



The British
Psychological Society



Division of
Clinical Psychology

Faculty for the Psychology
of Older People

Summary of documents

Dementia Pathways



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Introduction

This document is the first of a number of pieces of work carried out by the Dementia Work Stream of the Faculty of the Psychology of Older People (FPOP; formerly PSIGE) between 2011 and 2012. The paper is a compilation of previously published documents which could help Faculty members and others to inform a dementia care pathway. It was undertaken on the Faculty's behalf by Jason Codner, Trainee Clinical Psychologist. It was intended to be produced at the same time as the Faculty's briefing paper: *Alternatives to Antipsychotic Medication: Psychological Approaches in Managing Psychological and Behavioural Distress in People with Dementia (A Brief Guide)*.

Summary of documents already published that could inform a dementia pathway

The use of antipsychotic medication for people with dementia – Time for action (A report for the Minister of State for Care Services)

Professor Sube Banerjee for the Department of Health

psychrights.org/research/digest/nlps/banerjeereportongeriatricneurolepticuse.pdf

This independent clinical review into the use of antipsychotic medication was an important step in the government's commitment to improving the care of people with dementia. The report contains a clinical review of prescription evidence for antipsychotic medication in dementia. It highlights that antipsychotic medication overuse presents an unacceptably high risk to people with dementia that outweighs the benefits of use. Clear practical recommendations are also included and have been accepted by the government, which is attempting to implement them with the help of other stakeholders.

NICE guidelines on dementia (includes technology appraisal)

NICE and the National Collaborating Centre for Health

www.nice.org.uk/nicemedia/live/10998/30320/30320.pdf

These guidelines are divided into chapters, each covering a set of related topics. The first chapter is an executive summary listing the key priorities for implementation and all of the guideline recommendations. Chapters 2 and 3 provide a general introduction to the guidelines and the methods used to develop them. The fourth chapter provides an introduction to dementia, including three case examples which indicate how clinical and social perspectives interact. In Chapter 4, there are sections covering issues related to risk, disclosure/stigma, legal matters, ethics, palliative care and the economic cost of dementia. Chapters 5 to 9 detail the evidence upon which this guideline is based. At the end of each of these chapters, the associated recommendations are provided along with a reference to the relevant chapter section where the evidence that underpins each recommendation can be found.

Living well with dementia: A national dementia strategy

Department of Health

www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy

The national dementia strategy aims to ensure that significant improvements are made to dementia services across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care. The strategy identifies 17 key objectives.

*Living well with dementia: A national dementia strategy
(Good practice compendium – An assets approach)*

Department of Health

www.gov.uk/government/publications/

[living-well-with-dementia-a-national-dementia-strategy-good-practice-compendium](http://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy-good-practice-compendium)

This document has been published to support local delivery of the national dementia strategy. The good practice examples are listed by region. As a guide, each example is mapped to the relevant strategy objective. Contact details are provided at the end of each good practice example.

Dementia commissioning pack

Department of Health

<http://dementia.dh.gov.uk/dementia-commissioning-pack>

This pack is primarily designed for commissioners and the purpose of the document is to set out what products are available and how commissioners might use them when thinking about creating a more dementia-friendly community. The main content of the Dementia Commissioning Pack is based on a service specification, financial model and evidence base in four areas:

- early diagnosis and interventions;
- community-based care – in people’s homes, in care homes and in other residential settings;
- care in general and community hospitals; and
- use of antipsychotic medication in line with guidelines issued by the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE)

Optimising treatment and care for people with behavioural and psychological symptoms of dementia (A best practice guide for GPs)

Alzheimer’s Society and Dementia Action Alliance

www.alzheimers.org.uk/site/scripts/download.php?fileID=1163

By using a basic stepped care, colour coded model (green = prevention; amber = watchful waiting and red = specific interventions, antipsychotic prescription), the document aims to provide evidence-based support, advice and resources to a wide range of health and social care professionals caring for people with dementia (though not those in acute hospitals who have behavioural and psychological symptoms). It has been designed to be a practical, informative tool with an emphasis on alternatives to drug treatment. It contains templates for checklists, review charts and specific interventions and care plans. Resources for specialists who require additional information are also provided.

