

Welcome to the
*Dementia: the Latest
Evidence Newsletter.*

This monthly alerting
service introduces the
latest evidence, policy
developments and
guidelines in the field.

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Dementia: the Latest Evidence

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New Directions: Initial Steps Towards Elder-Friendly Hospital Wards

*By Matron Karen Bowley
from the Dementia Ward,
New Cross Hospital.*

Introduction

Ward D8 at **New Cross Hospital** are embarking on a project to improve care of the elderly services. **RWHT** staff are developing a number of ideas for improvements which were received in a *Listening in Action* event held on the ward. Some of these suggestions involve small changes with only minor costs while others entail larger projects that will require investment of one sort or other.

One of the simple small changes we have made already is to provide brightly coloured light weight cups for patient drinks. This enables patients to see their mugs easily and hold them more securely, giving patients more confidence to drink and thus improve hydration.

First Steps...

The name for the D8 quality improvement project was chosen from a selection of suggestions received in a competition for *Dignity in Care Day* on D8.

The name chosen is:

New Directions - the journey of a thousand miles begins with one step. (Lao-Tzu, 604 BC - 531 BC).

The broad aims of the project are to work with patients, relatives and staff to improve services and outcomes for elderly patients, with a particular focus on:

- **C**ommunication with compassion.
- **A**ssist patients to maintain independence, ensuring dignity.
- **R**elieve pain effectively.
- **E**ncourage adequate nutrition.

This is in line with the "**CARE campaign**", a joint drive by the **Patients Association** and **Nursing Standard** magazine to improve fundamental patient care throughout the UK

The Quality Mark

Part of the project entails working with the **Royal Colleges** to define the quality of care for elder persons. The "**Quality Mark for Elder-Friendly hospital wards**" is a new initiative which seeks to identify the essential elements of care for older

people on hospital wards and support staff to improve and gain recognition for the quality of care they provide.

The scheme encourages consistent attention to essential care and continuous improvement through a three stage data collection cycle, during which wards put together an action plan, work on implementation and finally achieve their improvement goals.

Structure & Process

The Quality Mark creates an overall picture of how "elder-friendly" each ward is. This entails collecting information from patients, staff, the Ward Manager, a Lead Consultant, a team of Executives and senior hospital management. This information is collected through questionnaires and **PIE**, an observation tool developed specifically to look at the quality of care received by patients with dementia as it takes place.

Patient Feedback

Feedback from patients is a key component of the measurement of care quality. All older patients are asked to complete a

This month's recommended web resource:

You may wish to view:

- [Delivering Excellence in Dementia Care in the Acute Hospital.](#)

This freely-available set of presentation slides summarises the background, philosophy, personnel and achievements of the [New Cross Hospital Dementia Project](#).

New Directions: Initial Steps Towards Elder-Friendly Hospital Wards (continued)

brief questionnaire rating their comfort, food and drink, the support and help available from staff, and the respect shown for their privacy and dignity.

This is then linked to information provided by ward staff and leaders about morale and support for staff, skills and training, resources and the ward environment. Executives provide an outside perspective on the ward. Hospital level data provides information about the organisation the ward works within. D8's Executive sponsor for the Quality Mark Project is

Director of Nursing, Cheryl Etches.

Pilots

The data collection is undergoing pilot in 6 pioneer Trusts; one of which is the [Royal Wolverhampton Hospitals Trust \(RWHT\)](#). Staff on **Ward D8** at **New Cross Hospital** and on **Ward 2** at **West Park Hospital** (Wolverhampton) are involved in giving out questionnaires to older patients, providing feedback via staff questionnaires, and undertaking observations of care.

The *Ward D8 Manager, Sister Diane Williams*, and *Dr D'Costa* at **New Cross Hospital**, working with the *Ward 2 Sister, Althea Hibbert* and the consultant *Dr Jawad* at **West Park Hospital**, are leading the team in this work and will lead the action plan development. Staff from the Trust are also invited to provide feedback on the process of implementing the Quality Mark and how it could best be used to improve practice.

For more information see:

www.wardqualitymark.org.uk

VERA Framework for Communication with Dementia Patients (Nursing Standard)

The VERA framework offers a guideline for interpretation, communication and responding appropriately.

