

Remote Consultations in Dementia assessment services in London – EAGP webinar

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NHS England and NHS Improvement



London demographics

Ethnically diverse - 44% of London population is made up of black and ethnic minority groups

London's population is getting older: 1,100 000 65+

Very densely populated

Current population of London is 9,304,000 (1.572 square km/607 square miles)

Estimated there are about 72 000 living with dementia

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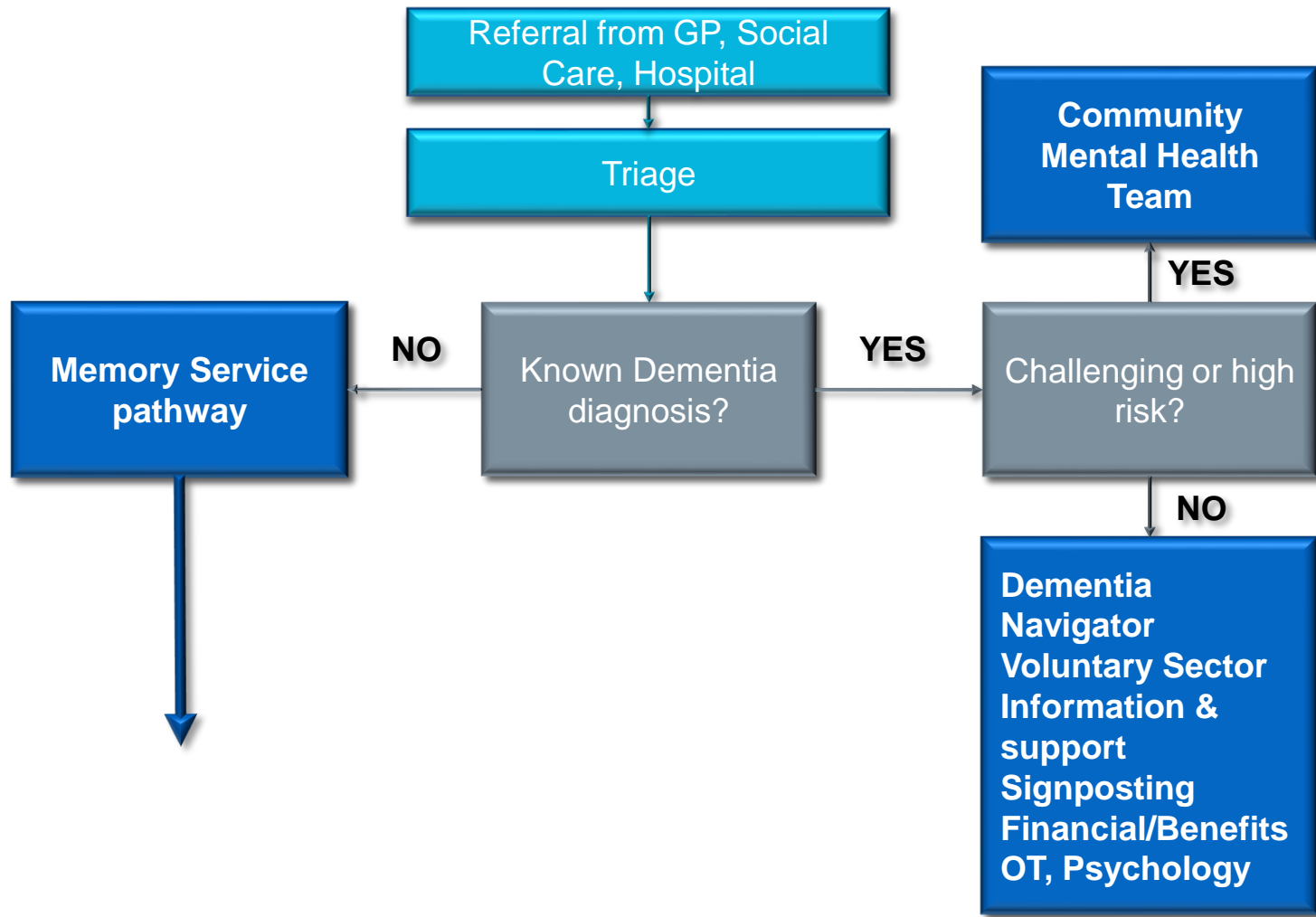
London Boroughs