*Reducing the use of antipsychotics drugs
– A guide to the behavioural and psychological symptoms of dementia*

Alzheimer Society and Dementia Action Alliance

www.alzheimers.org.uk/site/scripts/download.php?fileID=1133

The document is designed for people with dementia and their carers who want to know more about behavioural and psychological symptoms of dementia and how they can be

prevented and treated. It was designed in parallel with the *Best Practice Guide for GPs* so it also makes use of the colour coded stepped care model, and describes a number of effective treatment options that can be used before medication is prescribed. It provides a definition of behavioural and psychological symptoms of dementia (BPSD), and the causes, prevention and strategies for treatment. It describes briefly the use of anti psychotic medication and some of the risks and side effects of these.

Counting the cost: Caring for people with dementia on hospital wards

Alzheimer's Society

www.alzheimers.org.uk/site/scripts/download.php?fileID=787

This report looks at over 2000 qualitative and quantitative pieces of evidence obtained via a questionnaire from carers and nurses about the quality of general care provided on hospital wards in England, Wales and Northern Ireland. It presents some of the key findings from this evidence as well as stating recommendations for improvements to care for people with dementia on hospital wards. One recommendation is to reduce length of stay in hospital by a week, which could reduce effect of the symptoms of dementia, reduce the likelihood of discharge to a care home and provide a reduction in the use of antipsychotics. It also argues that the cost savings for the NHS could be in excess of £80 million.

Research e-journal, Issue 11 (scientific version)

Alzheimer's Society

www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1513

The journal pulls together the available evidence to provide a picture of current knowledge and how it can be implemented to improve the treatment and care of people with dementia living in care homes today. The journal includes contributions from Professor Esme Moniz-Cook, who provides a summary on non-pharmacological management of behavioural symptoms amongst people with dementia living in care homes and the potential impact of person-centred care training in the context of two ongoing National Institute for Health Research programme grants; Professor Clive Ballard, who reviews findings from Jiska Cohen-Mansfield's group into the potential value of different activities and the development of a simplified approach to promote personalised social interaction; and Dr Linda Buettner, who describes more innovative recreational approaches that have largely been undertaken in assisted living environments.

An economic evaluation of the alternatives to antipsychotic drugs for individuals living with dementia

Institute for Innovation and Improvement

www.institute.nhs.uk/images//Call_to_Action/20%2010%202011%20An%20economic%20evaluation%20of%20alternatives%20to%20antipsychotic%20drugs%20for%20individuals%20living%20with%20dementia%20%20Final%20Report.pdf

This report uses a cost-benefit analysis approach to look at an alternative to antipsychotic drugs for people living with dementia. Due to the broad range of interventions available, the report focuses on cognitive stimulation therapy and concludes that behavioural interventions are good value for money. While it would cost £27.6 million more than antipsychotic drug use, it would generate nearly £70.4 million in cost savings due to

reduced incidence of stroke and falls.

Common and complex: Commissioning effective dementia services in the new world

Alzheimer's Society and MHP Health Mandate

www.southwestdementiapartnership.org.uk/wp-content/uploads/common-complex.pdf

This document was instigated following a series of workshop to explore how commissioning might work against a backdrop of significant financial restraint in the NHS (£20 billion pounds worth of savings by 2014). It outlines a number of recommendations for how an effective dementia service could be delivered, including:

- the development of outcome indicators for dementia for inclusion in the *NHS Outcomes Framework 2012/13* and the *Public Health and Adult Social Care Outcomes Framework 2012/13*;
- the establishment of a National Dementia Experience Survey to assess the experience of care being recorded by people with dementia; and
- government departments to work to pilot new local authority multi-year budgets to encourage and deliver long-term improvements in the commissioning of dementia services.

World Alzheimer report: The benefits of early diagnosis and intervention

Alzheimer's Disease International

www.alz.co.uk/research/WorldAlzheimerReport2011.pdf

This report looks at sources from around the world to examine the evidence in order to improve the quality of life of people with dementia and their carers. The authors approached this by looking at this in terms of benefits of early diagnosis, whether this was of benefit, which interventions are effective in the early stages of dementia, and the economic case for early intervention.

