Guidance for acute pilot sites

August 2015

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Introduction

The third round of audit (2015 - 2017)

The Royal College of Psychiatrists has been awarded a three year contract to manage a further round of the audit.

Round three of the audit will involve a new sampling methodology for English sites based on data collected for the Dementia CQUIN, and two extra surveys; one for staff and one for carers.

The full dataset includes:

- A survey of carer experience of quality of care;
- A case note audit of people with dementia, focusing on key elements of assessment, monitoring, referral and discharge;
- An organisational checklist and analysis of routine data collected on delayed discharge, complaints and staff training;
- A staff questionnaire examining support available to staff and the effectiveness of training and learning opportunities.

Pilot phase

A pilot phase is being conducted this year to test the changes (structure and methodology) made to the main audit. A parallel pilot will be carried out in community hospitals (a feasibility study) to examine their inclusion in the main audit. Your hospital has kindly volunteered to be one of 10 acute hospitals in England and Wales involved in this pilot. Data collection for the pilot will run from the 10th August to 9th November 2015.

The third round of audit post-pilot will run from January 2015 until the end of 2017.

Key dates

Pilot phase and feasibility study (2015 - 2016)

- 10 August – 9 November 2015: Data collection for pilot and feasibility study
- January - February 2016: Preliminary reporting for pilot and feasibility study sites only

Main audit (2015 - 2017):

- February 2015 - February 2016: Recruitment for main audit
- April - December 2016: Data collection period
- April - June 2017: National reporting
- June - July 2017: Regional reporting
- November - December 2017: National event
**Guidance for completion of the data set**

This document contains guidance for identifying your sample for each survey (where applicable), as well as guidance for their dissemination and data submission.

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**Contacting the Project Team**

For further information please contact the project team:

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**Website:** www.nationalauditofdementia.org.uk
Pilot data set – how to complete and return data

Completing the organisational checklist

Each hospital site is expected to submit one organisational checklist.

Input will be required from:

- Your local audit lead;
- Senior staff from your Clinical Governance Board and Information Services (or equivalent);
- Staff who normally undertake audit, i.e. audit department or information services staff, or junior doctors.

Estimated time to complete:

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>The local audit lead should meet with a senior member of the clinical governance team for about an hour to go through the questions, allocate responsibility for providing the information, and identify any other colleagues who may need to be involved.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 2</td>
<td>A date should be set for a future meeting of 45 minutes at which any additional colleagues are present and the necessary information can be collated. This group then agrees and signs off the data provided.</td>
</tr>
<tr>
<td>Stage 3</td>
<td>The data should then be entered via the online tool. This will take a further 20-30 minutes.</td>
</tr>
</tbody>
</table>

NB. Meetings may be face to face or virtual – some sites were able to complete the tool using email and teleconferencing in previous rounds of audit.

Question routing

Some questions on this checklist are routed, depending on previous answers. This means that some will not appear if a particular response to a previous question is chosen. The routing of questions is detailed on the printable PDF form and questions will be skipped automatically on the online form depending on previous responses.

When submitting data online you will be prompted to return and answer any questions that are missed, unless questions are routed, or for some optional free text comment boxes.

Guidance to questions

Guidance to individual questions is included in the tool. If you need any further guidance before answering a question please contact the project team (see page 4).
How to enter data online

To access the organisational checklist you will need to log in to your hospital specific account. More than one person can access this account at the same time so please make sure you are aware of other people using the account to avoid duplication.

To log in, follow this link: [http://rcop.formic.com/default.aspx](http://rcop.formic.com/default.aspx) and enter the username and password sent to the NAD lead at your hospital. If you are not able to obtain these details from your local audit lead, contact the project team on 020 3701 2697 or 020 3701 2688.

Saving a questionnaire

You can save an incomplete questionnaire and go back to it by clicking “Save” at any point. You can re-access the form in 2 ways:

1. When you click save, you will be provided with a receipt ID code. Make a note of this. When you log back in, click on “Receipt” and enter the receipt ID and it will direct you to the saved form.
2. Alternatively, all saved forms will appear when you log in so you can select the one you were working on which you can identify from the receipt ID.

