Personalised care and support for people living with dementia

Regional Building Positive Futures Programme

Thursday 19th May 2022

Jo Dickinson

Mental Health Senior Transformation Manager (Older Adults and IAPT)

NHS England and NHS Improvement

Background

- Who are we?

- What is our role?

Background - dementia

- Dementia is an umbrella term used to describe a group of symptoms such as loss of cognition, behavioural changes and social functioning caused by progressive neurological disorders. There are over 200 subtypes of dementia but the most common are Alzheimer's, vascular, Lewy body, mixed and frontotemporal dementia
- It is estimated that there are in excess of 900,000 older people living with dementia in the UK this is expected to rise by 80 % to 1.6 million by to 2040.
- It is not only older people who are affected there are in excess of 42,000 younger people aged under 65 years old living with dementia in the UK
- Dementia is a life-limiting, progressive condition for which there is no known cure
- In 2017, approximately 18% of the UK population were aged 65 years or over, this figure is projected to grow to almost 21% by 2027
- The risk of developing dementia increases significantly with age, therefore, as the population ages the number of people living with dementia is set to rise

Facts and figures

- Currently it is estimated that two thirds of people living with dementia live in the community with the other third living in care homes
- It is estimated that 70% of residents in United Kingdom (UK) nursing and residential care homes either have dementia on transition to 24-hour care or, develop it whilst residing in a care home
- This equates to approximately 311,730 people with dementia residing in UK care homes, with an estimated 180,500 of those living in residential care homes, and a further 131,230 people living in nursing homes
- In 2019 almost two thirds of deaths due to dementia and Alzheimer's disease in England and Wales occurred in care homes
- In 2020 the average life expectancy of people living in UK care homes was twenty-four months in residential care homes, and twelve months in nursing care homes
- Around 90% of people living with dementia have at least one comorbid condition

Costs

- Dementia currently costs the UK health and social care system around £36.7 billion per annum, £15.7 billion in social care costs and £13.9 billion in unpaid care costs
- This figure is expected to rise to £94.1 billion by 2040, including £45.4 billion in social care costs and £35.7 billion in unpaid care costs
- However, it is predicted that there is going to be less availability of family carers to meet demand placing further pressure on the health and social care system
- People with dementia are at 1.42 times higher risk of being admitted to hospital compared to those without dementia, with those at highest risk being those people with dementia who were older and living with physical comorbidities
- People with dementia who are admitted to hospital have a known higher risk of: developing delirium; functional decline; fall related injuries; hospital acquired infections; mortality; longer length of stay and reduced quality of life compared to those without dementia or cognitive impairment; and an increased likelihood of discharge to residential care compared to those without dementia or cognitive impairment

- ACTIVITY

What are the benefits of a timely assessment and/ or diagnosis of dementia?

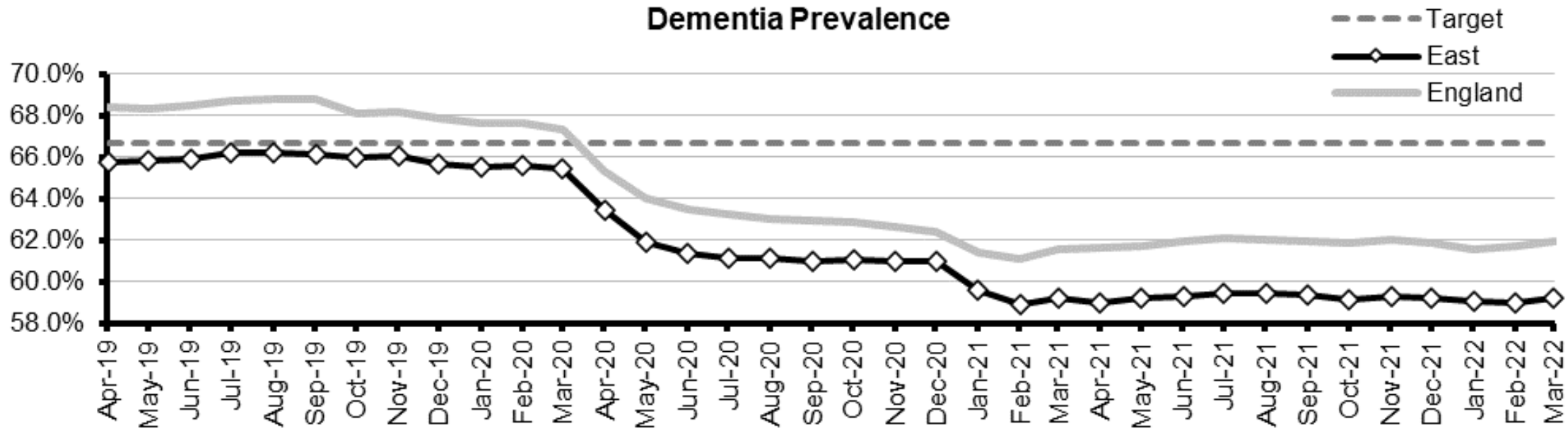
- Symptoms could be caused by a differential diagnosis which might be treatable such as a medical problem or depression for example
- Enables people to get access to relevant information, resources and support
- Improved ability to understand and manage symptoms
- May be eligible for benefits and be protected from discrimination if still working
- Potentially benefit medication and nonpharmacological interventions to manage symptoms
- Ability to plan for their future

National policy

NHS Long Term Plan

- Significant changes are being implemented through the NHS England Long Term Plan with a focus on moving services closer to home and improving “out of hospital” care.
- The integration of health and social care systems and budgets is seen as a key component of this shift, which it is suggested will not only be more efficient, but will enable care interventions that deliver improved person-centred, coordinated, population-based care via Primary Care Networks which is closer to home

Dementia diagnosis rate - where are we?



- The slide shows the diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered population.
- England estimated dementia diagnosis rate 62% in March 2022 (61.7% Feb 2022)
- Closing/ reduction of services
- Public not coming forward – fear of disease, not wanting to be a bother
- Staff – reallocation, sickness and self-isolation

The Dementia Diagnosis Rate in the east of England

Dementia Prevalence

Data feed: NHSE Cube

		2021/22											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STP	**Commissioner**	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%
BLMK	Beds, Luton & MK	62.4%	62.4%	62.3%	62.7%	63.1%	63.4%	63.6%	63.6%	63.5%	63.2%	63.0%	63.6%
C&P	Cambridge & P'boro	56.6%	56.4%	56.2%	55.9%	55.5%	55.3%	55.1%	54.7%	54.4%	54.0%	54.1%	54.2%
H&WE	East & North Herts	59.4%	59.7%	60.2%	60.2%	60.2%	59.5%	59.3%	59.5%	59.2%	59.0%	58.8%	59.2%
	Herts Valleys	59.2%	59.6%	59.6%	59.8%	60.0%	59.8%	60.1%	60.3%	60.6%	60.5%	60.6%	60.4%
	West Essex	67.6%	68.0%	67.7%	67.7%	67.6%	67.3%	67.1%	67.0%	66.7%	66.4%	66.5%	66.6%
M&SE	Basildon & Brentwood	55.4%	54.9%	54.6%	54.9%	55.1%	55.2%	54.3%	54.2%	54.7%	55.2%	54.7%	55.4%
	Castle Point & Rochford	61.3%	62.1%	61.9%	61.6%	61.7%	62.2%	61.7%	62.5%	63.4%	63.1%	63.6%	64.3%
	Mid Essex	54.7%	54.8%	54.9%	55.1%	55.1%	54.6%	54.8%	54.9%	55.1%	54.6%	54.7%	54.5%
	Southend	71.4%	71.1%	71.7%	72.1%	71.7%	71.7%	71.5%	71.0%	70.3%	70.1%	70.4%	71.0%
	Thurrock	63.6%	63.2%	63.3%	64.3%	65.2%	64.9%	64.9%	65.7%	66.8%	66.6%	66.7%	67.6%
N&W	Norfolk & Waveney	55.3%	55.4%	55.6%	55.9%	55.9%	55.8%	55.7%	55.8%	55.8%	55.6%	55.6%	55.7%
S&NEE	Ipswich & East Suffolk	58.8%	59.2%	59.5%	59.9%	59.7%	59.4%	58.7%	58.9%	58.8%	58.8%	58.8%	59.2%
	North East Essex	63.0%	63.1%	63.1%	63.1%	63.0%	63.8%	63.4%	63.8%	63.6%	63.6%	63.7%	64.1%
	West Suffolk	56.9%	59.5%	59.9%	59.3%	59.4%	59.3%	58.6%	59.0%	58.9%	58.6%	58.1%	57.8%
East of England		**59.0%**	**59.2%**	**59.3%**	**59.4%**	**59.4%**	**59.4%**	**59.2%**	**59.3%**	**59.3%**	**59.1%**	**59.0%**	**59.3%**

What is person-centred care in dementia?

- https://www.youtube.com/watch?v=o0jpWKjYwHg

REFLECTIONS?

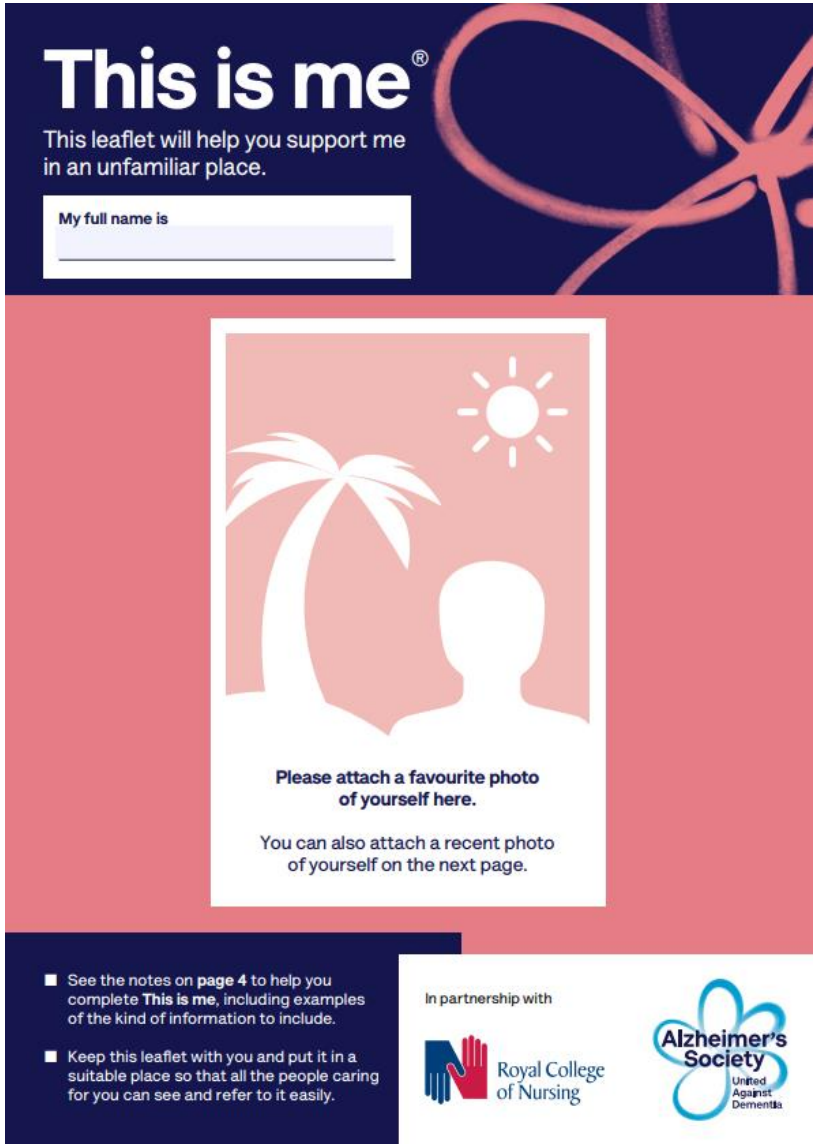
VIPS model

- Valuing – People living with dementia and those who care for them, promoting their citizenship rights and entitlement regardless of age or cognitive impairment
- Individuals – Treating people as individuals; appreciating that all people living with dementia have a unique history, identity and personality
- Perspective – Always looking at the world from the perspective of the person living with dementia and validating their beliefs at any point in time
- Social – Recognising that all human life, including that of people living with dementia, is grounded in relationships and that people living with dementia need an enriched social environment

Knowing the person

- What does the person like to be called?
- What are their interests?
- What did they do for a job?
- Have they travelled – what are their favourite places
- What worries or upsets them?
- What makes them feel better if they're anxious?

- Alzheimer's Society 'This is Me' leaflet. Can travel with the individual if they move accommodation or are admitted to hospital
- Resources such as this should be completed by those who know the person best and, ideally, by the person themselves. It is important this takes place as early on as possible



Benefits of knowing the person

- Knowing the person – what is normal behaviour for them?
- What would meaningful activity look like for them? (relate to occupation/ interests with adaptations)
- Reduce distress
- Support the carer

Knowing the person

https://www.youtube.com/watch?v=CCRDzRd8kgQ

REFLECTIONS?

Adapting the environment

It is important to consider a number of options when supporting a person living with dementia

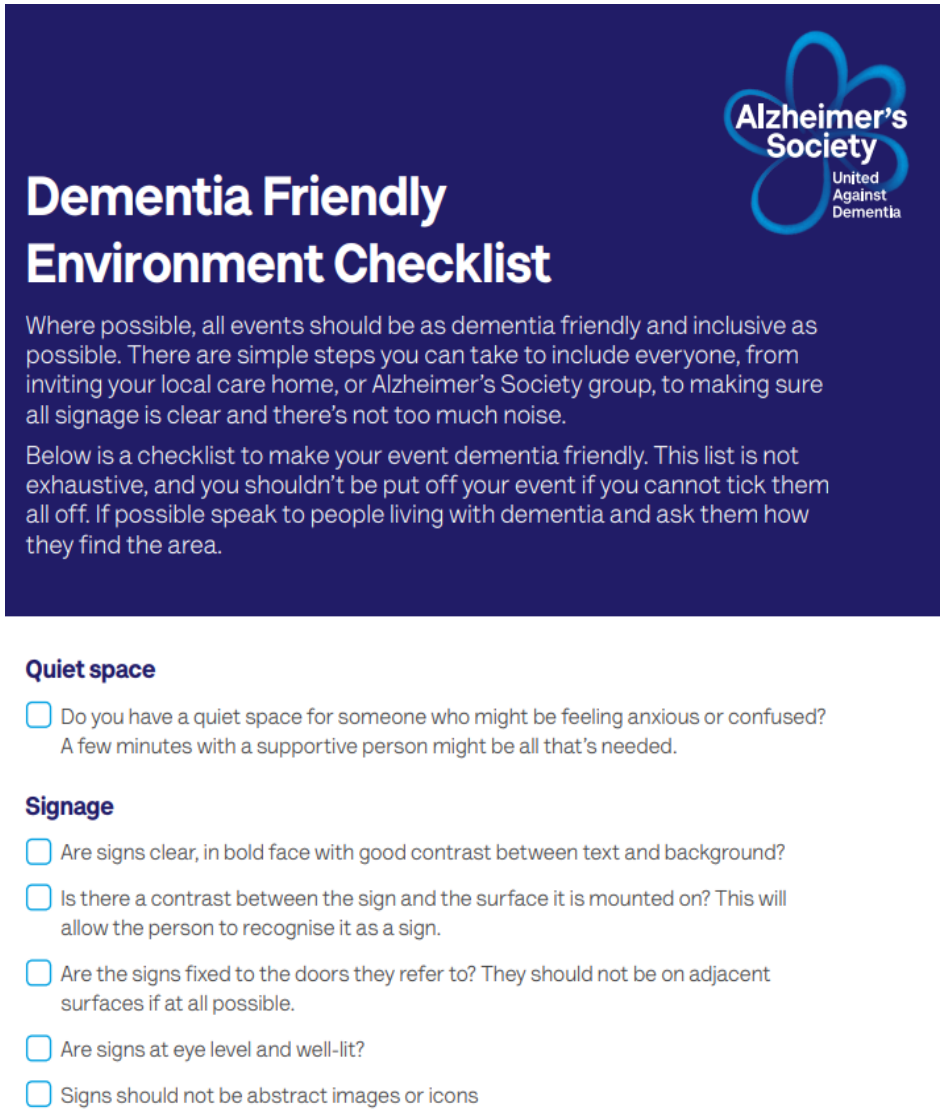
The Alzheimer Society has created a useful guide which looks at the environment [Dementia-friendly environment checklist | Alzheimer's Society (alzhemers.org.uk)](#) with particular focus on:

- Quiet space
- Signage
- Lighting
- Flooring
- Changing rooms and toilets
- Seating
- Navigation

It is also important to recognise the importance of colours and lighting. Most people with dementia, and older people in general, benefit from better lighting in their home – it can help to avoid confusion and [reduce the risk of falls](#).

Contrasting colours also support people living with dementia, avoid bold patterns and stripes as they can be confusing and disorientating.

