Introducing the New Cross Hospital Dementia Outreach Service

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Introduction

As part of the project to deliver excellence in dementia care at the Royal Wolverhampton Hospitals NHS Trust, Ward D22 opened in November 2010. It offers a bespoke environment with skilled staff providing acute medical care to patients with dementia. The ward is quickly becoming recognised as a centre of excellence in the delivery of a person-centred “care bundle approach” to the care experience.

Our Outreach Philosophy

Ward D22 has only 20 beds and we know from commissioned Point Prevalence studies that, conservatively, there is at least three times this amount of people with dementia receiving care and treatment within New Cross Hospital at any one time. People with dementia can be found in almost every ward and department in the hospital and at any stage of the illness trajectory from early memory loss to end-of-life care.

The Dementia Outreach Service was established to reach out to the whole of the hospital with the aim to improve both the quality of service delivery and the care experience for patients with dementia and their carers throughout the Trust. The multidisciplinary team is led by Julie Willoughby, Consultant Nurse for Dementia Services and consists of Dementia Outreach Nurse, Gemma Hammond, Dementia Outreach Occupational Therapist Liz Macdonald and dietetic input. The team is actively supported by Dr. Daryl Leung, Consultant Geriatrician and Gill Maidens, Dementia Trainer.

Our Proactive Approach

Whilst offering a traditional referral process, the Dementia Outreach Service proactively seeks to identify patients with a known or suspected diagnosis of dementia admitted to the acute Trust. An electronic database flagging system and daily EAU ward rounds assist in this identification process. The service provides a single point of referral and first line response.

Service Options

Once clients are identified the Dementia Outreach Service can provide a range of services aimed at improving the patient and carer experience. The services available include comprehensive specialist assessment, D22 transfer facilitation, complex capacity opinions, family and carer liaison, staff education and training, and care management planning.

A Person-Centred Care Bundle

The service also aims to facilitate implementation of a person-centred “care bundle” approach. This involves attention being given to each individual clinical area, ensuring that communication, nutrition and hydration and environmental factors are recognised as key areas to be considered when caring for persons with dementia.

Flexibility

The service offers an open referral system, referrals...
Introducing the New Cross Hospital Dementia Outreach Service (continued)

being accepted from all disciplines, internal and external to the Trust, including family and carers. The Dementia Outreach Service operates a dynamic and flexible work plan. It currently provides a service from 08.30 until 16.30, Monday to Friday. There is the aspiration to increase clinical capacity in order to extend service provision in the future.

RWHT’s Dementia Action Network

One of the next exciting stages in the development of excellence in dementia care throughout the Trust, and for the local region, is the establishment of the new Dementia Action Network (DAN). This will consist of lead professionals from within the Trust, the D22 ward team and passionate and enthusiastic individuals who have completed the “Specialist Practice in Person-Centred Care in Acute Hospitals” training module. It will coordinate and liaise with key services and individuals from outside the Trust.

Advice Is At Hand

For further information about either the Dementia Outreach Service, the emerging Dementia Action Network or for help or advice on any dementia related issue, please do not hesitate to contact Julie Willoughby, Consultant Nurse for Dementia Services. Julie may be contacted on 01902 694022/5022 or 07770800959.

NHS Memory Services Will Receive £10 Million to Improve Dementia Care

Early diagnosis and intervention for dementia is a high Government priority. The NHS Operating Framework 2011/12 specifies that people with dementia and their carers should be provided with help to understand the range and quality of local services.

The Department of Health is allocating £10 million to bring about a transformation in how people with dementia are treated by the NHS. The aim is to improve the provision of advice and support for memory services, with better information about local care and support services. A letter has been distributed about this £10m extra funding support to social care via Primary Care Trusts (PCTs). The letter clarifies the Government’s expectations on PCTs and local authorities (LAs) concerning how this money should be spent.

The recent audit found that memory services for dementia exist across most of England. The £10m additional funding is to support the provision of good services across the whole country. Details of the allocations to individual PCTs, which should be duly transferred to local authorities, are stated explicitly in Annex A. Each local authority will receive at least £25,000 in total.