You can continue to work on and save a form until you are satisfied it is ready to submit.

PLEASE NOTE: submission is final and data can no longer be retrieved or amended once the checklist has been submitted, and all data must be submitted by 10 November.
Completing the casenote audit

Each hospital site is expected to submit an audit of casenotes of patients discharged with a known dementia diagnosis or to have been referred for an assessment for dementia, identified through the National Dementia CQUIN (England) or ICD10 coding (Wales). One form is to be filled in per set of notes audited. Pilot sites have been asked to audit 20 casenotes.

Input will be required from:

- Your local audit lead;
- The lead for dementia, or a senior clinician working in this area;
- Staff who normally undertake casenote audit, i.e. audit department or information services staff, or junior doctors.

Estimated time to complete:

The casenote audit has been shortened and simplified. We predict that up to 2 hours will be required to identify the sample and up to five hours to submit pilot data. We will ask for feedback on time required during the pilot to confirm this.

You have been provided with a printable version of the data collection form to aid in data return, which can also be downloaded from our website. Data entered on these forms can be submitted online by persons other than the auditors.

Question routing

Some questions on the case note form are routed, depending on previous answers. This is specified on the printable PDF form and routed questions will be skipped automatically on the online form.

When submitting data online you will be prompted to return and answer any questions that are missed, unless questions are routed or free text comment is requested.

At the end of each section you will find a comment box. Use this to make any further comments on your answers to the questions.

Guidance to questions

Guidance to individual questions is included in the tool. If you need any further guidance before answering a question please contact the project team (see page 4).

Organising your sample

1) Obtain your list of eligible patient notes generated as per the casenote sampling guidance already disseminated (see APPENDIX A (English Hospitals) or B (Welsh Hospitals). Please note that all patients should

- have been discharged between 1st March – 31st May 2015;
- have a diagnosis of dementia or been referred for assessment of dementia (see APPENDIX C for a list of eligible ICD10 codes);
- have been admitted to hospital for 72 or more hours.
2) Organise your list so that the patients identified are listed in date order that they were discharged from the hospital.

3) Allocate each case note a number, from 1 to the total number of casenotes identified. This is the number you will use when entering “number for patient” in the data collection form.

4) Online entry for each set of notes must be completed and submitted separately. See “how to enter data online” below.

5) Whenever a set of notes is found to be ineligible for this audit, e.g. length of stay less than 72 hours, exclude these from the data entry, go on to the next set in the sequence, but do not reallocate the number. E.g. if number 2 is ineligible, go on to number 3 and add to your total sample of 20 cases with number 21 on your list, and so on.

6) Replace excluded records with the next consecutively discharged patients in the total series on patient list A, until there is a total return of 20.

How to enter data online

To access the case note audit tool, you will need to log in to your hospital specific account. More than one person can access this account at the same time so please make sure you are aware of other people using the account to avoid duplication.

To log in, follow this link: [http://rcop.formic.com/default.aspx](http://rcop.formic.com/default.aspx) and enter the username and password sent to the NAD lead at your hospital. If you are not able to obtain these details from your local audit lead, contact the project team on 020 3701 2697 or 020 3701 2688.

Saving a questionnaire

You can save an incomplete casenote questionnaire and go back to it by clicking “Save” at any point. You can re-access the form in 2 ways:

1. When you click save, you will be provided with a receipt ID code. Make a note of this. When you log back in, click on “Receipt” and enter the receipt ID and it will direct you to the saved form.
2. Alternatively, all saved forms will appear when you log in so you can select the one you were working on, which you can identify from the receipt ID.

Please be very careful when doing this to ensure you do not enter one half of one case note and half of another. We recommend you use the first option to ensure this does not happen.

