

# ‘Supporting and Caring in Dementia’

## Surrey and Sussex Healthcare, Delivering the National Dementia Strategy

### Strategy and Implementation Plan



Final  
November 2011



## National Strategy

The National Dementia Strategy was published in February 2009, which was followed by the 'Living Well with Dementia; The National Strategy Implementation Plan' published in July 2009. The Strategy identified 16 key objectives which, when implemented should result in significant improvements in the quality of services provided to people with dementia and should improve a greater understanding of the causes and consequences of dementia.

Within the National Strategy the case for change is identified:

- It is estimated that 40% of patients in hospital have dementia<sup>1</sup>; the excess cost is estimated to be £6m per annum in the average DGH; co-morbidity with general medical conditions is high, people with dementia stay longer in hospital.
- The majority of these patients are not known to specialist mental health services and are not diagnosed.
- General hospitals are particularly challenging environments for people with memory and communication problems, with cluttered ward layouts, poor signage and other hazards.
- People with dementia in general hospitals have worse outcomes in terms of length of stay, mortality and institutionalisation.
- There are marked deficits in the knowledge and skills of general hospital staff who care for people with dementia
- Currently, family members are often excluded from discharge planning, so false assumptions may be made about whether it is possible for people with dementia to be cared for at home.

Up to 70% of hospital beds are currently occupied by older people (Audit Commission 2006), and up to half of these may be people with cognitive impairment, including those with dementia and delirium. (Royal College of Psychiatrists 2005), In too many cases, mental health needs will remain undetected and a mental health assessment will not be made, with the result, in some cases, that appropriate treatment is not initiated. (Arden M et al 1993)The National Audit Office found that some general hospital services even worked hard not to make a diagnosis of dementia for fear it would delay discharge. (National Audit Office 2007), failure to diagnose dementia is an independent predictor of a poor outcome for the patient and for the service.

In September 2010 the Department of Health published a revised implementation plan, 'Quality Outcomes for People with Dementia; building on the work of the national dementia strategy', which fits with the new vision for the future of health and social care as set out in the White Paper Equality and Excellence; Liberating the NHS and the consultation document Liberating the NHS; transparency in outcomes – a framework for the NHS.

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<sup>1</sup> Quality outcomes for people with dementia; building on the work of the National Dementia Strategy, Sep 2010

It lays out the priority objectives:

- Good quality early diagnosis and intervention for all
- Improved quality of care in general hospitals
- Living well with dementia in care homes
- Reduced use of antipsychotic medication

### **Our Vision**

*All patients with dementia receiving treatment at Surrey and Sussex Healthcare, will experience effective patient-centred care that demonstrates high standards, and ensures each patient is treated with respect, dignity and compassion.*

### **Our Pledge**

We will ensure that patients with dementia and their carers are:

Well supported

Treated with dignity and respect

Get the right treatment and support in a timely manner

Fully involved in their discharge planning

### **Our Strategy:**

1. Develop a set of evidence based interventions, which need to be in place and used/drawn upon by all staff to provide consistent high quality care.
2. Improve ward environments to meet the needs of people with dementia:
  - a. Explore the need to establish a designated specialist medical ward to meet the needs of patients with dementia.
  - b. Improve the ward environment on Leigh and Newdigate (orthopaedics) to meet the needs of patients with dementia.
3. Actively involve people with dementia and their carers in the development of services at East Surrey Hospital
4. Reduce the use of antipsychotic and benzodiazepine prescribing.
5. Develop a training programme on mental health and dementia for all ward based clinical staff, so that they can respond to the needs of the individual appropriately and to ensure early diagnosis.
6. Appoint a dementia nurse specialist to champion and lead dementia care and service improvements across the Trust.

7. Support and advise on management and care planning, including discharge planning for people with confirmed or suspected mental health problems. This includes requests for urgent attention or response to patient behavioural management difficulties to support hospital clinicians and provide a link to community services, including specialist dementia services where appropriate

## Introduction

Our strategy and implementation plan has been developed to deliver objective 8 of the National Strategy, which is specifically directed at acute general hospitals.

*Improved Quality of Care for people with dementia in General Hospitals. Identify leadership for dementia in general hospitals, defining the care pathway for dementia care and commissioning of specialist liaison older people's mental health teams to work in general hospitals.*

The aim of the project is to improve the quality of care for patients admitted to our district general hospital for a range of acute medical / physical care needs and who just happen to have dementia. The number of such patients presenting to emergency departments and medical receiving rooms is increasing and will continue to increase country-wide. Once admitted, these people typically present the hospital with challenging, complicated cases for treatment and subsequently tend to be more complex to discharge.

A snapshot audit was undertaken at East Surrey hospital in May 2011 to determine:

- the number of admitted patients with dementia
- the proportion of patients diagnosed during or prior to admission
- whether dementia diagnosis was recorded in the medical notes
- admission source and discharge destination

There were 22 wards included in the audit (paediatrics and maternity were excluded). There were 64 patients across 16 wards that were identified as having dementia of which 67% were diagnosed prior to admission. The majority of the patients were found on the orthopaedic / orthogeriatric wards, due to the link between falls and dementia, followed by the elderly medicine and stroke wards. Please refer to the document embedded below for a more detailed summary of the information collected.



