Dementia

Implementation advice

November 2006

NICE clinical guideline no. 42

Developed in conjunction with SCIE

This implementation advice accompanies the NICE-SCIE clinical guideline: 'Dementia: supporting people with dementia and their carers in health and social care' (available online at: www.nice.org.uk/CG042).

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National Institute for Health and Clinical Excellence
MidCity Place
71 High Holborn
London WC1V 6NA

www.nice.org.uk

Social Care Institute for Excellence
Goldings House
2 Hay's Lane
London SE1 2HB

www.scie.org.uk

SCIE's aim is to improve the experience of people who use social care by developing and promoting knowledge about good practice in the sector. Using knowledge gathered from diverse sources and a broad range of people and organisations, we develop resources which we share freely, supporting those working in social care and empowering service users.

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Supporting implementation

NICE and SCIE have developed tools to help organisations implement the NICE–SCIE clinical guideline on dementia (listed below). These are available on our website (www.nice.org.uk/CG042).

- Slides highlighting key messages for local discussion.
- Costing tools:
    - costing report to estimate the national savings and costs associated with implementation
    - costing template to estimate the local costs and savings involved.
- Implementation advice − this document.
- Audit criteria to monitor local practice.

A generic guide to implementation called '[How to put NICE guidance into practice](#)' is also available on our website.

The guideline, slides, costing tools and implementation advice are also available on SCIE's website:
www.scie.org.uk/publications/misc/dementiaguidelines.asp

What is the aim of implementation advice?

This document provides practical advice to help the NHS (in the role of joint/lead commissioner) and social care organisations implement the NICE–SCIE guideline on dementia. It will help implementers develop an action plan and should be used alongside the costing tools and audit criteria developed for this guideline.

This implementation advice applies to services based in England. The practice messages in the guidelines can be used by managers and practitioners in Wales and Northern Ireland.

Who should read this advice?

This advice is aimed at joint health and social care planning and commissioning groups and at anyone leading the implementation of the guideline within their organisation, including primary care, acute and foundation trusts, mental health partnership trusts, private and voluntary residential and day care settings, older people's social work teams working as part of a local authority and residential homes and day care settings run by local authorities. The independent and voluntary sectors may also find this information useful.

Why implement this NICE–SCIE guideline?

Clinical guidelines provide guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS in England and Wales. The Healthcare Commission assesses the performance of NHS organisations in meeting core and developmental standards set by the Department of Health in '[Standards for better health](#)' issued in July 2004. The implementation of clinical guidelines forms part of the developmental standard D2. Core standard C5 says that nationally agreed guidance should be taken into account when NHS organisations are planning and delivering care. Full implementation of this guideline is likely to take several years.

The ultimate responsibility for implementing this guideline rests with the chief executives of organisations responsible for commissioning and delivering mental health services for adults and older adults. Clinical governance mechanisms should ensure that action plans and progress with the implementation of this guideline are reported back at individual board level. Areas of non-compliance should be recorded.

The Healthcare Commission includes assessments of implementation of NICE guidelines in its Annual Health check process. The Commission for Social Care Inspection use SCIE practice guides to underpin and develop inspection standards

Steps to implementing the guideline

Check if the guideline is relevant

This guideline is relevant to people with Alzheimer's disease, vascular dementia, DLB, dementia with Parkinson's disease, subcortical dementia, frontotemporal dementias, and mixed cortical and subcortical dementia, as well as their families or carers, and all health and social care staff involved in the help, treatment and care of people with dementia and their families and carers.

If the guidance is not relevant, remember to record it.

Identify implementation leads

This guideline spans primary care, secondary care and social care as well as other services, making its implementation particularly complex. Because of this it is a good idea to identify a lead team to share the implementation work and ensure seamless care. This lead team is likely to include prominent figures that will champion the guideline and inspire others, such as consultant psychiatrists, senior nursing staff, lead pharmacists and senior managers in health and social care.

