



Dean's Grand Rounds



24 November 2022

Welcome

Dr Abdul Raouf

Associate Dean

Thanks to

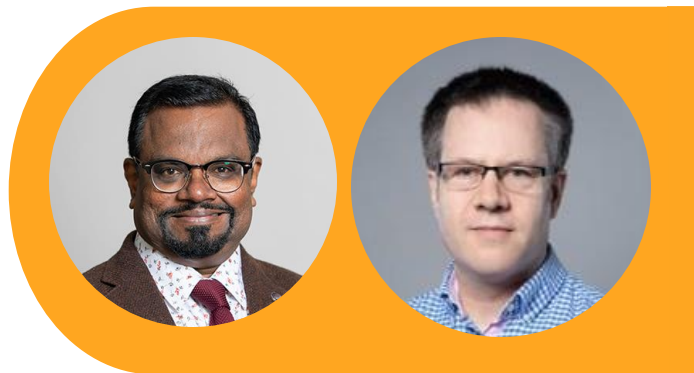
Prof Subodh Dave

Dean



Faculty of Old Age Psychiatry Northern and Yorkshire Division

Dr Mani Krishnan & Dr Paul Walker



Dr Paul Walker

Chair, Northern and Yorkshire Division



Plan for the Grand Rounds

- Chairs Introduction **Dr Paul Walker**
- **Patient & Carer Views**
- Introduction to **The topic – Dr Mani Krishnan**
- Public Health Data
 - What does data tell us
 - Data on Dementia diagnosis in the region
- Local service - experience
- Quality improvement question
- **Discussion**

Why is Dementia Diagnosis important?

Mr & Mrs Banks

- Diagnosis should not be a postcode lottery
- Concerns about driving
- Even though did not want to hear the diagnosis big relief to get the explanation for my symptoms
- Getting the diagnosis is not the end but the beginning of living well with Dementia
- Medication is only a part but other opportunities help as much if not more



Why is Dementia Diagnosis important?

Mr & Mrs Banks

- Had 2 cycles of CST course
- We are lucky to have Dementia and Wellbeing hub based in Woodside memory clinic
- Learning from new carers waiting times to diagnosis is getting longer – Sooner you diagnose you will be able to get appropriate support faster
- Now living as well as he can with dementia. Would he be even better had he had the diagnosis much earlier?

Dr Mani Krishnan

Chair, Faculty of Old Age Psychiatry



Past, Present and Future



RC PSYCH
ROYAL COLLEGE OF
PSYCHIATRISTS

NAD
NATIONAL AUDIT
OF DEMENTIA

HQIP
Healthcare Quality Improvement Partnership

National Audit of Dementia
Memory Assessment Services Spotlight
Audit 2021

Publication date: August 2022
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Left to Cope Alone
The unmet support needs after a dementia diagnosis

PETER SOWERBY FOUNDATION

Alzheimer's Society
United Against Dementia



Taking Memory Assessment Services (MAS) into the Future
A guide to supporting continuous development, improvement and innovation in memory assessment services



Are we ready to deliver disease modifying treatments?
Old Age Psychiatrists' views on diagnosing and treating Alzheimer's disease before dementia.

May 2021



Key Priorities for us

Diagnosing Early

- Waiting/Backlog

Consistent Accurate Diagnosis

Embedding Research in all our clinical practice

Address inequalities in access to diagnosis & Treatment

Access to High Quality Data

- Fingertips Data
- NAD

Innovation

- Digital
- Being ready for New Treatments

What does data tell us Catherine Parker

Catherine Parker

The role of data- Catherine Parker

Population Health *Management...*

...improves population health by **data driven planning and delivery of proactive care to achieve maximum impact**

It includes segmentation, stratification and impactability modelling to identify local 'at risk' cohorts - and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reducing unwarranted variations in outcomes

Why might a PHM approach be helpful?

- The need for health care and support varies
- Multi-morbidity is the norm and is not distributed evenly across a population
- Social, cultural and demographic factors play a significant role in how people interact with services, how they experience services and the outcomes they achieve
- Co-morbidity impacts resource use exponentially – not in a linear way.
- Multi-morbidity is a key driver of cost activity and future risk and multi-morbidity occurs across the whole adult age range.
- The top of the ‘risk pyramid’ is not homogeneous – there’s not as much overlap between different risk groups as people may think.