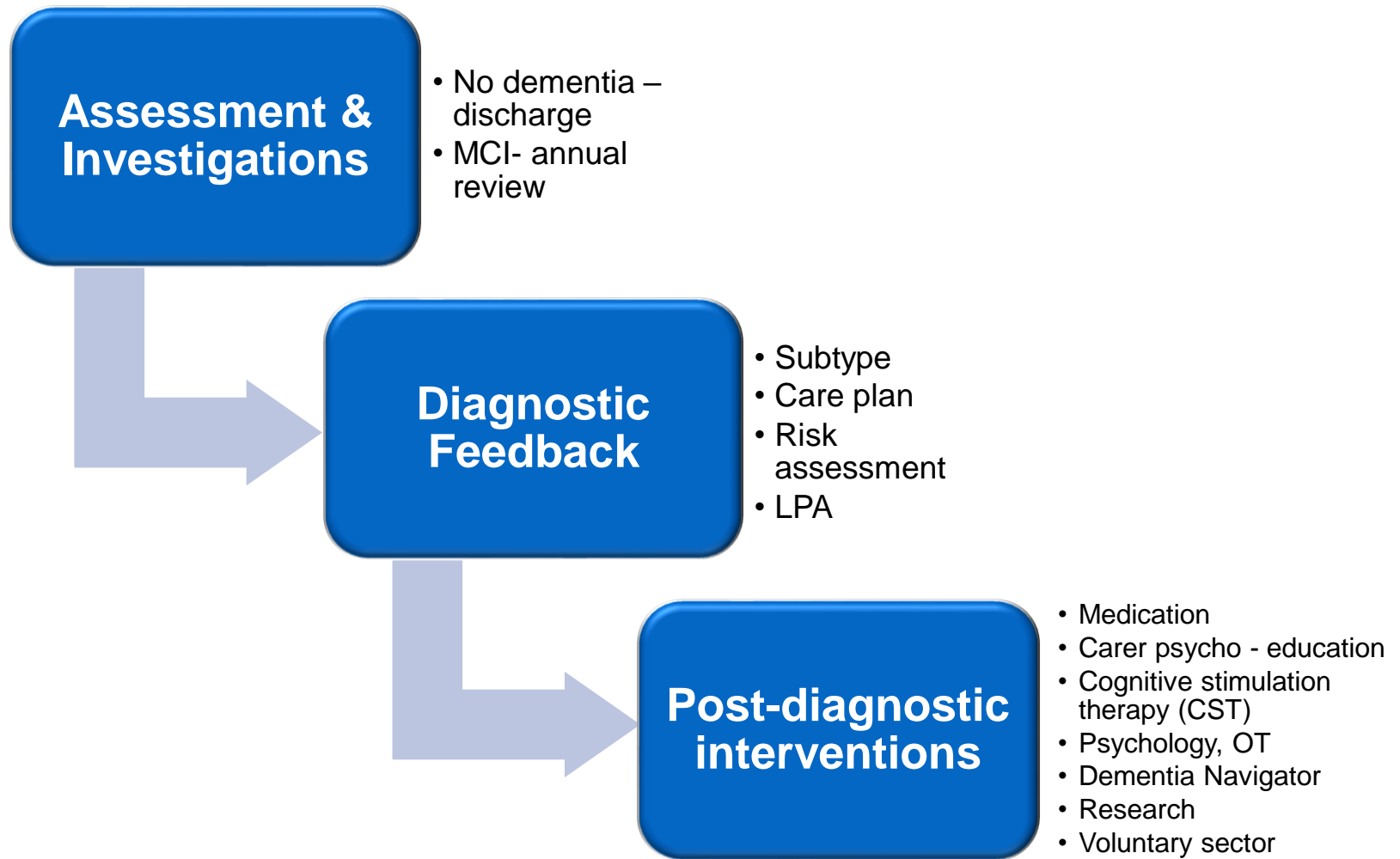
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Dementia Pathway



