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## Health Scrutiny Committee

6<sup>th</sup> October 2008

### Dementia Review – Interim Progress Report

#### Background

1. In coming to a decision to review this topic, the Health Scrutiny Committee recognised certain key objectives and the following remit was agreed:

#### Aim

2. To look at the experience of older people with mental health problems (and their families/carers) who access general health services for secondary care in order to identify where improvements may be required.

#### Key Objectives

- i. Where patients with mental health conditions access general, secondary health services, investigate whether their mental health problems are recognised and whether the connection is made between them and the required treatment.
- ii. To identify ways in which healthcare professionals may assist patients with mental health conditions to overcome the barriers they face when accessing secondary care.
- iii. To investigate ways of improving the safety of patients with mental health conditions and the secondary healthcare providers who have contact with them.
- iv. To develop initiatives for improving the experiences of mental health patients using general, secondary health care and their families/carers.

#### Consultation

3. At a formal meeting on 22<sup>nd</sup> September Members discussed their findings from the informal evidence gathering session held on 1<sup>st</sup> September 2008. Representatives of the following organisations were present at the meeting.
  - York Older People's Assembly
  - Alzheimer's Society
  - York Carer's Forum
  - York LINK (Local Involvement Network)
  - City of York Council Social Services Department
  - North Yorkshire and York Primary Care Trust (NYYPCT)

## **Information Gathered**

4. At the same meeting a representative from the Older People's Assembly spoke to Members in relation to the review and raised the following points:
  - The vulnerability of dementia sufferers during the different stages of their illness
  - Dementia sufferers were less able to adapt to change
  - Dementia sufferers often encountered problems with diet and lack of personal care
  - An admission to hospital was a major change for a person suffering with dementia and those patients without a partner, carer or advocate should be able to expect sympathetic treatment from hospital staff rather than the experiences presented at the informal evidence gathering session
  - It was important that all staff were trained to deal sympathetically with dementia sufferers
  - GP's were often not aware of a patient's history.
5. A representative of the Alzheimer's Society stressed the importance not only of having suitably trained staff available but making sure knowledge learned from training is implemented at all times.

## **Issues Arising**

6. After listening to the additional evidence presented to them at the meeting on 22<sup>nd</sup> September 2008 and discussing the information gathered at the informal evidence gathering session Members identified several issues that needed further exploration. They decided that these could be addressed by consulting and receiving evidence from the following:
  - Yorkshire Ambulance Service (YAS) - A representative to be invited to attend the next formal meeting on Monday 6<sup>th</sup> October to present their experiences in relation to dementia patients accessing secondary care. Mike Wright the Locality Manager from YAS has confirmed his attendance.
  - York Hospital front line staff – (if possible before the next formal meeting on Monday 6<sup>th</sup> October). Members of the Committee to visit front line staff at York Hospital to talk to them about training requirements in relation to caring for patients with dementia who are accessing secondary care and to investigate what would assist them in caring for dementia patients.
  - The North Yorkshire and York Primary Care Trust (NYYPCT) on training issues and the status of the Psychiatric Liaison Service. The PCT have confirmed that they will send representatives to the next formal meeting of the Committee on Monday 6<sup>th</sup> October to present further information.
  - Local Medical Committee (LMC) as to whether it was feasible to include in GP notes details of named carers and to flag this information up when admitting dementia sufferers to hospital for secondary care.

7. The following issues have been previously identified to Members for consideration. They are included here to assist in making appropriate recommendations for the draft final report.

### **Accessing & Sharing Information**

- In the age of computerised record keeping is there no way that patients who have a diagnosis of dementia, live alone and need more support could be flagged up in some way
- Different service providers had different computer systems and these were not always compatible with each other
- It would be very easy to flag up on GP notes if a patient had dementia & no relatives. The Voluntary Organisations such as Age Concern and Alzheimer's Society would then be able to assist
- There was difficulty sharing confidential information across agencies.
- Is there a way that certain information could be shared with voluntary organisations to enable them to assist their clients

### **Involvement of Carers/Relatives**

- Older people and their families often did not know how to deal with the early stages of dementia (pre-diagnosis) and were often not given enough support. Once a patient was 'in the system' they (and their families/carers) were more likely to get the support they needed
- The importance of keeping carers/relatives involved during a patient's stay in hospital
- Poor pay for care workers
- There was a fine balance between knowing when to ask the patient questions and when to ask the carer/relative. It was noted that people with dementia could be convincing.
- There was a need to improve carer experiences.

### **Attitudes towards dementia**

- There is a lot of ignorance surrounding dementia and many people do not know how to deal with parents who are incapacitated by it. Better publicity may help
- Attitudes towards mental health needed to be changed

### **Dementia patients and the hospital environment**

- The importance of keeping carers/relatives involved during a patient's stay in hospital
- Hospital visiting times and supervision at meal times
- Practical considerations are very important when a patient is in hospital (i.e. working hearing aids, whether a patient can eat and drink unaided)
- Clinicians in 'short appointment clinics', such as the outpatients' clinics may not always have full medical history on hand and may not recognise that a patient has memory problems/dementia

- Hospital staff do not always talk to relatives/carers but amongst themselves
- It is sometimes difficult to get hospital staff to take on board the concerns that carers have or to listen to the information that they can provide about the needs of the patient
- Carers/relatives are not necessarily familiar with hospital systems. Is there anything that can be done to change this?
- How should the needs of elderly people, especially those with dementia, be met when attending hospital appointments and during hospital stays?
- There was a lack of private space for meetings and assessments to take place in the hospital environment

### **Psychiatric Liaison Service**

- The fact that a 'psychiatric liaison service' did not exist at the present time.
- Information regarding what a liaison service would provide is attached at annex A to this report

### **Voluntary Organisations**

- Not everyone is aware of voluntary organisations and what they can do to assist. The general public are not always given a good picture of what is out there in terms of moral support

### **General**

- Family GPs no longer exist and often are not aware of a person's history
- We are an aging population and thus there will be more people with dementia
- People's choices must be respected
- Many people are reluctant to accept that they have dementia
- There was a fine balance between knowing when to ask the patient questions and when to ask the carer/relative. It was noted that people with dementia could be convincing.
- The need to maintain the health and safety of the patient at all times and for positive relationships to be built.

### **Options**

8. After hearing evidence from the health organisations set out in paragraph 6 of this report Members may wish to consider whether they have enough information to produce a draft final report and identify some appropriate recommendations.
9. If Members feel that they need further evidence they will need to indicate who this information should be gathered from and when they would like to receive it.

## Recommendation

10. It is recommended that Members consider and agree:

- i. Whether it is necessary to gather further information and if so from whom and when
- ii. If the above is not considered necessary then to make some appropriate recommendations to be included in the draft final report.

Reason: To progress this review

## Contact Details

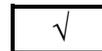
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Interim Report  
Approved



Date 26.09.2008

Wards Affected:

All

For further information please contact the author of the report

## Background Papers:

None

## Annexes

None