You can continue to work on and save a form until you are satisfied it is ready to submit.

PLEASE NOTE: submission is final and data can no longer be retrieved or amended, and all data must be submitted by 10 November.
Distributing the Carer Questionnaire

The Carer Questionnaire is a new tool developed for the third round of NAD in conjunction with the Patient Experience Research Centre at Imperial College London. It is designed to assess carers’ perceptions of care received by the patient they care for, in addition to their satisfaction with their own involvement during the patient’s admission.

Each hospital site is expected to organise the distribution of carer questionnaires to three key samples:

1. Carers linked to the first 20 sets of casenotes identified for the casenote audit;
2. Carers/NOK/Keyworkers of patients recorded in the notes of patients eligible for inclusion in the casenote audit discharged between 1st March 2015 and 31st May 2015;
3. Carers visiting patients in hospital during a census fortnight between 14-28 September.

Input will be required from:

- Your local audit lead;
- Carer experience lead/Dementia lead;
- Patient experience and PALS/quality improvement staff;
- Ward Managers on adult wards admitting patients with dementia.

Estimated time to complete:

The local audit lead should initially organise a meeting with the carer experience/dementia lead and staff member(s) from patient experience and PALS/quality improvement team to:

1. Discuss and identify each carer sample (see next page);
2. Organise and discuss the distribution of questionnaire to the carers;
3. Allocate responsibility to team members to distribute the questionnaires to carers visiting the wards during the carer census fortnight (see below for details).

This will take up to an hour. A further 1-2 hours will be required to send out questionnaires for Samples 1 and 2, and ward team members will need to allocate an hour each week (probably spread over more than one day) for Sample 3.
How to distribute your carer questionnaires to each sample

The NAD project team will provide your hospital with hardcopies of the carer questionnaire and pre-paid self-addressed envelopes for carers to return the questionnaires in.

Sample 1 – carer questionnaire linked to 20 audited casenotes

- Retrieve your list of patient numbers of the eligible case notes with a carer, next of kin or keyworker. You will have already identified these via the case note sampling exercise completed prior to data collection. See APPENDIX A (English hospitals) or B (Welsh hospitals) for the instructions given for this exercise.
- The NAD project team will send you a subset of carer questionnaires coded with an audit specific patient number between 1 and 20 as identified during the casenote sampling exercise pre-audit. Match up the patient code to the carer identified within their notes, and send the carer the coded questionnaire and a self-addressed envelope, also provided.
- If there is more than one carer associated with these notes, the coded questionnaire should be sent to the one likely to have visited most frequently.
- PLEASE DO NOT send questionnaires to carers/family members of patients who died in hospital.

Sample 2 - carer questionnaire for other patients identified in your total sample.

- Retrieve your longlist of eligible case notes over the three month period already identified via the case note sampling exercise completed prior to data collection. See APPENDIX A/B for the instructions given for this exercise.
- Send a questionnaire to the main carer/NOK/keyworker identified within the longlist of casenotes as eligible for the audit excluding those in sample 1. (Questionnaires and prepaid enveloped will be supplied by the Project Team).
- PLEASE DO NOT send questionnaires to carers/family members of patients who died in hospital.

Sample 3 – carer census fortnight

- All carers of patients with known or suspected dementia should be offered the opportunity to complete a questionnaire if they come to visit in the fortnight between 14-28 September 2014.
- Ward Managers should each nominate a person in charge of this exercise to give out the questionnaires and envelopes and record the number given out.
- The questionnaire may also be given out at Dementia cafes or advice sessions held on site during the period, and posters with details of how to complete an online version of the form will be sent to you.

PLEASE NOTE

The carer questionnaire is intended to be completed anonymously. Each will have attached a pre-paid envelope to be sent back directly to the NAD Project Team.