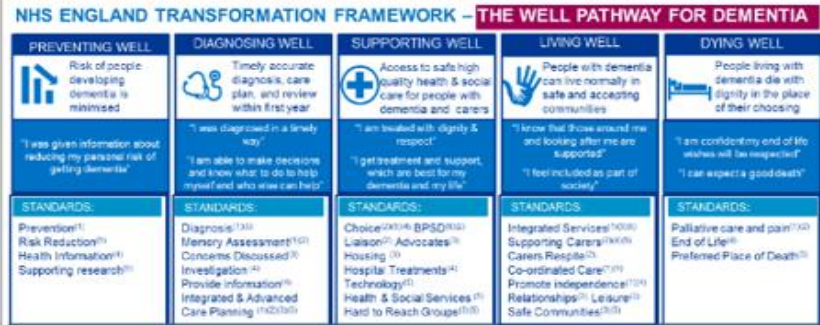
What can data tell us?

- Benchmarking - to supporting understanding
- Projections and predictions – to support planning
- Gaps – who aren't we seeing – to support targeting
- Differing presentations – to support equitable approaches
- Who we are failing –low quality, high cost, poor experience –might not tell us why!
- Need for improved data quality
- Need for insight and triangulation

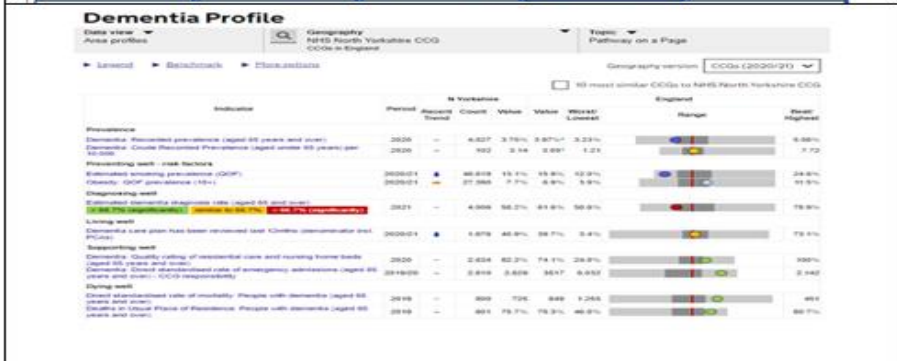
Local Data – Emma Thompson



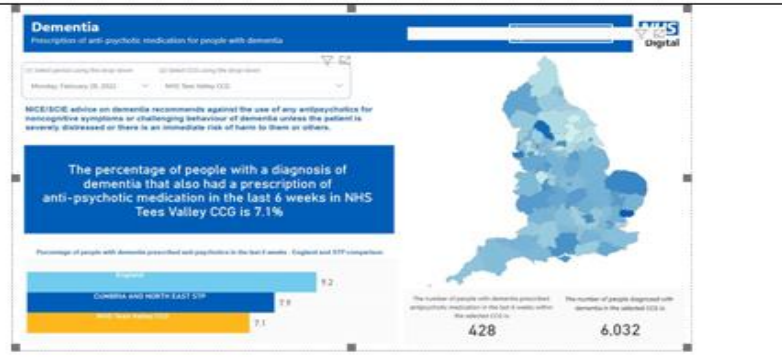
The wellpathway for dementia is everyone's business. It is a multiagency effort, using multiagency data, research, knowledge, experience and feedback. We can collate data on all of the stages of the pathway as outlined above.



Data is gathered by NHSE and is accessible via NHS futures platform.



Expected prevalence, actual prevalence, YOD and older adults. Care plan.



% of people with a diagnosed dementia who are prescribed antipsychotic medication.

National and local audit and research



1. National research
2. Local research
3. Audit
4. Forecasting and trend analysis
5. Case studies and narrative

Local initiatives– TEWV

Dr Venkat Muthukrishnan

Dr Oliver Bekarma

Remote ASSESSMENT

- Pre-Pandemic
- ACE-III in pathway; face to face training; audits in place; remote assessment not used
- Pandemic
- options explored; need for objective assessment; opted ACE-III; mixed uptake
- Current
- reverting back to pre-pandemic
- pockets of hybrid assessments

