

NHS RightCare scenario: **Getting the dementia pathway right**



Tom and Barbara's story: Dementia
Appendix 2: Short summary slide pack
April 2017

Tom and the sub-optimal pathway

- **Tom** (a retired engineer) lives with his wife Barbara and is **77 years old when he first starts to experience symptoms**
- Tom is **reluctant to go to the GP**. Barbara adjusts and keeps on keeping on, but tension is building (e.g. Tom was lost for several hours whilst walking)
- It is not until the **fourth year** (after symptoms started) that Tom becomes **violent and entered the secondary care system**
- He is **admitted to hospital for five weeks**; he is moved frequently and needs two security guards to keep him in bed. Barbara is not allowed to stay with him and can only visit during regular visiting hours. In a period of confusion, Tom falls out of bed and bruises his leg quite seriously
- Given Tom's deterioration it is now already **too late for him to be able to grant Power Of Attorney**
- In year 6, (aged 82) Tom is admitted to hospital again after significant confused episode and is found to have a **severe infection from tooth decay**
- **Barbara** is undertaking a super human effort and **is increasingly isolated and exhausted**
- By year 9, Tom is reluctant have help with feeding and this results in **significant loss of weight** and admission to hospital with pneumonia
- Tom is **discharged to a care home** where he dies after three months aged 85.

Tom and the optimal pathway

- Tom, **aged 77**, goes to his GP with Barbara who recommends he **has a memory assessment** with someone from the memory clinic
- **Three weeks after** seeing the GP Tom is assessed by someone from the memory clinic at the GP practice
- Tom is told he is likely to have dementia, but a brain scan will confirm this.
- **Tom receives a diagnosis** and is prescribed an acetylcholinesterase inhibitor. He is also **introduced to the local dementia advisor**. A care plan is developed that includes a series of local post diagnostic support activities
- In year 2, Tom sees his GP and it is considered that he most likely has a **urinary tract infection** and is prescribed antibiotics (**avoiding secondary care**)
- The Dementia advisor also offers **high quality support** (a lifeline to Barbara) including guidance around Power of Attorney
- Tom gets involved in lots of post diagnostic support groups including a walking group. **Later he has a fall** and is taken to A&E – but it's only a bruise, **good healthcare communication results in a very short stay**
- Tom and Barbara maintain **active lives together** until year 8, with also **Barbara receiving valuable respite**
- In year 10, Tom is admitted to a care home as his needs can no longer be met in the home with Barbara as his primary carer. (**10 good years together post diagnosis**).

Financial information (1)

Analysis by provider	Sub-optimal	Optimal
Acute	£17,428	£600
Ambulance service	£233	£233
Care Home	£7,670	£7,670
Primary care	£7,119	£8,136
Third Sector	£0	£1,675
Grand total	£32,450	£18,315

Not only is Tom's (and his wife's) health and quality of life significantly better in the optimal scenario, but the costs to the health economy are reduced by 43%*. The impact is significant on outcomes, quality and finance.

*Costs calculated as at 15/16 prices.