Any questionnaires completed on the ward should only be returned to staff to forward to the NAD team if sealed within an envelope. Staff should not assist with completion of questionnaires, but patient/public volunteers or representatives may offer help.
The staff questionnaire is a new audit tool developed for the 3rd round of NAD. It comprises 16 questions about support and training received for providing good dementia care. All hospital staff working at the hospital for at least six months in a patient-facing role involving contact with people with dementia will be eligible to complete one, including non-clinical staff.

Each hospital site is expected to return at least 75 completed staff questionnaires to be distributed to members of staff identified in the staff sample (see How to select your staff sample, below) between 10 August- 9 November 2015.

Input will be required from:

- Your local audit lead
- Your HR or payroll department

Estimated time to complete:

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>The local audit lead should meet with an HR representative and directorate leads for up to an hour to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Identify the staff sample (see How to select your staff sample on the next page. You will have already received this guidance as part of the sampling exercise).</td>
</tr>
<tr>
<td></td>
<td>b. Obtain email addresses for the staff identified.</td>
</tr>
<tr>
<td></td>
<td>c. Allocate the task of distributing the staff questionnaire to a member of staff.</td>
</tr>
</tbody>
</table>

| Stage 2 | The member of staff identified at stage 1c should distribute the online link for the questionnaire and accompanying guidance to staff members identified in the sample, via email. |

| Stage 3 | Following stage 2, the nominated member of staff should set aside up to 30 minutes to send follow up/reminder emails to staff identified in the sample. |

Please see APPENDIX D for a template email to send to staff selected to complete a questionnaire including guidance on how to return the data and the weblink and APPENDIX E for a reminder email template.
How to select your staff sample

Only a proportion of staff should be sent a questionnaire during this period. Please follow these steps to identify which staff members should receive one:

- Assemble a list of all staff in patient facing roles, i.e. all clinical staff (qualified and unqualified, excluding those in maternity or paediatric services), porters, receptionists, housekeepers and ward clerks.
- Remove all staff employed by your hospital for less than six months from your list.
- Order your list by job role, and then alphabetically by surname within each job role sublist.
- Using the table below, identify every nth member of staff who should receive a questionnaire based on the number of beds in your hospital and record their email address ready to send them the questionnaire during the data collection period. For example, if your hospital has 300 beds, you should select every 10th name on your list (10, 20, 30, 40 etc).
- Retain this list. This will be your sample for the Staff Questionnaire.

N.B. if there are staff members on this list without email addresses, please contact the project team. You have been sent separately instructions on how to use Excel to help identify every Nth member of staff.

<table>
<thead>
<tr>
<th>Number of beds</th>
<th>Nth staff number to receive survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>150-299</td>
<td>5th</td>
</tr>
<tr>
<td>300-449</td>
<td>10th</td>
</tr>
<tr>
<td>450-499</td>
<td>13th</td>
</tr>
<tr>
<td>500-699</td>
<td>15th</td>
</tr>
<tr>
<td>700-899</td>
<td>20th</td>
</tr>
<tr>
<td>900-1050</td>
<td>25th</td>
</tr>
<tr>
<td>1050-1200</td>
<td>30th</td>
</tr>
</tbody>
</table>

Disseminating the Staff Questionnaire

A nominated individual should send the template email to the staff identified within your sample (see APPENDIX D). These email addresses should be BCC’ed, and retained for you to send a reminder email to (see APPENDIX E) half way through the data collection period.
Data return

Data for the organisational checklist, casenote audit and staff questionnaire should be submitted **online**. PDF printable copies of the audit tools will be supplied for reference and will be available to download from our website [www.nationalauditofdementia.org.uk](http://www.nationalauditofdementia.org.uk).

Information on how to submit data via our online survey will be sent to audit leads in August, including your allocated hospital code for data entry your password. If you have not received this by the time of data collection, please contact the project team (see page 4).

**Please note all data should be returned between**

**August 10- November 9 2015.**

Timeline for data reporting

**Local Reports:** Participating pilot sites will receive a report containing their data in January 2016. Please note that as this is a pilot benchmarking is not possible. Data may be edited or redacted wherever necessary to safeguard confidentiality.