PCTs and local authorities are required to agree appropriate areas for investment in memory services and the expected local outcomes. Decisions about how this funding is used should reflect the Joint Strategic Needs Assessment for local populations and be integrated with existing commissioning plans for health and social care.

Full Text Link

Reference:

RCN’s Commitment to Improving Dementia Care in General Hospitals

The Royal College of Nursing (RCN) has unveiled a range of resources to support their commitment to the care of people with dementia in general hospitals. These resources were launched on September 21st, 2011, to coincide with the RCN’s “Making sense: working in partnership to improve dementia care in general hospitals” conference, held at Aintree Racecourse (Liverpool).

The RCN Commitment

The RCN understands and supports the idea that more can be done to improve the care of people with dementia in hospital environments. Their commitment has been structured into five key threads. A carefully crafted acronym assists in recognition and recall. The RCN’s handy mnemonic for the top five ingredients for the support of good dementia care in hospitals says “Make SPACE for good dementia care”. This is short for:

- Staff who are skilled and have time to care.
- Partnership working with carers.
- Assessment and early identification of dementia.
- Care plans which are person-centred and individualised.
- Environments which are dementia friendly.

Full Text Link

Fall Assessment in Older People (BMJ Clinical Review)

This BMJ review covers the screening and assessment for risk of falls in older adults, both with and without cognitive impairment. Videos and case studies are used to illustrate the main points. Standard fall prevention strategies are discussed. Further research is needed to determine optimally effective falls prevention interventions in high risk populations such as older people with dementia.

Full Text Link

Cognitive Assessment of Older People (BMJ Clinical Review)

This review article examines the cognitive assessment of older people (i.e. those aged over 65 years) with a view to the importance of distinguishing between possible dementia, delirium, and/or depression. Attempting to achieve an accurate cognitive assessment is an essential component for a diagnosis, which can dramatically improve treatment outcomes. Improved training is recommended in the diagnosis of dementia, depression, and delirium.

A brief bibliography of the relevant NICE guidelines is included, which also lists some of the more important learning / best practice resources.

Full Text Link

There is an accompanying BMJ Learning Resource consisting of a multiple choice questionnaire, to assist GPs and generalist clinicians in the assessment of cognitive function in patients aged 65 and over. Click here for free access.
Earlier research, published in September 2010, had found that people taking vitamin B had 30% less brain atrophy (shrinkage) than those taking a placebo.

Some newspapers have reported that vitamin B might help protect the brain from dementia. Recent research looked into whether high doses of vitamin B could help elderly people with mild cognitive impairment (MCI). MCI is often an early symptom of Alzheimer’s Disease. MCI affects 5 million people in the US and 14 million in Europe. Half of those with MCI go on to develop dementia within five years.

The researchers found that people taking vitamin B showed improvements on neuropsychological tests (of orientation, memory, language, verbal learning and the ability to plan and execute tasks) when compared with individuals taking a placebo.

**Note:** This small study implies that high doses of the vitamin may help some people with MCI, but it does not yet prove vitamin B can prevent Alzheimer’s dementia. A larger trial would be required to investigate the potential for vitamin B to slow the progression of dementia.

**Caution:** High doses of vitamin B may be harmful and increase cancer risk.

Full Text Link (a)
Reference:

Full Text Link (b)
Reference:

The researchers conclude that miR-34c is a marker for the onset of cognitive disturbances linked to Alzheimer’s Disease and propose targeting miR-34c as a potential therapy.

The Daily Express has reported that researchers have discovered how to block a molecule in the brain, namely “miR-34c”, which appears to be involved in impaired learning and memory. Blocking the action of miR-34c improves learning in mice that have been genetically modified to have an Alzheimer’s-like brain condition. It has the same benefit in older healthy mice showing age-related memory problems.

**Note:** Blocking the action of miR-34c does not restore lost memories, but it does seem to assist in re-gaining ability to learn.

Analysis of brain samples from people with Alzheimer’s Disease and from healthy elderly people does apparently confirm that persons with Alzheimer’s do have increased levels of miR-34c in the hippocampus (an area of the brain involved in memory). The hippocampus is widely understood to be one of the regions of the brain to be affected first in age-related memory impairment and dementia.