Alzheimer's and other related diseases: Coping with behavioural disorders in the patients own home

Peer Review in Social Protection and Social Inclusion on behalf of the European Commission Employment, Social Affairs and Equal Opportunities

www.ec.europa.eu/social/BlobServlet?docId=8285&langId=en

This document looks at best practice on the issue of coping with behavioural disorders relating to Alzheimer's and other related diseases in the patient's home, with an aim to share this with other EU member countries. The review focuses on three main sub-themes: assessment of behavioural disorders; types of home care provision provided by professional carers; and training programmes/information. The document concludes that behavioural aspects of dementia are recognised as an indication that something is not right for the person and suggests that assessment needs to focus on the underlying cause of these behaviours. It calls for a bigger focus on prevention and intervention, as well as highlighting how most member states place a strong emphasis on caring for people in their own home for as long as possible. While strategies exist that support this approach with a demonstrated evidence base of effectiveness, they are still not provided as a matter of course. The document calls for a priority in making existing evidence a part of mainstream practice.

Coping with Alzheimer's and other related diseases – Improving patient care at home: How to cope (non-pharmacologically) with crisis situations (behavioural disorders) occurring in patients' homes

Discussion paper by Murna Downs, University of Bradford

www.ec.europa.eu/social/BlobServlet?docId=8284&langId=en

The first part of this paper describes the demographic and policy context. The second part describes living with dementia, including active coping and behavioural aspects. The third focuses on family care, with particular emphasis on how families cope with functional changes and behavioural aspects of Alzheimer's disease. The fourth discusses the support that is provided to family carers. The final section presents key questions for discussion at the review meeting.

A systematic evidence review of non-pharmacological interventions for behavioural symptoms of dementia

US Department of Veterans Affairs Health Services Research and Development Service

www.ncbi.nlm.nih.gov/books/NBK54971/pdf/TOC.pdf

The US Department of Veterans Affairs commissioned this evidence review of non-pharmacological interventions for the behavioural symptoms of dementia. The report asked three questions:

1. How do non-pharmacological treatments of behavioural symptoms compare in *effectiveness* with each other, with pharmacological approaches, and with no treatment?
2. How do non-pharmacological treatments of behavioural symptoms compare in *safety* with each other, with pharmacological approaches, and with no treatment?
3. How do non-pharmacological treatments of behavioural symptoms compare in *cost* with each other, with pharmacological approaches, and with no treatment?

Overall, the authors conclude that non-pharmacological treatments for the behavioural symptoms associated with dementia warrant further investigation in the form of large-scale randomised control trials of adequate duration. The review also recommended that a multi-component strategy to reduce the impact of behavioural symptoms should be included in further research.

The effectiveness of non-pharmacological interventions in the management of neuropsychiatric symptoms and challenging behaviours in patients with dementia: An overview of systematic reviews

Policy Research Unit in Policy Innovation and Research (in press)

This paper states that antipsychotics are the main treatment for behavioural and psychological symptoms in dementia patients despite growing evidence of few benefits and significant risk. It goes on to highlight that current clinical guidance is to use non-pharmacological approaches. The scientific evidence on the effectiveness of alternative treatments which could support this reduction in antipsychotic drug prescribing is either not available or has not been systematically assessed. This overview looked at 30 systematic reviews of non-pharmacological approaches and found that, in all, 19 alternative treatments were identified in systematic reviews. Of these, the most consistent evidence for

effectively managing behavioural and psychological symptoms was found for behavioural management techniques delivered by caregivers or residential staff, and for professional caregiver/staff training. There is some promising evidence for six other alternative treatments – physical activity/exercise; massage/touch therapy; multi-sensory stimulation (e.g. Snoezelen); music therapy; pet therapy; and outdoor walks – although the evidence for these was not as strong, either because the primary studies were not as rigorous, the results were more mixed or the evidence available was limited.