As well as adapting the environment a number of electronic aids can be used to support low mood and anxiety, including doll, pet and other therapeutic interventions, Dementia UK offer advice before using these methods [Use of dolls (dementiauk.org)](#)



Alzheimer's Society
United Against Dementia

Dementia Friendly Environment Checklist

Where possible, all events should be as dementia friendly and inclusive as possible. There are simple steps you can take to include everyone, from inviting your local care home, or Alzheimer's Society group, to making sure all signage is clear and there's not too much noise.

Below is a checklist to make your event dementia friendly. This list is not exhaustive, and you shouldn't be put off your event if you cannot tick them all off. If possible speak to people living with dementia and ask them how they find the area.

Quiet space

- ☐ Do you have a quiet space for someone who might be feeling anxious or confused? A few minutes with a supportive person might be all that's needed.

Signage

- ☐ Are signs clear, in bold face with good contrast between text and background?
- ☐ Is there a contrast between the sign and the surface it is mounted on? This will allow the person to recognise it as a sign.
- ☐ Are the signs fixed to the doors they refer to? They should not be on adjacent surfaces if at all possible.
- ☐ Are signs at eye level and well-lit?
- ☐ Signs should not be abstract images or icons

Purposeful activity

It is so important that people diagnosed with dementia as well as their carers continue to be involved in activities. The Alzheimer's society have produced Tips for keeping active and involved when you have dementia | Alzheimer's Society (alzheimers.org.uk) It is also important to understand your local offer of support for post diagnostic support.

When you have dementia, it's important to try to keep doing things that you enjoy. You're still the same person, and you can still be active and feel involved – you just might have to do things a bit differently.

Staying active can also help you:

- **feel more positive, and less anxious or depressed**
- **raise your self-esteem and increase your confidence in your abilities**
- **maintain your physical, mental and social skills**
- **express your feelings and connect with others**
- **share your experiences with other people who are affected by dementia.**

As well as purposeful activity it is important that people with early diagnosis of dementia and their carers can access additional therapeutic support to help with anxiety and depression through **Improving Access to Psychological Therapies (IAPT)** programme. Support can be accessed by googling IAPT services in your area or via your GP, you can either self refer or be referred. Please see Bernie's story: Improving Access to Psychological Therapies – YouTube

Understanding distress behaviour

- Distressed behaviour in people living with dementia can include a range of non-cognitive symptoms, such as apathy, anxiety, depression, agitation, aggression, delusions and hallucinations

- **Distress in people with dementia is often an active attempt by the person with dementia to meet or express a physical or psychological need**
- Environment
- Pain
- Boredom
- Anxiety
- Nails
- Hungry/thirsty

Use of antipsychotics in response to distress behaviour in people with dementia

•Antipsychotics are sometimes prescribed to manage distressed behaviour, however, clinical evidence shows limited benefits and this practice can threaten patient safety.

- •increased risk of stroke – estimated 1620 cerebrovascular accidents each year
- •movement disorders such as tremors
- •Dehydration
- •falls, chest infections
- •accelerated cognitive decline
- •An estimated 1800 excess deaths each year

•Based on this evidence, National Institute for Clinical Excellence (NICE) guidance has made clear that **antipsychotics should be only used in the first instance as a last resort in severe cases or where there is the risk of harm to the patient or others**

•INFOGRAPHICS

Delirium

Delirium (sometimes called ‘acute confusional state’) is a common clinical syndrome characterised by disturbed consciousness, distractibility, perceptual abnormalities and impaired cognitive function, which has an acute onset and fluctuating course.

It usually develops over 1–2 days.

West Yorkshire and Harrogate Health and Care Partnership

NHS Yorkshire and the Humber Clinical Networks

Delirium can be prevented and treated.
Delirium is a medical emergency!

Prevent it	Suspect it	Stop it
• Calculate risk • Assess for clinical factors • Daily care plan and actions	• New or worse confusion/ drowsiness/behaviour • Do SQiD, 4AT or CAM	• Treat causes • Explain and reassure • Physical needs

Single Question in Delirium - ‘Do you think [patient] has been more confused lately?’ ask a friend or family member.

BREAK

Dementia & Personalised Care through FrEDA

(Frailty, End of Life and Dementia Assessment)

Nancy Smith

Integrated Practice Support Officer & Carers Intensive Support Lead

Dementia & Older Adults Mental Health Service

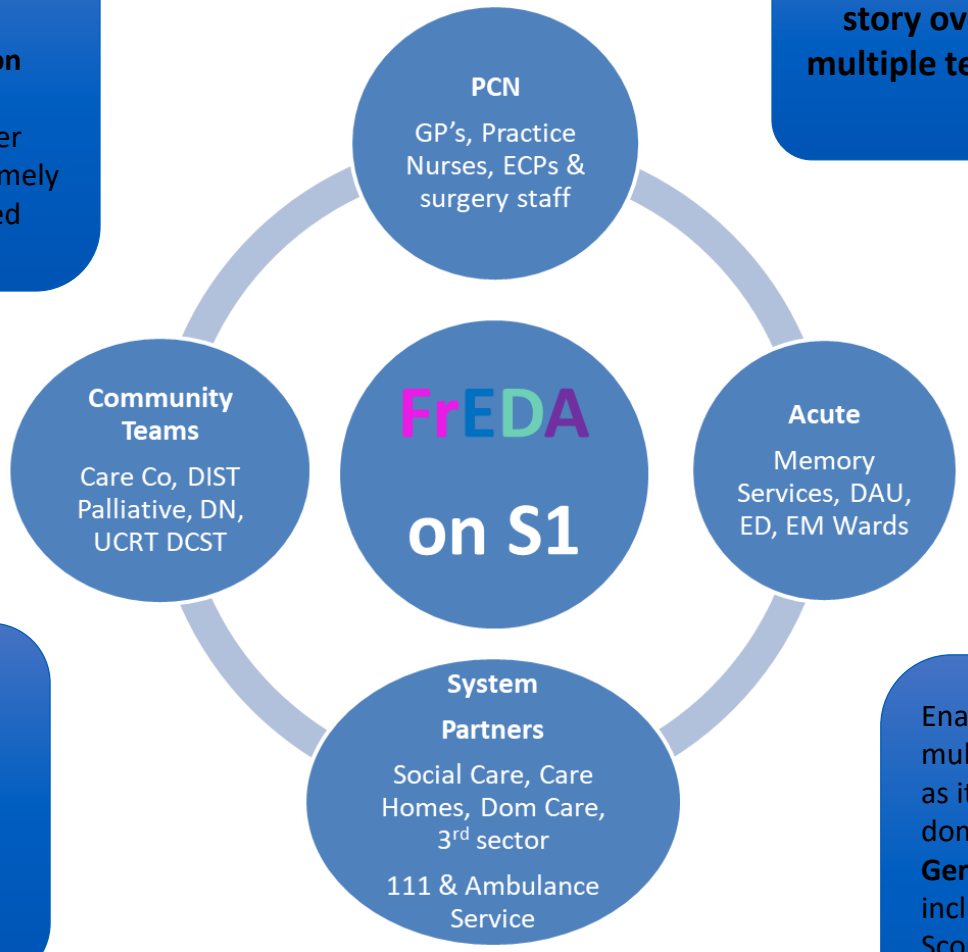
South East Essex

nancy.smith9@nhs.net

FrEDA is a "whole person" Personalised Care & Support Planning, MDT Care Coordination and educational tool on SystmOne

Enables early identification and diagnosis of dementia, identification and staging of Frailty and early identification any adult in the last twelve months of life, so we can offer appropriate treatment and timely support including personalised advance care planning.

Prevents the person telling their story over and over again to multiple teams as all information in one place



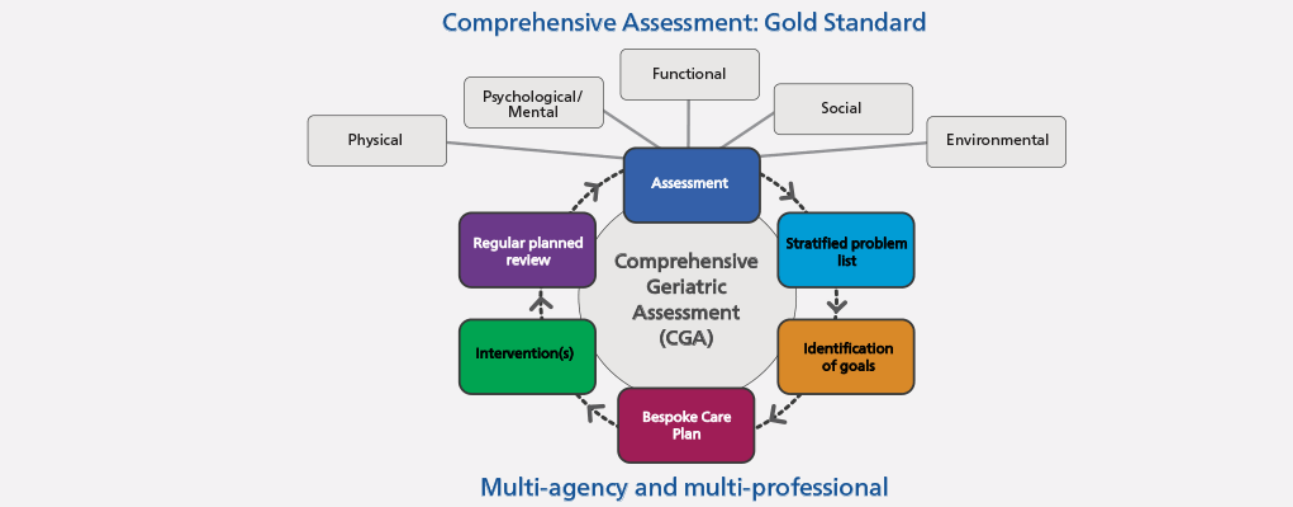
Helps us all "**Listen to**" the person, enabling **Shared Decision Making** focussing on their personalised goals and the **Outcomes that matter most to THEM**

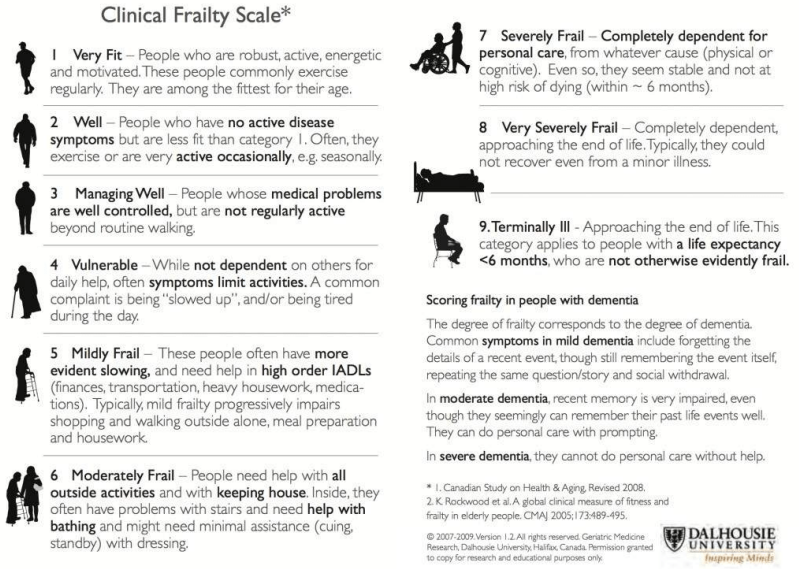
Enables more effective discharge planning / Supports D2A pathways and improved support for more appropriate placements in care homes as we will know the patient through FrEDA

Enables integrated (multi agency, multi disciplinary) care planning as it is based on the evidenced domains of **Comprehensive Geriatric Assessment (CGA)** and includes Rockwood Clinical Frailty Scoring, Cognition and Memory Assessment. Plus early End of life identification and ACP delivery

FrEDA wraparound support & benefits

Shared Decision Making, Comprehensive Geriatric Assessment (CGA), Rockwood Frailty Scoring, Cognition and Memory Assessment, Advance Care Planning





FrEDA = Happier patients, carers and staff

Support Early identification of Frailty, those in last year of life & Dementia Diagnosis in Primary Care. Dementia Nurse Specialist & the GP can diagnose those people who do not need to go through a complex memory pathway

Frees up time in all our teams and services for more complex cases and creates time for timely reviews. Reduces time taken to assess at each contact and joins up our inputs **working together as one collaborative team across multiple providers**

Ensures timely and the right type of support, to more effectively reduce repeated, reactive "fire fighting" demand and make every contact count

Improves the outcomes and **care experience for the people who are the centre of our work**

Identify, discuss and make referrals for

common mental health issues such as **anxiety & depression**, Identify **rising risk** and address **carer burden**, Identify **isolation and loneliness**

Recognising personal strengths & resilience means we can **better utilise community assets and a strength based approach**

Identify opportunities for conversation with patients and carers to engage with health checks, flu jabs and activities in their area to support mental and physical health

We can improve our skill set and learn from each other to build Dementia, Frailty, and EOLC expertise amongst **ALL** of us

FrEDA information from all teams feeds in to a **PHM dashboard** which partners can access creating opportunities to **identify future need and plan more successful**

What matters most?

FrEDA & Personalisation

Why is Personalised Care & Support Planning (PCSP) and Shared Decision Making (SDM) so important ?

- *Evidence clearly shows it helps people live longer and better and improves their satisfaction with care*

- *Covid Impact: It's just your age - Age UK report April 2022*
  - *28% older people are providing care and the majority are struggling*
  - *83% worry about whether they can continue caring*
  - *49% are tired*
  - *40% are anxious*
  - *28% feel overwhelmed*
  - *16% are lonely*

FRAIL+ and FrEDA

Find Refer Assess Intervene Listen (+ education)

FrEDA gives us

- Population Health Management data at Locality / PCN level (eFrACCs)
- Better data enables us to really capture who our complex population are and to establish if things are getting better
- More meaningful performance data enables us to better understand if we are working proactively and if we aren't… We can identify what we need to change in order to improve
- Enabler of a Frailty competent workforce, providing holistic care and support

FRAIL+ and FrEDA

Next steps

- Continued rollout and education of FrEDA with PCNs & Community Teams across MSE (EPUT, Provide, NELFT)

- Enhancing dementia diagnosis in Primary Care with GP's using FrEDA, improving Frailty scoring and Early identification of those in last year of life

- System partners accessing FrEDA on S1 including training & education

111, *Social Care, MSE FT, (Southend, Basildon, Broomfield) Care Homes, Ambulance Service, OPMH, Domiciliary Care, 3rd Sector*

- Empowering Residents, Patients & Carers

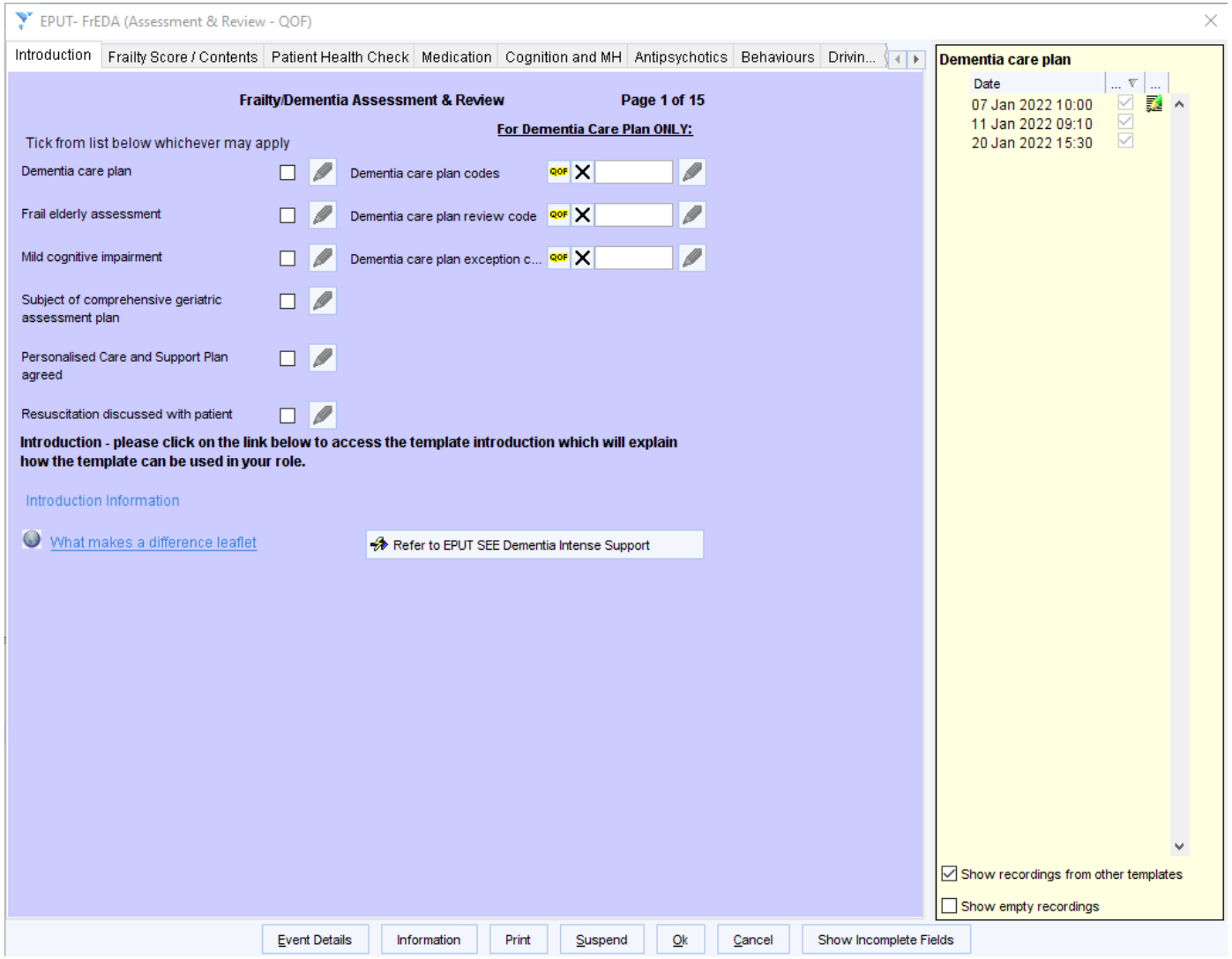
  yellow bracelet scheme pilot https://www.yellowbracelet.co.uk/EN/index.aspx