ADDENBROOKE'S COGNITIVE EXAMINATION – ACE-III						
Remote Administration - UK Version B (2020)						
Name: Date of Birth: Hospital No. or Address:			Date of testing: ___/___/___ Tester's name: _____ Age at leaving full-time education: _____ Occupation: _____ Handedness: _____			
<p>➤ IMPORTANT: Please ensure that the clinician and carer have read the instructions for remote administration.</p> <p>➤ Ask the carer to position the video conference camera so that it is facing the participant.</p>						
ATTENTION						<small>*(Sum together only the items in BOLD for the M-ACE score)</small>
➤ Ask: What is the	Day	Date	Month	Year	Season	Attention [Score 0-5]
➤ Ask: Which	No./Floor	Street	Town	County	Country	* <input type="checkbox"/> <input type="checkbox"/> Attention [Score 0-5]
	_____	_____	_____	_____	_____	<input type="checkbox"/>

DEMENTIA Training

- **Issues Identified:**
- Variance in quality of initial assessments; Variance in quality of diagnostic appointments; Long wait for diagnostics
- **Reflections from Workforce:**
- - staff training/confidence/competence rather than the pathway
- **Solution**
- 1. 'Completing a High Quality Initial Assessment' – covers taking a clinical history with respect to mood and cognition and writing up a MSE.
- 2. 'How to Facilitate a High Quality Dementia Diagnostic Appointment' – covers the evidence base around giving/receiving a dementia diagnosis, alongside a step-by-step guide to facilitating a diagnostic
- **Future plans and Evaluation**

Current focus

- Referral to Assessment & Referral to Treatment
- Delivering Dementia Diagnosis
- Measuring & Monitoring outcomes
- Special focus on Young Onset Dementia

Future Focus

- Developing Digital Dashboards
- Digital Front Door
- Working with Primary care
- Working with VCSEs such as Dementia Friendly around CST and post diagnostic support

Local initiatives– CNTW

Dr Charlotte Allan

Newcastle Memory Services

Dr Charlotte Allan
Consultant Old Age Psychiatrist
Associate CCIO

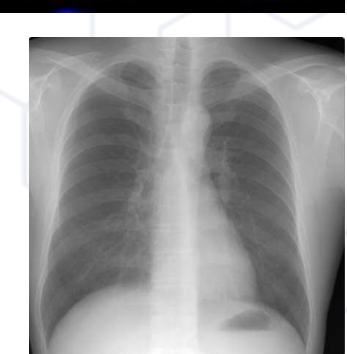
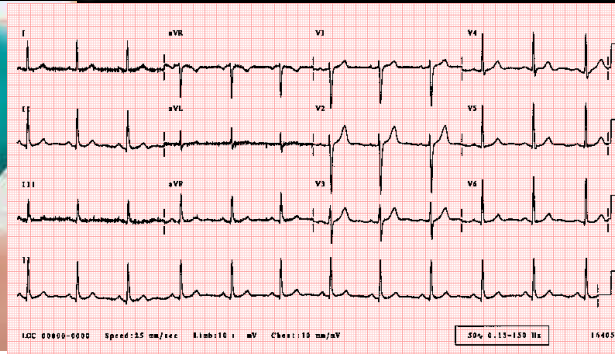
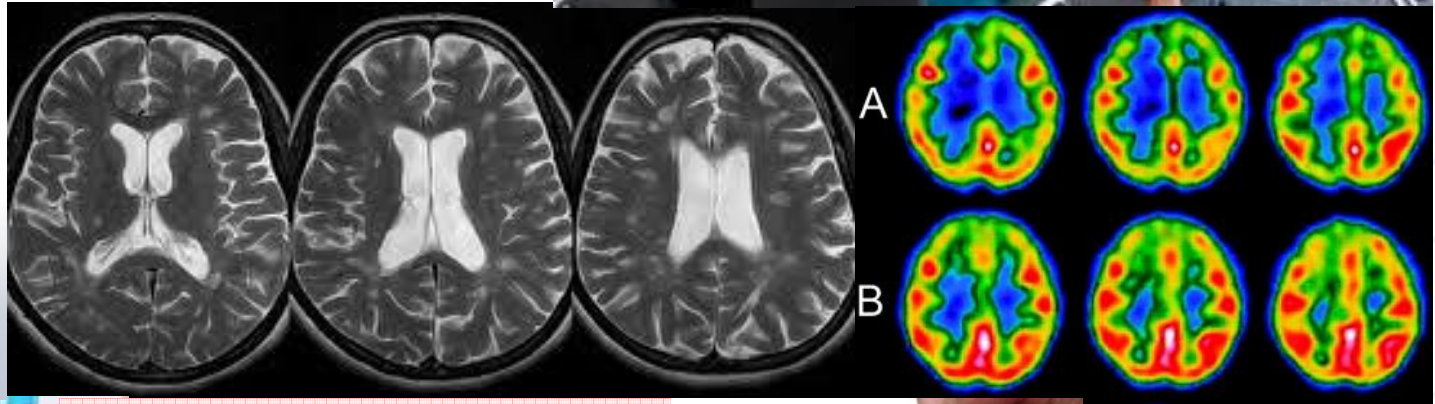