**Caution:** The results from animal studies do not always translate to humans. Alzheimer’s Disease is a complex disease, for which mouse models are not a perfect replica.

It is not yet clear whether the approach tested in this study would be effective or safe if applied to humans. More research is needed.

Full Text Link (a)
Reference:

Link to the Journal Article Abstract
Reference:
Cinnamon Cake Remedy for Dementia? (NHS Choices)

In June the Daily Express reported a possible “cake cure for dementia”, which could one day slow or eradicate dementia. This news was based on a laboratory animal study into the effect of an extract from cinnamon bark (called CEppt) in reducing the build-up of amyloid beta protein aggregates. These aggregates form into amyloid plaques and probably contribute to nerve cell death in Alzheimer’s Disease. Cinnamon extract was found to reduce the formation of aggregates and improved brain function in mice which had been genetically modified to develop a form of Alzheimer’s.

Further research is needed to discover how and why this effect works, and to determine which specific chemical is responsible.

**Note:** Research results from animal studies do not always apply to humans. The implications for human Alzheimer’s Disease is unclear as yet. Furthermore, a cinnamon extract was studied, rather than cinnamon; so eating cinnamon may not have a similar effect. It is not known whether cinnamon (as a spice) would contain enough of the active ingredient(s) to have the required result.

**Caution:** Cinnamon bark may contain harmful toxins and should not be eaten in large quantities. Further research is needed to establish whether this cinnamon bark extract is safe and works in humans.

Full Text Link (a)

Reference:

Full Text Link (b)

Reference

Information for Choice: What People Need, Prefer and Use (NIHR SDO)

This research project examined the needs, preferences and use of information by people, in helping the choices they take. One of the life stages considered was the care of people with dementia. Carers noted the absence of information they need to make decisions about where their relatives should live.

This research generally supports policies which aim to provide high quality information on health care and improve access to information. Signposting to high quality information sources, and helping in the appraisal of information quality, are important. Emphasis is placed on the provision of balanced information, but it helps if this is based on specific examples.

It is important to improve the availability and accessibility of advice on particular health issues such as dementia, and to support people facing major decisions (such as where a relative should live). Information based on the “personal experiences” of others may be helpful to people when identifying and appraising the options.

Full Text Link
Reference:
Biomarkers Predicting Cognitive Decline and Alzheimer’s Disease

The process of developing Alzheimer’s Disease is known to begin years before the formal diagnosis of clinical dementia. This systematic review examines recent advances in biomarker studies and the evolving capability to detect the pathologic changes at work in Alzheimer’s Disease which precede symptoms of the illness, i.e. changes which are already at work in cognitively “normal” individuals. The ability to detect the presence of preclinical Alzheimer’s Disease may one day offer opportunities for intervention with disease-modifying therapies and suggest priorities for public health programmes.

Full Text Link
Reference:

World Alzheimer Report 2011: Early Diagnosis and Intervention (ADI)

The majority of people with dementia do not receive a diagnosis until late in the course of the disease, if at all. This results in a costly and unjustifiable “treatment gap.”, which limits access to information, advice, treatment, care, and support. This situation worsens problems across the board; i.e. for patients, families, carers and health systems.

The case is made for interventions which are effective in the early stages of dementia. This document supplies the economic arguments for earlier diagnosis and timely intervention.

The World Alzheimer Report 2011 indicates a pathway through the dementia crisis. It supplies evidence-based answers concerning the benefits of earlier diagnosis, the effectiveness of certain interventions in the early stages of dementia, and advisability of “spending to save” generally.

Full Text Link
Reference:

The Scale of Mental Health Disorders Across Europe 2010 (ECNP)

This study, from the European College of Neuropsychopharmacology (ECNP), examines the extent of mental health disorders and other disorders of the brain (including dementia) across Europe. It estimates the potential “burden” in order to inform European Union (EU) policy-making.

The authors conclude that mental disorders are Europe’s largest health challenge in the 21st century.

Full Text Link (a)
(Click here to view the PubMed abstract).

Dementia is estimated to affect 1% of people aged 60-65, rising to 30% among those aged 85 and above. There has been a notable increase since 2005, due to increased life expectancy.