Identify an implementation group

It might be helpful to identify a group, with members who specialise in planning and commissioning health and social care services, to examine implementation issues in depth and support the implementation lead. This group might be part of existing structures or networks, such as a joint care planning group or older person's partnership board. In most cases it is better to avoid setting up new structures to manage the implementation of this guideline if there is a current structure that already works effectively.

This group needs to include people from a range of backgrounds.

- The core group should consist of people such as health and social care staff including psychiatrists, clinical psychologists, mental health nurses, community psychiatric nurses and other community nurses, social workers

and other social care practitioners, counsellors, practice nurses, occupational therapists, pharmacists and general practitioners.

- Professionals in other health and non-health sectors could be included, such as A&E, palliative care, paramedical, and education sectors.
- Service users and carer representatives should be represented.
- Other members could include people from partner organisations with responsibility for planning services for people with a diagnosis of dementia including directors of public health, NHS trust managers, managers in primary care trusts and local authority staff with social service responsibilities.

The first task for the implementation group will be to ensure the guideline has been disseminated effectively in the relevant organisations. This might involve making presentations or running workshops about the guideline. The slides developed to support this guideline should help. For more ideas on how to raise awareness of NICE guidelines, see 'How to put NICE guidance into practice'.

Carry out a baseline assessment

A baseline assessment involves comparing current practice with the recommendations. The audit criteria will help you do this. Information could be gathered through informal discussions, using a questionnaire or by reviewing routinely collected data as described in the audit criteria.

Consider, for example, how the recommendations will have an impact on:

- patient or service user numbers
- staffing
- equipment and training
- budgets
- service provision.

Assess costs and savings

Assess how much it will cost to implement the guideline in your local area using the costing template. The template can also help you identify potential savings as well as ways to use existing resources to implement the guideline.

The [costing report](#) may also help because it identifies recommendations from the guideline that have a high resource impact.

The recommendations that are included in the cost template are:

- offering psychological therapy to carers of people with dementia
- structural imaging requirements to support diagnosis
- reduction in the use of electroencephalograms (this should lead to a saving).

Other recommendations that have a high resource impact and are included in the costing report but not in the costing template are:

- coordination and integration of health and social care
- training requirements.

Develop an action plan

The baseline assessment will have identified which recommendations are not currently being carried out. These recommendations could be put into an action plan, alongside any costs calculated using the costing template. Actions could be assigned to each one. The resources needed for compliance could be calculated and deadlines given for each step. Ideally the responsibility should be shared among interested parties to help spread the workload.

When planning how health and social care services are commissioned and delivered, it is important to take into account other ongoing initiatives and policies relating to this guideline. The [Appendix](#) lists relevant initiatives and policies, as well as related NICE-SCIE guidance.

Key areas for implementation

We have identified three key areas for implementation, based on the key priorities for implementation identified in the NICE–SCIE guideline.

Integrated and coordinated commissioning

Providing care for people with dementia requires a wide range of services from diverse sources.

The NICE–SCIE guideline on dementia refers to ['Everybody's business'](#) as the preferred source of service development guidance for developing and improving health and social care practice for older adults, based on a whole-systems approach. However, younger adults are also diagnosed with dementia, so it is important to be inclusive when developing local dementia services.

In order to achieve a whole-systems approach, health and social care services need to work together to consult, plan, commission, deliver and monitor dementia services, involving local service users and carers in the process. Consider the use of pooled budgets or joint funding of services, as well as jointly agreed written policies and procedures specifying the roles, responsibilities and methods of integrated working. The independent and voluntary sectors may also be included in this process, which should be built into the local area agreement planning process, through local multi-agency partnerships.

The NICE dementia guideline identified a number of key priorities for implementation, one of which is that health and social care managers should coordinate and integrate working across all agencies involved in the treatment and care of people with dementia and their carers. This recommendation reinforces the relevant National Service Frameworks (see appendix).

Service provision

Service provision forms a second key area for implementation. The two main components relating to the dementia guideline are memory assessment services and structural imaging.