**Commissioners Report:** An overall report will be produced for the commissioners (HQIP) of the audit on results from the pilot and possible next steps.

**NB.** Data collected from the pilot will not be published.
APPENDIX A

Casenote sampling guidance for ENGLISH Hospitals

In order to support the development of our sampling strategy for NAD Round 3 we are asking English pilot sites to compile two lists of eligible patient notes, identified through CQUIN and ICD10 information respectively based on the following criteria:

- Patients selected should have been admitted as an inpatient for 72 hours or more: please exclude patients whose admission was 71 hours or less.

- List A should comprise patients identified through information collected for the Dementia CQUIN, i.e those identified as requiring assessment.

- List B should comprise patients identified via ICD10 information should have a diagnosis of current history of dementia: please exclude patients whose notes have been incorrectly coded. Please see pages 3-5 for list of eligible ICD10 dementia codes.

- Patients selected should have been discharged: please exclude current inpatients.

- Patients selected should have been discharged between 1st March 2015 and 31st May 2015.

**NB:** The casenotes identified should be from a single hospital site and not Trust wide. The number generated should be completed admissions and not consultant episodes, as there will be many of these per patient. Where the patient has had more than one admission, please include only the first admission for this patient in your patient list.

Please follow the steps below to make your lists and find the information requested by the NAD project Team:

1. Identify all patients meeting the above criteria identified as requiring under the Dementia CQUIN and call this List A.
2. Count these and record the number in this list overleaf.
3. Identify all patients meeting the above criteria using ICD10 coding and call this List B.
4. Count these and record the number overleaf.
5. Organise your lists so that you can compare them and identify which patients appear in both lists e.g. in order of patient number or alphabetical order.
6. Count the number of patients who appear in both lists and record the number overleaf.
7. Review the notes in List B and count how many patients are aged below 75.
8. Organise List A in date order of discharge, earliest first, in preparation for auditing 20 of these casenotes during the data collection period.
9. Review the notes in List A (identified through the CQUIN Data) and count how many of these have a carer/next of kin/keyworker identified. Record this number overleaf.
10. Number List A 1- (total number of eligible notes over the 3 month period). E.g 1- 40 if 40 casenotes were identified.
11. Record the patient numbers of those with a carer/next of kin/keyworker identified amongst the first 20 patients on the attached spreadsheet.
APPENDIX B

Casenote sampling guidance for WELSH Hospitals

In order to support the development of our sampling strategy for NAD Round 3 we are asking pilot sites to provide details of their potential total sample of eligible casenotes.

- Patients selected should have been admitted as an **inpatient for 72 hours or more**: please exclude patients whose admission was 71 hours or less.

- Patients selected via ICD10 information should have a **diagnosis or current history of dementia**: please exclude patients whose notes have been incorrectly coded. Please see pages 3-5 for list of eligible ICD10 dementia codes.

- Patients selected should have been **discharged**: please exclude current inpatients.

- Patients selected should have been **discharged between 1st March 2015 and 31st May 2015**.

**NB: The casenotes identified should be from a single hospital site and not Trust wide. The number generated should be completed admissions and not consultant episodes, as there will be many of these per patient. Where the patient has had more than one admission, please include only the first admission for this patient in your patient list.**

Please follow the steps below to make your lists and find the information requested by the NAD Project Team:

1. Identify all patients meeting the above criteria.
2. Count these and record the number in this list overleaf.
3. Review the notes in this list and count how many patients are aged below 75. Record this overleaf.
4. Review the notes in this list and count how many of these have a main carer/ next of kin/keyworker identified. Record this number overleaf.
5. Organise the notes in date order of discharge, earliest first, in preparation for auditing 20 of these casenotes during the data collection period.
6. Number your list 1- (total number of eligible notes over the three month period). E.g 1- 40 if 40 casenotes were identified).
7. Record which of the **first 20 patients** have a carer/ next of kin/keyworker **identified** overleaf, and keep this information for your records.
## APPENDIX C

