

Background

National Context

Dementia is a major issue both in respect to the health and social wellbeing of our population and the cost this incurs. The size of the population is growing and people are living longer, which will mean an increase in the number of people suffering with dementia over the coming years. By 2021 there will be over 1 million people living with dementia in the UK. This currently costs the NHS, local authorities and families £23 billion a year and this will grow to £27 billion by 2018¹.

As the symptoms of dementia progress, people need increasing amounts of care. Once the symptoms of dementia become severe it is often appropriate for an individual to live in a care home. One-third of people with dementia live in a care home and at least two-thirds of care home residents in the UK have dementia. People with the condition are also core users of NHS care – a quarter of hospital beds are occupied by people with dementia over 65 at any one time². Dementia has received national coverage over the past few years. The Prime Ministers Challenge on Dementia was released in March 2012. It gave key commitments:

- Drive improvements in health and social care.
- Create dementia friendly communities that understand how to help.
- Better Research.

Part of this paper set an ambition to improve diagnosis rates. It stated that by 2015, two thirds of people should have a diagnosis with appropriate post diagnosis support.

Local Context

In Somerset there are approximately 8,720 people with dementia, of which 150 are aged under 65. This is expected to increase to almost 11,400 by 2021. As at the end of March 2012, 43% of people were recorded on GP practice registers as having been diagnosed. There is some way to go before the Prime Minister's two thirds target is reached.

The Somerset Dementia Strategy has set out the vision for dementia services for Somerset. The Strategy described in detail four key areas of focus to improve services for people with dementia and their carers:

- Raising awareness and understanding
- Timely diagnosis and support
- Living well with dementia
- Workforce and Training

¹ King's Fund (2008). Paying the price: The cost of mental health care in England to 2026. The King's Fund, London.

² Alzheimer's Society (2012). Dementia 2012: A National Challenge. Alzheimer's Society, London.

Service Aim

Improve the awareness and professional expertise of dementia in Somerset's community pharmacies to; support the early identification of dementia, increase referrals, and improve quality of life for patients and their carers'.

We believe that pharmacy is perfectly placed to achieve this aim and to prove our place within the Somerset Dementia Strategy.

Intended service outcomes

- Integrate community pharmacy into the Somerset care pathway for dementia screening and identification.
- To improve access to support and advice for patients with memory and cognitive difficulties.
- To offer a simple intervention to identify patients with memory and cognitive difficulties so they can be directed to their GP for further investigation.
- Provide early intervention so patients are investigated at an early stage.
- Provide the early intervention of patients to help increase the number of patients being diagnosed.
- Provide dementia medication interventions. This will help identify medications contraindicated in dementia that may cause the symptoms of dementia or exacerbate symptoms of dementia displayed by the patient. These interventions will help both patient and carer to live well with dementia.
- Actively target patients on dementia drugs for a Medicines Use Review and identify any dose optimisation, compliance issues or inappropriate prescribing of antipsychotics/anti-depressants.
- To provide local and national health promotion leaflets and posters on dementia to improve patient awareness and have specific dementia signposting information for their area including: memory cafes, local Alzheimer's Society representative, dementia friendly community groups and support groups.

Service Specification

- Pharmacies will provide one to one support and advice to all people over the age of 18.
- Pharmacies will be aware of the key at risk groups for dementia:
 - Patients aged 60 and over with cardiovascular disease (CVD), stroke, peripheral vascular disease or diabetes.
 - Patients aged 40 and over with Down's syndrome
 - Other patients aged 50 and over with learning disabilities
 - Patients with long-term neurological conditions which have a known neurodegenerative element, for example Parkinson's disease.
- The service will identify persons with memory or cognitive difficulties and provide brief interventions to give more information about memory problems and local support services available.
- The pharmacy will provide referrals to GPs for further assessment if necessary.

Service Outline

Access routes to this service will be determined locally, however they could include:

- Identification of need by the pharmacist/trained staff within the pharmacy;
- Pharmacy referral as a result of the 'Promotion of healthy lifestyles (Public Health)' or 'Signposting' Essential services;
- Direct referral by the individual; or
- Referral by another health or social care worker.
- The pharmacy would have to confirm the eligibility of the person to access the service, based on the service inclusion criteria.