Caring | Discovering | Growing | **Together**



Newcastle Memory Assessment and Management Service (MAMS)

- Assessment of patients (of all ages) with memory changes or a suspected dementia
- Initial management of people with dementia
- Post-diagnostic advice and support
- Medication review



1. Wait list strategies

- Articulate the need for increased resource
- ‘Fast track’ patients with low complexity
 - Cognitive and functional decline, scan available -> Medic
- Diversify skill mix
 - NMP deliver diagnosis AD/ mixed
 - Psychologist delivers diagnosis MCI/Vascular
- Review documentation
 - Focus on essential, clinically relevant information
 - Use of voice dictation

Balance quality vs quantity

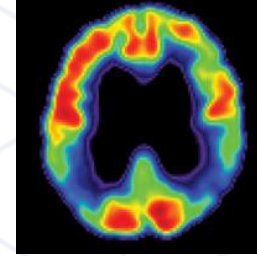
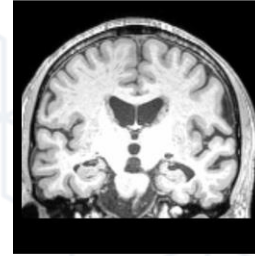
- Continue to innovate
 - MCI pathways
 - Relationships with GPs
 - NMP delivering diagnosis
- Sustaining staff
 - Focus on wellbeing
 - Continue to offer groups

2. Neuroimaging (NG 97)

Offer structural imaging to exclude reversible causes of cognitive decline and assist with sub-typing. Consider additional tests if diagnosis uncertain

Alzheimer's disease	<ul style="list-style-type: none"> • Consider FDG-PET • Or FDG-SPECT • Or using CSF biomarkers
Dementia with Lewy Bodies	<ul style="list-style-type: none"> • Use ^{123}I-FP-CIT SPECT • Consider ^{123}I-MIBG cardiac scintigraphy
Frontotemporal dementia	<ul style="list-style-type: none"> • Use either FDG-PET • or perfusion SPECT
Vascular dementia	<ul style="list-style-type: none"> • Use MRI (or CT if MRI unavailable)

Barriers to imaging



Barriers

Availability

Reporting time

Cost

Patient preference

Solutions

Availability of PACS

Upskill psychiatrists

Collaboration with radiology

Joint MDT Meetings

Patient voice to aid commissioning?

Selective use?

3. Post-diagnostic support

- Offer interventions
 - Medication
 - Groups
 - OT
 - Psychology
- Sign-post
- Collaborate
- Primary care



Collaborative Newcastle Dementia Partnership: Dementia Strategy

1. Prevention

- Promote good health and wellbeing

2. Diagnosis

- Timely diagnosis
- Integrated support

3. Information

- Access to the right information at the right time

4. Living Well

- Enable community participation
- Reduce the risk of crisis

5. End of life

- Plan ahead
- Good end of life care

SWOT analysis

Strengths

- Evidenced based interventions
- MDT approach
- Holistic and patient centred
- Infrastructure for high volume

Weaknesses

- Neuroimaging costs/wait
- No structure for CSF analysis
- CST limited reach
- Post-diagnostic care

Opportunities

- Research collaborations
- Brain Health Clinics
- Integration?
- Lean approach?

Threats

- Rising demand
- Increased complexity
- Administrative demands
- Staffing shortages

In Summary



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Are we ready for new treatments?



Are we ready to deliver disease modifying treatments?

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Are we ready for new treatments?



a

Focusing initially on the existing workforce and producing appropriate Continuous Professional Development (CPD) support.

b

Engaging with leadership in the sector who are able to effect the changes needed in service configuration.

c

Ensuring that the updated Psychiatric Old Age curriculum provides for training, which aligns with medical advancements, to deliver the skilled & competent future workforce that people with dementia need.