Psychological interventions for severely challenging behaviours shown by people with learning disabilities – Clinical practice guidelines

British Psychological Society

<http://dcp-ld.bps.org.uk/dcp-ld/publications>

These guidelines review interventions for severely challenging behaviour shown by people with learning disabilities. They have been developed by psychologists with a thorough understanding of the day-to-day realities of working with people with challenging behaviour, and have been carefully constructed to follow the path from first presentation of a behavioural problem through to evaluating the outcome of an intervention. They include both core guidance for a wide range of people to use, and more detailed guidance for specialist staff. They also contain information applicable to those other fields of practice where severely challenging behaviour may be displayed.

DCP briefing paper no. 5 (January 2006): Commissioning clinical psychology services for older people, their families and other carers

British Psychological Society

www.bpsshop.org.uk/DCP-Briefing-Paper-No-5-January-2006-Commissioning-Clinical-Psychology-Services-for-older-people-their-families-and-other-carers-P754.aspx

This briefing paper was intended for use by Clinical Psychology Service managers and commissioners of services. It provides guidance regarding the structure of clinical psychology input in relation to older people.

DCP briefing paper no. 23: Services for younger people with dementia and the role of clinical psychology

British Psychological Society

www.bpsshop.org.uk/DCP-Briefing-Paper-No-23-Services-for-younger-people-with-dementia-and-the-role-of-Clinical-Psychology-P821.aspx

This briefing document has three aims:

1. To address the gap in the present literature on the role of clinical psychology in health and social care provision for younger people with dementia.
2. To promote a psychological framework for service development and provision for younger people with dementia.
3. To outline the role of clinical psychology across the components of a comprehensive service for younger people with dementia illustrated by examples of good practice.

Guidelines for clinical psychology services

British Psychological Society

www.bpsshop.org.uk/Guidelines-for-clinical-psychology-services-P1537.aspx

These guidelines are an update to earlier guidance that sets out to establish and disseminate national standards for clinical psychology services. The aim is to provide guidance and direction on the standards of service provision. The guidelines assimilate wider professional policy documents and may therefore serve as a useful glossary of professional guidelines to consider when working with/within a psychological service. As well as providing a benchmark for local services to review, the document may be used to inform communication with managers, commissioners, other professionals and service users.

Functional analysis-based interventions for challenging behaviour in dementia (Protocol)

Moniz Cook, E.D., De Vugt, M., Verhey, F., James, I.

The Cochrane Collaboration

www.onlinelibrary.wiley.com/doi/10.1002/14651858.CD006929/pdf

The primary aim of this protocol is to evaluate the effectiveness of functional analysis-based, non-pharmacological interventions in the management and resolution of behaviour that challenges family and staff carers, in dementia. The secondary aims are: to determine the nature and quality of the evidence available; to describe the range, appropriateness and methods of delivery of interventions used in functional analysis-based programmes; and to inform clinical practice by identifying the factors associated with efficacy of the interventions, such as environmental conditions.

Effect of enhanced psychosocial care and antipsychotic use in nursing home residents with severe dementia: A cluster randomised trial

Fossey, J., Ballard, C., Juszczak, E., James, I., Alder, N., Jacoby, R., & Howard, R.

British Medical Journal, 23 March 2006

www.bmj.com/content/332/7544/756.abstract

A rare randomised control trial in 12 specialist nursing homes on the reduction of antipsychotic medication and how it showed significant reduction in use as well as reduction in levels of agitated or disrupted behaviour between intervention and control homes. Staff were trained for 10 months in delivery of person-centred care and skills development in training and supervision. They were supervised throughout this time.

Non-pharmacological interventions in dementia

Douglas, S., James, I. & Ballard, C.

Advances in Psychiatric Treatment (2004), 10, 171–177

DOI: 10.1192/apt.10.3.171

<http://apt.rcpsych.org/content/10/3/171.full.pdf+html>

This article reviews the non-pharmacological approaches available for people living with dementia who experience the behavioural and psychological symptoms of dementia. Highlighting behavioural therapy, reality orientation and validation therapy, including the (at the time newer) options of cognitive therapy, aromatherapy and multisensory therapies.

The paper calls for more reliable and valid data on these approaches before their efficacy is more widely recognised.