The initial assessment will include:

- Use of CQUIN question to see if person's memory has become worse over the past 12 months. If the answer to this is 'no', note this on a tally chart.
- If the answer is 'yes', explain the service to the patient. If they don't want to proceed, document this on the tally chart.

The initial consultation will include:

- Gain patient consent for consultation (Implied consent – no need to complete a form) and complete details under 'Memory Service – Registration' Ensure you obtain a telephone number for the 'Follow up'
- If no GP diagnosis, gain consent to share information with their GP, carer and conduct 'Cognitive Test'.
- If a dementia diagnosis is in place, assess their medication and if suitable complete a 'Medication Assessment and MUR' if drug side effects may be the cause of the patients' reduction in memory and cognitive function over the past 12 months. If there are any changes recommended, print off this letter from PharmOutcomes and send to GP.
- Patients who have completed the Cognitive Test and who's score is ≤ 7 - refer to their GP. Give them a letter which will explain that they have had a consultation with you and your suggestions. Print off referral letter from PharmOutcomes. Assess their medication and if suitable complete 'Medication Assessment and MUR' if drug side effects may be the cause of the patients' reduction in memory and cognitive function over the past 12 months. If there are any changes recommended, print off this letter from PharmOutcomes and send to GP along with the referral letter.
- Patients that have completed the Cognitive Test and score is ≥ 8 . Offer reassurance of the result and assess the suitability of their medication to see if side effects may be the cause of the patients' perceived reduction in memory and cognitive function over the past 12 months. If medication could be a cause of deterioration, complete 'Medication Assessment and MUR' documenting changes that could be made, print off letter from PharmOutcomes and send to the patients GP.
- All appropriate and required information will be input in PharmOutcomes.
- Offer information, signposting and relevant advice and literature at every stage and record interventions on PharmOutcomes under 'Lifestyle and Signposting'.
- A stepwise approach to this can be found on the 'Memory Service Flowchart'
- People not wishing to initially engage or those who choose not to complete the programme may be offered appropriate health literature and information on dementia.

- The pharmacy will maintain appropriate records to ensure effective ongoing service delivery and audit.

The Follow-up phone call will include:

- Telephone the patient to see what has happened as a result of the initial consultation – has there been a diagnosis? Have any medication interventions helped?

For the duration of the service, the LPC will:

- Provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment via PharmOutcomes.
- Be responsible for the promotion of the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the public.
- Obtain health promotion material relevant to the service users and making this available to pharmacies.
- Provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.

Suggested Quality Indicators

- The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety and meets other locally agreed criteria.
- The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and act in accordance with local protocols and NICE guidance.
- The pharmacy reviews its standard operating procedures for the service on an annual basis.
- The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.
- The pharmacy participates in the LPC organised audit of service provision for the collection of any data needed for the pilot.
- The pharmacy co-operates with any locally agreed LPC-led assessment of service user experience.

Measurable Outcomes

- Number of patients completing initial counter intervention of the CQUIN question, and answer 'no' (i.e. don't access into service) – this is documented on a tally chart and results input into PharmOutcomes weekly under 'Tally Chart'
- Number then progressed to consultation.
- Number of patients with previous diagnosis.
- Number of patients completing Cognitive Test.
- Number of negative Cognitive Tests.
- Number of positive Cognitive Tests.
- Number of referrals to GP's.

- Number of patients for whom a medication intervention is completed.
- Number of referrals to GP's due to medication intervention
- Number of medication interventions made where GP action is required.
- Number of patients with a completed follow up after 4 weeks.
- Results of follow up
 - GP Consultation.
 - Attend recommended support service.
 - Referral on or further investigations from GP.
 - Medication changes as a result of intervention.
 - Did the patient attend suggested support group or read suggested materials etc?
 - Does the patient feel that the intervention in the pharmacy had a positive impact?

Payment and Duration of Service

The pharmacy shall receive £10 for each Cognitive Test completed and £5 for each follow-up phone call completed. Claims for these will be automatically generated by PharmOutcomes. Payment for any Medicines Use Reviews completed will be claimed via the normal end of month process. The service will commence on the 19th January. It is intended the service will run for a period of at least four weeks, but may be extended depending on whether funds have been used up. The LPC will communicate to Pharmacies when signing up of patients to the service should cease.