Dementia – giving best quality care. An update from NICE

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Overview

• What we do

• Guidance

• Finding what you need quickly and easily

• Quality standards
The role of NICE

• To identify good clinical, public health and social care practice using the best available evidence

• To help improve quality of care and best use of resources

• To help resolve uncertainty for the public, patients and professionals

• To reduce inappropriate variation in the availability and quality of practice and care.
Core principles of all NICE guidance

- Comprehensive evidence base
- Independent advisory committees
- Expert input
- Patient and carer involvement
- Open and transparent process
- Genuine consultation
- Regular review.
Types of guidance

- **Technology appraisals** - on the use of new and existing medicines and treatments
- **Clinical guidelines** - on the appropriate treatment and care of people with specific diseases and conditions within the NHS
- **Public health guidance** - on the promotion of good health and the prevention of ill health
- **Diagnostic guidance** - on measurements and tests used to evaluate or monitor a patient's condition
- **Interventional procedures guidance** - on safety and efficacy (can it work)
- **Medical technologies guidance** - on new or novel medical technologies (value proposition)
- **Social care guidance (new!)**
Dementia guidance

CG42 Dementia: Supporting people with dementia and their carers in health and social care

Introduction

This NICE clinical guideline has been amended to incorporate Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease (NICE technology appraisal guidance 217), which published in March 2011. See sections 1.6.2, 1.6.3 and 1.7.2 for the updated information. The rest of the guideline remains unchanged.

This guidance was produced in association with the Social Care Institute for Excellence.
Need for this guideline

• 700,000 people are affected in the UK (Alzheimer’s Society) with 5% over 65, rising to 20% of the over 80s. Prevalence set to double over next 30-50 yrs

• Dementia is associated with complex needs and high levels of dependency and morbidity and comorbidity

• Care needs often challenge the skills and capacity of carers and available services. On average 1:5 acute beds occupied by patients with dementia
What the guideline covers

- Risk factors, screening and prevention
- Diagnosis and assessment
- Cognitive symptoms and maintenance of function
- Non-cognitive symptoms and challenging behaviour
- Comorbid emotional Disorders
- Palliative and end-of-life care

Palliative Care

Interventions

Promoting independence

Diagnosis

Promoting independence
Key priorities

- Non-discrimination
- Valid consent
- Carers
- Co-ordination and integration of care
- Memory services – single point of referral for people with possible diagnosis of dementia
- Structural imaging – MRI
- Behaviour that challenges
- Training
- Mental health needs in acute hospitals
Related guidance

- CG29 Pressure ulcer management (CG29)
- CG32 Nutrition support in adults (CG32)
- CG68 Stroke (CG68)
- CG124 Hip fracture (CG124)
- CG146 Osteoporosis fragility fracture (CG146)
- CG161 Falls
- PH41 Walking and cycling (PH41)
- Osteoporosis - primary prevention (TA160)
- Osteoporosis - secondary prevention including strontium ranelate (TA161)
- Osteoporotic fractures - denosumab (TA204)
Finding what you need quickly and easily
NICE Pathways is for anyone who needs to use NICE guidance. It brings together all related NICE products on a topic in a simple-to-read user-friendly interface.
Dementia overview

- Dementia
  - Staff training
  - Principles of care
    - Risk factors and prevention
      - Early identification
        - Diagnosis and assessment
          - Integrated and coordinated care
          - Support for carers
            - Promoting independence and maintaining function
              - Interventions
              - Accommodation and hospital care
              - Palliative and end-of-life care
Promoting independence and maintaining function

Health and social care staff should aim to promote and maintain the independence, including mobility, of people with dementia.

Care plans should address activities of daily living (ADL) that maximise independent activity, enhance function, adapt and develop skills, and minimise need for support. They should also address the varying needs of people with different types of dementia. Essential components are:

- consistent and stable staffing
- retaining a familiar environment
- minimising relocations
- flexibility to accommodate fluctuating abilities
- ADL advice and skill training from an occupational therapist
- advice about independent toileting skills (if incontinence occurs, all possible causes should be assessed and treatment options tried before concluding it is permanent)
- environmental modifications to aid independence, including assistive technology, with advice from an occupational therapist and/or clinical psychologist
- physical exercise, with assessment and advice from a physiotherapist when needed

Pathway created: May 2011 Last updated: April 2013
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Support for education and learning

NICE produces resources for individual practitioners, teams and those with a role in education to help improve and assess users' knowledge of relevant NICE guidance and its application in practice.