Aromatherapy as a safe and effective treatment for the management of agitation in severe dementia: The results of a double blind placebo controlled trial with Melissa

Ballard, C., O'Brien, J.T., Reichelt, K & Perry, E (2002)

Journal of Clinical Psychiatry, 63(7), 553–558

<http://ot.creighton.edu/community/EBLP/Question4/Ballard%202002%20Aromatherapy%20as%20a%20safe%20and%20effective%20treatment%20for%20the%20management%20of%20agitation.pdf>

This paper is one of the first to examine the use of aromatherapy as an intervention for the behavioural and psychological symptoms of severe dementia using a double blind placebo trial. While no significant side effects were observed, 60 per cent of the active group experienced a 30 per cent reduction on the Cohen-Mansfield Agitation Inventory, as well as improvements in quality of life as measured by percentage of time spent alone and engaged in constructive activities. They conclude that further multi-site trials are required to test if aromatherapy is a viable management intervention as an alternative to antipsychotic medication.

Music therapy for people with dementia (Review)

Vink, A.C., Bruinsma, M.S. & Scholten, R.J.P.M.

The Cochrane Database, Issue 3

www.onlinelibrary.wiley.com/doi/10.1002/14651858.CD003477.pub2/pdf/standard

This Cochrane Collection review assessed the effects of music therapy in the treatment of behavioural, social, cognitive and emotional problems of older people with dementia in relation to the type of music therapy intervention. There were 10 studies examined but, methodically, the quality of the studies was too poor for conclusion to be drawn. The review calls for more research to differentiate between various music therapy approaches to see if there is a difference between receptive and active music therapy approaches, as well as to compare music therapy provided to mere music listening. For future studies it is advised that properly validated outcome measures be used to assess and evaluate the effects of music therapy for people with dementia. There is no substantial evidence to either support or discourage the use of music therapy in the care of older people with dementia.

Nonpharmacological therapies in Alzheimer's disease: A systematic review of efficacy

Olazaran et al.

Dementia & Geriatric Cognitive Disorders, (2010), 30, 161–178

DOI: 10.1159/000316119

[www.nptherapies.org/pdf/Non-](http://www.nptherapies.org/pdf/Non-pharmacological%20Therapies%20in%20AD,%20a%20Systematic%20Review%20of%20Efficacy.pdf)

[pharmacological%20Therapies%20in%20AD,%20a%20Systematic%20Review%20of%20Efficacy.pdf](http://www.nptherapies.org/pdf/Non-pharmacological%20Therapies%20in%20AD,%20a%20Systematic%20Review%20of%20Efficacy.pdf)

One hundred and seventy-nine randomly controlled studies were examined across 26 non-pharmacological therapy intervention categories. They concluded that non-pharmacological interventions emerged as useful, versatile and potentially cost-

effective approach to improve outcomes and quality of life in Alzheimer's disease and related disorders for both the person with dementia and care givers.

Learning report: Making care safer – improving medication safety for people in care homes: Thoughts and experiences from carers and relatives

Health Foundation

www.health.org.uk/public/cms/75/76/313/2568/Making%20care%20safer%20learning%20report.pdf?realName=EyZflQ.pdf

This report collects together the testimony given by family and carers of people living in a care home, specifically around issues of medication safety. Three day-long focus groups were held in 2010 in Manchester, Birmingham and London. In total, 26 people attended. Members of the group also shared testimony they had collected from fellow carers.

The enriched opportunities programme for people with dementia: A cluster-randomised controlled trial in 10 extra care housing schemes

Dawn Booker

http://ihsc.worc.ac.uk/dementia/EOP_%20Final_%20Report_%202009.pdf

The Enriched Opportunities Programme (EOP) is a multi-level intervention focusing on improved quality of life for people with dementia. This study compared the experience of people living with dementia and other mental health problems in extra care housing schemes that utilised EOP with schemes that employed an active control intervention.

Ten extra care housing schemes were cluster randomised to receive either the EOP intervention or an active control intervention for an 18 month period. The EOP-participating residents rated their quality of life more positively over than the active control group. The EOP-participating residents reported a reduction of 25 per cent at both 6 and 12 months, and a 37 per cent reduction at 18 months (all p's < 0.001). EOP residents were less likely than residents in the active control sites to move to a care home or to be admitted to a hospital in-patient bed. They were more likely to be seen by a range of community health professionals.