### List of Eligible ICD10 codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A81.0</td>
<td>Creutzfeldt-Jakob disease</td>
</tr>
<tr>
<td></td>
<td>Subacute spongiform encephalopathy</td>
</tr>
<tr>
<td>F00*</td>
<td><strong>Dementia in Alzheimer's disease</strong></td>
</tr>
<tr>
<td>F00.0*</td>
<td>Dementia in Alzheimer's disease with early onset</td>
</tr>
<tr>
<td></td>
<td>Alzheimer's disease, type 2</td>
</tr>
<tr>
<td></td>
<td>Presenile dementia, Alzheimer's type</td>
</tr>
<tr>
<td></td>
<td>Primary degenerative dementia of the Alzheimer's type, presenile onset</td>
</tr>
<tr>
<td>F00.1*</td>
<td>Dementia in Alzheimer's disease with late onset</td>
</tr>
<tr>
<td></td>
<td>Alzheimer's disease, type 1</td>
</tr>
<tr>
<td></td>
<td>Primary degenerative dementia of the Alzheimer's type, senile onset</td>
</tr>
<tr>
<td></td>
<td>Senile dementia, Alzheimer's type</td>
</tr>
<tr>
<td>F00.2*</td>
<td>Dementia in Alzheimer's disease, atypical or mixed type</td>
</tr>
<tr>
<td></td>
<td>Atypical dementia, Alzheimer's type</td>
</tr>
<tr>
<td>F00.9*</td>
<td>Dementia in Alzheimer's disease, unspecified</td>
</tr>
<tr>
<td>F01</td>
<td>Vascular dementia</td>
</tr>
<tr>
<td>F01.0</td>
<td>Vascular dementia of acute onset</td>
</tr>
<tr>
<td>F01.1</td>
<td>Multi-infarct dementia</td>
</tr>
<tr>
<td>F01.2</td>
<td>Subcortical vascular dementia</td>
</tr>
<tr>
<td>F01.3</td>
<td>Mixed cortical and subcortical vascular dementia</td>
</tr>
<tr>
<td>F01.8</td>
<td>Other vascular dementia</td>
</tr>
<tr>
<td>F01.9</td>
<td>Vascular dementia, unspecified</td>
</tr>
<tr>
<td>F02*</td>
<td><strong>Dementia in other diseases classified elsewhere</strong></td>
</tr>
<tr>
<td>F02.0*</td>
<td>Dementia in Pick's disease</td>
</tr>
<tr>
<td>F02.1*</td>
<td>Dementia in Creutzfeldt-Jakob disease</td>
</tr>
<tr>
<td>F02.2*</td>
<td>Dementia in Huntington's disease</td>
</tr>
<tr>
<td>F02.3*</td>
<td>Dementia in Parkinson's disease</td>
</tr>
<tr>
<td></td>
<td>Dementia in:</td>
</tr>
<tr>
<td></td>
<td>· paralysis agitans</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>F02.4*</td>
<td>Dementia in human immunodeficiency virus [HIV] disease</td>
</tr>
<tr>
<td>F02.8*</td>
<td>Dementia in other specified diseases classified elsewhere</td>
</tr>
</tbody>
</table>

Dementia in:
- cerebral lipidosis
- epilepsy
- hepatolenticular degeneration
- hypercalcaemia
- hypothyroidism, acquired
- intoxications
- multiple sclerosis
- neurosyphilis
- niacin deficiency [pellagra]
- polyarteritis nodosa
- systemic lupus erythematosus
- trypanosomiasis
- vitamin B₁₂ deficiency

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F03</td>
<td>Unspecified dementia</td>
</tr>
</tbody>
</table>

Presenile:
- dementia NOS
- psychosis NOS

Primary degenerative dementia NOS

Senile:
- dementia:
  - NOS
  - depressed or paranoid type
- psychosis NOS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F04</td>
<td>Organic amnesic syndrome, not induced by alcohol and other psychoactive substances</td>
</tr>
</tbody>
</table>

