

NHS England Dementia Policy Team Overview of STP initiative

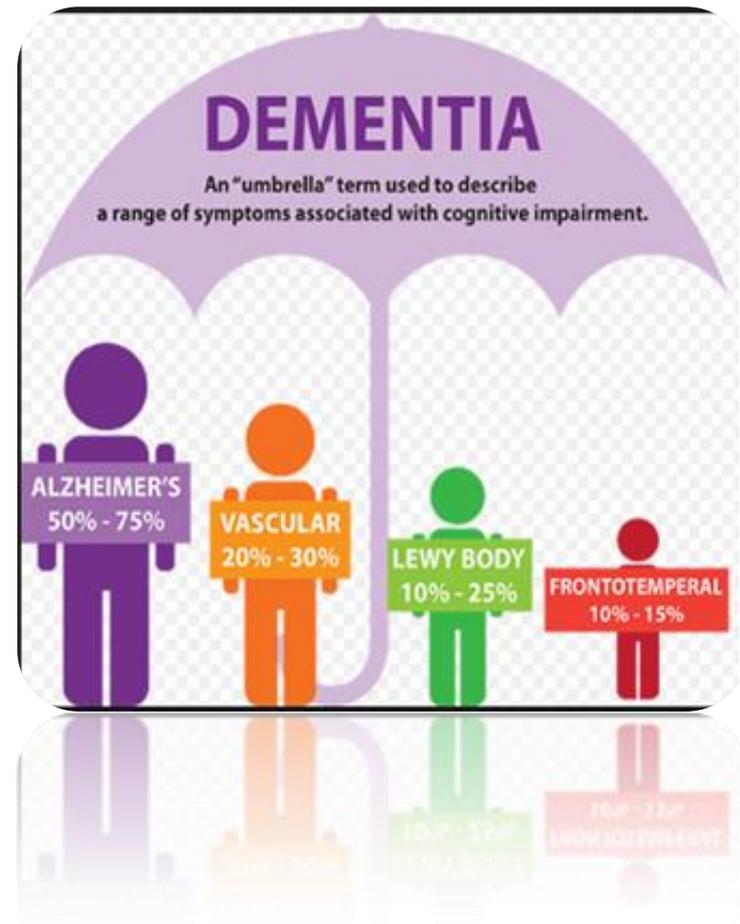
**Claire Fry, Senior Project Manager, Dementia
NHS England, Mental Health,
Operations and Information Directorate**

Wednesday 18th July 2018



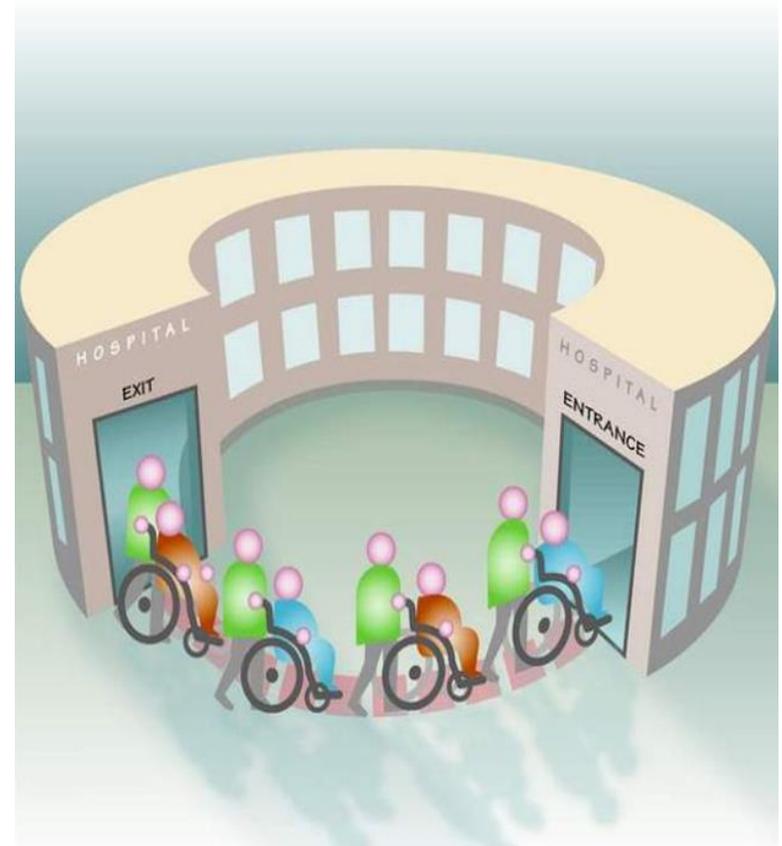
Background

- Current situation
- Achievements:
 - Diagnosis
 - Antipsychotics prescribing
 - Research
 - Awareness