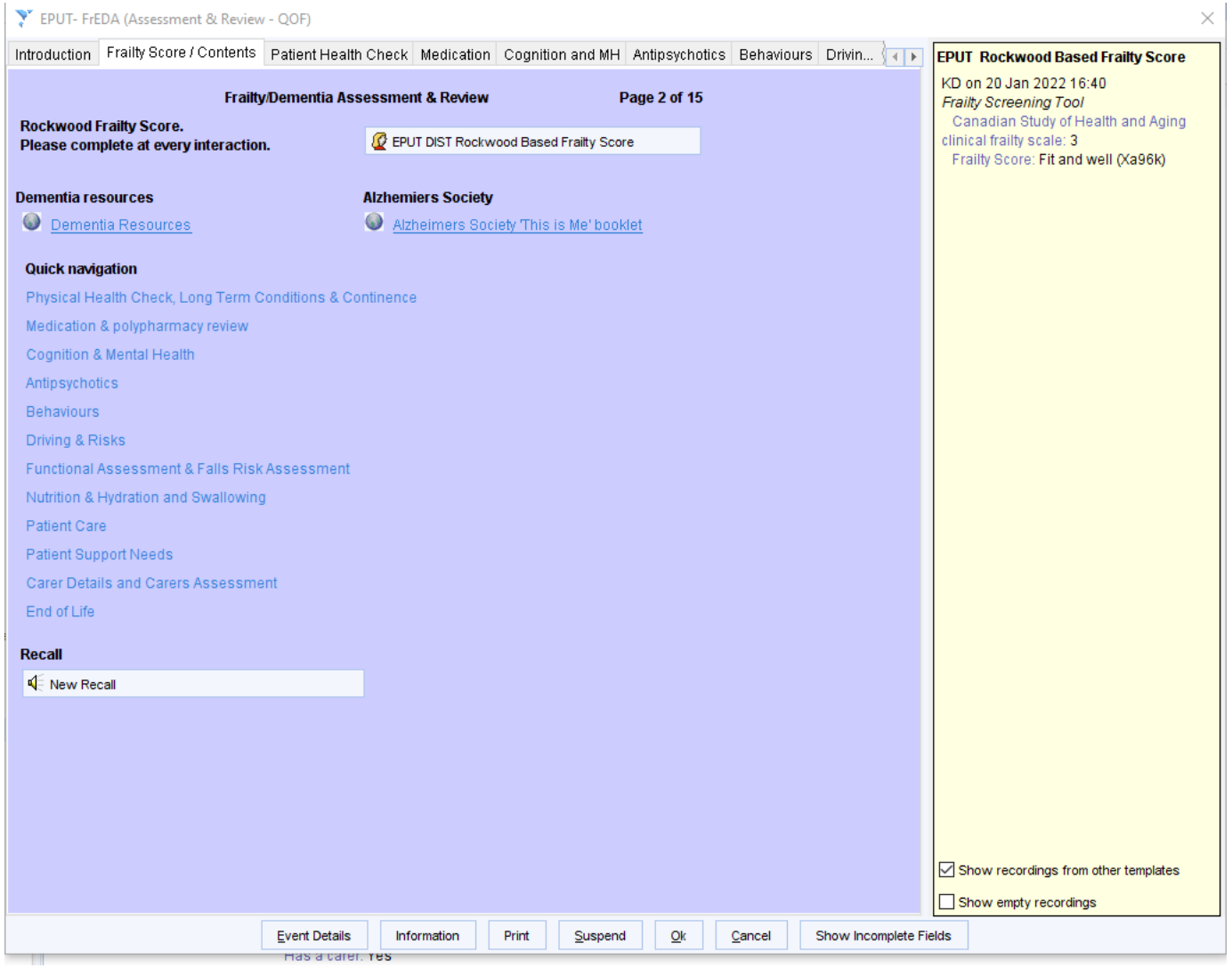
  unifying carers registration in GP practices across MSE

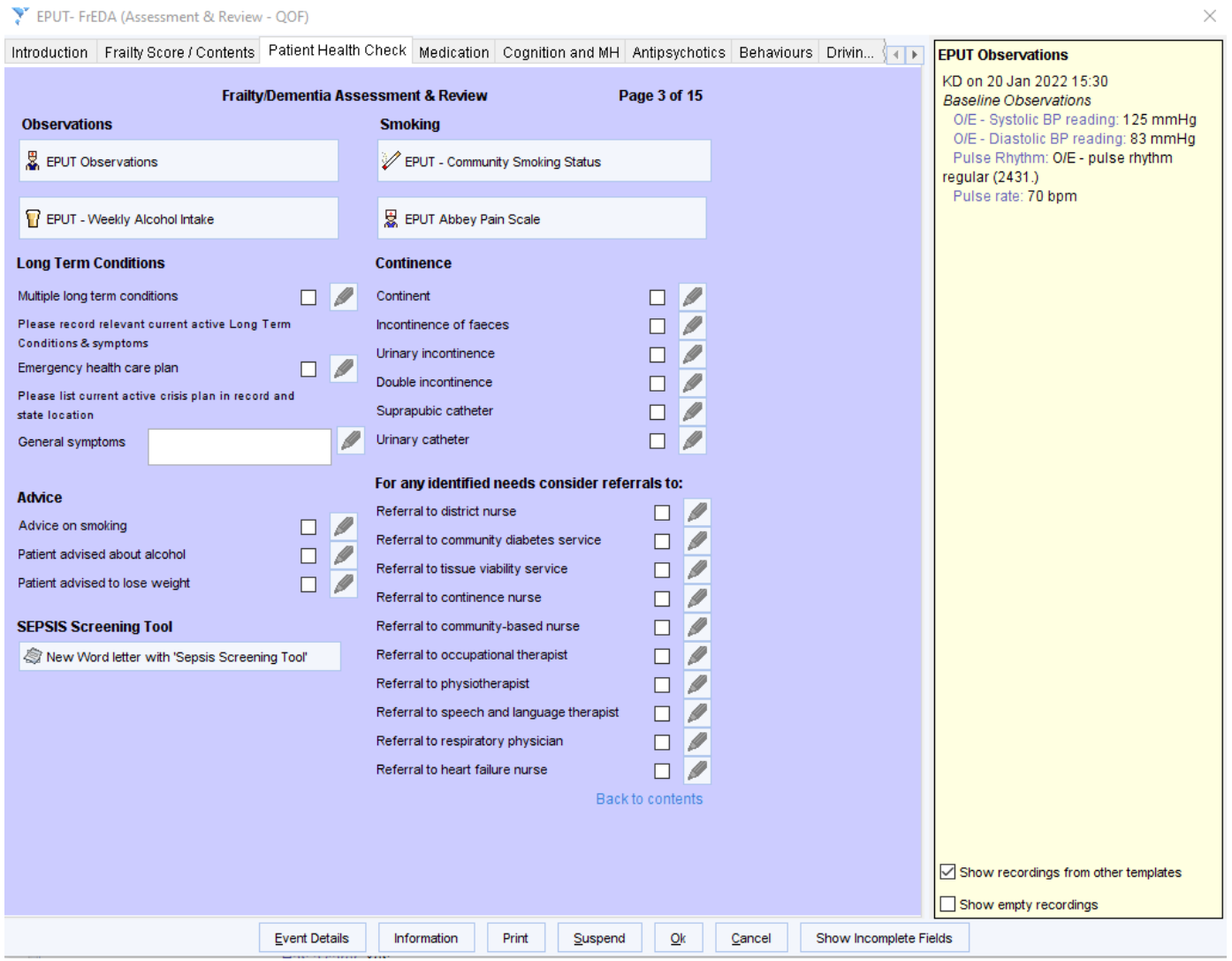
  intensive carers support in South East Essex

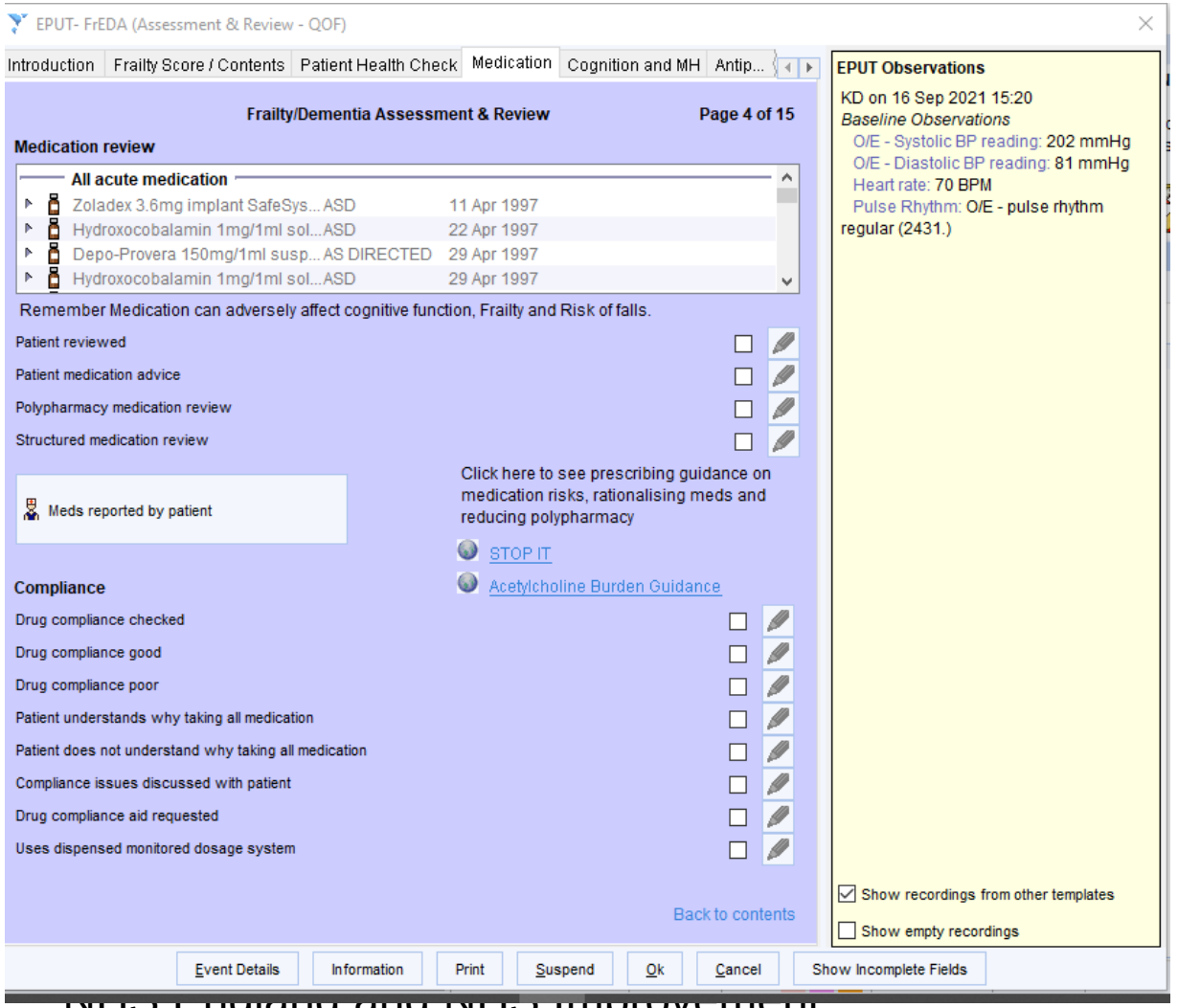
- FrEDA Guide & Frailty training coming soon to the e-learning platform

