**Updated National Audit of Dementia Care in General Hospitals 2012-13**

**Improvements and Progress Since 2011**

The second round of the National Audit of Dementia, by the Royal College of Psychiatrists, which has included data from 210 hospitals across England and Wales, and included a review of case notes for 8,000 patients with dementia, has found some improvements since the first 2011 audit of care in England and Wales.

There has been a 10% drop in the prescription of antipsychotic drugs, and patients are more likely to receive a nutritional assessment.

**Further Improvements Indicated**

Many patients with signs of dementia or delirium upon being admitted to hospital do not receive the proper checks. When the mental state of patients is assessed, this information is not always shared.

One third of hospitals do not have guidance available to staff on involving the patient’s family / carer and how to share information. Patient notes often do not include information which could help staff to communicate with them, and sometimes information helpful to future care is not summarised in patients’ discharge summaries.

41% of hospitals do not provide dementia awareness training to new staff. 40% of hospitals do not provide this training to support staff, and 11% do not provide such training to nurses.

Less than half of hospital executive boards review hospital performance data routinely for the quality of care received by people with dementia.

36% of hospitals have a care pathway for people with dementia; up from 6% from 2011. 51% of hospitals have a care pathway in development.

**Recommendations**

All hospitals should have a care pathway, with the leadership of a senior clinician, by June 2014.

Dignity leads, dementia champions and dementia specialist nurses should be employed in all hospitals.

Ward managers should provide clear leadership and supervision regarding the care of people with dementia, supported with appropriate training and learning resources.

A skills gap analysis is needed in each hospital, across different staff groups, in order to create a local action plan.

A personal information document (such as the “This is Me” summary) should be used throughout hospitals to ensure that staff are aware of patients’ needs and preferences.

The discharge of people with dementia from hospital after midnight, and cases of carers / family receiving less than 24 hours notice prior to discharge, should be reviewed by Trust Boards.

Audits of in-hospital antipsychotic prescribing should be carried out routinely, to assist comparisons between wards and departments.

Full Text Link

Reference:

The Cavendish Review: Minimum Standards for Healthcare Assistants

The Cavendish Review to ensure vulnerable patients are treated with dignity says healthcare assistants (HCAs) should have to follow a standardised training regime and gain accreditation before they are allowed work unsupervised. This review was carried out after the Francis Inquiry, which made recommendations on investigating how the training and support for healthcare assistants, and for social care support workers, can be improved.

According to this review, the quality of training and support received by care workers in the NHS and social care system varies between organisations. Camilla Cavendish has proposed the creation of a new Certificate of Fundamental Care for HCAs. This qualification would help to link HCA training with nurse training, improving job status and assisting staff to ascend the career ladder.

Full Text Link
Reference:

The Keogh Mortality Review into the Care at 14 Hospital Trusts in England

A report, the Keogh Review (see also the side panel to the left) was ordered by the government after the publication of the Francis Inquiry into Stafford Hospital. Eleven of the fourteen trusts visited have been placed in “special measures” to ensure recommendations are implemented fully.

Full Text Link
Reference:

Chief Inspector of Hospitals Announces Inspection Plans (CQC)

The Care Quality Commission (CQC) is overhauling how it inspects hospitals following the Keogh Review. These revised hospital inspection plans will commence in August 2013. The inspection methodology behind the new surveillance model involves larger teams, led by clinical and other experts including trained members of the public.

Full Text Link (a)
Reference:
Methodology and information sources used in CQC’s new surveillance model for NHS acute trusts. London: Care Quality Commission (CQC), July 18th 2013.

Background Interest: A Hidden Response Bias?
Research carried out by ICM Research found that one in nine people would be reluctant to speak out about poor quality care.

Full Text Link (b)
Reference:

This influenced the following document. Section 3 covers NHS and independent acute hospitals inspections.

Full Text Link (c)
Reference:
The objectives of the **Dementia Priority Setting Partnership** are to determine:

- The most effective components of care for helping to keep persons with dementia as independent as possible at all stages of the disease in all care settings.
- The best ways to care for people with dementia, including results from research findings; and methods for the effective dissemination and implementation of this evidence into care practice.
- The impact of early dementia diagnosis, and approaches to the provision of primary care support for timely and effective diagnosis.
- The pharmacological / non-pharmacological interventions which are most effective for managing challenging behavior (BPSD) in people with dementia.
- The best way(s) to care for people with dementia in hospital settings when they have acute health care needs.
- The most effective ways to encourage people with dementia to eat, drink and maintain nutritional intake.
- The most effective ways of supporting carers of people with dementia living at home.
- The best ways to care for people with advanced dementia (with or without other illnesses) at the end of life.
- The optimal time to move a person with dementia into a care home setting, and how the standards of this care can be improved.
- The most effective design features of dementia friendly environments, at both the housing and neighbourhood levels.

**The Alzheimer’s Society led a Dementia Priority Setting Partnership with the James Lind Alliance to identify some of the priorities for dementia research.**

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**Commission on the Future of Health and Social Care in England (King’s Fund)**

The **King’s Fund** has launched a commission to review whether the post-war establishment of separate systems for health and social care remains fit for purpose.

