Commission on Improving Dignity in Care for Older People: Draft Report

Introduction

The Commission on Improving Dignity in Care for Older People (set up jointly by Age UK, the NHS Confederation and the Local Government Association) has released a draft report and recommendations for public consultation.

Recommendations

The draft report sets out ten recommendations for hospitals and a further ten recommendations for care homes. The broad aim is to tackle the underlying causes of undignified and inadequate care.

Compassion

Being compassionate should be as important as academic competence in the recruitment, and in the ongoing appraisal, of staff who care for the elderly.

Broad Ranging

Wider recommendations are proposed for changes to the health and social care system. The commission has defined no less than 48 draft recommendations, some of which would be easier to put into practice than others.

These recommendations cover making dignity a priority, staff training, adequate staffing levels, encouraging staff at all levels to challenge bad practice and facilitating whistleblowing. Some of the recommendations try to address cultural issues, such as ensuring that patronising or dismissive language (such as “old dear” and “bed blocker”) is no longer used.

Consultation

These recommendations have not been made lightly. The Commission spent eight months gathering evidence from over 40 organisations representing service users, NHS leaders, clinicians and nurses, older people’s & patient representatives, researchers and academics. A detailed literature search has been performed.

Any organisation, individual or member of the public is invited to submit their views. The public consultation is open until Tuesday March 27th 2012.

The Final Report

The Commission’s final report is expected to explain in detail how health and social care should be transformed, in order to:

- Make dignity an equal priority alongside safe and effective care.
- Spread best practice across hospitals and care homes.
- Help older people and their families understand their rights.
- Help frontline staff to recognise, and to be responsible for, high standards.

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Developing Supportive Design for People with Dementia (King’s Fund)

Introduction
The design of the built environment can significantly help in compensating for the sensory loss and cognitive impairment associated with dementia, while supporting the continued independence of people in hospital who have dementia.

The King’s Fund has produced their first three resources to enable hospitals become more dementia friendly. This series of tools and resources is being developed in collaboration with NHS Trusts participating in the King’s Fund’s Enhancing the Healing Environment (EHE) Programme. These tools reflect research and evidence of best practice.

The first three documents in the series of tools and resources are:
• Developing supportive design for people with dementia: design principles.
• The EHE assessment tool.
• The evidence-base: a bibliography

Design Principles
These overarching design principles were developed from experience gained from 23 hospital trusts participating in the King’s Fund’s EHE programme.

Many of these principles are simple and can usually be introduced with limited financial outlay. The design principles are presented in five sections, organised around the desired outcomes, namely:
• Easing decision making.
• Reducing agitation and distress.
• Encouraging independence and social interaction.
• Promoting safety.
• Enabling activities of daily living.

Specific design elements known to support, encourage and enable people with dementia in unfamiliar environments are listed under each section heading.

Assessment Tool
Inexpensive and relatively simple changes to the design of health care environments can enhance the wellbeing of people with dementia, improving staff morale and reducing operating costs.

The Royal College of Psychiatrists’ recent Report of the National Audit of Dementia Care in General Hospitals found most hospitals had not yet made such modifications. The EHE Assessment Tool has been developed by the King’s Fund as a practical means to assess the physical environment and answer the question “Is this ward dementia friendly?”

This assessment tool has been based on research evidence and reflects best practice. It can be used across the full range of hospital settings where people with dementia and delirium receive assessment or care, including general medical and surgical wards, outpatient departments, continuing care wards and mental health assessment units. It comprises seven overarching criteria and a range of questions to prompt discussions.

Evidence-Base
A bibliography has been compiled to draw together the information sources forming the evidence-base used in the development of the King’s Fund’s EHE resources.

Note: Free registration is required before being allowed access to these resources.

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Integrated Care: Are We Really Pulling It All Together Yet?

The Commons Health Select Committee wants local areas to deliver “joined-up” care, health and housing. An urgent reform of the care and support system is needed, to allow for more integration. This report asserts that old people are let down by fragmented care services. Integrated care and joined-up services would achieve better outcomes for older people while delivering much-needed efficiency savings.

The committee’s report said the Health and Social Care Bill might not – in itself – simplify the fragmented system in England, which is rooted in decades of poor integration and multiple funding sources. MPs are calling for a single local body to commission health, support services and housing for the elderly and disabled.

Improving Outcomes by Working Together

A report from the King’s Fund and Nuffield Trust addresses the development of a national strategy for integrated care in 2012. It asserts that developing integrated care should be a high priority, because it is essential to meet the needs of the ageing population, people with long-term conditions and people with complex needs. These people need to be enabled to live healthy, fulfilling, independent lives.

Their report examines the case for integrated care, and the barriers to integrated care which have to be overcome (with suggestions how).

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National Dementia CQUIN Coming Soon (Department of Health, Dementia)

The Department of Health is developing a National Commissioning for Quality and Innovation (CQUIN) aimed at improving dementia care in hospitals. This CQUIN is will be launched by April.

In this video web blog posting, Professor Alistair Burns (National Clinical Dementia Director, Department of Health) introduces the plan to improve general awareness around dementia identification and referral when people over the age of 75 years are admitted to hospital. A flowchart has been developed for healthcare staff to use.

The CQUIN covers three main elements, covered by the acronym ‘FAR’:
Find, Assess and Refer.

Read more and view the video: Introducing the national dementia CQUIN (Department of Health).

Integrated care must be delivered “at scale and pace”.

This CQUIN is due to be launched in March / April this year, and there will be incentive payments available.
New Dynamics of Ageing Programme (UK Research Council)

The New Dynamics of Ageing (NDA) programme is a seven year multidisciplinary research initiative. The broad aim is to improve the quality of life for older people. Older people often find that their health problems challenge their sense of independence, dignity and identity.

Health care sometimes may not help as expected. According to a research report funded by the NDA programme (available to members only), healthcare providers should avoid a “blanket view” of how to help older people cope with ageing.

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Safeguarding Adults at Risk of Harm: a Legal Guide for Practitioners (SCIE)

The Department of Health commissioned this guide, which is a response to requests from various practitioners for a comprehensive guide to the legal framework for adult safeguarding, with advice on how to assist and safeguard vulnerable people.

This guide is aimed primarily at practitioners working in organisations involved in safeguarding, but it could also be useful for carers, volunteers and family members.

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Critical Success Factors for High Quality End of Life Care (EoLC)

This National End of Life Care Programme report identifies the critical success factors for excellence in EoLC as:

- Strong commissioning and clinical leadership.
- Use of nationally recognised drivers to attract payment: Local Enhancement Schemes (LES) and CQUINs.
- Flexible budgets and care packages.
- Use of nationally recognised tools or their local equivalent: Advance Care Planning (ACP), Gold Standards Framework (GSF), Liverpool Care Pathway (LCP), Preferred Priorities for Care (PPC), After Death Analysis (ADAs) and CHC.
- Fast Track Pathway (CHC).
- Shared electronic information systems.
- Clearly defined access to 24 hour cover.
- Development of Care Homes.
- Use of facilitator roles (for example dementia facilitators) and coordination of care across boundaries.
- Training to support staff delivering EoLC (including training centred around the awareness of dementia).

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Donepezil and Memantine for Moderate-to-Severe Alzheimer's Disease (NEJM / BBC)

A study was performed by researchers at King's College London, to see whether the benefits of cholinesterase inhibitors for the treatment of Alzheimer’s Disease might continue after the progression from mild-to-moderate Alzheimer’s Disease into moderate-to-severe phases of the disease.

295 community-dwelling patients who had been treated with donepezil for at least 3 months and with moderate or severe Alzheimer’s Disease were assigned randomly to either continue donepezil, discontinue donepezil, discontinue donepezil and start memantine, or continue donepezil and start memantine. Patients received this treatment for one year.

It was found that continued treatment with donepezil resulted in cognitive benefits for patients with moderate or severe Alzheimer’s Disease over 12 months. This research indicates that thousands of patients with more advanced Alzheimer’s Disease could benefit from continued prescription of drugs such as Aricept, whereas up until now cholinesterase inhibitors have tended not to be prescribed once sufferers progress beyond moderate symptoms. This new evidence could result in twice as many people worldwide being allowed the medication.

Note: The patent for Aricept expired recently, and cheaper generic versions, under the name donepezil, are available for £12 a month.

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Individual Cognitive Stimulation Therapy for Improvement of Cognitive Function?

A BMJ article and a Cochrane systematic review explore the potential use of mental exercises and activities to maintain and improve cognitive function for patients attending memory clinics. Evidence remains weak for individual psychological interventions to improve cognition in dementia. Many people with dementia are unable to participate in group therapy due to sensory impairments, unwilling to participate or unable to get to local groups.

The authors found that individual cognitive stimulation therapy (usually carer led) might be promising, but decided it would be premature to recommend this treatment routinely in dementia care without further confirmatory research.

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Aspirin, Steroidal and Non-Steroidal Anti-Inflammatory Drugs for Alzheimer's?

Inflammatory processes have previously been thought to play a role in the development of Alzheimer’s Disease (AD).

The authors of this systematic review investigated the efficacy and side effects of aspirin, steroidal and non-steroidal anti-inflammatory drugs (NSAIDs) in the treatment of AD. They found no significant improvement in cognitive decline.

The authors conclude that the efficacy of aspirin, steroid and NSAIDs (traditional NSAIDs and COX-2 inhibitors) for the treatment of AD is unproven based on the studies to date, and that these drugs cannot be recommended for this use.

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Antipsychotics-Related Mortality Risk in Nursing Home Dementia Patients (BMJ/BBC)

Reducing the level of antipsychotics prescribing for people with dementia by two-thirds is already a key national priority. The Dementia Action Alliance has earlier demanded that prescriptions for antipsychotics in the UK are reviewed by the end of March 2012.

Some antipsychotic medications increase the risk of death in patients with dementia more than others, according to a US study published in the BMJ. Researchers from Harvard Medical School followed 75,445 dementia patients in nursing homes who had been prescribed antipsychotics. When compared with risperidone (taken as a benchmark) some antipsychotics were associated with more than twice the risk of death.

The risk of mortality from some antipsychotics increased with higher doses. The risk was highest for haloperidol and lowest for quetiapine (which reduced the risk).

More research is needed on the alternatives to antipsychotics for people with dementia and BPSD.

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Alzheimer’s Disease Facts and Figures 2012 (Alzheimer’s Association)

This report from the Alzheimer’s Association provides a statistical summary of United States data concerning Alzheimer’s Disease, as well as the other forms of dementia.

While this report is geared primarily to the United States it might be of wide interest internationally in view of its comprehensive summary of definitions of the types of dementia and a broad-ranging review of current knowledge about Alzheimer’s Disease.

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