Memory assessment services

The dementia guideline recommends that memory assessment services should be the single point of referral for all people with a possible or suspected diagnosis of dementia. This may be provided by a memory assessment clinic or by community mental health teams.

Currently, people with suspected dementia are referred to a variety of places for confirmation of the diagnosis, including memory clinics, community mental

health teams and neurologists or old age psychiatrists in secondary care. Local practice may need to be reviewed, and referral processes streamlined and protocols updated, if they are not in line with the guideline recommendations.

Structural imaging

The guideline recommends that structural imaging should be used to assist in the diagnosis of dementia, to aid in the differentiation of type of dementia and to exclude other cerebral pathology. Magnetic resonance imaging (MRI) is the preferred modality to assist with early diagnosis and detect subcortical vascular changes, although computed tomography (CT) scanning could be used. Specialist advice should be taken about interpreting scans in people with learning disorders.

Access to structural imaging varies greatly, but the work of the Department of Health's Diagnostic Imaging Work Programme will support the implementation of this guidance. The Programme includes work with the Royal College of Radiologists and the Royal College of General Practitioners to develop direct referral protocols, a national procurement exercise with the independent sector to provide additional capacity, and work aimed at improving utilisation of imaging equipment by setting optimum utilisation rates and assessing training and the workforce. The Department of Health has also established a programme in 2005 (www.18weeks.nhs.uk) that should mean that by December 2008 patients will wait no more than 18 weeks between GP referral and the start of hospital treatment.

Access to scanning should also improve as a result of this 18-weeks programme because key implementation milestones have been set that identify maximum waiting times.

- By March 2006 no patient will wait longer than 26 weeks for a CT or MRI scan.
- By March 2007 no patient will wait longer than 13 weeks for a diagnostic test.
- By March 2008 no patient will wait longer than 6 weeks for a diagnostic test.

Communication, education and training

A sustained programme of raising awareness and education and training would help to improve recognition, detection and diagnosis of dementia, as well as treatment and care for people with dementia. This training needs to include the Mental Capacity Act 2005. Staff from a variety of organisations and settings would benefit from participating in this programme, including GPs, generalist staff in the acute setting as well as qualified and unqualified staff in residential and nursing homes, social workers in older people's social work teams and domiciliary care staff who may have insufficient training to be able to communicate effectively and ensure the person's needs are met.

In England, Skills for Care provides a ['knowledge set' for dementia](), that sets out the information employers need in order to help workers in a range of settings develop knowledge and understanding of dementia, and of their role in the care of people with this condition.

An example action plan

In table 1, actions are given to help implement the recommendations in the key areas identified above. These actions have been developed with help from professionals working in the field (see acknowledgements). Actions given are not formal recommendations and might not be appropriate in all circumstances; they are just examples to help you develop your own action plan.

Every organisation is different and will be starting from a different baseline. We have listed the actions in a roughly sequential order for you to copy and paste as appropriate into your own action plan. You could add columns on resources needed to comply, who is responsible and when compliance will be achieved.

Table 1: An example action plan for anyone working to implement this guideline in health and social care.

Key area	Recommendation number	Actions for consideration
Integrated and coordinated commissioning	**1.1.7.3** **1.2.1.2** **1.11.1.1** **1.11.2.5**	• Use NICE audit criteria and the checklist in the Everybody's Business service development guide to inform your baseline assessment. • Use the NICE guideline to check that your services do not exclude people with dementia because of their diagnosis, age (whether designated too young or too old) or a coexisting learning disability. • Use the Care Services Improvement Partnership checklist 'Developing a whole systems approach to older people's mental health' to help health and social care organisations develop and establish a whole-systems approach to planning and providing older people's mental health services. • Refer to the SCIE guides 'Assessing the mental health needs of older people' and 'Aiding communication with people with dementia'. • Use the Quality and Outcomes Framework register data from primary care to: - review palliative care approach/services (see 'Sources of further information' in appendix 1) - develop a comprehensive system of case management similar to that for long-term conditions • Form links with falls services (see NICE clinical guideline 21) and intermediate care.
Service provision	**1.1.7.3** **1.1.11.1** **1.4.3.2** **1.4.5.1** **1.7.1.1**	• Some areas may need to increase the number of memory clinics to carry out memory assessments. • Referral protocols may need to be reviewed to ensure that residents of a care homes are referred to the memory assessment service for diagnosis of suspected dementia and to the community mental health team if the referral is for challenging behaviour. • Imaging services may want to consider how memory assessment services will access timely, appropriate scanning(www.18weeks.nhs.uk)