Dementia Audit  
Summary

Approximately a third of the notes audited did not have a dementia diagnosis clearly recorded, which has both coding and financial implications.

The same audit was also carried out by other acute trusts in Sussex, led by the Sussex Dementia Partnership. A similar audit will be repeated on a quarterly basis, from January 12 onwards, once further training and awareness sessions for ward staff take place, to determine if the diagnosis and recording in medical notes has improved. The findings will inform the dementia implementation / action plan.

Though not specified within this strategy, there are number of initiatives that are already underway that impact on patients with dementia, but are not specific to this particular group of patients. These include:

**Falls** - as part of the Trusts ongoing commitment to reduce in-patient falls the following trials are being audited:

- Patients assessed as being at high risk of falls will have their bed space identified with a blue pillow case in order to raise awareness to all members of the MDT and to prompt further assessment.
- The use of low level beds to reduce harm if the patient is deemed to be at risk of falling from the bed and pressure alarming mats to alert staff when at risk patients rise from the bed or chair.
- A successful trial of reduce slip sole slipper socks has resulted in these being available to all wards.

**Nutrition** - all patients having their nutritional status assessed, if required are included in the Red Tray system to provide additional support and awareness of nutritional issues.

**Discharge Planning** - utilising the expertise of the Clinical Case Managers to facilitate discharge planning and assuring that these plans run in conjunction with the medical treatment plans.

**Enhancing Quality Programme** - The Trust is participating in the SEC PCT Alliance Enhancing Quality Programme (EQ) which has developed a series of indicators to promote optimum care for people with dementia.

The overarching EQ aim is that people with dementia who are prescribed an Anti Psychotic Drug (APD) and / or benzodiazepines should have recorded in their notes:

- Evidence of severe distress or immediate risk of harm to self or others.
- Discussion of off licensed use of medication with service user and carer
- Non drug methods that have failed.
- A follow-up management plan ensuring the patient is reviewed within 3 months.

From September 2011 data is being collected on all inpatients onwards and this will be used to both benchmark progress with other Trusts across the South-East as well as monitor the progress of part of this strategy.

## **Our Planned Outcomes**

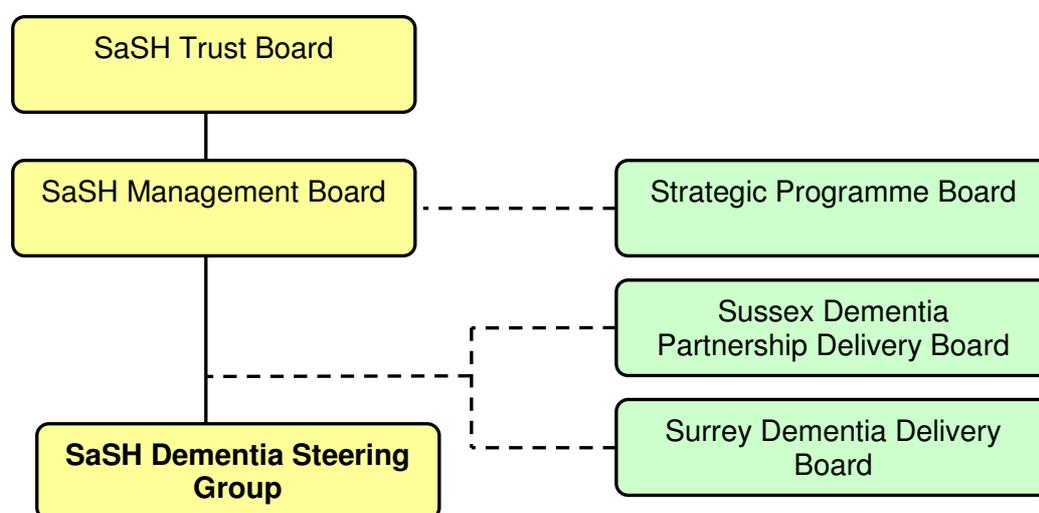
1. Clinical outcomes for patients will be improved with an anticipated reduction in falls, infections, pressure ulcers, reduced length of stay and fewer discharges to on going bed based care.
2. Staff will be trained and competent to provide person-centred care to meet the specific needs of patients with dementia.
3. Patient/family experience and satisfaction will be improved, resulting in fewer complaints.
4. There should be a reduction in the cost of care to the whole system within the SaSH locality.
5. Patients with cognitive impairment could be managed on a specialist older people's medical ward, where there is greater expertise in the appropriate management, unless their over-riding clinical condition requires an alternative specialist ward.

## **Patient, Public and Carer Involvement**

We have asked a recent carer and a representative from the Alzheimer's society to join the 'Supporting and Caring in Dementia' Steering Group, to ensure that patient and carer views are considered when developing the strategy and action plan.