Challenging behaviour: A unified approach. clinical and service guidelines for supporting people with learning disabilities who are at risk of receiving abusive or restrictive practices

**Joint publication of RCPsych, British Psychological Society
and Royal College of Speech & Language**

www.rcpsych.ac.uk/files/pdfversion/cr144.pdf

These guidelines outline several aims including: to revise the term 'challenging behaviour'; to bring together relevant, available, evidence-based practice with a consensus of clinical opinion and experience; to provide a unified framework for good practice in multidisciplinary clinical and social interventions; and to encourage the development of creative, flexible and effective responses to individuals who present behavioural challenges.

Report of the national audit of dementia care in general hospitals (2011)

Royal College of Psychiatrists

www.dementia.dh.gov.uk/report-of-the-national-audit-of-dementia-care-in-general-hospitals-2011

This audit examined the quality of care received by people with dementia in the general hospital. This was taken from checklists, questionnaires and observations. The results of the audit overall suggest that the majority of hospitals have yet to consider and implement measures which would address the impact of the hospital experience on people with dementia, or to assess the impact on the hospital of admitting people with dementia.

Dementia project professional survey – Dignity in dementia: Transforming general hospital care

Royal College of Nursing

www.rcn.org.uk/__data/assets/pdf_file/0019/405109/RCN_Dementia_project_professional_survey_findings_.pdf

This document reports the results of a survey of health professionals delivering care to people with dementia in general hospitals. Respondents were asked to provide details of initiatives and approaches that had helped to promote dignity, improve understanding and enhance the delivery of care. Information was gathered on the impact of developments as well as identifying factors that supported and hindered improvements. Findings from the survey indicate that a number of approaches (average 5–6) are required to support improvements in care. Most important was the involvement of family carers (identified by 71 per cent of respondents) and supporting the training and development of staff (69 per cent of respondents).

The need to tackle age discrimination in mental health – A compendium of evidence

Royal College of Psychiatrists (2009)

www.rcpsych.ac.uk/pdf/Royal%20College%20of%20Psychiatrists%20-%20The%20Need%20to%20Tackle%20Age%20Discrimination%20in%20Mental%20Health%20Services%20-%20Oct09.pdf

This report outlines the case for tackling age discrimination in mental health services and provides evidence in the form of research and case studies to address this. The document also contains examples of current practice that works and highlights the new opportunities available for service development.

Position statement on age discrimination

Royal College of Psychiatrists

www.rcpsych.ac.uk/pdf/PS02_2009x.pdf

This is a six page statement outlining the case for tackling age discrimination in mental health services.

Scotland

Scotland's national dementia plan

Scottish government

www.scotland.gov.uk/Publications/2010/09/10151751/0

This strategy highlights that dementia is a national priority for Scotland and that it will build on the significant work already undertaken in early diagnosis, improving care pathways and public awareness. They list several aims but two key change areas are:

- following diagnosis, by providing excellent support and information to people with dementia and their carers; and
- in general hospital settings, by improving the response to dementia, including through alternatives to admission and better planning for discharge.

Mental health in Scotland: A guide to delivering evidence-based psychological therapies in Scotland (aka 'The matrix – 2011')

NHS Education for Scotland

www.nes.scot.nhs.uk/media/425354/psychology_matrix_2011s.pdf

'The Matrix' project grew out of requests from NHS boards for advice on commissioning psychological therapies in local areas to enable them to plan and provide the most effective available psychological treatments for their particular patient population. The Matrix is a guide to planning and delivering evidence-based psychological therapies within NHS boards in Scotland. It provides a summary of the information on the current evidence base for various therapeutic approaches, a template to aid in the identification of key gaps in service, and advice on important governance issues. It is similar to the NICE guidelines in its classification of evidence in an ABC format (A – highly recommended; B – recommended; and C – no evidence to date, but opinion suggests that this therapy may be effective). Specific interventions are listed on pages 71, 218 and 221.