Key area	Recommendation number	Actions for consideration
		• Consider allocating a number of scanning slots to the memory assessment services, so that scanning facilities can be prioritised. • Work with local voluntary organisations to establish a coordinated educational, advisory and support role for people diagnosed with dementia and their carers

Communication, education and training	1.1.9.1	• After carrying out your baseline assessment, review communication and training arrangements within and across partner organisations in line with the Everybody's Business service development guide.
		
		• Use the NICE slide set to raise awareness of guideline recommendations and promote the key messages to health and social care staff, using local communication channels including lunchtime meetings and local protected time initiatives.
		
		• Work with Mental Capacity Act implementation networks and use the Department of Health best practice tool to assist with giving people with dementia the choice of treatments and information about practical support and entitlements.
		
		• Collaborate with your local workforce development directorate, local dementia specialists, higher education institutions and voluntary agencies to ensure that NICE-SCIE guideline recommendations are incorporated into existing training and continuing professional development programmes.
		
		• Ensure that approved social workers' training and refresher training includes content on the assessment and provision of care for people with dementia.
		
		• Ensure local authority social services training departments provide courses on working with people with dementia for all relevant staff.
		
		• Use the Skills for Care'knowledge set' for dementia when designing training.
		
		• When designing programmes you may want to consider:
		  − raising awareness of symptoms to help GPs, practice nurses and community nurses recognise and detect dementia
		  − providing training for general hospital staff in basic assessment and treatment skills and the problems associated with dementia

Key area	Recommendation number	Actions for consideration
		− training and supervision for those delivering psychological interventions − exploring opportunities to engage staff working in residential care homes (many without professional qualifications) and nursing homes in ongoing awareness raising, education and skills training − ensuring that evidence-based educational interventions to improve the diagnosis and management of dementia, such as decision-support software and practice-based workshops, are made widely available and implemented in primary care.

Review and monitor

Implementation of the guideline should be reviewed and monitored, with results fed back to the relevant trust board.

One way to monitor the implementation of the guideline is to audit current practice against the NICE-SCIE guidance. The guideline is accompanied by audit criteria to help you with this.

Acknowledgements

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Appendix: Related policies and documents

National support for implementation

The three main national policy strands relevant to dementia are:

- the development of standards for the treatment and care of people with dementia
- how services respond to the needs of people with dementia and their carers, in particular the development of 'joined up' approaches to assessment of need, commissioning and delivery of services, and inspection of services
- applying the values that should underpin services in practice.

The relationship between these strands is evident in policy statements and initiatives. The most important of these are summarised below.

'Everybody's business. Integrated mental health services for older adults: a service development guide' (2005)

This service development guide is the next step in improving mental health and care services for older people and is aimed at commissioners and practitioners (see www.olderpeoplesmentalhealth.csip.org.uk/everybodys-business.html). It builds on the 'National service framework for older people' and 'Securing better mental health for older adults' – see below. It sets out the key components of a modern older people's mental health service, driven by the principles of dignity and respect. The aim of the guide is to ensure that older adults with mental health problems, and their carers, have their needs met wherever they are in the system, without encountering discrimination or barriers to access.

The national service framework for mental health (DH, 1999)

'The national service framework for mental health' states that organisations should have a shared vision of mental health services in place locally, with a commissioning plan based on this. Protocols should also be in place across all health and social care systems for the care and management of older people with mental health problems, including dementia. (go to www.dh.gov.uk and search for 'About the NSF for mental health').

