

DEM004 Template 2016/17

This template may provide a framework for an annual Dementia Review, aiming for good practise and to fulfil the spirit of the Quality and Outcomes Framework for General Practice.

Date of assessment

Patient Name/Practice ID Number/DOB

Age

“Do you know why you are here? Are you aware of a diagnosis of Memory Impairment or Dementia? Do you have any questions about this?”

Date of Diagnosis

“Do you have a carer? Is it OK to be in contact with carer when needed?”

If yes, then record their name and contact details in case needed in future.

1.Physical

a. Does the patient suffer from any chronic diseases such as Diabetes or IHD? Ensure the patient is directed to an annual CDM review.

b. Carry out a Review of Systems .

It is recognised that Dementia patients may not complain of common physical symptoms but experience them to the same degree as the General Population.

Remember to ask about pain. This could present as agitation.

Confusion can be due to infection such as a UTI.

Consider hearing and vision. Dementia patients have reduced cognition so impaired senses can reduce this further.

c. Medication review.

Check the compliance and suitability of medications.

” Are you happy with any medication you are prescribed?”

The anticholinergic effects of some medications may exaggerate cognitive dysfunction. Long term use of atypical antipsychotics is not advised. Become familiar with some common side effects of Dementia medications – Switching may be possible.

Refer to the document “ Dementia Revealed -What Primary Care Needs to Know” for guidance.

<https://www.england.nhs.uk/wp-content/uploads/2014/09/dementia-revealed-toolkit.pdf>

2.Mental health/Psychological

Ask about any new features such as wandering, delusions, hallucinations or falls that have occurred in the last year.

These may be intrinsic features of Dementia but try to explore any secondary cause such as pain, infection, past life experience. A person who always used to collect their children from school may become restless and prone to wander at 4pm.Understanding this and distraction may help. Consider the pros and cons of treating some symptoms because although present, they are not necessarily distressing and medication may have side effects.

Remember to ask about depression. If present, treating may improve symptoms.

3.Social wellbeing

Who lives at home?

Consider Smoking, Alcohol and Exercise as with any other patient, if appropriate. Remember people may not always realise how much alcohol they are drinking.

4. Wishes for the future.

“ If your health were to worsen in the future, have you ever thought where you might like to be looked after?”

“ Does anyone know of your future wishes?”

5.Specialist teams

Patients may currently be cared for by a Memory Service but once stable are often discharged to their GP. It is helpful to know who is or has been involved in their care as referral back for advice may be needed.

Name of Memory Consultant

Name of Specialist Nurse

6.Access to support services.

“Do you need any help with issues of daily living which are not currently met? Do you know where to get help? “

Local support such as Dementia Cafes

Power of Health and Power of Attorney

Who to contact when things are going wrong such as aggression, insomnia, wandering, hallucinations.

Concerns about Driving

Mental Capacity

Carer's Assessment

Social Services

See attached information links for reference

8. Carer wellbeing.

Ask if the carer is in good health, and if not, advise them to make an appointment with their own GP. Also advise the carer to have a flu jab. Male carers may be less forthcoming with difficulties which they are having in that role." Can you foresee any risks to the Patient or Yourself in the future?"

9. " Do you have any questions?."

Ask about any particular issues related to the individual patient.

10.Checklist

See the acronym below. Do you think you have covered everything?

Care planning

- | | |
|----------|-------------------------------------|
| D | Diagnosis review |
| E | Effective support for carers review |
| M | Medication review |
| E | Evaluate risk |
| N | New symptoms inquiry |
| T | Treatment of medical conditions |
| I | Individual issues |
| A | Advance care planning |

In terms of the time pressures that you and your colleagues have, it's probably not practical to be making direct referrals yourself due to the time it takes, filling in forms, waiting on the phone etc. Most of these sources of information or support can generally be given to patients and carers for self referral or to self access information. There will always be a small number of people that you are going to have to do it for but generally speaking, most people seem quite internet savvy.

These contacts cover most of the issues that may arise during a review when a need for either carer or patient support in regards to social care/coping help is identified. All the links work and open properly, the websites they link to then provides all the information needed for self referral.

Links for reference

1.For referral or re-referral to social services, including, carers assessments, respite, care package advice, assistive technology.

http://www.manchester.gov.uk/info/100010/social_care_and_support/3584/get_social_care_support

2.For help with any basic aids and adaptations in the home, stair rails, chair raisers, grab rails and for benefits advice and benefit applications.

<http://www.careandrepair-manchester.org.uk/>

3.For help with the following along with provision of housing association property.

People First runs drop-in services for across Manchester? You can even come along if you are on our waiting list or used to be one of our support clients in the past.

<http://www.peoplefirsthousing.co.uk/>

The drop-ins are held:

every Tuesday from 10am - 12.30pm at Avenue Library, Blackley

every Thursday from 10am - 3pm at our offices in Manchester

every Thursday from 10am - 1pm at Wythenshawe forum.

book first.

Up to an hour's support with:

filling out forms

writing a CV

using the telephone to contact benefits, landlords, doctors, etc

reading through letters

using the internet

4.To self refer to the Alzheimer's Society for a support in your area.

<https://www.alzheimers.org.uk/local-information/dementia-connect/>

5.For advice and fact sheets on areas of Dementia, including Lasting Power of Attorney -

<https://www.alzheimers.org.uk/factsheets>

6.For telephone support for carers –

Admiral Nursing Direct Dementia help line

<https://www.dementiauk.org/how-we-help/admiral-nursing-direct/>

7.For Voluntary worker and befriender visits –

<http://www.cyrilflint.org/>

With grateful thanks to Phil Jennings, Senior Nurse Specialist, Memory Clinic, Laureate House, Wythenshawe Hospital, Southmoor Road, Manchester M23 9LT

The recipient is responsible for virus-checking before opening messages and attachments.