Korsakov's psychosis or syndrome, nonalcoholic

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F05.1</td>
<td>Delirium superimposed on dementia</td>
</tr>
<tr>
<td>F07.2</td>
<td>Postconcussional syndrome</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F07.2</td>
<td>Postcontusional syndrome (encephalopathy)</td>
</tr>
<tr>
<td></td>
<td>Post-traumatic brain syndrome, nonpsychotic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F10.6</td>
<td>Amnestic disorder, alcohol- or drug-induced</td>
</tr>
<tr>
<td>F11.6</td>
<td>Korsakov's psychosis or syndrome, alcohol- or other psychoactive substance-induced or unspecified</td>
</tr>
<tr>
<td>F13.6</td>
<td></td>
</tr>
<tr>
<td>F14.6</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>F15.6</td>
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</tr>
<tr>
<td>F16.6</td>
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<td>F17.6</td>
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<td>F18.6</td>
<td></td>
</tr>
<tr>
<td>F19.6</td>
<td></td>
</tr>
<tr>
<td>G30.0</td>
<td>Alzheimer's disease with early onset</td>
</tr>
<tr>
<td>G30.1</td>
<td>Alzheimer's disease with late onset</td>
</tr>
<tr>
<td>G30.8</td>
<td>Other Alzheimer's disease</td>
</tr>
<tr>
<td>G30.9</td>
<td>Alzheimer's disease, unspecified</td>
</tr>
<tr>
<td><strong>G31.0</strong></td>
<td><strong>Circumscribed brain atrophy</strong></td>
</tr>
<tr>
<td></td>
<td>Pick's disease</td>
</tr>
<tr>
<td></td>
<td>Progressive isolated aphasia</td>
</tr>
<tr>
<td><strong>G31.1</strong></td>
<td><strong>Senile degeneration of brain, not elsewhere classified</strong></td>
</tr>
<tr>
<td><strong>G31.8</strong></td>
<td><strong>Other specified degenerative diseases of nervous system</strong></td>
</tr>
<tr>
<td></td>
<td>Grey-matter degeneration [Alpers]</td>
</tr>
<tr>
<td></td>
<td>Lewy body(ies)(dementia)(disease)</td>
</tr>
<tr>
<td></td>
<td>Subacute necrotizing encephalopathy [Leigh]</td>
</tr>
<tr>
<td><strong>I67.3</strong></td>
<td><strong>Progressive vascular leukoencephalopathy</strong></td>
</tr>
<tr>
<td></td>
<td>Binswanger's disease</td>
</tr>
</tbody>
</table>
APPENDIX D

Template Email to invite staff to complete a questionnaire

Dear all,

This hospital is taking part in the pilot phase of the third National Audit of Dementia (NAD). This is an audit which examines the care provided to people with dementia in acute hospital settings in England and Wales. In addition to completing an organisational checklist and an audit of patient notes, each participating hospital is expected to distribute a number of questionnaires to carers of patients with known or suspected dementia, and to staff. The staff questionnaire is a new audit tool for the 3rd round of NAD. It comprises 16 questions about support and training received for providing good dementia care, and members of staff from this hospital were involved in its development.

The information provided by respondents will be fed back to our service in the form of a hospital-level report.

All staff working at this hospital for at least six months in a patient-facing role who might reasonably be expected to interact with patients with dementia will be eligible to complete one, including non-clinical staff. Some questions will be inapplicable to your role, and you will have the opportunity to note this.

You have been randomly selected to receive an invitation to complete the staff survey, which you can do online here:

To access the questionnaires you will need to enter the following

**Username:**

**Password:**

You will be asked to enter our unique hospital code at the start of the questionnaire. This is:

```
X X X X
```

The deadline for submitting a questionnaire is the 9th November 2015.