'The national service framework for older people' (DH, 2001)

Standard seven of the 'National service framework for older people' is the core statement on standards of service for older people with mental health problems, including dementia, rather than the 'National service framework for mental health' or the 'National service framework for long-term conditions' (go to www.dh.gov.uk/ and search for 'About the NSF for older people').

The aim of the standard is 'to promote good mental health in older people and to treat and support those older people with dementia and depression.'

The standard is as follows.

> 'Older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers.'

Closely linked to standard seven is **standard two**, which describes a single assessment process for health and social care needs. This process includes an individual care plan that should be used by all agencies for managing the care and treatment of older people, including those with mental health problems. Applying across all the standards in the NSF is **standard one**, which aims to ensure that older people are never unfairly discriminated against in accessing NHS or social care services as a result of their age.

'Our health, our care, our say' (DH, 2006)

The consultation in 2005 on the government's vision for the future of adult social care services, 'Independence, well-being and choice', found concerns about meeting the needs of older people, particularly those with dementia. The recent white paper on community services, 'Our health, our care, our say', points to 'Everybody's business' (see above) as the blueprint for meeting the needs of dementia sufferers close to home (go to www.dh.gov.uk and search for 'Our health, our care, our say').

'Securing better mental health for older adults' (DH, 2005)

'Securing better mental health for older adults' signalled a new initiative to help ensure that mainstream and specialist health and social services work together to secure better mental health services for older people (go to www.dh.gov.uk and search for 'Securing better mental health for older adults'). It was a response to the findings of reviews of progress on the national service frameworks for older people and mental health that there were challenges to delivery. It covers key priorities in mainstream services, the supportive role of specialist services, the interrelationship between younger adult and older adult mental health services, and the role of intermediate care services.

'A new ambition for old age' (Philp, 2006)

The recent report by the national director for older people, 'A new ambition for old age – next steps in implementing the national service framework for older people' (go to www.dh.gov.uk and search for 'Next phase for older people's services') sets out the priorities for the second half of the 10-year development of the national service framework for older people. It emphases **themes**, **programmes** and **programme aims** rather than standards. The themes, which are underpinned by 10 programmes, are:

- dignity in care
- joined up care
- healthy ageing.

Programme 5 within the theme of joined up care covers mental health in old age. Its aims are as follows.

- To ensure age equality in the development of mental health care for adults of all ages, with access to services on the basis of need, not age. This will also include the integration of underpinning programmes of work, such as support for service improvement, workforce development, guidelines development, research and development, information systems, performance management, and inspection and audit, across the younger and older adult mental health services.

- To improve the skills and competencies of staff to enhance detection and management of mental illness in all non-specialist settings, so that wherever people are, they are not discriminated against, and have their mental health needs managed well.

- To secure comprehensive specialist mental health services for older adults, with a particular emphasis on community mental health teams, memory assessment clinics, and liaison services.

- To promote mental health as part of active ageing.

Support for implementation in Wales

'**National Service Framework for Older People in Wales**' **(Welsh Assembly Government 2006)**

The NSF states that older people who have a high risk of developing mental health needs have access to primary prevention and integrated services to ensure timely and appropriate assessment, diagnosis, treatment and support for them and their carers.

'The strategy for older people in Wales' (Welsh Assembly Government, 2003)

'The strategy for older people in Wales' responds to the need to challenge our views and attitudes towards older people. The strategy provides a comprehensive framework for progress in confronting ageism and other discrimination against older people, tackling stereotypes of old age and improving the engagement with and participation of older people in Wales. The strategy has five key aims.

1 Tackle discrimination, promote positive images, provide strong voice.
2 Promote and develop capacity to work and active contribution.
3 Promote health and wellbeing through integrated responsive services.
4 Provide high quality services and support for independent living.
5 Provide funding as a catalyst for change, innovation and planning.

'Revised Adult Mental Health National Service Framework and Action Plan for Wales' (Welsh Assembly Government, 2005)

The Revised National Service Framework for adult mental health services in Wales' updates the original NSF published in 2002 and sets out 44 Key Actions for service commissioners and providers.