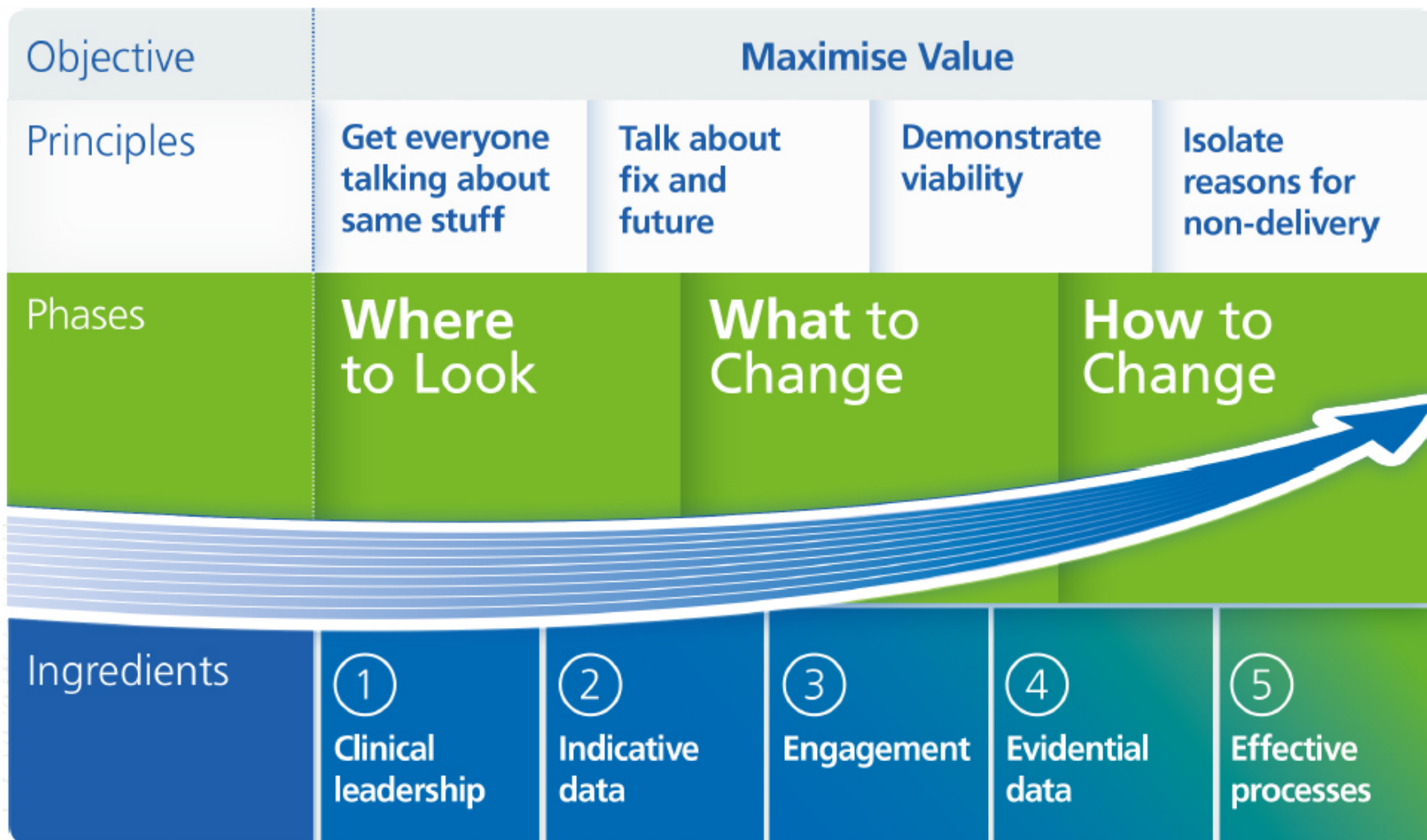
Financial information (2)

Analysis by cost category	Sub-optimal	Optimal
Primary care management	£7,075	£8,136
Urgent and Emergency Care	£461	£233
Secondary Care Management	£17,200	£600
Intermediate Care	£7,670	£7,670
Community Care	£0	£1,675
Grand total	£32,450	£18,315

This scenario is using a fictional patient, Tom. It is intended to help commissioners and providers understand the implications (both in terms of quality of life and financial costs) of shifting the dementia care pathway.

- **Primary care** expenditure is 15% more in the optimal scenario. Most of this investment is centred on: a) a dedicated dementia advisor (£7.4k) and b) early diagnosis and earlier prescriptions for inhibitor drugs. The % increase is relatively small because there are significant cost savings associated with incontinence products (£6.9k variance between the two scenarios).
- **Secondary care** expenditure is radically different, ranging from three hospital admissions totalling 43 days as an inpatient, compared to one day's stay in the optimal scenario (£17k vs £1k)
- **The third sector** also makes a significant contribution in the optimal case with the provision of the 'singing for the brain' programme (£1.7k)

The NHS RightCare approach



Further information

For more information about Tom's journey, NHS RightCare or long term conditions you can:

Email

- rightcare@nhs.net
- england.longtermconditions@nhs.net

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