Dementia: presenter slides
Shared Learning Examples

Patient information leaflets about preventing falls in hospital and the use of bedrails

Multifactorial interventions can reduce harm from falls in Acute Hospital settings

Derby Dementia Support Service

NICE Quality Standards for service reviews  Dementia

Dancing down Memory Lane: Circle Dancing as a Psychotherapeutic Intervention in Dementia

Plymouth Hospitals NHS trust  May 2013

University Hospitals Birmingham NHS FT  May 2013

Derby City Council  Sept 2013

Cumbria Partnership  Jan 2013

East London NHS FT  Jan 2011
**NICE Evidence** is a health and social care information service providing access to evidence-based information to deliver high quality care. It

- provides **BREADTH** of information
- provides easy **OPEN ACCESS** to information
- maintains the **QUALITY** of information available to users.
Dementias: Introduction

Dementia is a syndrome (a group of related symptoms) that is associated with an ongoing decline of the brain and its abilities. These include:

- memory
- thinking
- language
- understanding
- judgement

People with dementia may also become apathetic, have problems controlling their emotions or behaving appropriately in social situations. Aspects of their personality may change or they may see or hear things that other people do not, or have false beliefs. Most cases of dementia are caused by damage to the structure of the brain.

People with dementia usually need help from friends or relatives, including help in making decisions.

How common is dementia?
Dementia is a common condition. In England alone, there are currently 770,000 people living with dementia. That number is expected to double over the next 30 years.

Usually dementia occurs in people who are 65 or over. The older you get, the more likely you are to develop it.
Further resources from SCIE
- Quality Standards
Guidance and quality standards

Evidence

A comprehensive set of recommendations for a particular condition or service area

Guidance

A prioritised set of concise, measurable statements designed to drive quality improvements across a pathway of care.

Quality Standards
What is the purpose of quality standards?

• To make it clear what high quality care is by providing evidence-based statements of quality

• To support quality improvement

• To provide information to service users, carers and the public about the quality of care they can expect
Relevant quality standards

- **Dementia (QS1)**
- **Hip fracture in adults (QS16)**
- **Nutrition support in adults (QS24)**
- **Supporting people to live well with dementia (QS30)**

Referred topics

- Falls in a care setting
- Management of physical and mental co-morbidities of older people in community and residential care settings
Example – QS1: dementia

Quality statement 7: Non-cognitive symptoms and behaviour that challenges

Quality statement

People with dementia who develop non-cognitive symptoms that cause them significant distress, or who develop behaviour that challenges, are offered an assessment at an early opportunity to establish generating and aggravating factors. Interventions to improve such behaviour or distress should be recorded in their care plan.

Quality measure

Structure:
QS30: Dementia

• **Statement 1.** People worried about possible dementia in themselves or someone they know can discuss their concerns, and the options of seeking a diagnosis, with someone with knowledge and expertise.

• **Statement 2.** People with dementia, with the involvement of their carers, have choice and control in decisions affecting their care and support.

• **Statement 3.** People with dementia participate, with the involvement of their carers, in a review of their needs and preferences when their circumstances change.

• **Statement 4.** People with dementia are enabled, with the involvement of their carers, to take part in leisure activities during their day based on individual interest and choice.

• **Statement 5.** People with dementia are enabled, with the involvement of their carers, to maintain and develop relationships.
Keeping up to date

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• NICE Pathways [http://pathways.nice.org.uk](http://pathways.nice.org.uk)

• NICE Evidence Services [http://www.evidence.nhs.uk](http://www.evidence.nhs.uk)

• Email [chris.connell@nice.org.uk](mailto:chris.connell@nice.org.uk)