Friends, CQUINs and enhancements

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It has been an exciting time over the summer. A few weeks ago, it was a privilege for me to visit Eccles in Salford, Greater Manchester, to meet Tony and Joy Watson. Joy has a diagnosis of dementia and has decided to transform the environment around Eccles and, in particular, in the businesses in the town centre. Joy had a negative experience in some local businesses because of her symptoms and so, rather than complaining that someone else should do something, decided to take action herself. It started with a town meeting where most of the businesses signed up, providing them with information including a guide to dementia and a sticker for the window to show the shop was dementia friendly. I saw at first hand how transformative it has been and it was very heartening to see how changes can be effected. The picture shows me in front of what, arguably, could be the world’s first dementia friendly fish and chip shop.

In September 2014, we (led by Simon Thacker from Derby Royal Infirmary and myself) held a meeting about the hospital dementia CQUIN (Commissioning for Quality and Innovation). The CQUIN is the hospital initiative which incentivises clinical leadership, identification of people with dementia and the provision of information to their carers. It has been in existence now for three years and, while there is inevitable discussion about the implementation of it, most people would agree it has transformed awareness about dementia in the general hospital setting.

Three points emerged:

- the dementia CQUIN, in general, was welcomed as an initiative to broaden the profile of the disorder in the general hospital, had excited discussions around cognitive impairment and had been a stimulus to improve care;
- while dementia is a powerful concept, there was a need to capture the profile of delirium in order to deliver optimal care;
- looking across health and social care and emphasising quality was regarded as key.

A lot of public and professional interest surrounds the National Enhanced Service which incentivises GP practices to the tune of £55 for each new dementia diagnosis, announced in October 2014. The Service is to support activity to reach people who are being denied a diagnosis, the benefits of which include: empowerment to make their own choices; access to the right care packages including medication; avoidance of unnecessary emergency care home or hospital admissions; provision of accurate clinical information across health and social care; advance care planning. It is a modest payment recognising the additional work involved, is entirely voluntary and is paid to GP practices not to individuals. We have written a primer for GPs and are giving out further guidance about potential diagnosis in primary care and possible initiation of anticholinesterase drugs.

So, it continues to be an exciting time for dementia while, at the same time, the Chief Medical Officer’s report has highlighted the importance of mental health problems in older people and the providence of old age psychiatry as a discipline.
Finally, it was a special month for me in November in that I was awarded the Honorary Fellowship of our College. Thanks to JS Bamrah for all his support and to all colleagues without whom the work will not be as much fun.

Joy and Tony Watson with myself (head to one side as usual) and the manager … outside the world’s first dementia friendly fish and chip shop in Eccles, Salford, Greater Manchester
I was delighted to receive the Honorary Fellowship of the College on 6 November 2014. Pictured here next to my personal trainer and special Advisor, JS Bamrah.

What happened between pictures 1 and 2?

a) JS took off his 1970’s Slade Platform shoes
b) I took advantage of the dias
c) The award instantly increased my stature

Comments and responses always welcome to Alistair.Burns@nhs.net