

NHS ENGLAND TRANSFORMATION FRAMEWORK – THE WELL PATHWAY FOR DEMENTIA

PREVENTING WELL



Risk of people developing dementia is minimised

“I was given information about reducing my personal risk of getting dementia”

STANDARDS:

Prevention⁽¹⁾
Risk Reduction⁽⁵⁾
Health Information⁽⁴⁾
Supporting research⁽⁵⁾

DIAGNOSING WELL



Timely accurate diagnosis, care plan, and review within first year

“I was diagnosed in a timely way”

“I am able to make decisions and know what to do to help myself and who else can help”

STANDARDS:

Diagnosis⁽¹⁾⁽⁵⁾
Memory Assessment⁽¹⁾⁽²⁾
Concerns Discussed⁽³⁾
Investigation⁽⁴⁾
Provide Information⁽⁴⁾
Integrated & Advanced Care Planning⁽¹⁾⁽²⁾⁽³⁾⁽⁵⁾

SUPPORTING WELL



Access to safe high quality health & social care for people with dementia and carers

“I am treated with dignity & respect”

“I get treatment and support, which are best for my dementia and my life”

STANDARDS:

Choice⁽²⁾⁽³⁾⁽⁴⁾, BPSD⁽⁶⁾⁽²⁾
Liaison⁽²⁾, Advocates⁽³⁾
Housing⁽³⁾
Hospital Treatments⁽⁴⁾
Technology⁽⁵⁾
Health & Social Services⁽⁵⁾
Hard to Reach Groups⁽³⁾⁽⁵⁾

LIVING WELL



People with dementia can live normally in safe and accepting communities

“I know that those around me and looking after me are supported”

“I feel included as part of society”

STANDARDS:

Integrated Services⁽¹⁾⁽³⁾⁽⁵⁾
Supporting Carers⁽²⁾⁽⁴⁾⁽⁵⁾
Carers Respite⁽²⁾
Co-ordinated Care⁽¹⁾⁽⁵⁾
Promote independence⁽¹⁾⁽⁴⁾
Relationships⁽³⁾, Leisure⁽³⁾
Safe Communities⁽³⁾⁽⁵⁾

DYING WELL



People living with dementia die with dignity in the place of their choosing

“I am confident my end of life wishes will be respected”

“I can expect a good death”

STANDARDS:

Palliative care and pain⁽¹⁾⁽²⁾
End of Life⁽⁴⁾
Preferred Place of Death⁽⁵⁾

References: (1) NICE Guideline. (2) NICE Quality Standard 2010. (3) NICE Quality Standard 2013. (4) NICE Pathway. (5) Organisation for Economic Co-operation and Development (OECD) Dementia Pathway. (6) BPSD – Behavioural and Psychological Symptoms of dementia.

RESEARCHING WELL

- Research and innovation through patient and carer involvement, monitoring best-practice and using new technologies to influence change.
- Building a co-ordinated research strategy, utilising Academic & Health Science Networks, the research and pharmaceutical industries.

INTEGRATING WELL

- Work with Association of Directors of Adult Social Services, Local Government Association, Alzheimer’s Society, Department of Health and Public Health England on co-commissioning strategies to provide an integrated service ensuring a seamless and integrated approach to the provision of care.

COMMISSIONING WELL

- Develop person-centred commissioning guidance based on NICE guidelines, standards, and outcomes based evidence and best-practice.
- Agree minimum standard service specifications for agreed interventions, set business plans, mandate and map and allocate resources.

TRAINING WELL

- Develop a training programme for all staff that work with people with dementia, whether in hospital, General Practice, care home or in the community.
- Develop training and awareness across communities and the wider public using Dementia Friends, Dementia Friendly Hospitals/Communities/Homes.

MONITORING WELL

- Develop metrics to set & achieve a national standard for Dementia services, identifying data sources and set ‘profiled’ ambitions for each.
- Use the Intensive Support Team to provide ‘deep-dive’ support and assistance for Commissioners to reduce variance and improve transformation.