

# **Dementia Risk/Benefit Assessment and Management Tools**

## **Key Stakeholder Consultation Questionnaire**

## Questionnaire on Tools

This questionnaire is designed to elicit feedback from stakeholders who have knowledge of, an involvement in, or an interest in risk assessment and management in dementia services and the tools that have been developed for use in this area. You can respond as an individual or as an organisation, by email, letter or fax.

Before you submit your response, please read Appendix 1, at the end of this questionnaire, about the Freedom of Information Act 2000 and the confidentiality of your response.

Responses should be sent to:

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**TO BE CONSIDERED AS PART OF THE FEEDBACK ON THE TOOLS,  
RESPONSES MUST BE RECEIVED BY DHSSPS BY FRIDAY 15 JULY 2011.**

I am responding: as an individual  on behalf of an organisation

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### **The tools – overall approach**

Q1. Do you agree that the ‘Promoting Quality Care’ approach to risk assessment and management is appropriate for dementia services? **Yes / No**

If no, what approach would you suggest?

The aims implicit in Promoting Quality Care are appropriate to people with dementia. However as the illness progresses the level of risk associated with the implications of these diseases will vary considerably.

The approach of first contact screening whilst helpful when initial contact is with well-established impairment is less appropriate in early diagnosis.

In the setting of an appropriate IT support system, a screening approach may be appropriate, whilst a more targeted approach with agreed triggers will help prevent unnecessary duplication in a paper based system.

### **The tools – risk screening approach**

Q2. Do you agree with the proposal that, as an alternative to using the dementia specific screening tool, the NISAT assessment tool could be used as the initial screening tool for dementia services, where NISAT is in use? **Yes / No**

If no, what approach would you suggest?

The NISAT risk assessment is an appropriate substitute for the proposed documentation. It is not appropriate for duplicate risk assessments to be undertaken. However NISAT itself does involve considerable staff time and urgently needs to move from a paper-based platform to an appropriate portable IT medium.

### **The risk factors identified**

Q3. Have the most relevant risk factors been identified in the Aide Memoir and tools? **Yes / No**

If no, what should be added or removed?

The aide memoir and associated tools are extensive. This approach leads to lengthy checklists and associated documentation.

A more targeted approach focussing on the more common broad risks associated with dementia may be more helpful as it may encourage practitioners to consider risks in an individualised person centred manner rather than a tick box exercise.

Q4. Are there any other comments you wish to make regarding the tools?

The tools are lengthy and in need of redesign to reduce bulk in a paper environment. An appropriate IT approach would be helpful if this also encompassed all of the assessment and reduced duplication. The current piecemeal paper based approach is not helpful.

The tools should not be seen in isolation but as part of the process of assessment of people with dementia. When viewed in this context it is apparent that there are a considerable number of instruments, tools and assessments carried out with multiple levels of duplication of information. The incorporation of these tools into the assessment procedures will place an additional burden of time on assessment procedures with a consequent impact on efficacy and waiting times.

The majority of people with dementia are managed in primary care. The introduction of this process does not appear to have been considered from a primary care perspective. Is it anticipated that the General Practitioner will complete these risk assessments? Large numbers of people are currently known to have a diagnosis of dementia. How will risk screening be applied to this group and how will this be funded?

Neurologists, geriatricians and other medical specialists also undertake the assessment and diagnosis of many people with dementia. How is the process to apply in these environments?

There is a significant operational challenge in the implementation of these tools as many people with dementia are managed across multiple care systems involving many HSC staff and often different trusts. The proposed tools will need to be available widely, leading to problems of ownership of the record and version control.

These tools, if introduced, need to be supported by a fully costed and funded implementation strategy that takes account of training needs and service impact.

## **FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF RESPONSES**

The Department will use responses to the pilot exercise to help inform any revision of the tools. Your response, and all other responses to the pilot, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the legal position about any information given by you in response to this pilot exercise.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. The Department cannot automatically consider as confidential information supplied to it in response to a pilot exercise. However, it does have the responsibility to decide whether any information provided by you in response to this pilot, including information about your identity, should be made public or be treated as confidential.

This means that information provided by you in response to the pilot is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and
- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at: <http://www.informationcommissioner.gov.uk/>).