Related NICE guidance

Cancer service guidance

- Improving supportive and palliative care for adults with cancer. NICE cancer service guidance (2004). Available from www.nice.org.uk/csgsp

Clinical guidelines

- Parkinson's disease: diagnosis and management in primary and secondary care. *NICE clinical guideline* no. 35 (2006). Available from www.nice.org.uk/CG035
- Depression: management of depression in primary and secondary care. *NICE clinical guideline* no. 23 (2004). Available from www.nice.org.uk/CG023
- Falls: the assessment and prevention of falls in older people. *NICE clinical guideline* no. 21 (2002). Available from: www.nice.org.uk/CG021

Technology appraisal guidance

- Donepezil, galantamine, rivastigmine (review) and memantine for the treatment of Alzheimer's disease. *NICE technology appraisal guidance* no. 111 (2006). Available from www.nice.org.uk/TA111

Related SCIE guidance

- Assessing the mental health needs of older people. *SCIE practice guide* no. 2 (2006). Available from www.scie.org.uk/publications/practiceguides/practiceguide02
- Implementing the Carers (Equal Opportunities) Act 2004. *SCIE practice guide* no 5 (2005). Available from www.scie.org.uk/publications/details.asp?pubID=46

- Aiding communication with people with dementia. SCIE research briefing no. 3 (2005). Available from [www.scie.org.uk/publications/briefings/briefing03Sources of further information](http://www.scie.org.uk/publications/briefings/briefing03)

Sources of further information

'Care of the dying: a pathway to excellence' (Ellershaw and Wilkinson, 2003)

'Care of the dying: a pathway to excellence' (go to www.scie.org.uk/publications/briefings/briefing10/index.asp) outlines a multi-professional care pathway developed by the Royal Liverpool University Hospitals Trust and the Marie Curie Centre, Liverpool. It shows how the hospice model of care can be successfully translated into both care home and hospital settings.

'Forget-me-not' (Audit Commission, 2000)

'Forget-me-not' (go to www.audit-commission.gov.uk) made several key recommendations that are reinforced by the NICE–SCIE dementia guideline, including the recommendation that every community needs to have a comprehensive strategy to support the development of mental health services for older people.

Gold Standards Framework (www.goldstandardsframework.nhs.uk)

[The Gold Standards Framework](http://www.goldstandardsframework.nhs.uk) offers primary care teams an evidence-based programme with to help improve the planning of palliative care for their patients in the community.

The National Audit Office

The National Audit Office is studying the health and social care services available to help people with dementia and their carers to maintain good physical and mental health for as long as possible [(see www.nao.org.uk/publications/workinprogress/dementia.htm)](http://www.nao.org.uk/publications/workinprogress/dementia.htm). The study, which

will be published in the summer of 2007, will answer the following key questions.

- Is there a clear vision and strategy for providing services for people with dementia and their carers?
- At each stage of dementia, diagnosis, community care and long-term care, are current and future needs understood and being met in an integrated, patient-centred way?
- Is the whole system cost-effective?

Quality and Outcomes Framework (NHS Employers & BMA, 2004)

The QOF register data from primary care (see www.nhsemployers.org/primary/primary-902.cfm#NHS-28159-1) can be used to identify people with dementia.

Skills for Care

Skills for Care is a non-profit organisation that aims to improve adult social care services across the whole of England by supporting employer's workforce development. It seeks to raise the quality of the social care workforce by ensuring qualifications and standards continually adapt to meet the changing needs of social care employees and people who use care services. Skills for Care has produced a 'knowledge set' for dementia referred to earlier in this document.

'Valuing people' (DH, 2001)

'Valuing people' (go to www.dh.gov.uk and search for 'Valuing people: a new strategy for learning disability for the 21st century') is the government's plan to improve the lives of people with learning disabilities and their families. It states that learning disability services are expected to work with specialist mental health services to ensure that appropriate supports are provided for younger people with learning disabilities and dementia.

Please note that the Institute is not responsible for the quality or accuracy of publications or tools produced by other organisations.