Please note that this is an anonymous questionnaire, and you will not be identifiable by your responses. Your feedback will help us to improve patient care, and will contribute to the development of the audit so I would be very grateful if you could take the time to complete it. This should take no longer than 15-20 minutes.

There is an optional evaluation questionnaire at the end of the survey which you can use to comment on its content.

Many thanks,
Dear all,

Thanks to those of you who have already completed an online questionnaire as part of the pilot phase of the National Audit of Dementia.

The deadline for completing the questionnaire is approaching, and I would be very grateful if those of you who haven’t yet completed one could do so. Your feedback will help us identify what we are currently doing well to support staff to provide good quality care to patients with dementia, and what we can do better.

Many thanks,
What is the National Audit of Dementia?

The National Audit of Dementia is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and funded by NHS England and the Welsh Government to measure criteria relating to care delivery which are known to impact on people with dementia admitted to hospital.

Criteria include policies and governance in the hospital that recognise and support the needs of people with dementia, elements of comprehensive assessment, involvement of carers, discharge planning, and identified changes to support needs during admission.

The first round of audit took place in 2010. Nearly all (99%) acute Trusts/Health Boards in England and Wales registered one or more sites to participate.

The second round of audit took place in 2012. All acute Trusts/Health Boards in England and Wales registered one or more sites to participate.

Management of the audit

The audit is managed by the Royal College of Psychiatrists’ Centre for Quality Improvement, guided by the Steering Group and Clinical leads.

The professional bodies for five of the main disciplines involved in providing dementia services are collaborators in this project, together with voluntary sector providers of supports and services:

- the Royal College of Psychiatrists;
- the British Geriatrics Society;
- the Royal College of Nursing;
- the Royal College of Physicians;
- the Royal College of General Practitioners;
- Age UK;
- the Alzheimer’s Society;
- Dementia Action Alliance.

Steering Group

- Dawn Brooker, Director, University of Worcester Association for Dementia
- Amanda Buttery, Innovation Fellow Dementia, South London Academic Health Science Network
- Robert Colgate, Consultant Psychiatrist, Abertawe Bro Morgannwg
- Angela Connolly, Carer Representative
- Mike Crawford, Director, Royal College of Psychiatrists’ Centre for Quality Improvement
- Peter Crome, Professor of Geriatric Medicine, Keele, Consultant Geriatrician, North Staffordshire Combined Healthcare NHS Trust (Chair)
• Duncan Forsyth, Consultant Geriatrician, Cambridge University Hospitals/ British Geriatrics Society
• Dawn Garrett, Lead - Care for older people, Royal College of Nursing
• Tom Gentry, Health and Care Policy Adviser, Age UK
• Nicci Gerrard, Carer Representative
• Rowan Harwood, Professor of Geriatric Medicine, Nottingham University Hospitals
• Janet Husk, Programme Manager, Healthcare of Older People, Clinical Effectiveness and Evaluation Unit (CEEU), Royal College of Physicians
• Simon Kitchen, Executive Lead, Dementia Action Alliance
• Sam Ladhani, Senior Programme Manager, Royal College of General Practitioners - CIRC
• Susan Pierlejewski, Carer Representative
• Alan Quirk, Senior Programme Manager (Research and Audit), Royal College of Psychiatrists’ Centre for Quality Improvement (from 2014)
• Kevin Stewart, Clinical Director, Clinical Effectiveness and Evaluation Unit (CEEU), Royal College of Physicians
• Gavin Terry, Senior Policy Adviser, Alzheimer’s Society
• Daphne Wallace, Living With Dementia
• James Warner, Chair, Faculty of Old Age Psychiatry, Royal College of Psychiatrists

Clinical Leads

• Elizabeth Swanson, Lead Nurse / Project Manager Dementia Quality, The James Cook University Hospital.
• Dr Oliver J Corrado, Consultant Physician, Leeds Teaching Hospitals' Dementia Champion and Co-Clinical Lead for Yorks and Humber SCN for Dementia