Promoting excellence: A framework for all health and social services staff working with people with dementia, their families and carers

NHS Education for Scotland

www.scotland.gov.uk/Publications/2011/05/31085332/12

The NHS Education for Scotland/Scottish Social Services Council Promoting Excellence Framework details the knowledge and skills all health and social services staff should aspire to achieve in relation to the role they play in supporting people with a diagnosis of dementia, their families and carers. It is based on four levels of practice:

- **Dementia informed practice level** – Provides the baseline knowledge and skills required by *all* staff working in health and social care settings, including a person's own home.
- **Dementia skilled practice level** – Describes the knowledge and skills required by all staff that have direct and/or substantial contact with people with dementia and their families and carers.
- **Enhanced dementia practice level** – Outlines the knowledge and skills required for health and social service staff that have more regular and intense contact with people

with dementia, provide specific interventions, and/or direct/manage care services.

- **Expertise in dementia practice level** – Outlines the knowledge and skills required for health and social care staff by virtue of their role and practice setting, play an expert specialist role in the care, treatment and support of people with dementia.

Management of patients with dementia

Scottish Intercollegiate Guidelines Network

www.sign.ac.uk/pdf/sign86.pdf

This is an update of the 1998 guidelines on interventions for the management of behavioural and psychological aspects of dementia. It is similar to the NICE guidelines in its use of evaluating research using a hierarchy of evidence. It includes guidance on diagnosis, pharmacological and non-pharmacological interventions and information for discussion with patients and carers.

Northern Ireland

Improving dementia services in Northern Ireland

Department of Health, Social Services and Public Safety Northern Ireland (2011)

www.dhsspsni.gov.uk/improving-dementia-services-in-northern-ireland-consultation-may-2010.pdf

This guidance is outlined in 15 sections and encompasses a range of aspects. The strategy has been informed by the views of people with dementia and their families. It aims to adopt the recommendation provided by NICE and calls for further research to be co-ordinated in order to pool talents and resources.

Wales

National dementia vision for Wales

<http://wales.gov.uk/docs/dhss/publications/110302dementiaen.pdf>

The document outlines the Welsh government's framework for addressing the challenges of the rising numbers of people with dementia. By placing emphasis on a citizen-based approach to delivering public services, given the large rural population, to produce 'dementia supported communities'. The aim is to achieve these through improvement in the following areas:

1. improved service provision through better joint working across health, social care, the third sector and other agencies;
2. improved early diagnosis and timely interventions;
3. improved access to better information and support for people with the illness and their carers, including a greater awareness of the need for advocacy;
4. improved training for those delivering care, including research.

'How to' guide: Improving dementia care

NHS Wales

www.wales.nhs.uk/sites3/Documents/781/How%20to%20%2815%29%20Dementia%20%28Feb%202011%29%20Web.pdf

This guide aims to enable healthcare organisations and their teams to successfully implement a series of interventions to improve the safety and quality of care that their patients receive. It does this via five drivers and offers advice and instruction on how to achieve positive outcomes, includes examples of best practice.

Web resources

Contact, Help, Advice and Information Network (CHAIN)

<http://chain.ulcc.ac.uk>

An online mutual support network for people working in health and social care. It is based around specific areas of interest and gives people a simple and informal way of contacting each other to exchange ideas and share knowledge.

Windows of opportunity: Prevention and early intervention in dementia – A tool for commissioners

Social Care Institute for Excellence (SCIE)

www.scie.org.uk/publications/windowsofopportunity

Early intervention is often seen as anticipatory information and support delivered at the earliest stage of dementia following diagnosis. Prevention encompasses the range of interventions that prevent an increase in need that may tip an individual into a higher or more intensive level of service. This SCIE resource explains this further and offers a greater understanding of the journey through dementia.

eLearning: The open dementia programme

Social Care Institute for Excellence

www.scie.org.uk/publications/elearning/dementia

The Open Dementia eLearning Programme is aimed at anyone who comes into contact with someone with dementia and provides a general introduction to the disease and the experience of living with it. The programme is designed to be accessible to a wide audience and to make learning as enjoyable as possible. It allows users to fully interact with the content and includes video, audio and graphics to make the content come alive. In particular, the programme includes a considerable amount of new video footage shot by both the Alzheimer's Society and SCIE where people with dementia and their carers share their views and feelings on camera.