**Full Text Link (a)**
Reference:

**Full Text Link (b)**
Reference:

**Full Text Link (c)**
Reference:
The Contributions of Local Housing to Health and Care (Housing LIN / CIH)

The Housing Learning and Improvement Network (LIN) and the Chartered Institute of Housing (CIH) have released a quick guide to “mapping” what housing has to offer the NHS outcomes framework, the public health outcomes framework and the social care outcomes framework. This guide identifies specific outcome measures across the three frameworks, and relates these to documents which supply evidence about the corresponding benefits of various housing interventions.

Full Text Link

Reference:
Developing your local housing offer for health and care: targeting outcomes. Housing Learning and Improvement Network (LIN) / Chartered Institute of Housing (CIH), June 24th 2013

Potentially Preventable Complications in Hospitalised Dementia Patients

This article reports on work to identify rates of potentially preventable complications for dementia patients, compared with non-dementia patients, using hospital discharge data from New South Wales (Australia) in 2006/2007. Dementia patients had higher rates in seven complications: urinary tract infections, pressure ulcers, pneumonia, physiological and metabolic derangement, delirium, sepsis and mortality.

Full Text Link

Reference:

Liverpool Care Pathway Being Phased Out, Due to Poor Implementation

Baroness Neuberger’s report presents the recommendations regarding the Liverpool Care Pathway (LCP) and end of life care following an independent review. Patients should only be placed on the LCP, or a similar approach, by a senior clinician in consultation with the healthcare team. Decisions to withdraw, or not to start, life-prolonging treatments must not be taken during “out of hours” periods.

Other recommendations include: phasing-out the LCP and replacing it with individualised end of life care plans. There is to be a new system-wide approach to improving the quality of care for the dying. The Nursing and Midwifery Council is expected to issue guidance on end of life care.

Incentive payments encouraging use of the LCP and similar approaches are to be discontinued.

Full Text Link (a)

Reference:

Full Text Link (b)

Reference:
This article reports on work to develop and evaluate best practice in the acute medical care of older people with cognitive impairment in general hospitals. It defies conventional wisdom.

600 confused patients aged over 65 admitted for acute medical care into large acute general hospitals in the UK were allocated randomly to either a specialist medical and mental health unit (both designed to deliver best practice care for people with delirium or dementia) or to standard acute care (acute geriatric or general medical wards). This study found no significant difference in the number of days spent at home between the two groups. Other quantitative measures showed little difference between the two groups: including the median length of hospital stay, mortality, the rates of readmission, or admission to care homes. Best practice in acute hospital management of older people with delirium and dementia does not appear to improve health or reduce the use of hospital resources. Mistaken? This study invites replication.

**Full Text Link**

**Reference:**


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**Dementia Prevalence in UK Declining?**

(BBC News / Lancet / NHS Choices)

The risk of older people developing dementia may be going down in the UK, based on epidemiological research published in the *Lancet*. A lower proportion of older people in Britain appear have the condition than experts would had predicted earlier, possibly due to improving public health.

The main article compares dementia rates in people, born 20 years apart, in three areas of England (namely Cambridgeshire, Nottingham and Newcastle). Extrapolating from 1991 trends, experts had predicted that 8% of over-65s would have dementia by 2011, whereas the actual figures for 2011 indicated slightly over 6% had the condition.

Applied across UK, there may be 214,000 fewer cases of dementia than predicted; a 24% reduction to 670,000 people living in the UK with dementia (as opposed to the previous estimates of 800,000 – 900,000 people).

This could be because known risk factors for dementia are declining. Recent improvements in the management of cardiovascular disease may have resulted in a decreased risk of vascular dementia. It is thought that lifestyle changes - in diet, exercise and smoking - might reduce the risk of dementia, and promote health and wellbeing more generally.

**Full Text Link (a)**

**Reference:**


**Full Text Link (b)**

**Reference:**


**Full Text Link (c)**

**Reference:**

Government Funded Assistive Technology Research and Development Projects

Assistive technologies are intended to broaden the activities, independence and / or wellbeing of disabled and older people. This Department of Health report gives an overview of government-funded projects, with an explanation of their broad policy context. Projects to support the development, introduction and evaluation of assistive technologies are reviewed. Technologies designed to aid people with dementia, Parkinson’s disease or following a stroke (plus many other long-term conditions) are discussed thematically. Headings cover: responding to falls, location aware and active (tracking devices), healthy communities, building social networks, staying in touch and the use of IT to help communication flows for more integrated care.

Full Text Link
Reference:

Pressure Ulcer Treatment Strategies: Comparative Effectiveness (AHRQ)

A high quality systematic review has been published recently on the treatment of pressure ulcers. You may opt to read either the study report in full, or the summary version (in two articles) in the Annals of Internal Medicine.

Full Text Link (a)
Reference:

Full Text Link (b)
Reference:

Full Text Link (c)
Reference:

Experiences of Black, Asian and Minority Ethnic Communities (APPG on Dementia)

The All Party Parliamentary Group on Dementia 2013 report on the experiences of people living with dementia in the UK within minority ethnic groups, entitled “Dementia does not discriminate”, indicates that awareness of the condition among minority ethnic groups is low, and says community support services are inadequate.

Full Text Link
Reference: