ‘lean’

Scanning
- Contracts
- DNA avoidance

Digital
- Online diaries with slots
- Access to scans and reports

Under 65
- Bespoke pathway required

Workforce
- Optimal use of staff skill set
- Which staff can diagnose autonomously?
Advice and Support from Leadership Group

- Topics and speakers for future Memory Assessment Network meetings.
- Advice on facilitating co-production events – any experience in the room?
- What is achievable in improving memory service engagement with research? Achievable actions?
Acute Hospital Working Group

Feedback for the SCLG January 2017

Professor Siobhan Gregory
Aims and Objectives

Aim of the working group

• Set up a process to support the improvement of quality of care in hospital for people with dementia across London.

• We have proposed this is done through a peer review process

• The working group have decided to initially focus on nutrition and carer involvement in the first 48 hours of admission
## Peer Review Project Action Plan

<table>
<thead>
<tr>
<th>Action</th>
<th>Completed / Date due</th>
<th>Person Responsible</th>
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</thead>
<tbody>
<tr>
<td>Presentation of plan at directors of nursing meeting</td>
<td></td>
<td>Siobhan/Dan</td>
</tr>
<tr>
<td>Set up working group and have initial meeting</td>
<td>6/12/17</td>
<td></td>
</tr>
<tr>
<td>Collate information from group members and write draft best practice guidance</td>
<td>9/01/17</td>
<td>Siobhan Laura</td>
</tr>
<tr>
<td>Contact local Trust patient group to input to what best practice should look like</td>
<td>Jan 17</td>
<td>Group Members</td>
</tr>
<tr>
<td>Agree best practice guidance and peer review tool</td>
<td>Feb 17</td>
<td>All in group</td>
</tr>
<tr>
<td>Share audit tool with patient group at BHR for feedback</td>
<td>Feb 17</td>
<td>Group Members</td>
</tr>
<tr>
<td>Pilot tool at one hospital</td>
<td>Feb /March 17</td>
<td>Siobhan</td>
</tr>
<tr>
<td>2nd Working Group meeting</td>
<td>7/02/17</td>
<td>All in group</td>
</tr>
<tr>
<td>Set up schedule of peer review visits</td>
<td>March 17</td>
<td>Laura</td>
</tr>
</tbody>
</table>
Advice and Support from SCLG

• Does anyone have experience of using a peer review process

• Number of peer reviews we should complete

• Any knowledge on specific guidance for nutrition and carer involvement in first 48 Hours of admission
London Dementia GP Leadership Network

Feedback for the SCLG January 2017
Dr Nerida Burnie and Dr Raj Kumar

November 2016
Aims and Objectives

• Support GP leads across London to develop effective leadership roles in their CCGs

• Particular regard to the national dementia priorities; including improved diagnosis rates, improving access times to services and better co-ordinated care planning

• Dementia GP network will enable leads to share best practice, disseminate national guidance and provide local expertise and advice to CCGs and memory services
## Project Action Plan

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<tr>
<td>Mapping- Dementia GP leads invited for phone discussion</td>
<td>Nov 16 - Jan 17</td>
<td>Anita Solanki</td>
</tr>
<tr>
<td>Phone discussions</td>
<td>Dec 16 - Jan 17</td>
<td>Nerida Burnie &amp; Raj Kumar</td>
</tr>
<tr>
<td>Analysis</td>
<td>Jan 17</td>
<td>All</td>
</tr>
<tr>
<td>Implementation of network- first meeting</td>
<td>April 17</td>
<td>All</td>
</tr>
<tr>
<td>Exploring online platforms for hosting noticeboard and discussion forum</td>
<td>June 17</td>
<td>Anita Solanki</td>
</tr>
<tr>
<td>Two further meetings</td>
<td>June and Oct 17</td>
<td>All</td>
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Advice and Support from SCLG

Can you help with:

- Identifying our missing contacts
- Encourage local GO leads to contact us
- Utilise this network to disseminate relevant information e.g. new guidance
Reducing Dementia Inequalities Working Group

Feedback for the SCLG January 2017

Tim McLachlan
Sujoy Mukherjee
Aims and Objectives

Aim of the working group

• Improve awareness and access to dementia services for people of Black, Asian and minority ethnic origin

Objectives

• Review referrals to memory services from BAME communities

• Develop a resource pack bringing together the work across London on BAME populations
## BAME Project Action Plan

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<th>Person Responsible</th>
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<tbody>
<tr>
<td>Analyse BAME data from memory service referrals and census trajectory data</td>
<td></td>
<td>Laura</td>
</tr>
<tr>
<td>Meeting to share information with working group and next steps</td>
<td>15/12/16</td>
<td>Tim / Sujoy</td>
</tr>
<tr>
<td>Information Gathering Exercise on previous and current projects / research / service developments</td>
<td>Feb 17</td>
<td>Tim, Sujoy, Raj and Anita</td>
</tr>
<tr>
<td>Write draft paper on memory service and census data</td>
<td>March 17</td>
<td>Tim, Sujoy, Raj, Laura</td>
</tr>
<tr>
<td>Write resource pack</td>
<td>May 17</td>
<td></td>
</tr>
<tr>
<td>? Show case work at Alzheimer's Society research and policy conference</td>
<td>May 17</td>
<td>Tim</td>
</tr>
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Next working group meeting 8/02/17
Data – Are referrals to memory services representative of BAME groups?

• London memory service leads were contacted in October 2016 and asked to provide ethnicity data for referrals from 1st April 15 to 31st March 16.
  o Data was gained from 15 CCG’s.
  o 60% from South London
  o CCG’s anonymised (A B C D….)

• Population data was gained from census trajectory data for 2015.

• Percentage of BAME groups referred to memory services were compared against the percentage of BAME groups in population (over 65)
Example of data from one CCG

- Bangladeshi: -0.3%
- Black African: -0.6%
- Black Caribbean: -0.7%
- Black Other: -0.4%
- Chinese: 0.9%
- Indian: -0.6%
- Other Asian: 0.6%
- Pakistani: 0.5%

Percentage of Referrals to Memory Clinic April 15-March 16
Estimated Population Percentage from Census Data

Difference in percentages
Ethnicity Example across CCGs – Indian Population

CCG

Population %  Memory Service referral %
Overall findings

• In all the CCGs we received data for, referral percentages were well matched with population percentages

• This suggests that patients from BAME groups are being referred to memory services

Note:
• Significant missing data in some CCGs
• Small number of some ethnicities in some CCGs
• Does not take into account age or stage of dementia at referral
Advice and Support from SCLG

• **Who else can you recommend we contact – groups or individuals**
  - What leads do you have to community groups working with BAME communities
  - Who has contacted who

• We are considering how to share what could be a directory of support i.e. good practice of supporting people affected by dementia from BAME communities across Greater London.

• **What examples do you know of easy-to-search online directories to inform the development of a London BAME ‘microsite’**
DEMENTIA TRAINING IN CARE HOMES

- Dementia awareness
- Dear GP - Dementia assessment and referral
- Introduction to Dementia research
PROJECT BACKGROUND AND AIMS

• Funded by NHS London Clinical Network, in collaboration with UCLPartners (UCLP) and the Health Innovation Network (HIN), dementia awareness training to care home staff will be undertaken by UCLP across North Central and East London and by the HIN across South London.

• Raise awareness and understanding of dementia amongst care home staff working in residential and nursing homes, thereby facilitating better support for individuals with dementia, and their families. This will be achieved through the delivery of a sustainable dementia training package which can be cascaded to care homes using a ‘train-the trainer’ approach.

• Delivery and outcomes reported by end of March 2017
TRAINING CONTENT

• Dementia awareness training (using Barbara’s story)
• Dear GP Tool
• Introduction to Dementia Research (Join Dementia Research)

• Agreed project metrics – see handout
TRAINING TO DATE – UCLPARTNERS UPDATE

• Appointed Training provider – Dementia Trainers
• 15 homes to date have sent nominated staff to Train the trainer sessions
• 2 staff nominated from each participating home
• In house training scheduled for delivery by early March,
• Training provider will support trainers prepare and deliver their first sessions (attendance in person)

• Continued liaison with Care home managers to ensure collection of data as agreed (UCLP’s Pso and training provider)
TRAINING TO DATE- HIN UPDATE

• Verbal update given – see minutes
DEMENTIA TRAINING IN CARE HOMES