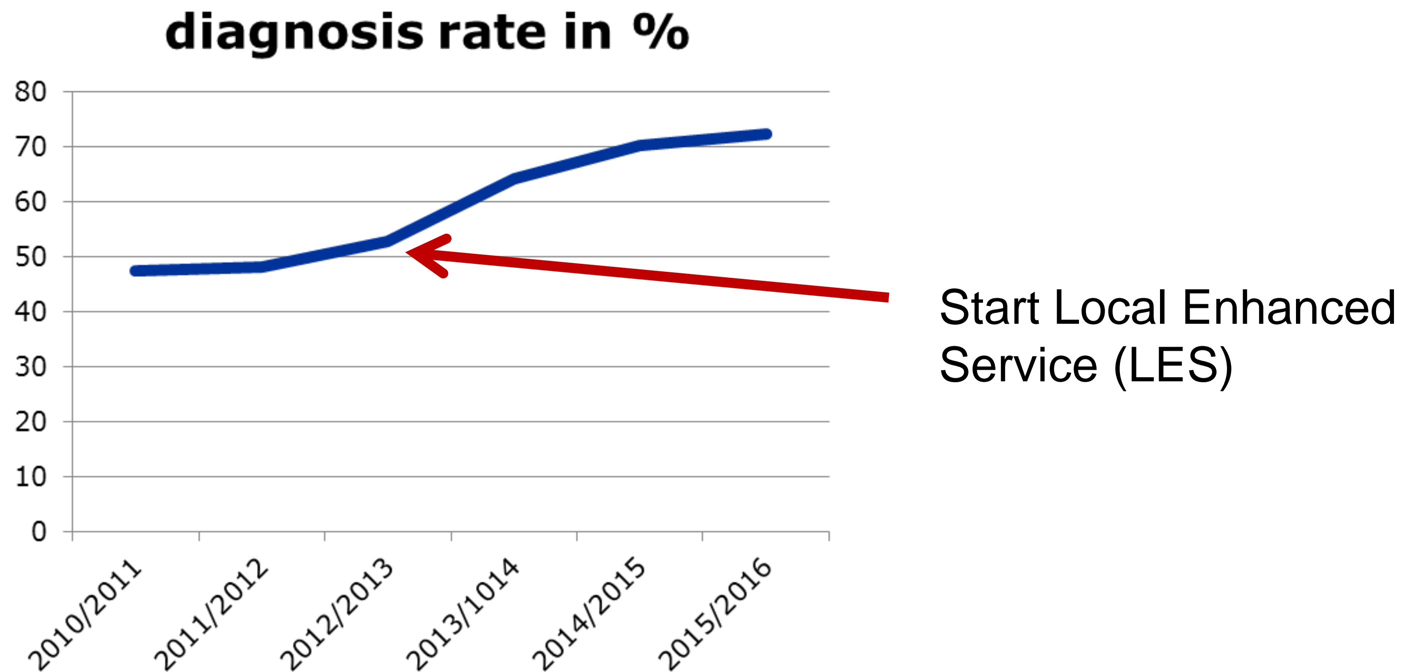
Pennine Care NHS
NHS Foundation Trust

NHS
Stockport Clinical Commissioning Group

Dementia care improvements



Stockport 2013-2016

Challenges in 2010-2012

- Diagnosis rate 40%
- 60% increase in referrals to Memory Assessment Service & increased waiting times
- 2.5 WTE dementia nurses to assess and treat dementia patients with caseload over 150 patients each
- Increased number of stable patients on case load (20%)
- Only patients diagnosed with Alzheimer's Disease received quality post-diagnostic support
- Huge variety in dementia care provision in primary care
- Limited partnership working GPs and secondary care

Structural solution

Shared Care Pathway agreed

→ Management of stable patients with dementia in primary care with support from memory service (Pennine Care FT)

Supported through:

- Implementation of Dementia LES (2013)
- Appointed 4 Link Nurses in memory service
- Appointed Alzheimer's Society post-diagnostic support worker for Vascular Dementia

Shared Care Arrangement

- Early recognition and initial diagnosis in primary care
- Final diagnosis and medication initiation via Memory Service (secondary care)
- Disease management in Primary Care including medication monitoring for stable patients with support from Specialist Link Nurses
- Fast track back to Specialist Memory Service in case patient's condition deteriorates

Ongoing involvement from memory service when:

- Changing clinical picture – patient not stable
- Complex family situation & carer’s stress
- Protection of vulnerable adults
- Behaviour and/or mood not stable
- MDT involvement necessary
- Atypical dementias
- Younger people with dementia

Elements of Dementia LES - 1

GP Practice: Dementia Action plan for each practice

raising dementia awareness, identifying patients with dementia earlier, diagnosis rate target per practice of 65%.

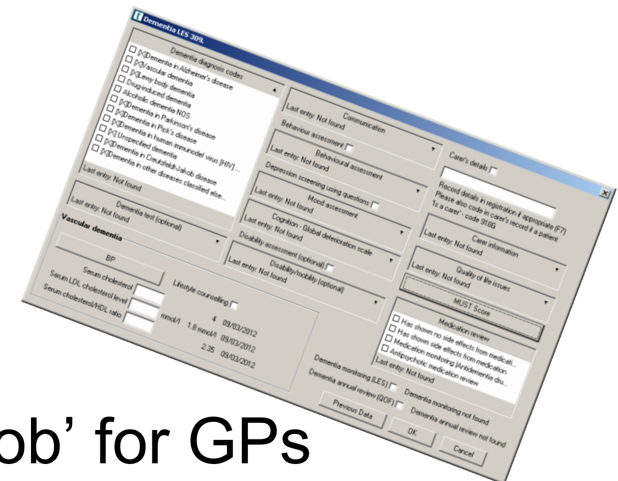
Examples included in action plans:

- Dementia info on practice's website & notice boards
- Opportunistic screening of risk groups
- Information stand when running flu clinic
- Registering dementia carers on QOF register
- Pro-actively prevent / follow up DNA (appointment reminders)
- Dementia information sessions in practice

Elements of the LES - 2

Dementia monitoring review:

One additional Dementia Monitoring Review for all patients with dementia and their carers in between annual QOF reviews



Resources:

- Local EMIS Review Template
- Additional payment of £30 per review
- Link nurses can offer 'training on the job' for GPs and practice nurses in undertaking review

Elements of the LES - 3

Support for GP practices:

- Post-Diagnostic Support Worker – especially for people with vascular dementia.
- Named Dementia Specialist Link Nurses from memory service attached to each GP practice to: offer bespoke training, review dementia register, share information, discuss patients, access to post-diagnostic support offer for specific types of dementia

Achievements

- Diagnosis rate increased to 72.2% (Aug 2016)
- Shared ownership primary and secondary care, improved relationships, constructive dialogue between commissioner and provider
- Patients receiving 2 dementia reviews a year
- GPs better aware of post-diagnostic support offer, all practices received bespoke training
- Better usage of secondary care capacity
- Reduced waiting times to memory service, 95% of referred patients are diagnosed within 6 weeks

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