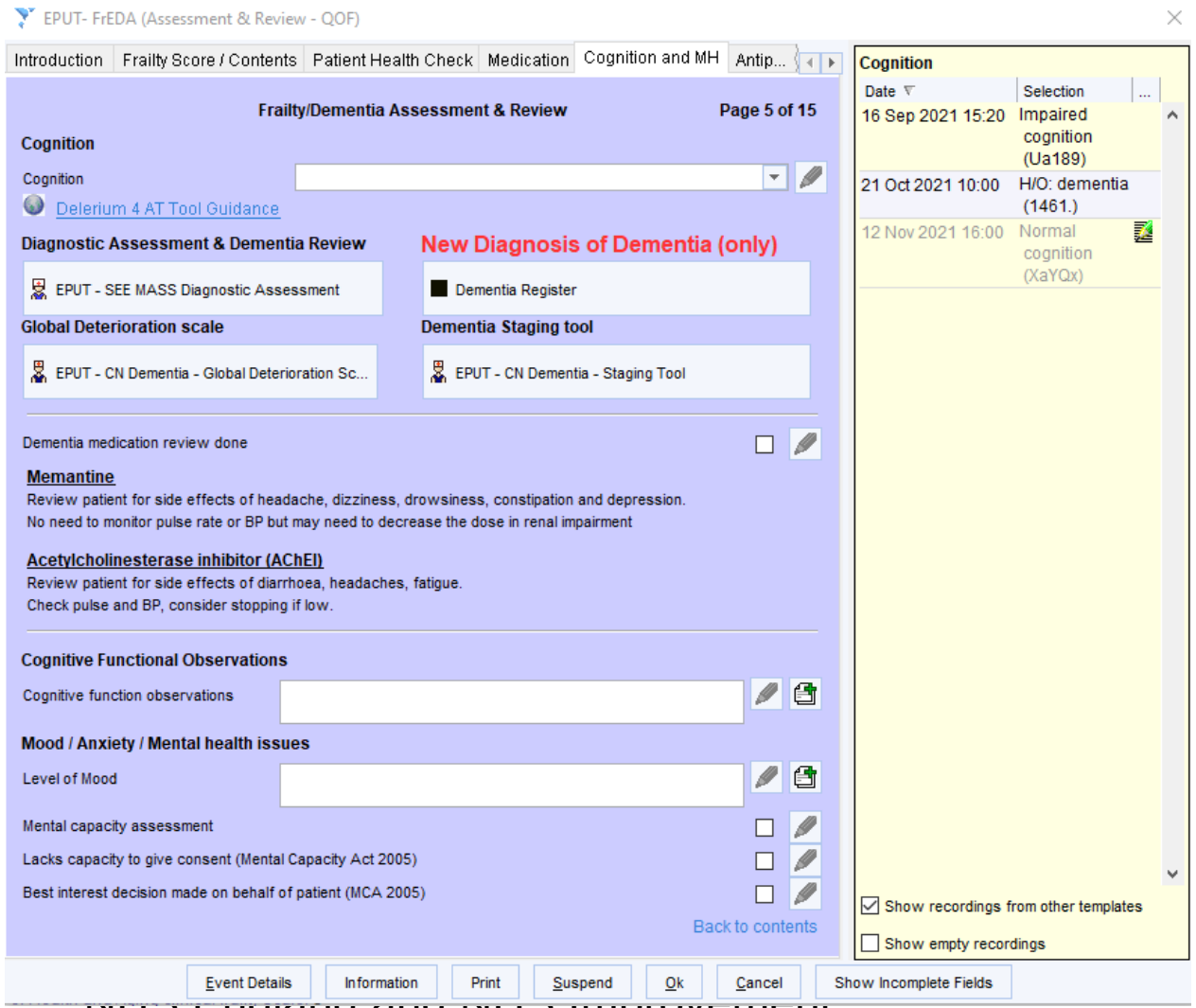
FrEDA

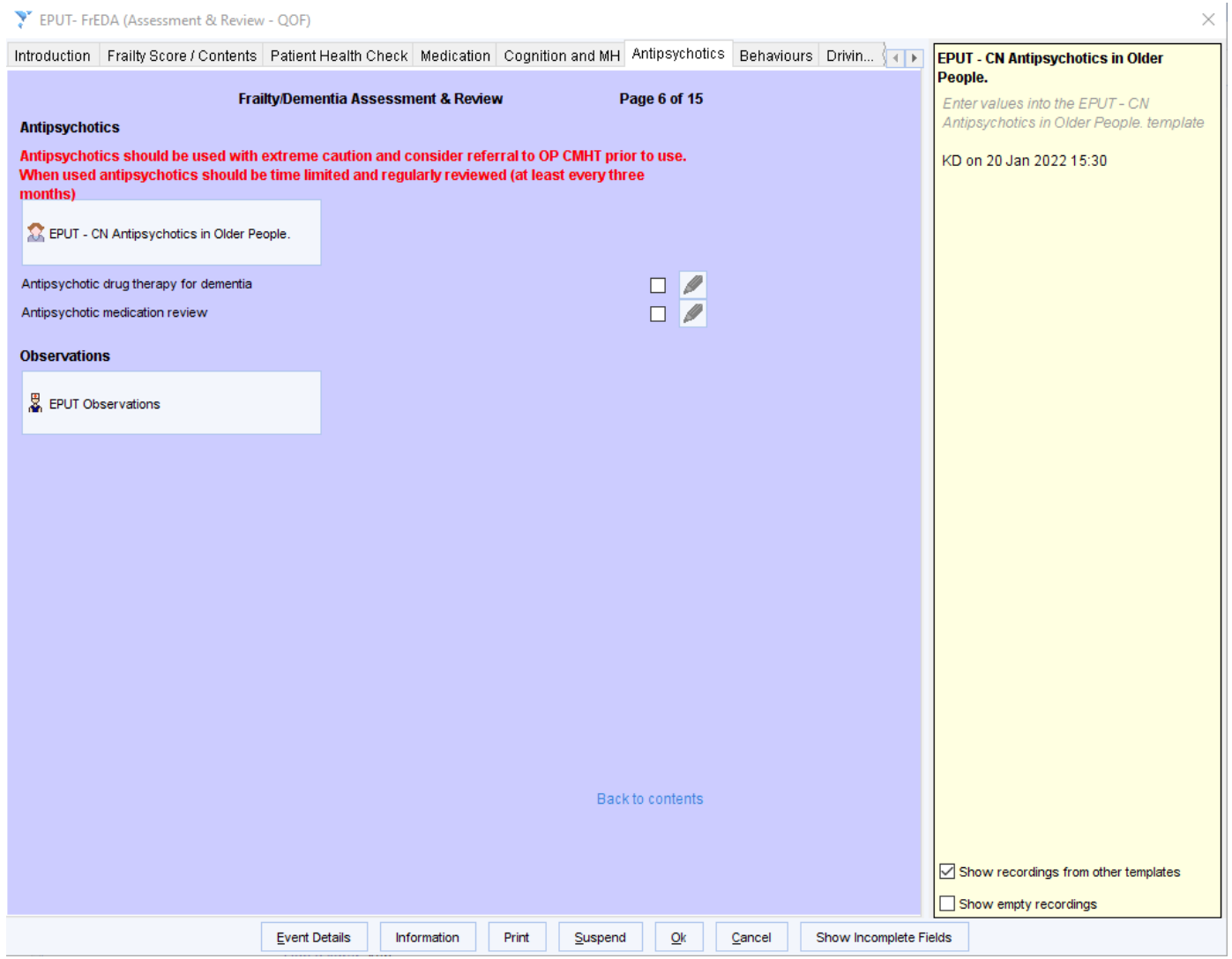

EPUT- FrEDA (Assessment & Review - QOF)
Introduction
Frailty Score / Contents
Patient Health Check
Medication
Cognition and MH
Antipsychotics
Behaviours
Drivin...
Frailty/Dementia Assessment & Review
Page 1 of 15
For Dementia Care Plan ONLY:
Tick from list below whichever may apply
Dementia care plan
Frail elderly assessment
Mild cognitive impairment
Subject of comprehensive geriatric assessment plan
Personalised Care and Support Plan agreed
Resuscitation discussed with patient
Dementia care plan codes
Dementia care plan review code
Dementia care plan exception c...
QOF
Introduction - please click on the link below to access the template introduction which will explain how the template can be used in your role.
Introduction Information
What makes a difference leaflet
Refer to EPUT SEE Dementia Intense Support
Dementia care plan
Date
07 Jan 2022 10:00
11 Jan 2022 09:10
20 Jan 2022 15:30
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields

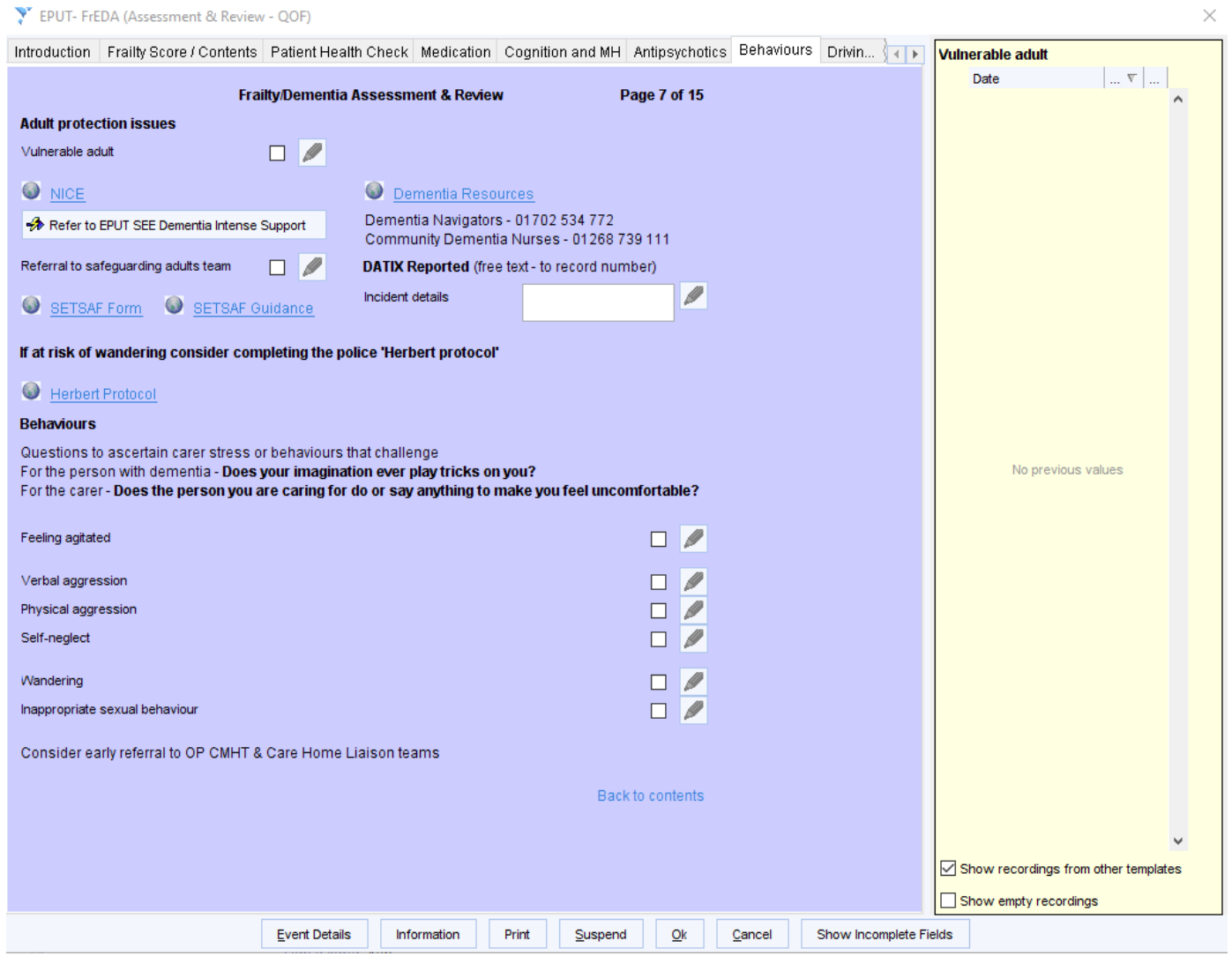

EPUT- FrEDA (Assessment & Review - QOF)
Introduction
Frailty Score / Contents
Patient Health Check
Medication
Cognition and MH
Antipsychotics
Behaviours
Drivin...
Frailty/Dementia Assessment & Review
Page 2 of 15
Rockwood Frailty Score.
Please complete at every interaction.
EPUT DIST Rockwood Based Frailty Score
Dementia resources
Dementia Resources
Alzhemiers Society
Alzheimers Society 'This is Me' booklet
Quick navigation
Physical Health Check, Long Term Conditions & Continence
Medication & polypharmacy review
Cognition & Mental Health
Antipsychotics
Behaviours
Driving & Risks
Functional Assessment & Falls Risk Assessment
Nutrition & Hydration and Swallowing
Patient Care
Patient Support Needs
Carer Details and Carers Assessment
End of Life
Recall
New Recall
EPUT Rockwood Based Frailty Score
KD on 20 Jan 2022 16:40
Frailty Screening Tool
Canadian Study of Health and Aging clinical frailty scale: 3
Frailty Score: Fit and well (Xa96k)
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields

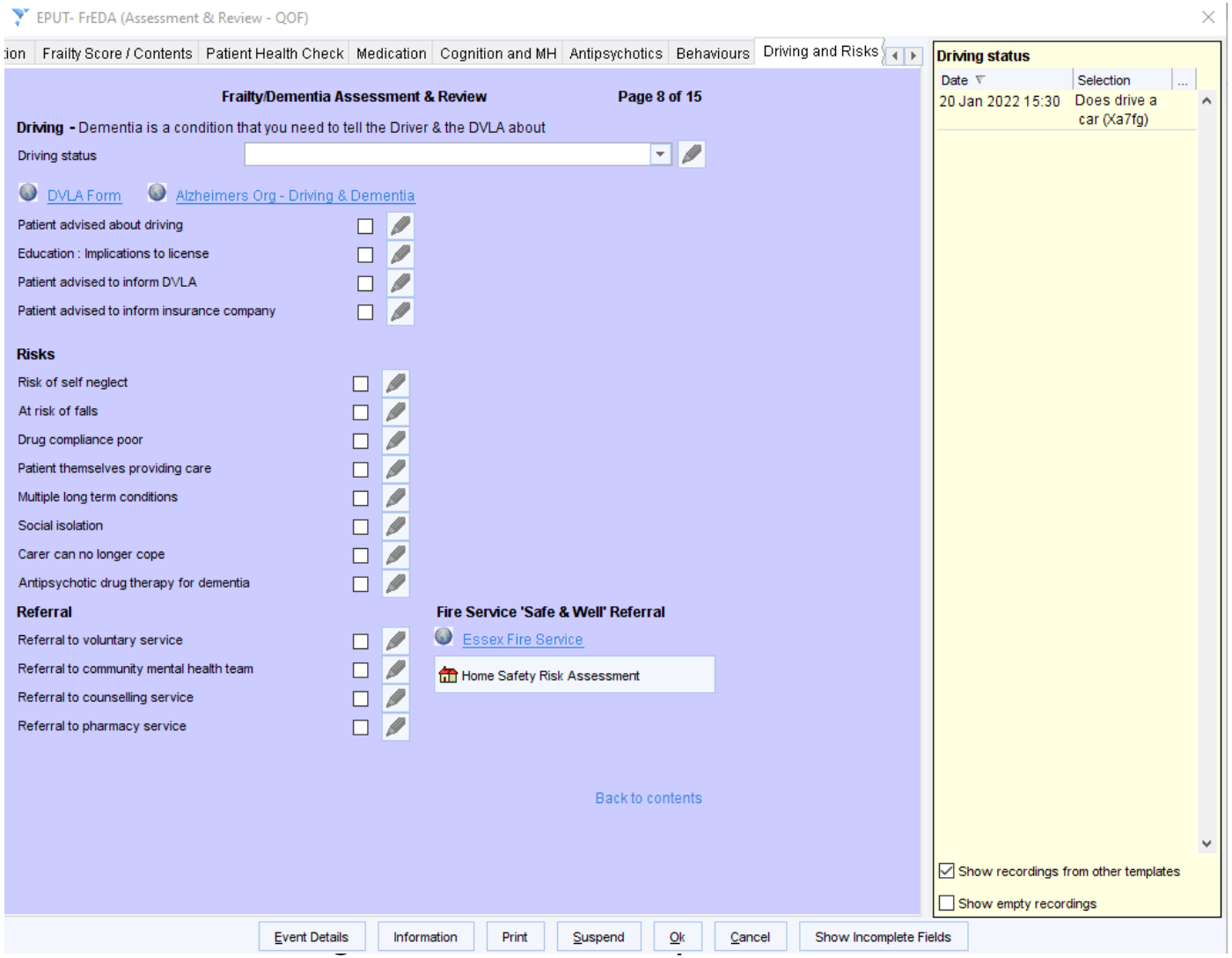

EPUT- FrEDA (Assessment & Review - QOF)
Introduction
Frailty Score / Contents
Patient Health Check
Medication
Cognition and MH
Antipsychotics
Behaviours
Drivin...
Frailty/Dementia Assessment & Review
Page 3 of 15
Observations
EPUT Observations
EPUT - Weekly Alcohol Intake
Smoking
EPUT - Community Smoking Status
EPUT Abbey Pain Scale
Long Term Conditions
Multiple long term conditions
Please record relevant current active Long Term Conditions & symptoms
Emergency health care plan
Please list current active crisis plan in record and state location
General symptoms
Continence
Continent
Incontinence of faeces
Urinary incontinence
Double incontinence
Suprapubic catheter
Urinary catheter
Advice
Advice on smoking
Patient advised about alcohol
Patient advised to lose weight
SEPSIS Screening Tool
New Word letter with 'Sepsis Screening Tool'
For any identified needs consider referrals to:
Referral to district nurse
Referral to community diabetes service
Referral to tissue viability service
Referral to continence nurse
Referral to community-based nurse
Referral to occupational therapist
Referral to physiotherapist
Referral to speech and language therapist
Referral to respiratory physician
Referral to heart failure nurse
Back to contents
EPUT Observations
KD on 20 Jan 2022 15:30
Baseline Observations
O/E - Systolic BP reading: 125 mmHg
O/E - Diastolic BP reading: 83 mmHg
Pulse Rhythm: O/E - pulse rhythm regular (2431.)
Pulse rate: 70 bpm
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields

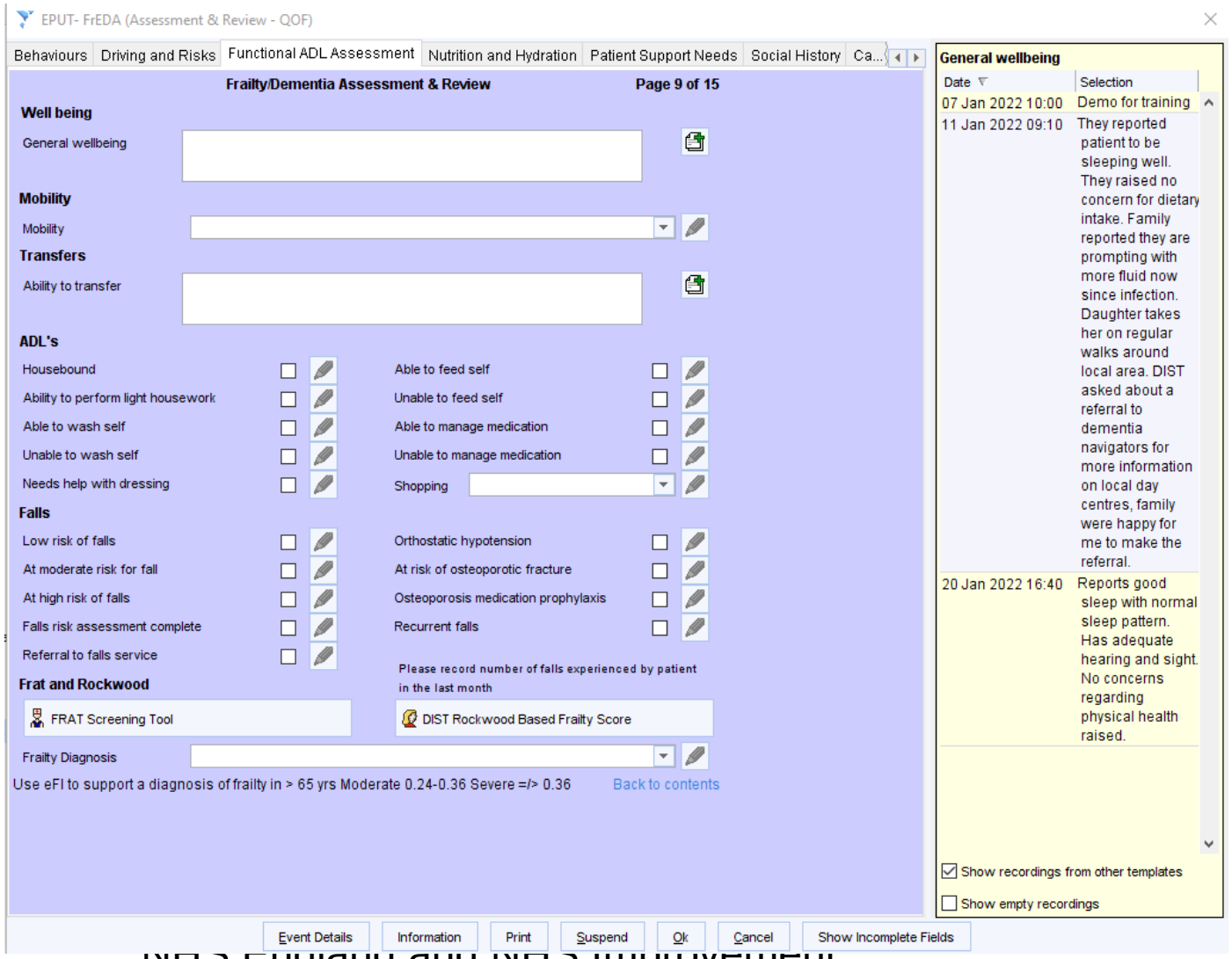

EPUT- FrEDA (Assessment & Review - QOF)
Introduction
Frailty Score / Contents
Patient Health Check
Medication
Cognition and MH
Antip...
Frailty/Dementia Assessment & Review
Page 4 of 15
Medication review
All acute medication
Zoladex 3.6mg implant SafeSys... ASD 11 Apr 1997
Hydroxocobalamin 1mg/1ml sol...ASD 22 Apr 1997
Depo-Provera 150mg/1ml susp... AS DIRECTED 29 Apr 1997
Hydroxocobalamin 1mg/1ml sol...ASD 29 Apr 1997
Remember Medication can adversely affect cognitive function, Frailty and Risk of falls.
Patient reviewed
Patient medication advice
Polypharmacy medication review
Structured medication review
Meds reported by patient
Click here to see prescribing guidance on medication risks, rationalising meds and reducing polypharmacy
STOP IT
Acetylcholine Burden Guidance
Compliance
Drug compliance checked
Drug compliance good
Drug compliance poor
Patient understands why taking all medication
Patient does not understand why taking all medication
Compliance issues discussed with patient
Drug compliance aid requested
Uses dispensed monitored dosage system
Back to contents
EPUT Observations
KD on 16 Sep 2021 15:20
Baseline Observations
O/E - Systolic BP reading: 202 mmHg
O/E - Diastolic BP reading: 81 mmHg
Heart rate: 70 BPM
Pulse Rhythm: O/E - pulse rhythm regular (2431.)
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields

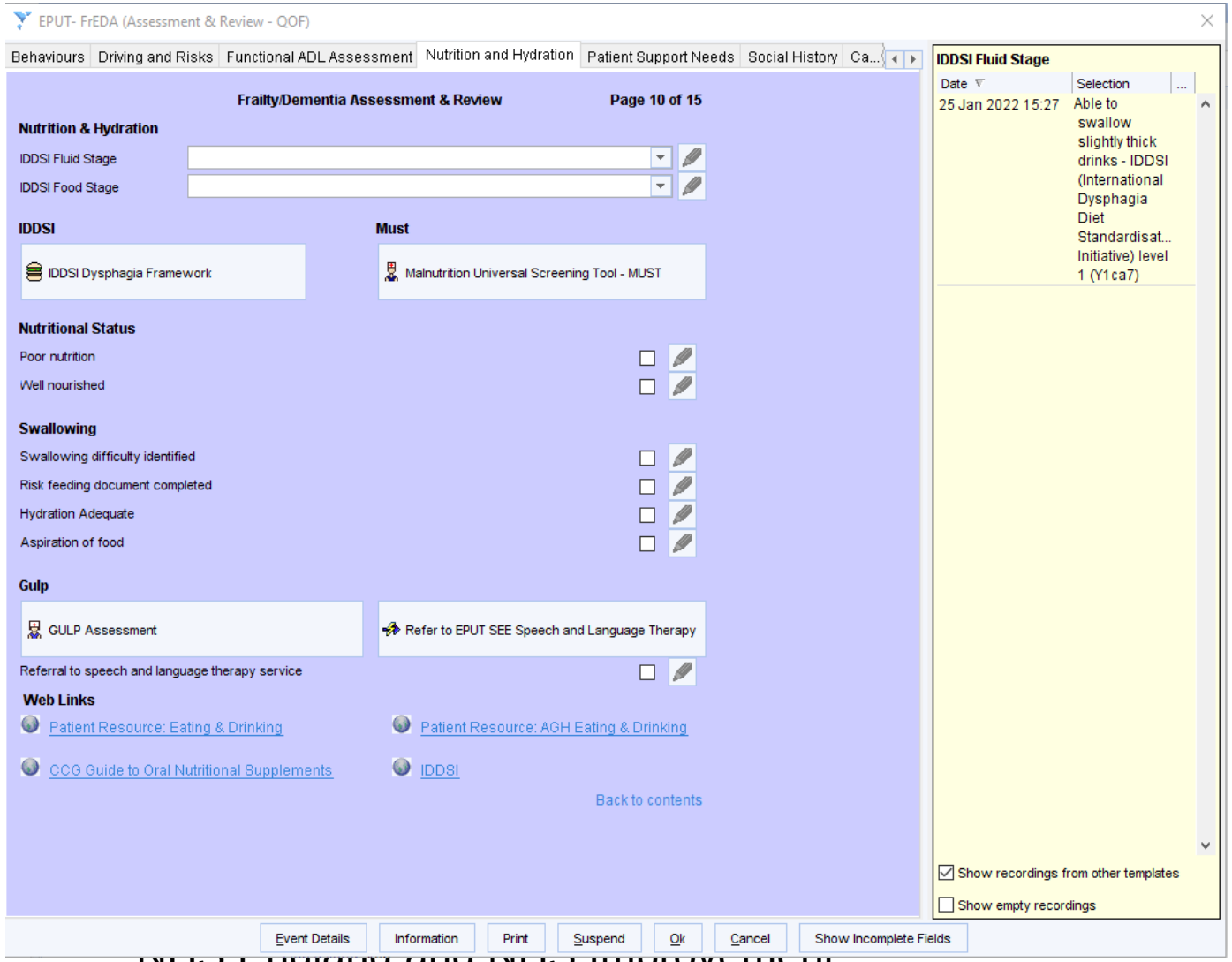

EPUT- FrEDA (Assessment & Review - QOF)
Introduction
Frailty Score / Contents
Patient Health Check
Medication
Cognition and MH
Antip...
Frailty/Dementia Assessment & Review
Page 5 of 15
Cognition
Cognition
Delerium 4 AT Tool Guidance
Diagnostic Assessment & Dementia Review
New Diagnosis of Dementia (only)
EPUT - SEE MASS Diagnostic Assessment
Dementia Register
Global Deterioration scale
Dementia Staging tool
EPUT - CN Dementia - Global Deterioration Sc...
EPUT - CN Dementia - Staging Tool
Dementia medication review done
Memantine
Review patient for side effects of headache, dizziness, drowsiness, constipation and depression.
No need to monitor pulse rate or BP but may need to decrease the dose in renal impairment
Acetylcholinesterase inhibitor (AChEI)
Review patient for side effects of diarrhoea, headaches, fatigue.
Check pulse and BP, consider stopping if low.
Cognitive Functional Observations
Cognitive function observations
Mood / Anxiety / Mental health issues
Level of Mood
Mental capacity assessment
Lacks capacity to give consent (Mental Capacity Act 2005)
Best interest decision made on behalf of patient (MCA 2005)
Back to contents
Cognition
Date
Selection
16 Sep 2021 15:20
Impaired cognition (Ua189)
21 Oct 2021 10:00
H/O: dementia (1461.)
12 Nov 2021 16:00
Normal cognition (XaYQx)
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields

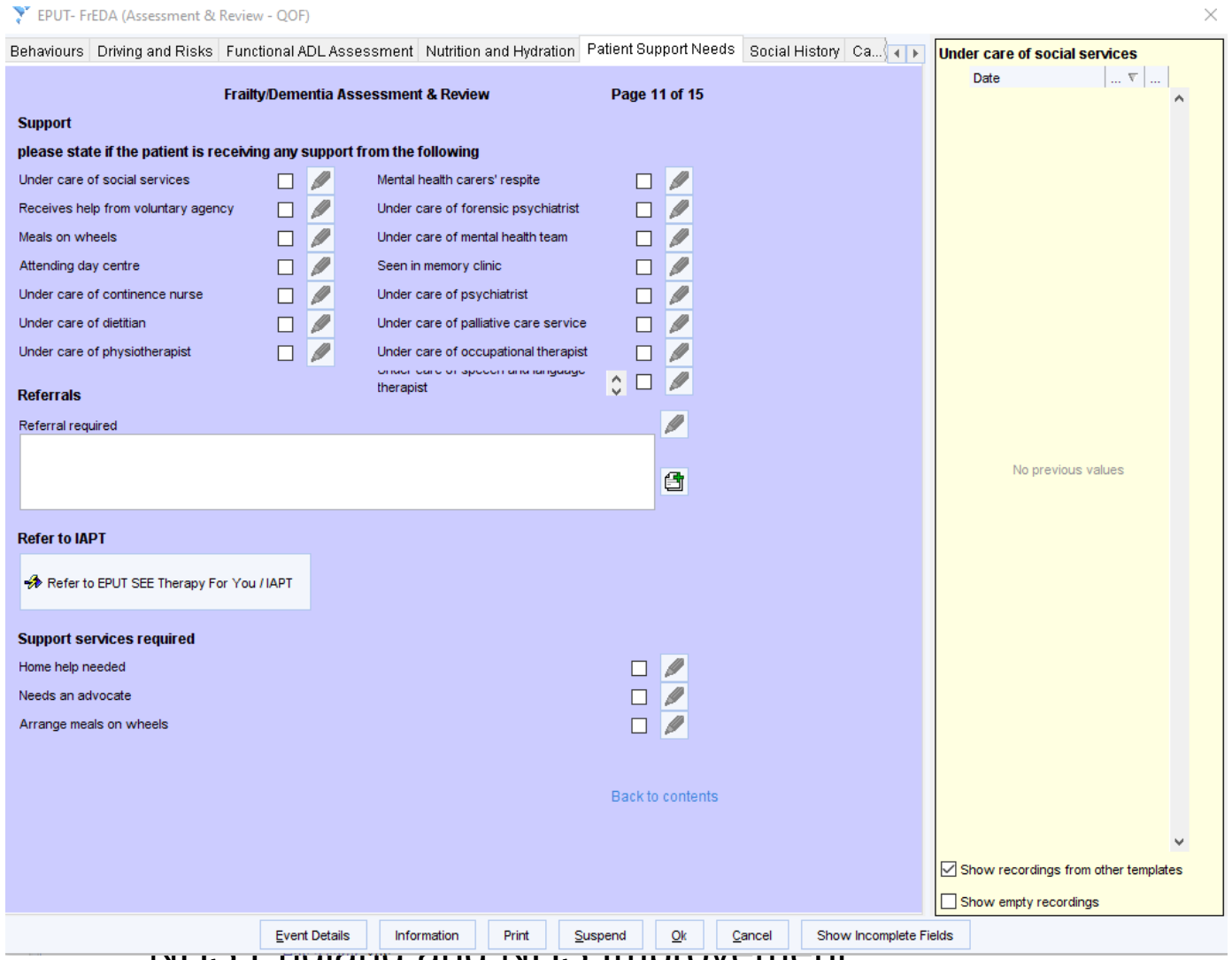

EPUT- FrEDA (Assessment & Review - QOF)
Introduction
Frailty Score / Contents
Patient Health Check
Medication
Cognition and MH
Antipsychotics
Behaviours
Drivin...
Frailty/Dementia Assessment & Review
Page 6 of 15
Antipsychotics
Antipsychotics should be used with extreme caution and consider referral to OP CMHT prior to use. When used antipsychotics should be time limited and regularly reviewed (at least every three months)
EPUT - CN Antipsychotics in Older People.
Antipsychotic drug therapy for dementia
Antipsychotic medication review
Observations
EPUT Observations
Back to contents
EPUT - CN Antipsychotics in Older People.
Enter values into the EPUT - CN Antipsychotics in Older People. template
KD on 20 Jan 2022 15:30
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields

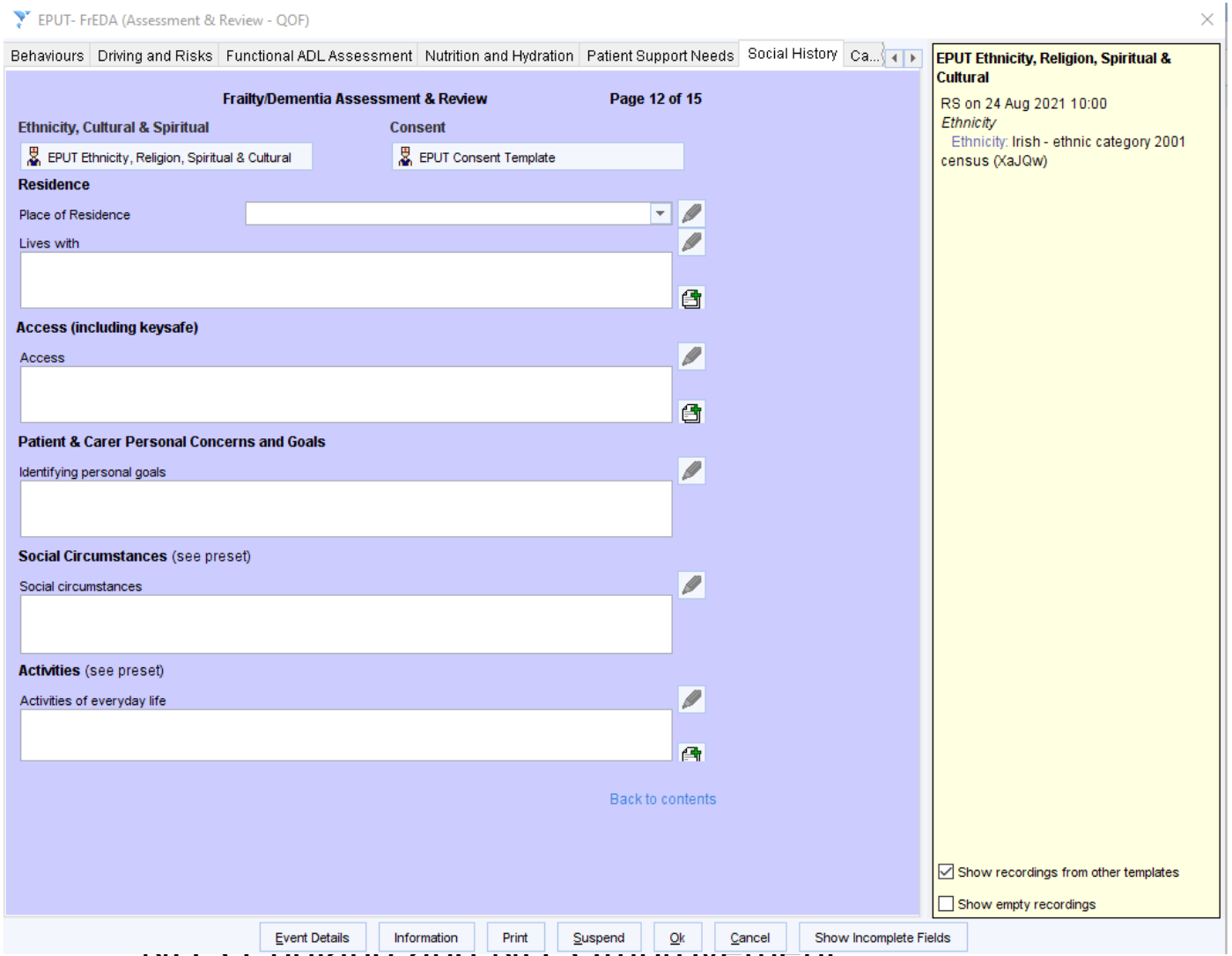

EPUT- FrEDA (Assessment & Review - QOF)
Introduction
Frailty Score / Contents
Patient Health Check
Medication
Cognition and MH
Antipsychotics
Behaviours
Drivin...
Frailty/Dementia Assessment & Review
Page 7 of 15
Adult protection issues
Vulnerable adult
NICE
Refer to EPUT SEE Dementia Intense Support
Referral to safeguarding adults team
SETSAF Form
SETSAF Guidance
Dementia Resources
Dementia Navigators - 01702 534 772
Community Dementia Nurses - 01268 739 111
DATIX Reported (free text - to record number)
Incident details
If at risk of wandering consider completing the police 'Herbert protocol'
Herbert Protocol
Behaviours
Questions to ascertain carer stress or behaviours that challenge
For the person with dementia - Does your imagination ever play tricks on you?
For the carer - Does the person you are caring for do or say anything to make you feel uncomfortable?
Feeling agitated
Verbal aggression
Physical aggression
Self-neglect
Wandering
Inappropriate sexual behaviour
Consider early referral to OP CMHT & Care Home Liaison teams
Back to contents
Vulnerable adult
Date
No previous values
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields

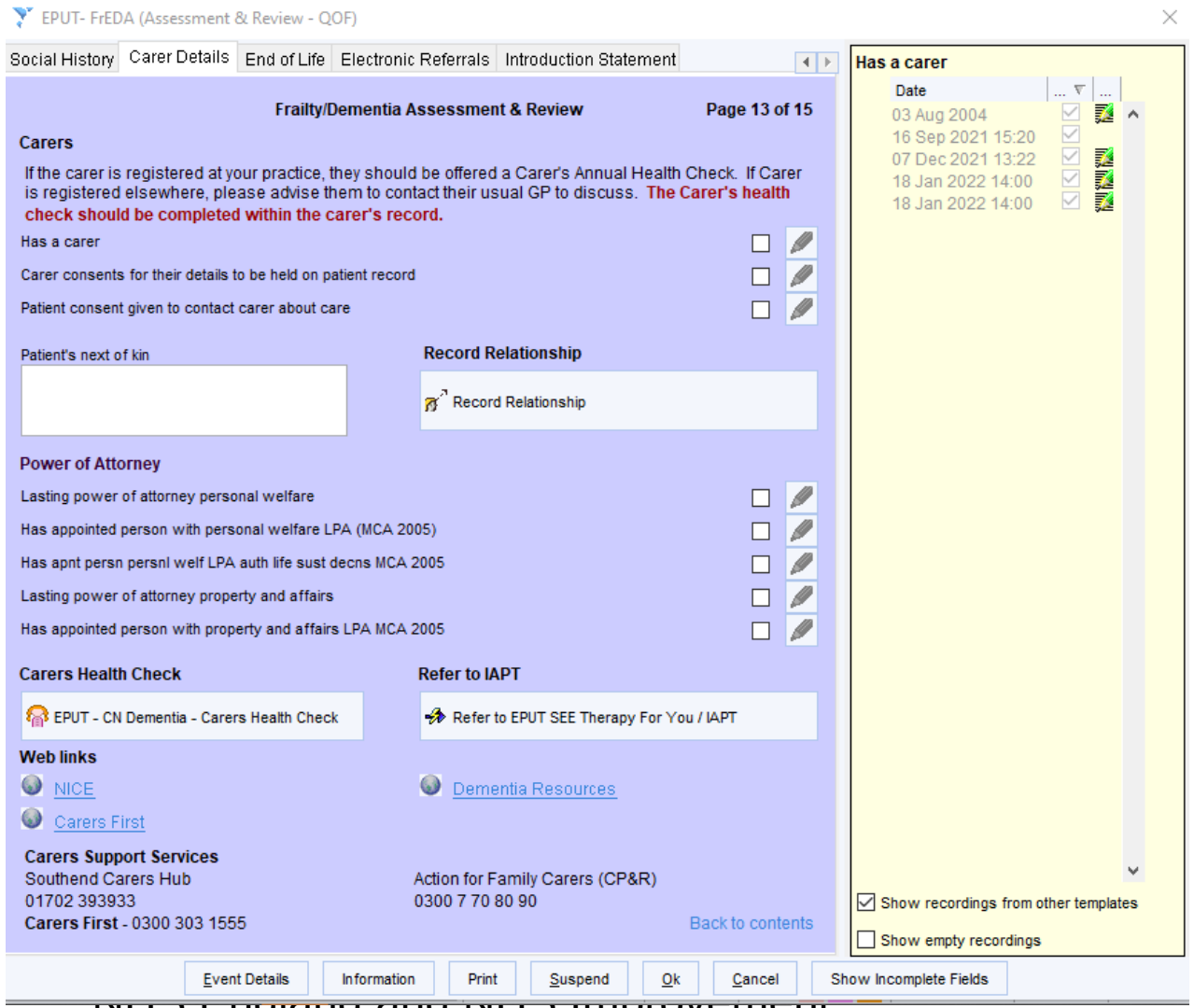

EPUT- FrEDA (Assessment & Review - QOF)
Frailty Score / Contents
Patient Health Check
Medication
Cognition and MH
Antipsychotics
Behaviours
Driving and Risks
Frailty/Dementia Assessment & Review
Page 8 of 15
Driving - Dementia is a condition that you need to tell the Driver & the DVLA about
Driving status
DVLA Form
Alzheimers Org - Driving & Dementia
Patient advised about driving
Education : Implications to license
Patient advised to inform DVLA
Patient advised to inform insurance company
Risks
Risk of self neglect
At risk of falls
Drug compliance poor
Patient themselves providing care
Multiple long term conditions
Social isolation
Carer can no longer cope
Antipsychotic drug therapy for dementia
Referral
Referral to voluntary service
Referral to community mental health team
Referral to counselling service
Referral to pharmacy service
Fire Service 'Safe & Well' Referral
Essex Fire Service
Home Safety Risk Assessment
Back to contents
Driving status
Date
Selection
20 Jan 2022 15:30
Does drive a car (Xa7fg)
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields

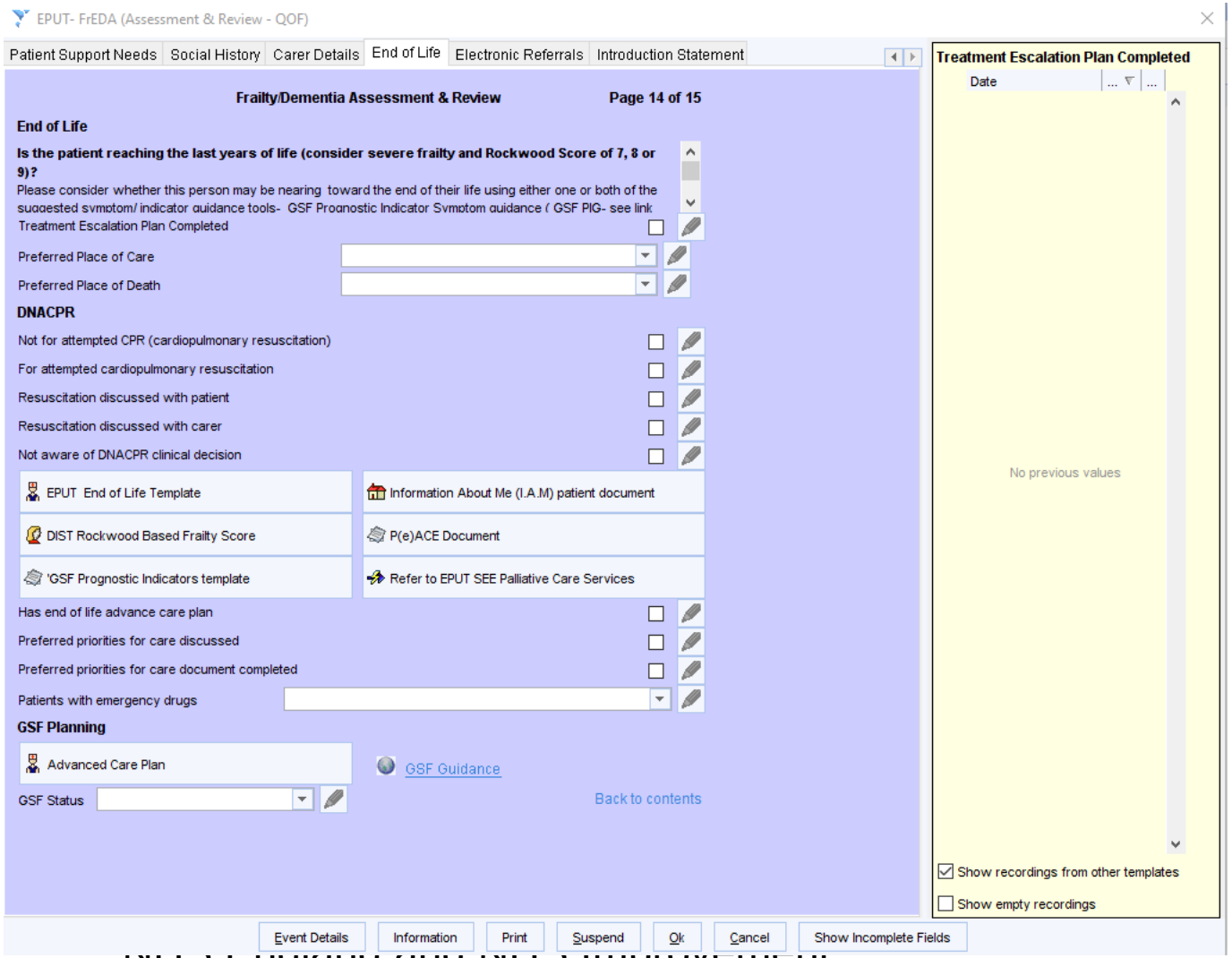

EPUT- FrEDA (Assessment & Review - QOF)
Behaviours
Driving and Risks
Functional ADL Assessment
Nutrition and Hydration
Patient Support Needs
Social History
Ca...
Frailty/Dementia Assessment & Review
Page 9 of 15
Well being
General wellbeing
Mobility
Mobility
Transfers
Ability to transfer
ADL's
Housebound
Ability to perform light housework
Able to wash self
Unable to wash self
Needs help with dressing
Able to feed self
Unable to feed self
Able to manage medication
Unable to manage medication
Shopping
Falls
Low risk of falls
At moderate risk for fall
At high risk of falls
Falls risk assessment complete
Referral to falls service
Orthostatic hypotension
At risk of osteoporotic fracture
Osteoporosis medication prophylaxis
Recurrent falls
Please record number of falls experienced by patient in the last month
Frat and Rockwood
FRAT Screening Tool
DIST Rockwood Based Frailty Score
Frailty Diagnosis
Use eFI to support a diagnosis of frailty in > 65 yrs Moderate 0.24-0.36 Severe =/> 0.36
Back to contents
General wellbeing
Date
Selection
07 Jan 2022 10:00
Demo for training
11 Jan 2022 09:10
They reported patient to be sleeping well. They raised no concern for dietary intake. Family reported they are prompting with more fluid now since infection. Daughter takes her on regular walks around local area. DIST asked about a referral to dementia navigators for more information on local day centres, family were happy for me to make the referral.
20 Jan 2022 16:40
Reports good sleep with normal sleep pattern. Has adequate hearing and sight. No concerns regarding physical health raised.
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields

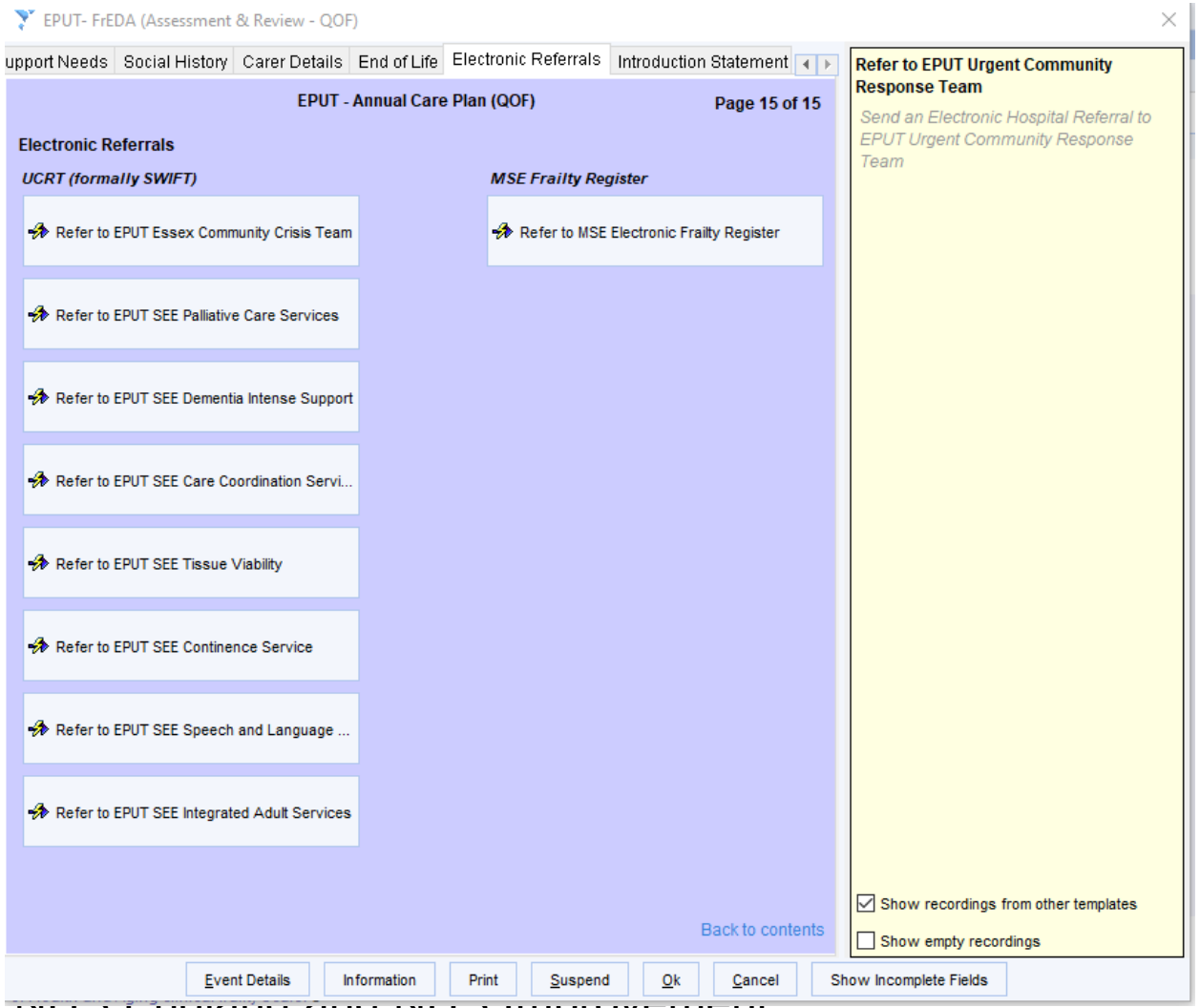

EPUT- FrEDA (Assessment & Review - QOF)
Behaviours
Driving and Risks
Functional ADL Assessment
Nutrition and Hydration
Patient Support Needs
Social History
Ca...
Frailty/Dementia Assessment & Review
Page 10 of 15
Nutrition & Hydration
IDDSI Fluid Stage
IDDSI Food Stage
IDDSI
IDDSI Dysphagia Framework
Must
Malnutrition Universal Screening Tool - MUST
Nutritional Status
Poor nutrition
Well nourished
Swallowing
Swallowing difficulty identified
Risk feeding document completed
Hydration Adequate
Aspiration of food
Gulp
GULP Assessment
Refer to EPUT SEE Speech and Language Therapy
Referral to speech and language therapy service
Web Links
Patient Resource: Eating & Drinking
Patient Resource: AGH Eating & Drinking
CCG Guide to Oral Nutritional Supplements
IDDSI
Back to contents
IDDSI Fluid Stage
Date
Selection
25 Jan 2022 15:27
Able to swallow slightly thick drinks - IDDSI (International Dysphagia Diet Standardisat... Initiative) level 1 (Y1ca7)
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields


EPUT- FrEDA (Assessment & Review - QOF)
Behaviours
Driving and Risks
Functional ADL Assessment
Nutrition and Hydration
Patient Support Needs
Social History
Ca...
Frailty/Dementia Assessment & Review
Page 11 of 15
Support
please state if the patient is receiving any support from the following
Under care of social services
Receives help from voluntary agency
Meals on wheels
Attending day centre
Under care of continence nurse
Under care of dietitian
Under care of physiotherapist
Mental health carers' respite
Under care of forensic psychiatrist
Under care of mental health team
Seen in memory clinic
Under care of psychiatrist
Under care of palliative care service
Under care of occupational therapist
therapist
Referrals
Referral required
Refer to IAPT
Refer to EPUT SEE Therapy For You / IAPT
Support services required
Home help needed
Needs an advocate
Arrange meals on wheels
Back to contents
Under care of social services
Date
No previous values
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields

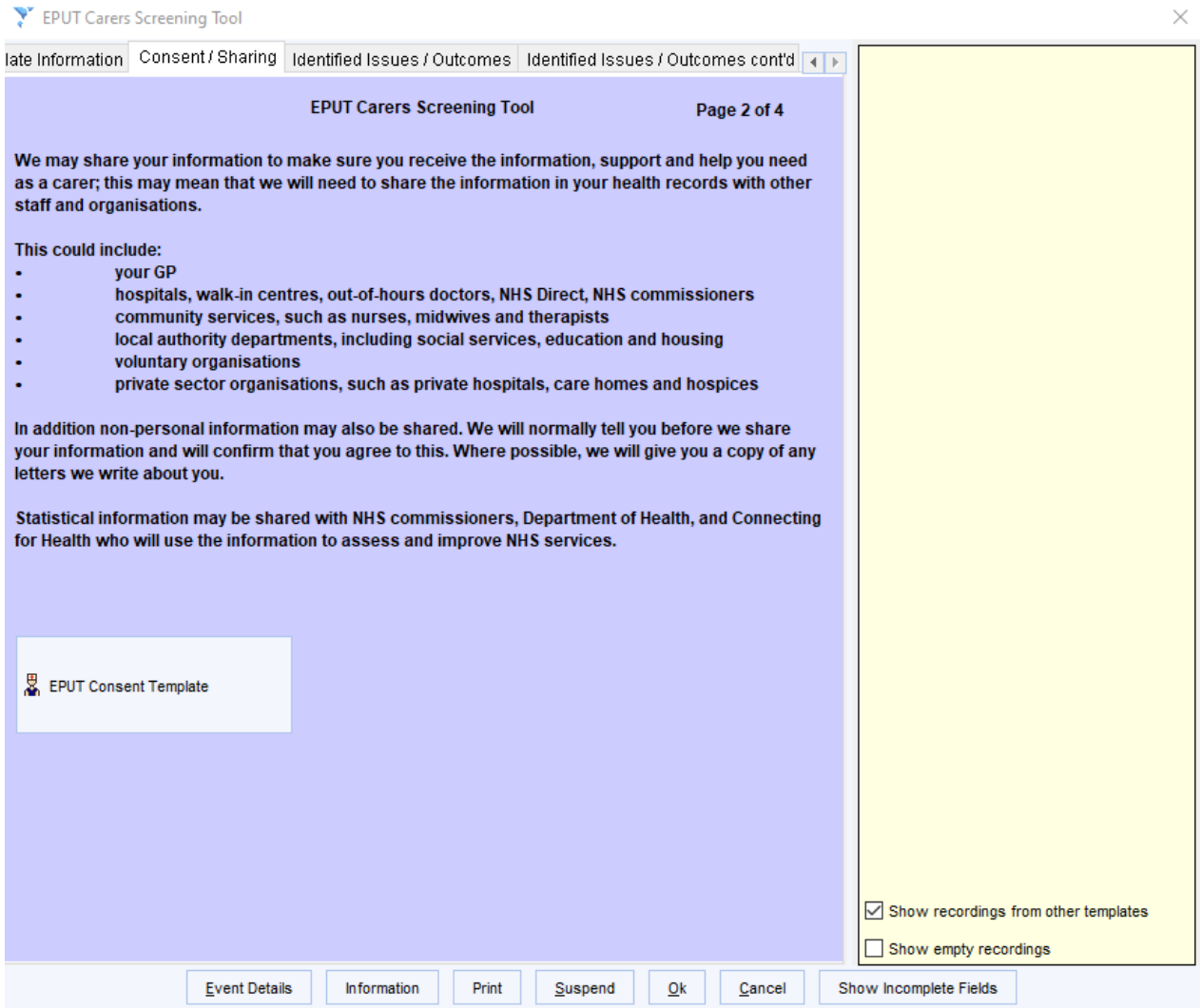

EPUT- FrEDA (Assessment & Review - QOF)
Behaviours
Driving and Risks
Functional ADL Assessment
Nutrition and Hydration
Patient Support Needs
Social History
Ca...
Frailty/Dementia Assessment & Review
Page 12 of 15
Ethnicity, Cultural & Spiritual
EPUT Ethnicity, Religion, Spiritual & Cultural
Consent
EPUT Consent Template
Residence
Place of Residence
Lives with
Access (including keysafe)
Access
Patient & Carer Personal Concerns and Goals
Identifying personal goals
Social Circumstances (see preset)
Social circumstances
Activities (see preset)
Activities of everyday life
Back to contents
EPUT Ethnicity, Religion, Spiritual & Cultural
RS on 24 Aug 2021 10:00
Ethnicity
Ethnicity: Irish - ethnic category 2001 census (XaJQw)
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields

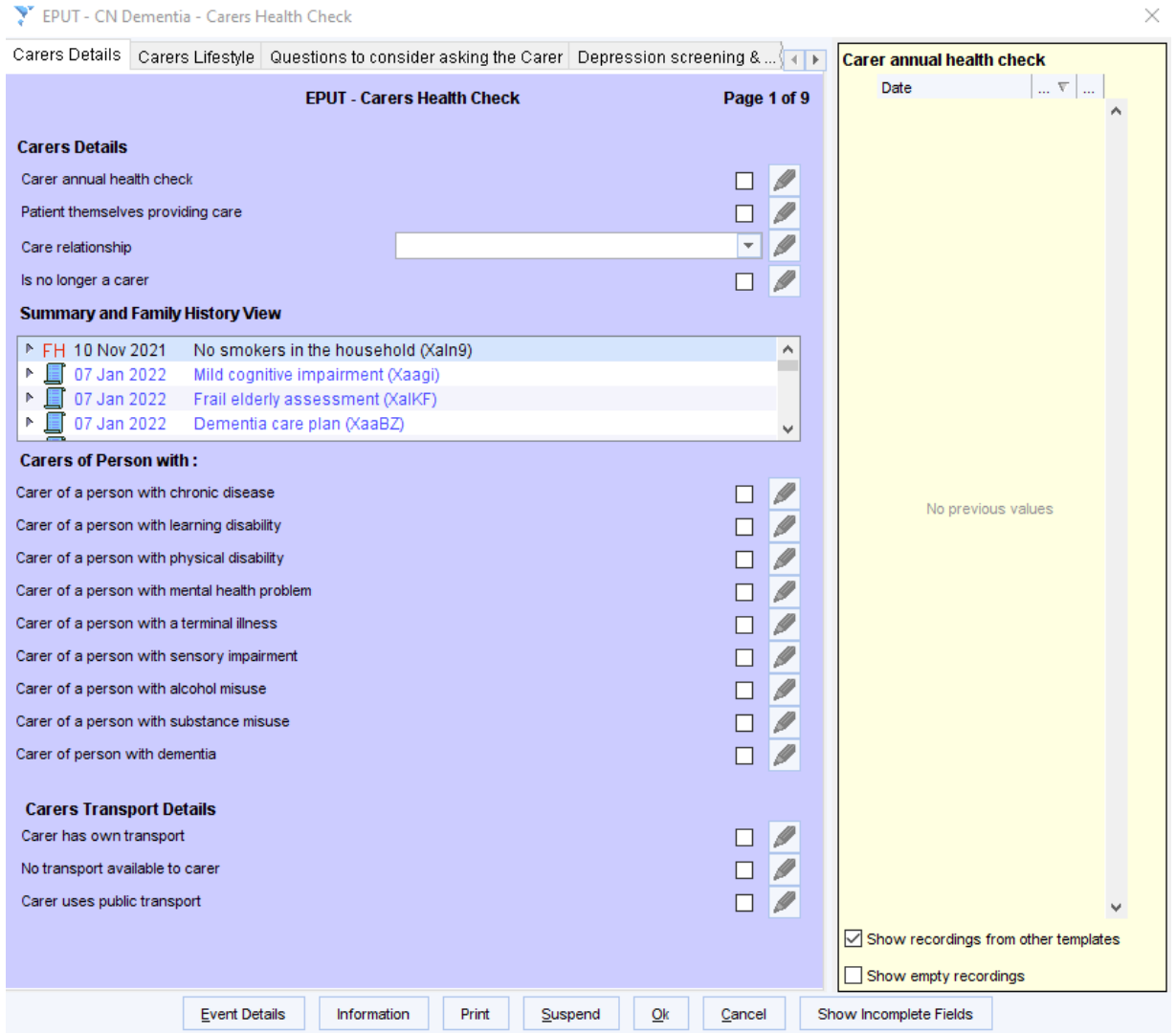

EPUT- FrEDA (Assessment & Review - QOF)
Social History
Carer Details
End of Life
Electronic Referrals
Introduction Statement
Frailty/Dementia Assessment & Review
Page 13 of 15
Carers
If the carer is registered at your practice, they should be offered a Carer's Annual Health Check. If Carer is registered elsewhere, please advise them to contact their usual GP to discuss. The Carer's health check should be completed within the carer's record.
Has a carer
Carer consents for their details to be held on patient record
Patient consent given to contact carer about care
Patient's next of kin
Record Relationship
Record Relationship
Power of Attorney
Lasting power of attorney personal welfare
Has appointed person with personal welfare LPA (MCA 2005)
Has apnt persn persnl welf LPA auth life sust decns MCA 2005
Lasting power of attorney property and affairs
Has appointed person with property and affairs LPA MCA 2005
Carers Health Check
EPUT - CN Dementia - Carers Health Check
Refer to IAPT
Refer to EPUT SEE Therapy For You / IAPT
Web links
NICE
Dementia Resources
Carers First
Carers Support Services
Southend Carers Hub
01702 393933
Carers First - 0300 303 1555
Action for Family Carers (CP&R)
0300 7 70 80 90
Back to contents
Has a carer
Date
03 Aug 2004
16 Sep 2021 15:20
07 Dec 2021 13:22
18 Jan 2022 14:00
18 Jan 2022 14:00
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields

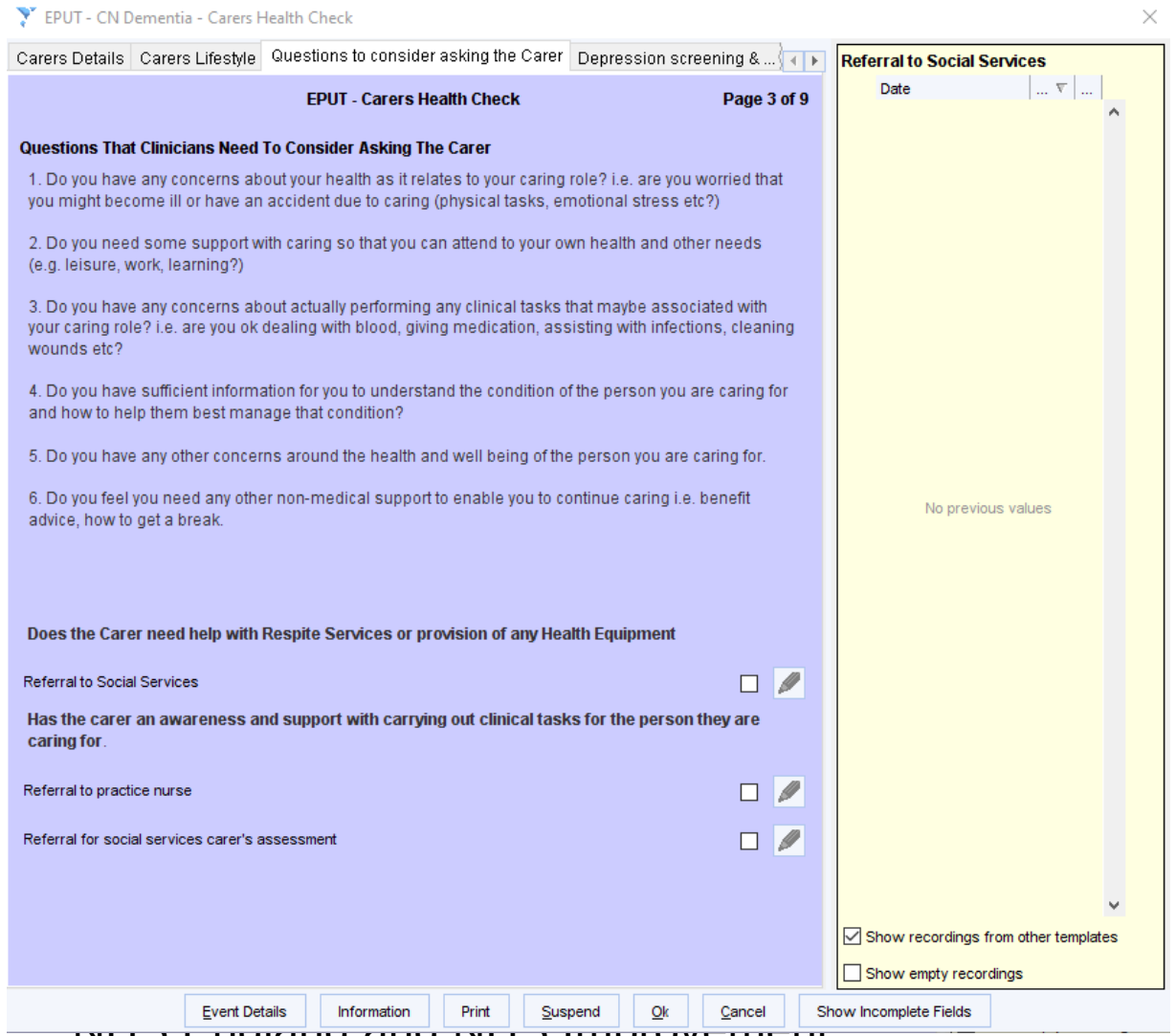

EPUT- FrEDA (Assessment & Review - QOF)
Patient Support Needs
Social History
Carer Details
End of Life
Electronic Referrals
Introduction Statement
Frailty/Dementia Assessment & Review
Page 14 of 15
End of Life
Is the patient reaching the last years of life (consider severe frailty and Rockwood Score of 7, 8 or 9)?
Please consider whether this person may be nearing toward the end of their life using either one or both of the suggested symptom/ indicator guidance tools- GSF Prognostic Indicator Symptom guidance (GSF PIG- see link
Treatment Escalation Plan Completed
Preferred Place of Care
Preferred Place of Death
DNACPR
Not for attempted CPR (cardiopulmonary resuscitation)
For attempted cardiopulmonary resuscitation
Resuscitation discussed with patient
Resuscitation discussed with carer
Not aware of DNACPR clinical decision
EPUT End of Life Template
Information About Me (I.A.M) patient document
DIST Rockwood Based Frailty Score
P(e)ACE Document
'GSF Prognostic Indicators template
Refer to EPUT SEE Palliative Care Services
Has end of life advance care plan
Preferred priorities for care discussed
Preferred priorities for care document completed
Patients with emergency drugs
GSF Planning
Advanced Care Plan
GSF Guidance
GSF Status
Back to contents
Treatment Escalation Plan Completed
Date
No previous values
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields

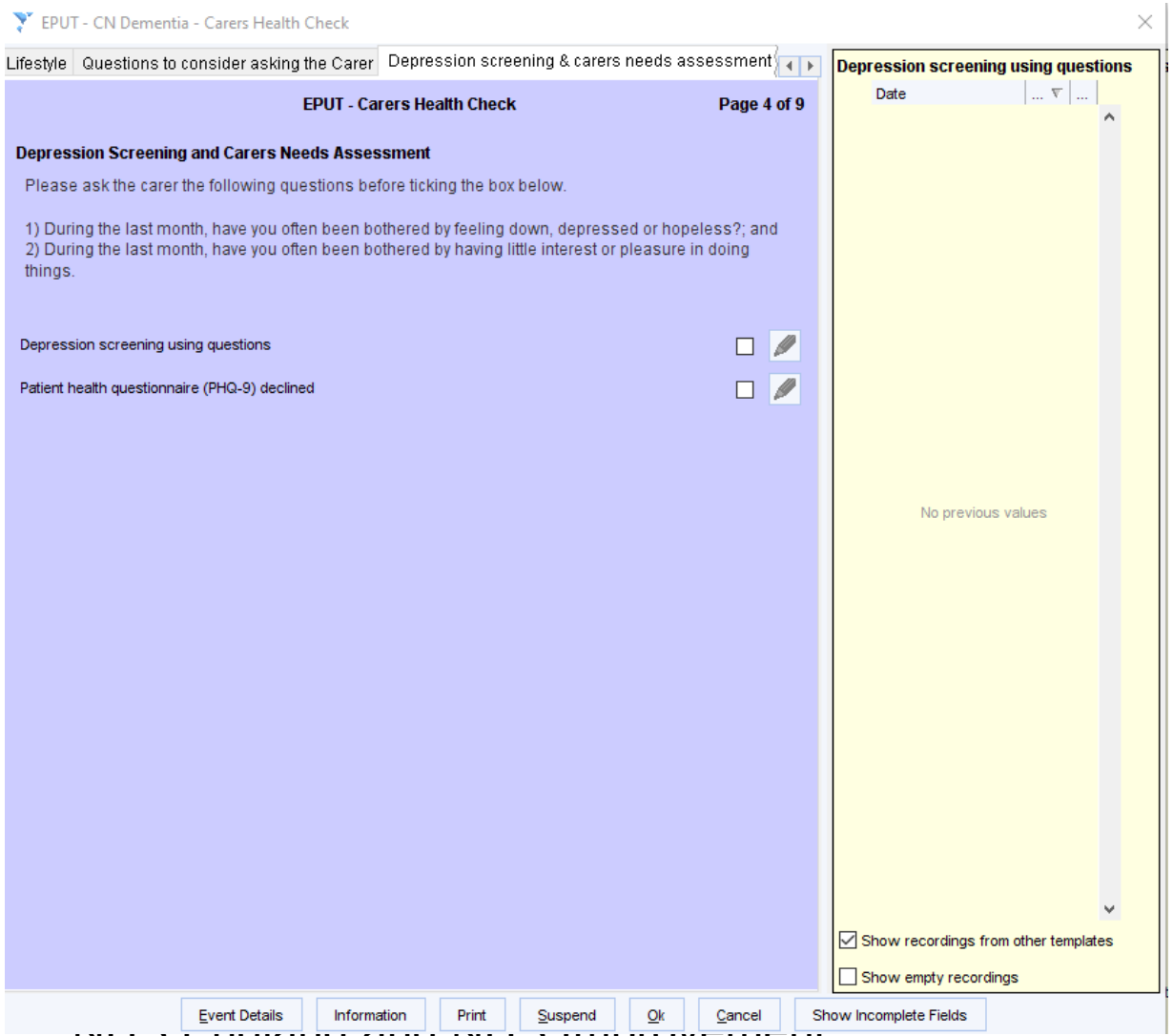

EPUT- FrEDA (Assessment & Review - QOF)
upport Needs
Social History
Carer Details
End of Life
Electronic Referrals
Introduction Statement
EPUT - Annual Care Plan (QOF)
Page 15 of 15
Electronic Referrals
UCRT (formally SWIFT)
MSE Frailty Register
Refer to EPUT Essex Community Crisis Team
Refer to MSE Electronic Frailty Register
Refer to EPUT SEE Palliative Care Services
Refer to EPUT SEE Dementia Intense Support
Refer to EPUT SEE Care Coordination Servi...
Refer to EPUT SEE Tissue Viability
Refer to EPUT SEE Continence Service
Refer to EPUT SEE Speech and Language ...
Refer to EPUT SEE Integrated Adult Services
Back to contents
Refer to EPUT Urgent Community Response Team
Send an Electronic Hospital Referral to EPUT Urgent Community Response Team
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields

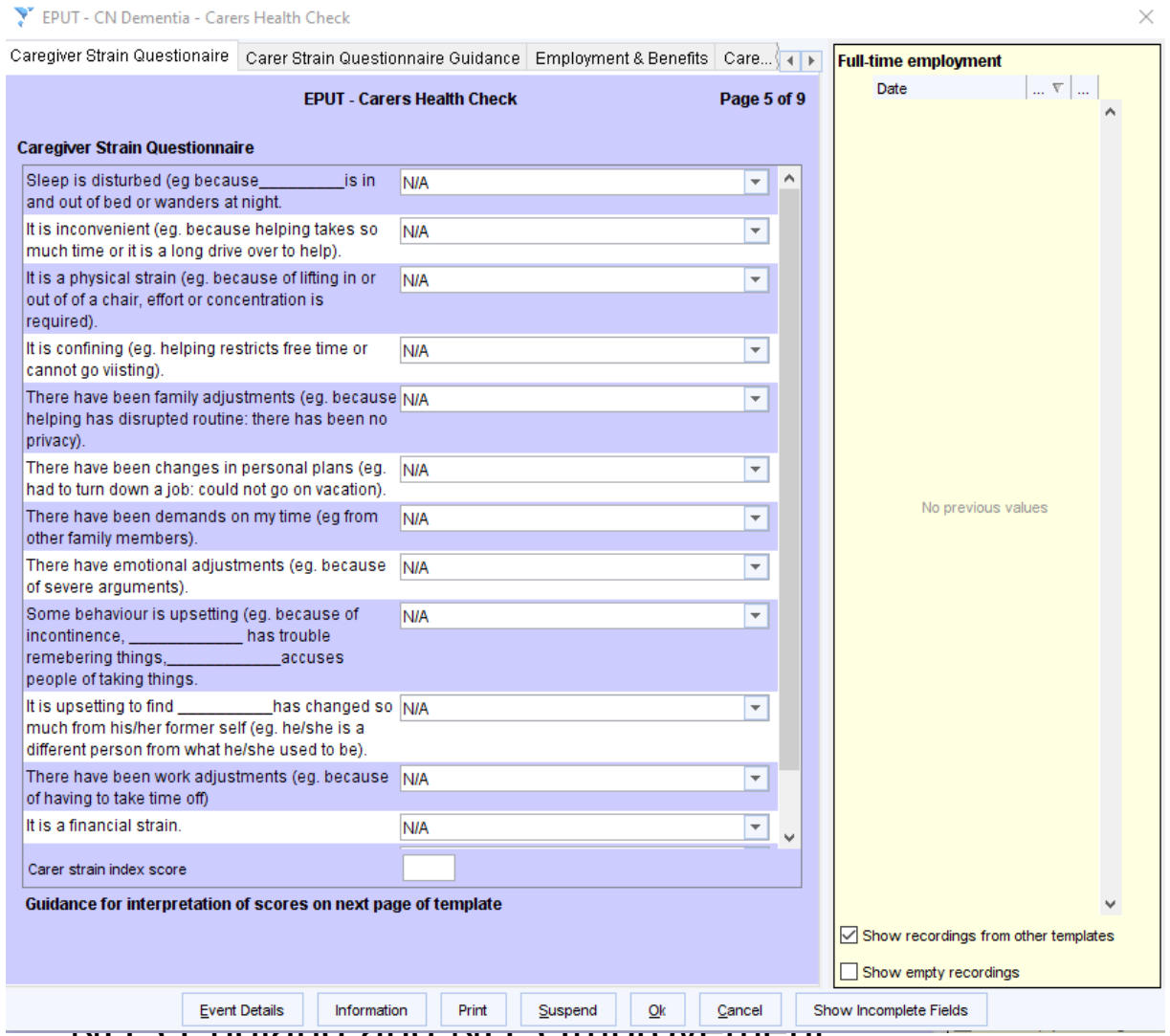
Carers Health Check in FrEDA

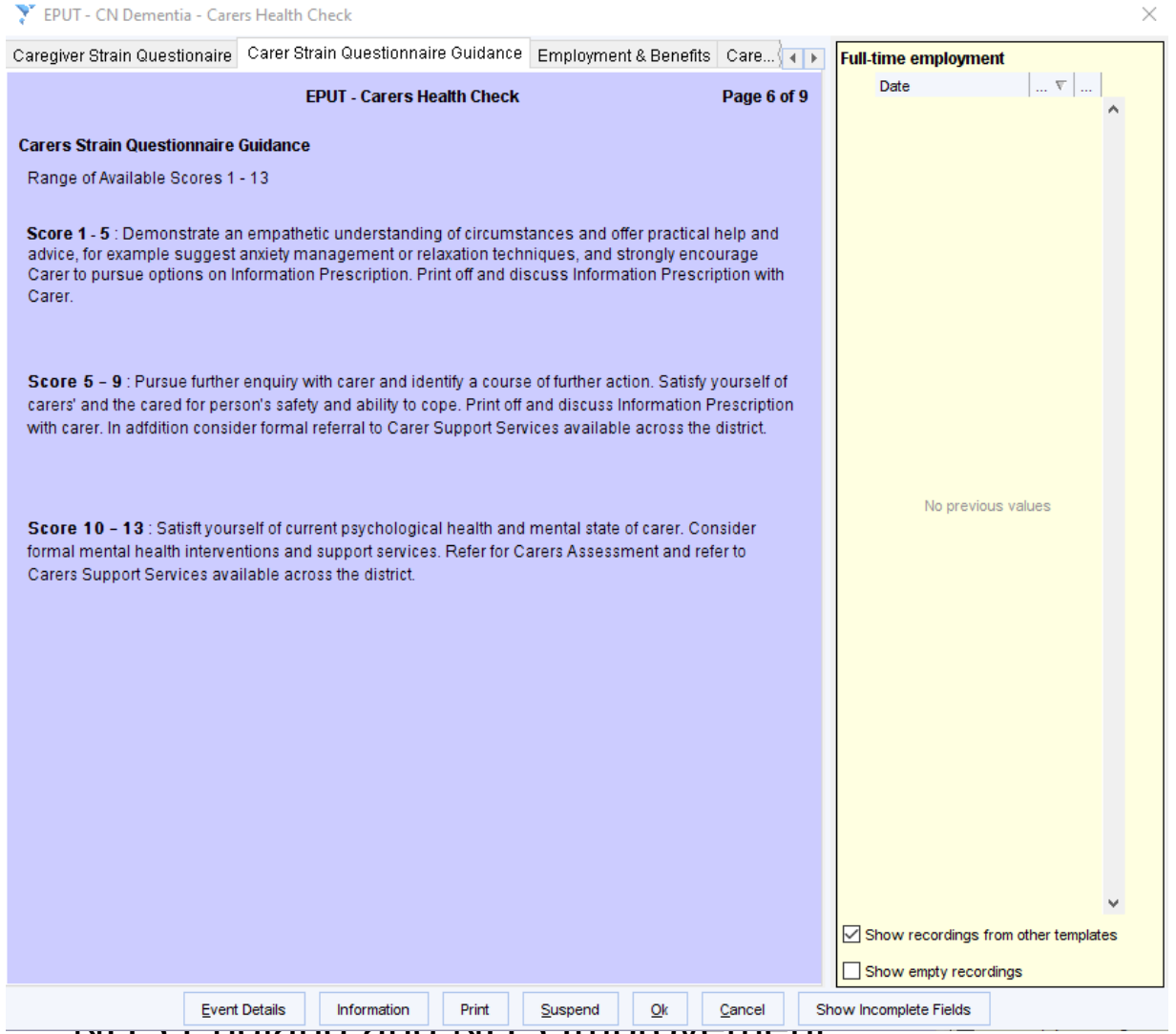

EPUT Carers Screening Tool
late Information
Consent / Sharing
Identified Issues / Outcomes
Identified Issues / Outcomes cont'd
EPUT Carers Screening Tool
Page 2 of 4
We may share your information to make sure you receive the information, support and help you need as a carer; this may mean that we will need to share the information in your health records with other staff and organisations.
This could include:
your GP
hospitals, walk-in centres, out-of-hours doctors, NHS Direct, NHS commissioners
community services, such as nurses, midwives and therapists
local authority departments, including social services, education and housing
voluntary organisations
private sector organisations, such as private hospitals, care homes and hospices
In addition non-personal information may also be shared. We will normally tell you before we share your information and will confirm that you agree to this. Where possible, we will give you a copy of any letters we write about you.
Statistical information may be shared with NHS commissioners, Department of Health, and Connecting for Health who will use the information to assess and improve NHS services.
EPUT Consent Template
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields


EPUT - CN Dementia - Carers Health Check
Carers Details
Carers Lifestyle
Questions to consider asking the Carer
Depression screening & ...
EPUT - Carers Health Check
Page 1 of 9
Carers Details
Carer annual health check
Patient themselves providing care
Care relationship
Is no longer a carer
Summary and Family History View
FH 10 Nov 2021 No smokers in the household (Xaln9)
07 Jan 2022 Mild cognitive impairment (Xaagi)
07 Jan 2022 Frail elderly assessment (XaIKF)
07 Jan 2022 Dementia care plan (XaaBZ)
Carers of Person with :
Carer of a person with chronic disease
Carer of a person with learning disability
Carer of a person with physical disability
Carer of a person with mental health problem
Carer of a person with a terminal illness
Carer of a person with sensory impairment
Carer of a person with alcohol misuse
Carer of a person with substance misuse
Carer of person with dementia
Carers Transport Details
Carer has own transport
No transport available to carer
Carer uses public transport
Carer annual health check
Date
No previous values
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields


EPUT - CN Dementia - Carers Health Check
Carers Details
Carers Lifestyle
Questions to consider asking the Carer
Depression screening & ...
EPUT - Carers Health Check
Page 3 of 9
Questions That Clinicians Need To Consider Asking The Carer
1. Do you have any concerns about your health as it relates to your caring role? i.e. are you worried that you might become ill or have an accident due to caring (physical tasks, emotional stress etc?)
2. Do you need some support with caring so that you can attend to your own health and other needs (e.g. leisure, work, learning?)
3. Do you have any concerns about actually performing any clinical tasks that maybe associated with your caring role? i.e. are you ok dealing with blood, giving medication, assisting with infections, cleaning wounds etc?
4. Do you have sufficient information for you to understand the condition of the person you are caring for and how to help them best manage that condition?
5. Do you have any other concerns around the health and well being of the person you are caring for.
6. Do you feel you need any other non-medical support to enable you to continue caring i.e. benefit advice, how to get a break.
Does the Carer need help with Respite Services or provision of any Health Equipment
Referral to Social Services
Has the carer an awareness and support with carrying out clinical tasks for the person they are caring for.
Referral to practice nurse
Referral for social services carer's assessment
Referral to Social Services
Date
No previous values
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields


EPUT - CN Dementia - Carers Health Check
Lifestyle
Questions to consider asking the Carer
Depression screening & carers needs assessment
EPUT - Carers Health Check
Page 4 of 9
Depression Screening and Carers Needs Assessment
Please ask the carer the following questions before ticking the box below.
1) During the last month, have you often been bothered by feeling down, depressed or hopeless?; and
2) During the last month, have you often been bothered by having little interest or pleasure in doing things.
Depression screening using questions
Patient health questionnaire (PHQ-9) declined
Depression screening using questions
Date
No previous values
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields


EPUT - CN Dementia - Carers Health Check
Caregiver Strain Questionaire
Carer Strain Questionnaire Guidance
Employment & Benefits
Care...
EPUT - Carers Health Check
Page 5 of 9
Caregiver Strain Questionnaire
Sleep is disturbed (eg because_____is in and out of bed or wanders at night.
N/A
It is inconvenient (eg. because helping takes so much time or it is a long drive over to help).
N/A
It is a physical strain (eg. because of lifting in or out of of a chair, effort or concentration is required).
N/A
It is confining (eg. helping restricts free time or cannot go viisting).
N/A
There have been family adjustments (eg. because helping has disrupted routine: there has been no privacy).
N/A
There have been changes in personal plans (eg. had to turn down a job: could not go on vacation).
N/A
There have been demands on my time (eg from other family members).
N/A
There have emotional adjustments (eg. because of severe arguments).
N/A
Some behaviour is upsetting (eg. because of incontinence, _____ has trouble remebering things,_____accuses people of taking things.
N/A
It is upsetting to find _____has changed so much from his/her former self (eg. he/she is a different person from what he/she used to be).
N/A
There have been work adjustments (eg. because of having to take time off)
N/A
It is a financial strain.
N/A
Carer strain index score
Guidance for interpretation of scores on next page of template
Full-time employment
Date
No previous values
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields


EPUT - CN Dementia - Carers Health Check
Caregiver Strain Questionaire
Carer Strain Questionnaire Guidance
Employment & Benefits
Care...
EPUT - Carers Health Check
Page 6 of 9
Carers Strain Questionnaire Guidance
Range of Available Scores 1 - 13
Score 1 - 5 : Demonstrate an empathetic understanding of circumstances and offer practical help and advice, for example suggest anxiety management or relaxation techniques, and strongly encourage Carer to pursue options on Information Prescription. Print off and discuss Information Prescription with Carer.
Score 5 – 9 : Pursue further enquiry with carer and identify a course of further action. Satisfy yourself of carers' and the cared for person's safety and ability to cope. Print off and discuss Information Prescription with carer. In adfdition consider formal referral to Carer Support Services available across the district.
Score 10 – 13 : Satisft yourself of current psychological health and mental state of carer. Consider formal mental health interventions and support services. Refer for Carers Assessment and refer to Carers Support Services available across the district.
Full-time employment
Date
No previous values
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields


EPUT - CN Dementia - Carers Health Check
Caregiver Strain Questionaire
Carer Strain Questionnaire Guidance
Employment & Benefits
Care...
EPUT - Carers Health Check
Page 7 of 9
Employment Status
Full-time employment
Part-time employment
Unemployed
Student
Carer
Homemaker
Sick Pay and Benefit Status
Statutory sick pay
Benefits received
No benefits received
Housing Information
Lives alone
Lives in own home
Lives in rented accommodation
*If the carer lives with the person they are caring for is the housing adequate for their needs.
Housing Needs
Housing adequate
Inadequate housing
Housing unsuited to needs
Awaiting housing or re-housing
Full-time employment
Date
No previous values
Show recordings from other templates
Show empty recordings
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields

Rockwood Frailty Scoring

Clinical Frailty Scale

1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.

5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia,** recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia,** they cannot do personal care without help.

Rockwood Frailty Scoring

Clinical Frailty Scale

1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.

5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia,** recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia,** they cannot do personal care without help.

Dementia & Frailty example:
Very active 70 year old gentleman, no issues with mobility and appears to be managing daily functions. However, he struggles to understand his environment, has difficulties problem solving and operating household appliances including the remote control, he also has sequencing problems. At face value he appears to be functioning, but after assessment his frailty score is 5

NHS England and NHS Improvement

Questions

Frailty is a Long Term Condition?

https://www.menti.com/dtmnapzpbn The voting code **2210 1900**

What do you think personalised care means?

https://www.menti.com/4oorv6rdz2 The voting code **9184 8057**

https://www.menti.com/4oorv6rdz2 The voting code **9184 8057**

The CGA 5 Domains are all reflected in FrEDA (Physical / Mental / Social / Functional / Environmental)

- **Can you make comparisons to your ASC assessments?**
- **How would this information be helpful in your role?**

https://www.menti.com/kzd4kv7eb4 The voting code **9411 7326**

- **Who are the most important people in your life?**
- **What makes a good day for you?**

Questions

https://www.menti.com/jf8ra279zz The voting code **5317 8072**

- **What can make you stressed or unhappy?**
- **What do you do daily / weekly that you would miss if you couldn't do it?**

https://www.menti.com/szpt7cw6sa The voting code **4296 2901**

- **What could you never leave home without in your bag / pocket**
- **What do you family friends say they admire / love about you?**

Thank you