The authors present their communication framework for use by healthcare professionals who come into contact with people with dementia. The framework is based on four key concepts: *Validation, Emotion, Reassurance* and *Activity (VERA)*. The framework was developed initially to meet the needs of students who find it useful to have

structured guidance on how they should interact with people who have dementia.

This article offers a step-by-step communication process which guides and helps nurses in their endeavours to provide compassionate and caring responses to patients.

[Full Text Link](#) (*Access*

requires an Athens password, a journal subscription or payment).

Reference:

Blackhall, A. Hawkes, D. [and] Hingley, D. (2011). VERA framework: communicating with people who have dementia. *Nursing Standard*, Nov. 9th 2011, Vol.26(10), pp.35-39.

Nutritional Optimisation for Older People with Dementia (Nursing Standard)

"Standardised interventions do not emerge, but some approaches appear more successful than others".

This article examines interventions to establish and maintain adequate nutritional intake in older people with dementia. A literature review identifies

and evaluates 12 articles. Nurses need sufficient time and better training.

[Full Text Link](#)

Reference:

Cole, D. (2012). Optimising nutrition for older people with dementia. *Nursing Standard*, Jan. 18th 2012, Vol.26(20), pp.41-48.

Dementia Tsar on the Healthcare Environment (Department of Health, Dementia)

In this **Department of Health** web video, **Prof. Burns** applauds national efforts towards developing a suitably dementia-friendly healthcare environment. The main points raised are:

The **King's Fund** [Enhancing the Healing Environment](#) programme promotes the importance of managing and enhancing the care environment to provide better outcomes for people with dementia

[Simple but effective steps](#) can improve the care environment. Examples include altering the

lighting, signs and floor coverings in hospital environments.

An illustrative case-study based on work at **New Cross Hospital (RWHT)** shows how the **A&E Department** at **Royal Wolverhampton Hospitals Trust** has been pursuing an initiative to improve the care of people with dementia, by focusing on communication with staff and the importance of adequate nutrition and hydration. Changes to the layout of the **A&E** reception and assessment areas have resulted in a significant decrease in the number of falls. 87% of

staff now rate their working environment to have improved.

The video commentary stresses the importance of working to understand the special needs of patients with dementia, the issues of important to them, and what can be improved by altering the environment to meet their needs. These insights apply not just in general hospital settings but also in care homes and the community generally.

Read more and view the video: [The importance of the healthcare environment. \(Department of Health, Dementia\).](#)

*Professor Alistair Burns
(National Clinical Dementia Director,
Department of Health)
talks about the importance
of the healthcare
environment for people
with dementia.*

Impact of Commissioning for Quality and Innovation Scheme (CQUINs) 2012/11 in London (MHP Health Mandate)

This report analyses the impact of **Commissioning for Quality and Innovation Scheme (CQUINs)** in London. **CQUIN** involves a quality increment which applies strictly to a level of service over and above the standard contract.

This report examines the issues which appear to have been “incentivised” in 2010/11, how hospitals (the “service providers”) performed against their targets, and the financial impact of their actual performance.

The report estimates that London hospitals **missed out** on nearly £22 million

of revenue in 2010/11 as a result of their failure to meet CQUIN goals; which was 23% of the total CQUIN revenue available.

Commissioners and providers are advised, by the authors of this report, to use CQUINs as a tool to prioritise improvements in care for conditions with increasing prevalence and costs, *such as dementia*.

London hospitals are working towards the **London Dementia Care Pathway**. The use of a CQUIN to incentivise adherence to the hospital care pathway – as presented in the [Healthcare for London](#)

[Dementia Services Guide](#) – is thought to be encouraging.

[Full Text Link \(a\)](#)

Reference:

Paying for quality: an analysis of the impact of the 2012/11

Commissioning for Quality and Innovation Scheme (CQUINs) in London. London: MHP Health Mandate, February 2012.

[Full Text Link \(b\)](#)

Reference:

Heseltine, C. (2009). Dementia services guide. London: Healthcare for London, 2009.

“50% of London acute trusts achieved the full payment available through the effective implementation of the London Dementia Pathway CQUIN in 2010/11”.

