



## **Recognition, Assessment and Referral of Suspected Dementia in Primary Care**

### **Quality improvement toolkit**

**Date:** October 2013

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**Status:** Final

**Intended audience:** Public (Internet) / NHS Wales (Intranet) / Public Health Wales (Intranet)

**Purpose and summary of document:**

This document is for use by general practices. The main aim of the toolkit is to offer a systematic approach to improving the investigation process for those patients seeking help with memory problems and to improve recognition, assessment and referral for suspected early dementia.

The audit toolkit will provide the user with a summary of the current evidence and a schedule of patient review criteria to compare current practice against evidence based criteria. It will support practices to review and improve where necessary, the appropriate recording of information for **dementia care**.

Also included is a practice review section designed to encourage a whole practice response to the audit findings and an evaluation of the quality and usefulness of the audit itself.

**Publication / distribution:**

- Publication in PHW Document Database (Primary Care Quality and Information service)
- Link from PHW e-Bulletin

## Preface

### Quality improvement toolkits

The Primary Care Quality (PCQ) has developed quality improvement toolkits to assist practices in collating and auditing information.

The quality improvement toolkits are evidence based. They should be seen as good practice and cover areas that some or even all practices may not be recording at this stage. **It is not expected that all the criteria within the audits will be achieved in year one** therefore the PCQ suggests that the toolkits should be used to aid development within the practice.

You can access other quality improvement toolkits that support enhanced services and National Service Frameworks from the Public Health Wales (PHW) website:

Intranet <http://howis.wales.nhs.uk/sites3/page.cfm?orgId=719&pid=20067>

Internet <http://www.wales.nhs.uk/sites3/page.cfm?orgid=719&pid=22921>

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## Background <sup>1, 2, 4, 5, 6</sup>

### Definition

Dementia is a term used to describe a collection of symptoms including memory loss, problems with reasoning and communication, and a reduction in a person's ability to carry out daily activities such as washing, dressing and cooking. The most common types of dementia are: Alzheimer's disease, vascular dementia, mixed dementia and dementia with Lewy bodies.

**Mild cognitive impairment** can be viewed as a precursor stage to many dementias, and its subtypes may predict specific dementia subtypes

MCI causes a slight but noticeable and measurable decline in cognitive abilities, including memory and thinking skills. As the changes caused by MCI are not severe enough to affect daily life, a person with MCI does not meet diagnostic guidelines for dementia. However, those with MCI have an increased risk of eventually developing Alzheimer's or another type of dementia<sup>4</sup>.

Dementia is a progressive condition, which means that the symptoms will gradually get worse. This progression will vary from person to person and each will experience dementia in a different way – people may often have some of the same general symptoms, but the degree to which these affect each person will vary

Long-term studies suggest that 10 to 20 percent of those aged 65 and older may have MCI<sup>4</sup>. Primary healthcare staff should consider referring people who show signs of mild cognitive impairment (MCI) for assessment by memory assessment services to aid early identification of dementia, because more than 50% of people with MCI later develop dementia<sup>1</sup>.

**Suspecting Dementia** (see link for signs and symptoms) <sup>1,3</sup>

<http://cks.nice.org.uk/dementia#!diagnosissub:1>

**Be alert to the signs and symptoms of memory problems!**

<http://www.dementiapartnerships.org.uk/primary-care/primarycaretoolkit/3-improving-diagnosis/10-key-steps-for-general-practice/3-recognise/>

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## Aim of review

To improve the practice system to recognise, assess and refer possible dementia patients for memory assessment.

## Methodology

**It is not expected that all the criteria within the audits will be achieved in year one** therefore the PCQ suggests that the toolkits should be used to aid development within the practice.

For some practices, it is recommended that in year one the practice consider recording this information prospectively using the data entry criteria and suggested read codes provided, so that these criteria can be successfully audited and improvements highlighted over time.

- Use retrospective data over a 12 month period
- Set a start and end date for the data collection
- Compile a list from the practice computer system of all relevant patients.
- Collect relevant data (Manual data collection sheet **Page 7-8**)
- Collate and analyse results of the data collection process
- Reflect on the results of the audit and decide any changes to practice that you consider appropriate(Using the practice review form enclosed **Page 9**).
- Decide on a date to re-audit to confirm changes (if recommended)

**NB:** The order and number of audit criteria should be determined by the Practice.

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## Audit

### Patients to be included within the audit;

All patients, above the age of 65 registered within the practice presenting with **memory loss or cognitive decline\***

\*Have these patients been more forgetful in the last 12 months to the extent that it has significantly affected their daily life?

