National Dementia Audit
Care in General Hospitals
&
1000 Lives Plus Dementia Programme
Integrating improvement methods

Dr Leslie Rudd, CMHSD
Public Health Wales
Growing old my way
A review of the Impact of the National Service Framework (NSF) for Older People in Wales
January 2012
“The Welsh Assembly Government has made a commitment to make immediate improvements to dementia services in Wales by taking forward the priority actions that have been identified and delivering the following commitments”

1. **Our Commitment...to improve services by:**
   - employing dementia clinical co-ordinators to support those diagnosed with dementia;
   - creating a new young onset dementia service for Wales;
   - progressing our high level national dementia targets.

2. **Our Commitment...to improve information by:**
   - developing information packs for those diagnosed with dementia;
   - creating a dedicated dementia information helpline for Wales;
   - extending the Welsh Assembly Government’s Book Prescription Scheme to include dementia care.

3. **Our Commitment...to raise awareness by:**
   - including dementia in other Welsh Assembly Government health campaigns;
   - ensuring that dementia issues are communicated to health colleagues in other disciplines through networks and bulletins;
   - updating appropriate voluntary organisations funded by the Welsh Assembly on dementia issues.

4. **Our Commitment...to improve training by:**
   - developing training packages to be delivered to health and social care professionals and local authorities on dementia;
   - creating training packages (learning resources) to support carers;
   - providing additional training to Community Advice Listening Line staff.

5. **Our Commitment...to support research by:**
   - recognising the importance of dementia research and continuing to support research into dementia cause, cure and care;
   - offering funding opportunities to researchers wishing to undertake dementia research.

6. **Our Commitment...to work towards our long term vision by:**
   - establishing a high level dementia group to drive change in dementia services;
   - improving care to those with a dementia on general wards;
   - ensuring that bilingual provision of services for those diagnosed with dementia is planned for.
A lot going on.....

- HB Dementia Boards
- RCPsych audit – HB Action Plans
- Butterfly scheme spread - ABMU & HDHB wards
- Roll out of cognitive impairment or dementia care pathway - C&V, BCU, ABHB, Powys. HDHB.
- Remodelling of community services - ABHB, HDHB SSIA Demonstrator Project
- Environmental audits (eg Kings Fund) are now much more widespread.
Service improvement toolbox

- Clinical Audit – national/local
- 1000+Lives methods
- Peer Review
- Benchmarking
- External inspectorate
- Internal incident reviews
- Commissioning leverage
- Legal duties
- Etc
Service improvement toolbox

- Clinical Audit – national/local
- 1000 Lives Plus methods
- Peer Review
- Benchmarking
- External inspectorate
- Internal incident reviews
- Commissioning leverage
- Legal duties
- Etc

MH Services

1. Dementia, NAPT
2. Dementia, Depression, FEP, ED
3. RCPsych AIMS, QNIC, QNCC
4. National benchmark network
5. HIW peer review
6. SUI Nationsl T&F Group
7. National CHC procurement
8. MH (Wales) Measure
Limited service improvement ‘capital’

• Do it once – Do it well
• A few priority improvement projects done well, or
• Too many cooks / priorities…..

• Selection of the change methodology – or combination of methods?
What drives improvement?

- How do HB’s drive improvement across over 200 audit domains at the same time?
- What do HB’s do between annual or bi-annual audit cycles to drive improvement?
- How do we know HB’s are doing it?
- How do HB’s know it is working?
- How do HB’s share learning?

Considerations on developing an improvement "Assurance Process" following the publication of audit reports.
HB Dementia Action Plans

- WG Standard pro-forma template
- WG Dementia audit conference July 2011 targeting exec level (not MH directorates)
- Annual update reports
- Second National Audit conf today

- Interface with 1000 Lives Plus Dementia care programme
Objective 1

Please make your objective is SMART (specific, measurable, achievable, realistic, timebound) – this should be a focus on what is to be achieved, not simply what is to be done.

Example: To encourage LHBs to deliver a holistic package of advice and support tailored to those with a diagnosis of dementia.

The objective should set out what will be achieved and the outcome being effected.

<table>
<thead>
<tr>
<th>Activities/Outputs</th>
<th>Milestones</th>
<th>Timescales</th>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please list the specific acts/processes through which the objective will be realised.</td>
<td>Please list the key events with dates that set out the developmental stages that mark clear progress towards the realisation of outputs and in turn, objectives and outcomes.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What will happen / Outcomes

Please outline projected outcomes with indicative timescales for completion. These should be linked back to the objective and should be able to demonstrate that the objective was achieved.
Commentary on HB Dementia Action Plan - 2013 Update Reports

• Wide range of improvement activity across most HB’s, significantly more than at the time of the first Audit & 29th June 2011 national conference in Cardiff.

• Audit and subsequent WG requirement for HB Dementia Action Plans has certainly raised the profile of dementia care within most HB’s as ‘core business’, as opposed to a priority just for mental health service directorates.