Three Million Lives to be Improved by High Technology Project (Department of Health)

Telehealth, applied correctly, could deliver a 15% reduction in A&E visits, a 20% reduction in emergency admissions, a 14% reduction in elective admissions, a 14% reduction in bed days and an 8% reduction in tariff costs. The WSD programme also demonstrates a potential 45% reduction in mortality rates.

Three million lives could be improved across England by using new high-tech healthcare. After seeing the technology in practice in Cornwall on January 3rd 2012, *Care Services Minister Paul Burstow* decided it should be made available to more people with long-term conditions (such as dementia).

Over the next five years the Department of Health will [work with](#) industry, the NHS, social care and professional organisations to bring the benefits of assistive technology including telehealth and telecare to millions of people. Telehealth and telecare use IT equipment and networks to monitor vital health signs such as pulse, weight, respiration and blood oxygen levels, which can be read remotely by health professionals. This means people can stay in their

own homes safely with the reassurance that a doctor or nurse will be alerted should problems arise.

WSD Programme

The **Whole System Demonstrator (WSD)** programme was set up by the **Department of Health** to determine the potential benefits of telehealth and telecare. The [programme](#) involved a randomised control trial involving 6191 patients and 238 GP practices across three sites; Newham, Kent and Cornwall.

Department of Health Concordat

A “**Concordat**” (i.e. an agreement) has been launched between the Department and the telehealth and telecare industry, outlining the framework for successful implementation of telehealth and telecare in

healthcare in England. There should be fewer unplanned admissions to hospitals and care homes, and easier / swifter discharge from hospitals, if these plans work as intended

[Full Text Link \(a\)](#)

Reference:

Whole system demonstrator programme: headline findings – December 2011. London: Department of Health, December 2011. (Gateway Reference No.16972).

[Full Text Link \(b\)](#)

Reference:

Becca, M. and Department of Health (2012). A concordat between the Department of Health and the telehealth and telecare industry. London: Department of Health, January 19th 2012.

Promoting Effective Commissioning and Supporting QIPP (NHS Confederation)

“The majority of assessment and treatment for people with dementia should ideally be provided in the community and not require a dementia bed”.

There has not been a consistent definition of what constitutes an inpatient bed in mental health, and this has resulted in difficulties in benchmarking and judging performance. This report addresses the in-built variations in peoples’ understanding and suggests a set of definitions for use by commissioners and

service providers.

An assessment in hospital is necessary in some cases. A “dementia bed” is one for a patient with a presumed or confirmed diagnosis of dementia who has severe behaviours which require assessment in a hospital setting. The design of the setting should be tailored to the needs of those with dementia and consider the

use of appropriate assistive technology.

[Full Text Link](#)

Reference:

Appleton, S. (2012). Defining mental health services: promoting effective commissioning and supporting QIPP. London: NHS Confederation, January 2012.

An Outcomes-Based Approach in Mental Health (NHS Confederation / Mental Health Network)

The **Mental Health Network** had earlier been commissioned by the **Department of Health** to produce a [report](#) about how to develop an outcomes-based approach to improving mental health. The main recommendations from that report are presented in this briefing, and targeted at the Government, the **NHS Commissioning Board** and emerging **Clinical Commissioning Groups (CCGs)**.

The policy context for outcomes in mental health is explained, including the need to develop an implementation framework in support of the “*No health without mental health*” strategy.

A case study looks briefly

at the example of **NHS London**, concerning use of the **dementia needs assessment pack** (entitled “*The Chapter*”). This is being used across the region. A public health physician has been commissioned to assess the current prevalence of dementia in every London borough, taking into account the demographic profile of the population and likely changes in demand. The percentages of people identified as having dementia currently varies from 30 per cent to 75 per cent, between different areas.

The Chapter supports the examination of models of care for people with dementia and helps to determine when and

where efficiency savings could be made; for example, in terms of unplanned and emergency hospital admissions. The aim is to calculate the appropriate level of preventable hospital admissions for local service providers to use as a performance target.

The development of outcome measures is underway, which might be applied more broadly.

[Full Text Link](#)

Reference:

NHS Confederation’s Mental Health Network (2011). Briefing 231: Developing an outcomes-based approach in mental health. London: Mental Health Network / The NHS Confederation, 2011.