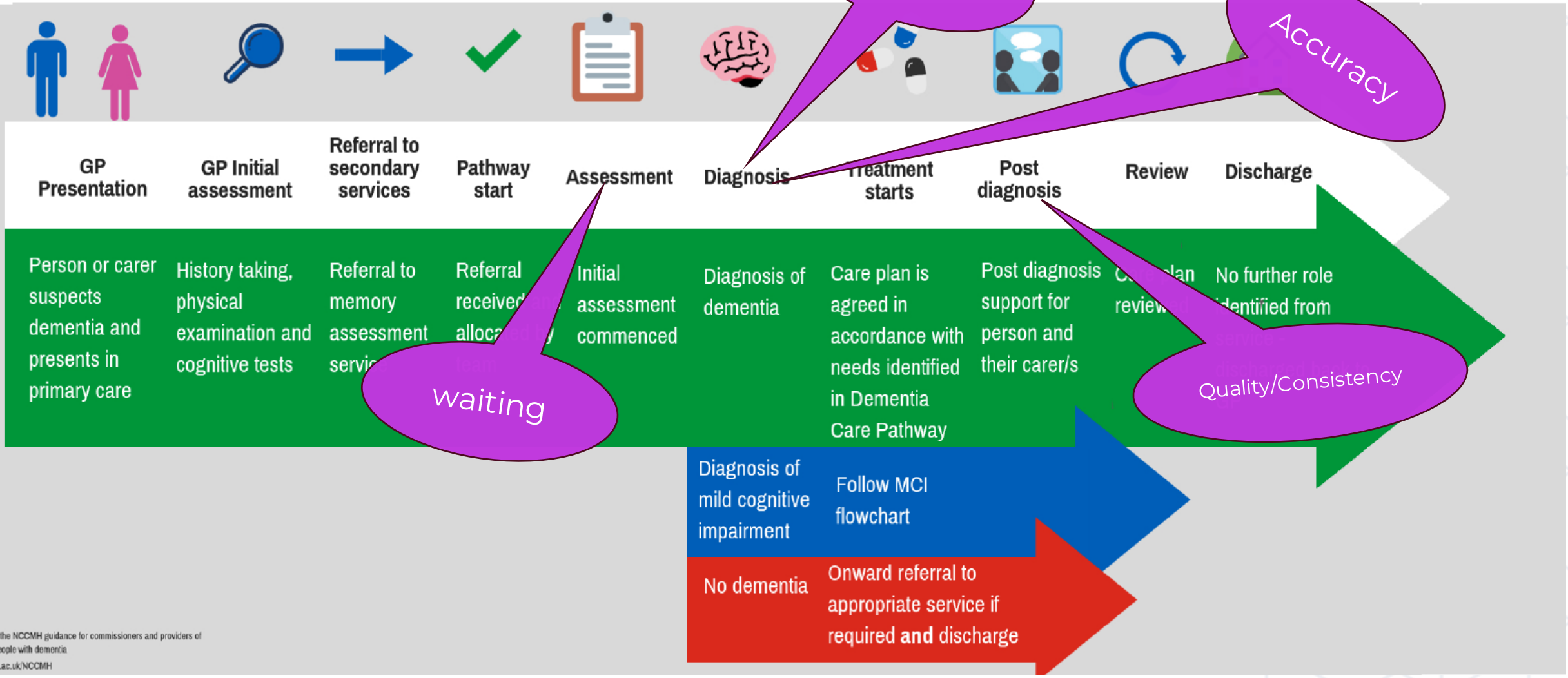


Quality Improvement Questions





The Dementia Care Pathway



Adapted from the NCCMH guidance for commissioners and providers of services for people with dementia
www.rcpsych.ac.uk/NCCMH

- Delays across the pathway
- Neuroimaging – variability in access, reporting

Neuroimaging: MRI and CT Scans

38.8% (52) of services said that they could directly view brain scans, compared to 40% in the 2019 NHS audit. Only 43.3% (58) of services said that scans were reported by neuroradiologists, compared to 76% in 2019.

A CT or MRI scan was requested for 46.6% (2750) of patients but for 6.1% (358) of these, not subsequently performed, most commonly because a previous scan existed (118 patients) or the patient declined (107 patients). As in the 2019 audit, there was marked variation between services in terms of scans requested.



QI Questions to take forward

- Timely Accurate Diagnosis
 - Local initiatives
 - National Drivers
- Access to Neuroimaging
 - Good quality reporting
 - Seamless access
 - Access to PACS
- Timely post Diagnostic Support
 - Person centred
 - Consistent
 - Inclusive

Discussion



Thank You

Dean/Associate Dean
Speakers
CALC team
Local Trusts and
Clinical Networks
Audience - Discussion



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Special thanks to our patient /carer speakers and contributors

Thank You

Faculty of Old Age Psychiatry Northern and Yorkshire Division



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