Engagement with carers and patients will be vital in agreeing changes to the ward environment and developing activities for in-patients during the day.

## Governance



### Dementia Steering Group Membership

Joe Chadwick-Bell, Executive Lead  
Virach Phongsathorn, Medical Lead  
Elaine Hextall, Nursing Lead  
Natasha Hare, Operational Lead  
(name TBC), clinical project manager and dementia nurse specialist  
Jo Thomas, Chief Nurse  
David Heller, Chief Pharmacist  
Clinton Krynie, Information Manager  
Clare Robertson, Alzheimer's Society Representative  
Rosemary Copsey, Carer Representative  
Cathie Sammon, Consultant Nurse Older Peoples Mental Health - Surrey and Borders  
Lucy Martindale, Service Manager - Surrey and Borders  
Jo Robertson, Sussex Mental Health Commissioner

### Final Document Approval

Sign off by Steering Group – 8 November 2011  
Sign off by Management Board – 9 November  
Trust Board for information – 24 November 2011

## Implementation Plan – Phase 1

Project	Deliverables	Responsibility	Implementation Date
Staff Education and Training	<ul style="list-style-type: none"> <li>• Education and training package in place for:               <ul style="list-style-type: none"> <li>○ Qualified nursing</li> <li>○ HCAs</li> <li>○ Medical staff</li> <li>○ Set standards for compliance with dementia awareness training</li> </ul> </li> <li>• Improved awareness of the needs to patients with dementia across all staff groups (assessed via baseline and ongoing audit)</li> <li>• All patients with a diagnosis (new or existing) will have this clearly documented in all medical and nursing documentation</li> <li>• Appoint dementia nurse specialist</li> <li>• Guidance on the diagnosis of dementia available on the intranet</li> </ul>	<b>Dementia Specialist Nurse /Project Manager</b>	<b>February 12</b>
Patient, Carer and Public Information	<ul style="list-style-type: none"> <li>• Implement the 'this is me' or similar document for all patients diagnosed or recognised with dementia</li> <li>• Communication plan for all stakeholders</li> <li>• Appoint carer representative to steering group</li> </ul>	<b>Dementia Specialist Nurse /Project Manager</b>	<b>February 12 complete</b>
Prescribing	<ul style="list-style-type: none"> <li>• Reduce volume and cost of prescribing</li> <li>• Meet enhancing quality requirements for reducing use of antipsychotic prescribing</li> </ul>	<b>David Heller</b>	<b>January 12</b>

Improving the ward environment	<ul style="list-style-type: none"> <li>• Establish a specialist dementia ward, that meets Stirling environment standards (phase 1)</li> <li>• Develop criteria for admission</li> <li>• Introduce dementia care mapping (baseline and quarterly reviews)</li> <li>• Consider roll-out to orthopaedic wards upon review of phase 1 ward</li> <li>• Develop dementia volunteer group</li> </ul>	<b>Elaine Hextall</b>	<b>February 12</b>
Older adults liaison service	<ul style="list-style-type: none"> <li>• Implement liaison service</li> <li>• Develop business case for recurrent funding</li> </ul>	<b>Natasha Hare / Elaine Hextall</b>	<b>October 11 June 12</b>
Clinical and Operational Guidance Document	<ul style="list-style-type: none"> <li>• Develop and implement guidance document</li> <li>• Develop guidance for documenting diagnosis and treatment of dementia in notes</li> </ul>	<b>Virach Phongsathorn</b>	<b>January 12</b>
Metrics and Coding	<ul style="list-style-type: none"> <li>• Develop a set of measurable outcomes that set a baseline and demonstrate improvements</li> <li>• Improve coding for patients with dementia</li> </ul>	<b>Natasha Hare /Clinton Krynle</b>	<b>End Nov 11</b>

## Appendix 1 – Outcomes and KPIs

METRIC	SEPT 11 BASELINE	TARGET	ACTUAL	ACTION POINTS
No of admissions with a diagnosis of dementia	148	145		
No of admissions with a diagnosis of dementia prescribed Antipsychotics				
Total No of patients with delirium				
No of patents on team caseload				
Average length of stay in days for patients coded with dementia				
No admitted from home				
No of patients who return to original pre-admission place of residence				
No admitted from residential care				
% discharged to residential care having been admitted from home.				
% Urgent assessed within 2 working days				
% Urgent assessed > 2 working days				

### References

- Audit Commission (2006), *Living Well in Later Life: A review of progress against the National Service Framework for Older People*.
- Royal College of Psychiatrists (2005), *Who Cares Wins: Improving the outcome for older people admitted to the general hospital*.
- Arden M et al, Cognitive impairment in the elderly medically ill: how often is it missed? *International Journal of Geriatric Psychiatry*, 1993; 8: 929–937.
- National Audit Office (2007), *Improving services and support for people with dementia*. London: TSO