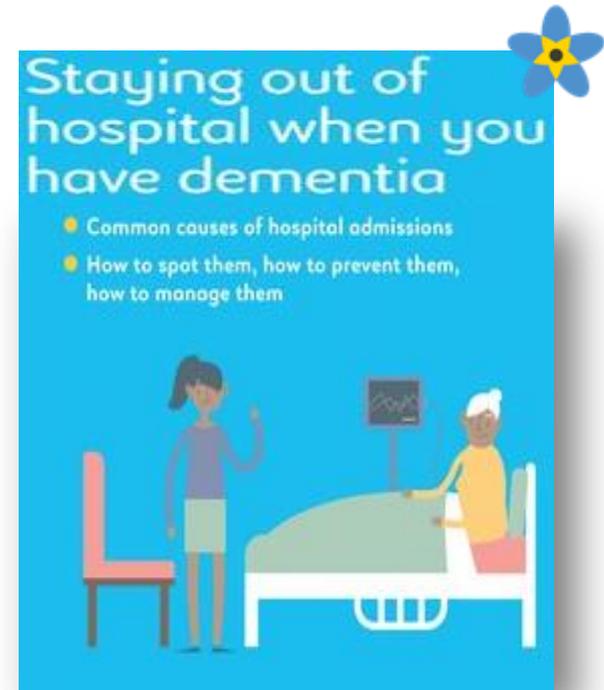
Reducing unnecessary hospital admissions

- Why the focus on reducing unnecessary hospital admissions and length of stay for people with dementia?



STP initiative

- Working with 3 STPs to take part in project
- Bring together a range of measures with potential to reduce:
 - unnecessary admissions
 - length of stay
- Person centred meaningful care
- Targeting care homes and individual residents within those homes for bespoke support



Key components – Table 1

Component	Description
1. Identification of dementia	Recognising dementia facilitates care by understanding symptoms, allows advance care planning to take place and can reduce inappropriate hospital admission. Tools are available which can achieve this effortlessly with minimal fuss (e.g. DeAR-GP or the prize winning DiaDem).
2. Dementia Care Mapping	This is a simple technique which has been well established in care home and emphasises the need for person centred care. It reduces outpatient attendances and challenging behaviours in residents but evidence of overall cost effectiveness is awaited. However, it is cheap and likely to be cost effective. The dementia academy in Hull has demonstrated the feasibility of the approach).
3. Old Age Mental Health teams	These are key in providing support to care homes not only for individual clinical advice around dementia and rapid response to but also for general learning and support, yet their availability is scanty. Their effect in reducing hospital admissions has been clearly demonstrated but the cost is estimated to be half that of traditional care with a reduction of 50% in hospital admissions.
4. Medication Review	While reductions in antipsychotics have been nationally demonstrated, their continued use needs monitored. Prescription of certain drugs can be an indicator of an upcoming crisis
5. Advance care plans	Consequent on the diagnosis of dementia will be a discussion about end of life care
6. The silver box	A new idea, to go hand in hand with the Red Bag, to provide a repository of advice for the care home on what to do with challenging behaviour and what interventions are. This could supplement the 111 service.
Other areas to explore and test	
1. Care home to hospital transition – the Red Bag	This has been established as a communication tool and may also have the added consequence of reducing hospital admissions.
2. Home to care home transition – the Green light	A new idea where ambulances when called in an emergency (a blue light) take a person with dementia to a care home
3. Dementia Advisors	New evidence shows that the provision of dementia advisors keeps people in the community and the estimates are for every £1 spent, £4 are saved.

Progressing the initiative

- What are the STP local issues in this area?
- What would be needed to shape the change?
- What would help the STP to implement the initiatives ?
- What would be the best way of managing implementation?



Questions?