### Patients to be excluded

All patients registered with the practice in the last 3 months

### Audit Patient Criteria

- Patients included are those with memory loss symptoms recorded within the last 12 months.
- All identified patients with memory loss /cognitive decline have received investigations to **exclude** other associated conditions .
- All identified patients with memory loss/cognitive decline have had a current medication review.
- Patients in each of these categories have had a cognitive assessment recorded.
- Patients in each of these categories with **no associated physical causes** for memory loss but who show signs of **cognitive decline** following a cognitive assessment have been referred to a memory assessment service.

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**Data Collection Summary** Audit Start Date \_\_\_\_\_

Completion Date \_\_\_\_\_

	<b>Criteria</b>	<b>Suggested READ Codes / Terms</b>	<b>Standard</b>	<b>Total</b>	<b>%</b>
<b>A</b>	Patients presenting with Memory loss symptoms/mild cognitive decline	<p><b>Cognitive symptoms</b></p> <p>28G.. Forgetful            R00z0 [D]Memory deficit            1B1A1 Short-term memory loss            1B1A-2 Memory loss symptoms            1B1A-3 Memory disturbance            2232 O/E – Mentally confused            2232-1 O/E - Confused            2841 Confused            2842. Disorientated in time            284 O/E disorientated            2842 Disorientated in time            3AB3. Change in behaviour            3AD3 Kingshill6-Cognitive Impairment Test            ETLS1 6-Orientation Memory Concentration Test            38Dv. GPCOG - general practitioner assessment of cognition</p>			
<b>B</b>	<p>Of <b>A</b> those who have a record of having had the following investigations :</p> <ul style="list-style-type: none"> <li>• Full blood count – FBC</li> <li>• Urea and electrolytes</li> <li>• Plasma vitamin B12 level</li> <li>• Folate levels</li> <li>• Plasma calcium level</li> <li>• Serum calcium</li> <li>• Liver function test</li> <li>• Thyroid function test</li> <li>• Fasting blood glucose level</li> <li>• Urinalysis</li> </ul>	<p>424. Full blood count - FBC            44JB. Urea and electrolytes            44Le. Plasma vitamin B12 level            42YD Folate levels            44h7. Plasma calcium level            44I8. Serum calcium            44D6. Liver function test            442J. Thyroid function test            44TK Fasting blood glucose level            461.. Urinalysis – general</p> <p><b>Practices should check which codes are currently being exported by their local labs when searching for blood results</b></p>			

	Criteria	Suggested READ Codes / Terms	Standard	Total	%
<b>C</b>	Of <b>A</b> those who has had a review of current medication	8B3x – Medication review with patient 8B31B – Polypharmacy med review 8B3S – Medication review 8B3V- Medication review done			
<b>D</b>	Of <b>A</b> patients where a cognitive assessment is recorded	311B. Cognitive assessment 3AD3 – Kingshill 6-Cognitive Impairment Test ETLS1 – 6-Orientation Memory Concentration Test 38Dv. GPCOG - general practitioner assessment of cognition			
<b>E</b>	Of <b>D</b> patients offered a referral to Memory assessment services	8HTY. Referral to memory clinic 8HHo. Referral to older age community mental health team 8H4D. Referral to psychogeriatrician 8H47. Geriatric referral <b>These codes are a guide only and practices should use whatever referral code (8H%) is applicable to their local service.</b>			

**Standards;** Practices may wish to allocate their own standards. Please note that these standards are primarily ones of the recordings of information, and the results collated to measure against them would be expected to improve over time as the quality of recording of the required information improves.

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## Practice Review Sheet

A. What lessons did the practice discover from carrying out this audit?

B. What changes, if any have the practice agreed to implement as a result of this audit?

C. What support would enable the practice to enhance the service it provides to patients?

This audit was compiled by;

Name(s) \_\_\_\_\_

Signature(s) \_\_\_\_\_

Practice (name and address) \_\_\_\_\_

\_\_\_\_\_

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## References

- 1 NICE Guideline Number 42: Dementia supporting people with dementia and their carers in health and social care. <http://www.nice.org.uk/cg042>
- 2 National Service Framework for Older People in Wales (NSF) for older people: Standard 9 Mental Health in older people
- 3 Clinical Knowledge Summary: March 2010 Dementia in Primary Care <http://cks.nice.org.uk/dementia#!topicssummary>
- 4 Alzheimer's Society: Alzheimer's Society briefing: National Dementia Action Plan for Wales [http://alzheimers.org.uk/site/scripts/download\\_info.php?fileID=761](http://alzheimers.org.uk/site/scripts/download_info.php?fileID=761)
- 5 National dementia Vision for Wales 2011 <http://wales.gov.uk/topics/health/publications/health/guidance/dementia/?lang=en>
- 6 National Audit Office (2007) Improving services and support for people with dementia <http://www.nao.org.uk/report/improving-services-and-support-for-people-with-dementia/>