Healthcare for London (integrated pathway document)

www.londonhp.nhs.uk/wp-content/uploads/2011/03/Dementia-Services-Guide.pdf

The Healthcare for London strategy was established by the capital's 31 primary care trusts to change healthcare services and has been working to transform the way people with mental health conditions receive care. London has a high prevalence of people with mental health conditions compared with the national average, and levels are particularly high in boroughs with high levels of deprivation. The document includes dementia pathways from prevention to end of life.

Life Story Network

www.networks.nhs.uk/nhs-networks/life-story-network

The Life Story Network (LSN) is an organisation that works with a range of partner organisations and individuals to promote the value of using life stories to improve the quality of life and well-being of people and communities, particularly those marginalised or made vulnerable through ill health or disability. The work of the LSN will provide benefit in considerably enhancing the quality of care and support delivered to individuals and communities through embedding a human-rights based approach.

Improving services for people with dementia

www.erpho.org.uk/Download/Public/16504/1/NAO_Dementia.pdf

This document is an audit of services for people with dementia. It does not include a pathway, but makes reference to the key publications in the area, and includes a whole system case study for Lincoln, as well as examples of various aspects of dementia care provided by other services.

Delirious about dementia: Towards better services for patients with cognitive impairment by geriatricians

www.rcpsych.ac.uk/pdf/Delirious-about-dementia%201.pdf

This document was written for the British Geriatric Society (BGS) by members of the cerebral aging and mental health SIG. It advocates: psychiatry as diagnostic gatekeeper and a cognitive screening algorithm; the use of a case register approach; the structure of a memory clinic and development of 'dementia academy' to train professionals along similar line to the Parkinson's Academy. Recommended reading includes guidelines for

development of improving outcomes for older people admitted to hospital, BGS compendium of guidelines and good practice.

NICE pathway

<http://pathways.nice.org.uk/about-us>

NICE Pathways is an online tool that brings together all related NICE guidance and associated products in a set of interactive topic-based diagrams. Visually representing everything NICE has said on a particular topic, the pathways enable you to see at a glance all of NICE's recommendations on dementia. It provides an easier and more intuitive way to find, access and use NICE guidance.

NICE guideline CG42 – Dementia:

Supporting people with dementia and their carers in health and social care

<http://egap.evidence.nhs.uk/CG42>

Memory assessment services (which may be provided by a memory assessment clinic or by community mental health teams) should be the single point of referral for all people with a possible diagnosis of dementia.

Department of Health Dementia information portal

www.dementia.dh.gov.uk/about-dh-blogs

This website has been developed following the implementation of the national dementia strategy and offers information and support to anyone with an interest in improving services for people with dementia. It includes news, case studies, discussions forums, podcasts and links to helpful resources.

NHS atlas of variation in healthcare

www.rightcare.nhs.uk

This website contains a series 34 of maps of variation selected from topics which national clinical directors and others have identified as being of importance to their clinical specialty. It includes an interactive map which allows individual primary care trusts to view their own data.

Call to action: The use of antipsychotic drugs for people with dementia

www.institute.nhs.uk/qipp/calls_to_action/dementia_and_antipsychotic_drugs.html

The NHS Institute transforms good ideas into workable solutions for an improving NHS. The purpose of the NHS Institute for Innovation and Improvement is to support the transformation of the NHS through innovation, improvement and the adoption of best practice. Their website includes information from the Dementia Action Alliance, who have launched a call to action to work together in a way that will unite stakeholders in a common cause to improve the quality of life of people with dementia and their carers by reducing the inappropriate use of antipsychotics.

Commissioning pack resources: Reduce inappropriate prescribing of antipsychotics

**[www.dementia.dh.gov.uk/dementia-commissioning-pack/
commissioning-pack-resources-antipsychotics](http://www.dementia.dh.gov.uk/dementia-commissioning-pack/commissioning-pack-resources-antipsychotics)**

The site lists a number of web pages that could be useful in helping reduce the use of antipsychotics for dementia clients. It includes assessing quality and safety, decision support tools, needs assessment, prescribing support materials and undertaking audits.

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