• The WG requirement for HB Action Plans has proved more of a driver for HB wide improvement than has the WG 1000 Lives Plus Programme for Dementia, even though this was an AQF requirement.
Difficult to compare HB action plans

Each HB has identified/selected different priority ‘objectives’ and have updated/reported on them in various ways.

– Some have updated on progress against their original action plan (eg HDHB, ABHB) making it easy to see where they are up to.
– Others have submitted an update more as a ‘stand alone’ report that includes a range of actions not referred to in their original Action Plan (eg ABMHB).
– Another has revised and updated the actions and milestones of their original plan, using it more as an operational management tool (C&VUHB).

It is difficult to evaluate progress from the reports, particularly to offer any comparative assessment across HB’s.
Progress?

All HB reports to WG are ‘green’ and indicate progress in delivery of most stated actions.

• But, how are they really doing?
• How much of a priority is dementia care improvement for each HB?
• How are they spreading improvements and checking reliability in their delivery?
• Will it make a significant difference to the next set of Clinical audit results?
Improving Dementia Care
Driver Diagram

Content Area

Drivers

Interventions

To improve memory assessment services
First point of contact - reduce time between onset of symptoms & diagnosis being communicated
Rapid referral from primary care to memory assessment service.
Multi-disciplinary Assessment care bundle
Feedback, interventions and signposting care bundle
Identify on admission
Follow dementia pathway when identified
Improved care planning
Reduced inappropriate use of anti-psychotic medications in accordance with NICE/SCIE guidelines. Use alternative approaches to anti-psychotics where possible.
Carers involved in care-planning
Educational and therapeutic interventions and training for care-givers
Better admission procedures
Involving families
Use appropriate interventions

To improve the quality of life and care for people with dementia and their care givers

To improve care on general hospital wards

To improve community care (including in care homes)

To increase support for care givers

To improve quality of care in NHS dementia in-patient units
Dementia Target & sites

1) Making and sharing the diagnosis
   reduce time between onset of symptoms & diagnosis being communicated

2) Dementia in the general hospital
   Improved quality of general hospital care for people with dementia and reduced length of stay

3) Use of anti-psychotics
   Reduced inappropriate use of anti-psychotic medications in accordance with NICE/SCIE guidelines.

4) Support for care-givers
   Improved support for care givers

5) NHS in-patient care (mental health units)
   Improved quality of care
Key ‘improvement’ actions common across HB’s permit a point of comparison

1. A Dementia ‘Board’ or ‘Group’ with Exec level involvement or ownership - set up largely to coordinate RCPsych audit work & do not always integrate with 1000 Lives Plus Dementia care improvement work, often coordinated through a parallel structure.
   • A simple screen for memory or cognitive impairment at admission/intake, followed by MMSE/ACE-R or equivalent assessment.
   • Use of life history/person centred planning tools such as ‘This is me’ or ‘Reach out to Me’ with the Butterfly scheme.
   • Development of an acute care pathway for dementia and ideally, for cognitive impairment so as to include delirium, etc.
     A key development as it includes a whole bundle of interventions with screening, diagnostic assessment, medications monitoring, plus a range of operational policy requirements across capacity, best interest assessment, into POVA, etc.
   • Staff awareness and training programmes to underpin and drive delivery of the above – usually via Dementia Coordinators.
   • Environmental audit – Kings Fund tools
How do we ensure improvement occurs following the publication of Audit reports?

• WG action plan useful as driver – but difficult to compare
• Selection of a few key drivers for improvement – culture change
  • Too many priorities = overload
  • Face validity with clinicians – bottom up, not top down
  • Relatively easy to implement everywhere
  • Get a change methodology
• Integration of clinical audit with improvement methodology
  • Small tests of change – reliability testing; local data NOT WG
  • Local plans with Exec level ownership & priority
  • 1000+Lives involvement at local ‘board’ level & intelligence
Moving from national to local

- Encouraging use of 1000 Lives Plus methods to support sustainable reliability in the delivery of these interventions, via the use of local mini-collaboratives.
- Moving from national to local improvement work on dementia care, we are now reshaping 1000 Lives Plus programme to dovetail support with individual HB Dementia Boards/Group and their Action Plans.
- Extending improvement tools & learning to community services, esp residential care
leslie.rudd@wales.nhs.uk
078 666 79064

- Rhyngrwyd/Internet:
  www.iechydcyhoedduscymru.wales.nhs.uk
  www.publichealthishales.org

- Mewnryd/Intranet:
  nww.publichealthishales.wales.nhs.uk

- Twitter: www.twitter.com/1000livesplus

- www.dementiahelpline.org.uk
• Thank you
MHPB Delivery Advice 2011 & 2013

1. Integrated assessment & care management systems
2. Publishing clear arrangements for out of hours and crisis response for people with dementia and their carers
3. Improving access to specialist care for people with young onset dementia, and those with rarer dementias
4. Improving liaison between general and psychiatric services
5. Developing integrated clinical care pathways to focus inpatient care, improve outcomes and reduce length of stay
6. Improving dementia care within all care homes
7. Home based holistic assessment of support needs
8. Putting in place a protocol for the transfer of information when patients move between localities and across services
9. Supporting the crucial role of GPs and Primary Care Teams