Extra Care Housing Schemes: Benefits for Older People’s Health (PSSRU and Housing LIN)

Extra care housing offers practical alternatives to residential care, with savings for the NHS and social care services.

This review of 19 extra care housing schemes by the **Personal Social Services Research Unit (PSSRU)** concludes that extra care housing does improve older people’s health and wellbeing, coupled with greater choice and independence. The report summarises an evaluation of 19 schemes funded between 2004 and 2006, with findings on

improved outcomes, care efficiencies and cost effectiveness plus other more qualitative factors including older residents’ wellbeing.

[Full Text Link \(a\)](#)

Reference:

Netten, A. Darton, R. Bäumker, T. [et al] (2011). Improving housing with care choices for older people: an evaluation of extra care housing. London: Personnel Social Service Research Unit (PSSRU) [and] Housing Learning and

Improvement Network (Housing LIN), December 2011.

[Full Text Link \(b\)](#)

Reference:

Darton, R. Bäumker, T. Callaghan L. [et al] (2011). Evaluation of the extra care housing initiative: PSSRU technical report. London: Personnel Social Service Research Unit (PSSRU) [and] Housing Learning and Improvement Network (Housing LIN), December 2011.

The Personnel Social Service Research Unit (PSSRU) and Housing LIN have published an evaluation of the Department of Health’s Extra Care Housing Fund.

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Dr. Daryl Leung.

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Pre-Dementia More Common in Men than Women (BBC Health News)

Researchers at the [Mayo Clinic](#) tracked the health of almost 1,500 elderly men and women over three-years. More men developed mild cognitive impairment (MCI) (72 in every 1,000) compared to women (57 per 1,000).

Men have a higher risk of developing the earliest

signs of dementia, namely MCI, although it is widely accepted that women are more likely to develop full-blown dementia in later life.

Understanding why men are relatively unlikely to develop full dementia could offer useful clues about how dementia

progresses and possibly suggest the means of halting dementia in future.

[Full Text Link](#)

Reference:

Roberts, M. (2012). Pre-dementia 'more common in men than women'. London: BBC Health News, January 25th 2012.

Future Alzheimer's Disease Sufferers Are Potentially Identifiable Ten Years Earlier

This has significance, because early detection of Alzheimer Disease might one day allow disease-modifying therapies to be initiated earlier for maximum benefit.

People at risk of developing Alzheimer's Disease (AD) could be pre-diagnosed ten years before the disease becomes manifest, according to a study published in the [Archives of General Psychiatry](#).

The research at **Lund University** (Sweden) involved 140 people with Mild Cognitive Impairment (MCI). This study investigated the potential of cerebrospinal fluid (CSF) biomarkers for total tau (T-tau),

phosphorylated tau (P-tau), and β -amyloid 1-42 (A β 42) to predict the future onset of AD dementia in patients with mild cognitive impairment (MCI). It also compared these CSF biomarkers between early and late converters to AD.

[Full Text Link \(a\)](#)

Reference:

People at risk of developing Alzheimer's could be spotted ten years before the disease develops. London:

Department of Health (Dementia web pages), January 4th 2012.

[Full Text Link \(b\)](#) (Access via an Athens password or subscription).

Reference:

Buchhave, P. Minthon, L. [and] Zetterberg, H. [et al] (2012). Cerebrospinal fluid levels of β -Amyloid 1-42, but not of Tau, are fully changed already 5 to 10 years before the onset of Alzheimer Dementia. Archives of General Psychiatry, January 2012, Vol.69(1), pp.98-106.

Enhancing the UK's Research in Dementia (Alzheimer's Research UK)

"UK dementia research needs a cohesive national strategy, with sustained, ring-fenced funding".

This report urges the Government and other policy makers to show still greater commitment to a UK national dementia research strategy.

The UK has a world-renowned dementia knowledge-base and research capability, but

these world-class strengths could be undermined relative to overseas initiatives unless scientists have better opportunities to enter and remain in dementia research.

[Full Text Link](#)

Reference:

Defeating dementia: building capacity to capitalise on the UK's research strengths. Cambridge: Alzheimer's Research UK, January 2012.