Dementia Pathway



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Impact of COVID-19

Dementia most common pre-existing condition for people dying of COVID19 (26%) in England

Memory Services closed – staff redeployed

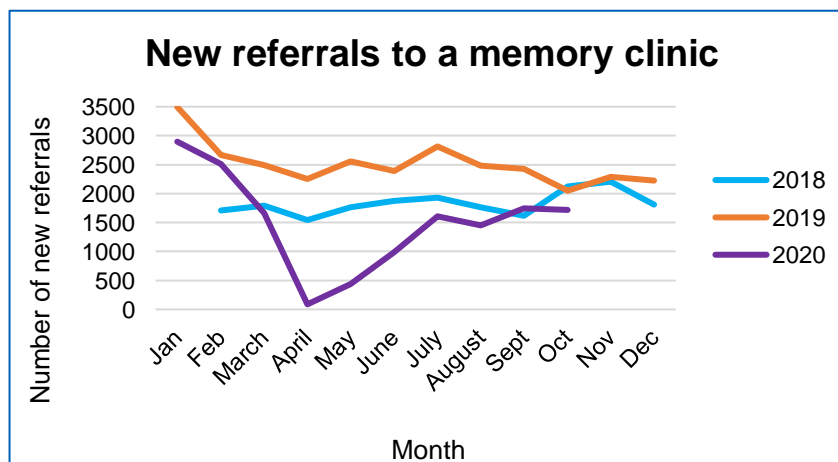
Drop in Dementia Diagnosis rates and a deterioration in those previously diagnosed

Day services closed

Increased carer stress

Increase in antipsychotic prescribing

Inequalities highlighted in older people & BAME group



[NHS Digital data-and-information Oct 20](#)

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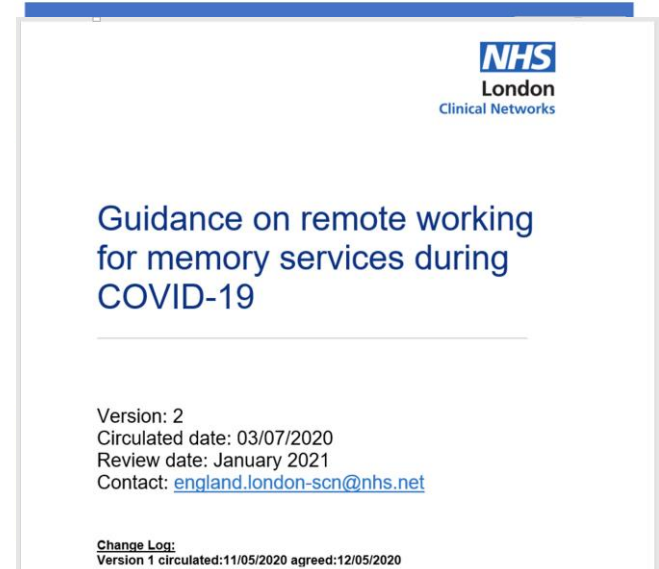
What did we do?

Dementia Clinical Network

- Provide leadership & advice to London's dementia services – effective & timely diagnosis, treatment & care
- Bring together community providers, commissioners, clinicians, patients, carers and the voluntary sector to address unwarranted variations across services - conducting audits and facilitating quality improvement projects.
- Support memory services
- Share good practice models

Mobilisation of London Memory Services

- Produced guidance for remote working
- Hosted quarterly webinars to share learning
- Follow up support to London Memory Services



Remote pathway

Memory Service Triage
Liaise with other agencies involved in care
Check for previous neuroimaging & bloods
Identify preferred mode of consultation: phone or video

Video consultation

Phone consultation

Face to face

ASSESSMENT

Joint assessment with family who may or may not live with them
Cognitive assessment using screen sharing & standardised tests e.g. ACE-III or MoCA via video
Assessment of Parkinsonian features e.g. rest tremor, gait
Neuropsychological assessment - consult [BPS guidance](#)
OT functional assessment e.g. [BADLS](#) or [Lawton IADL](#)

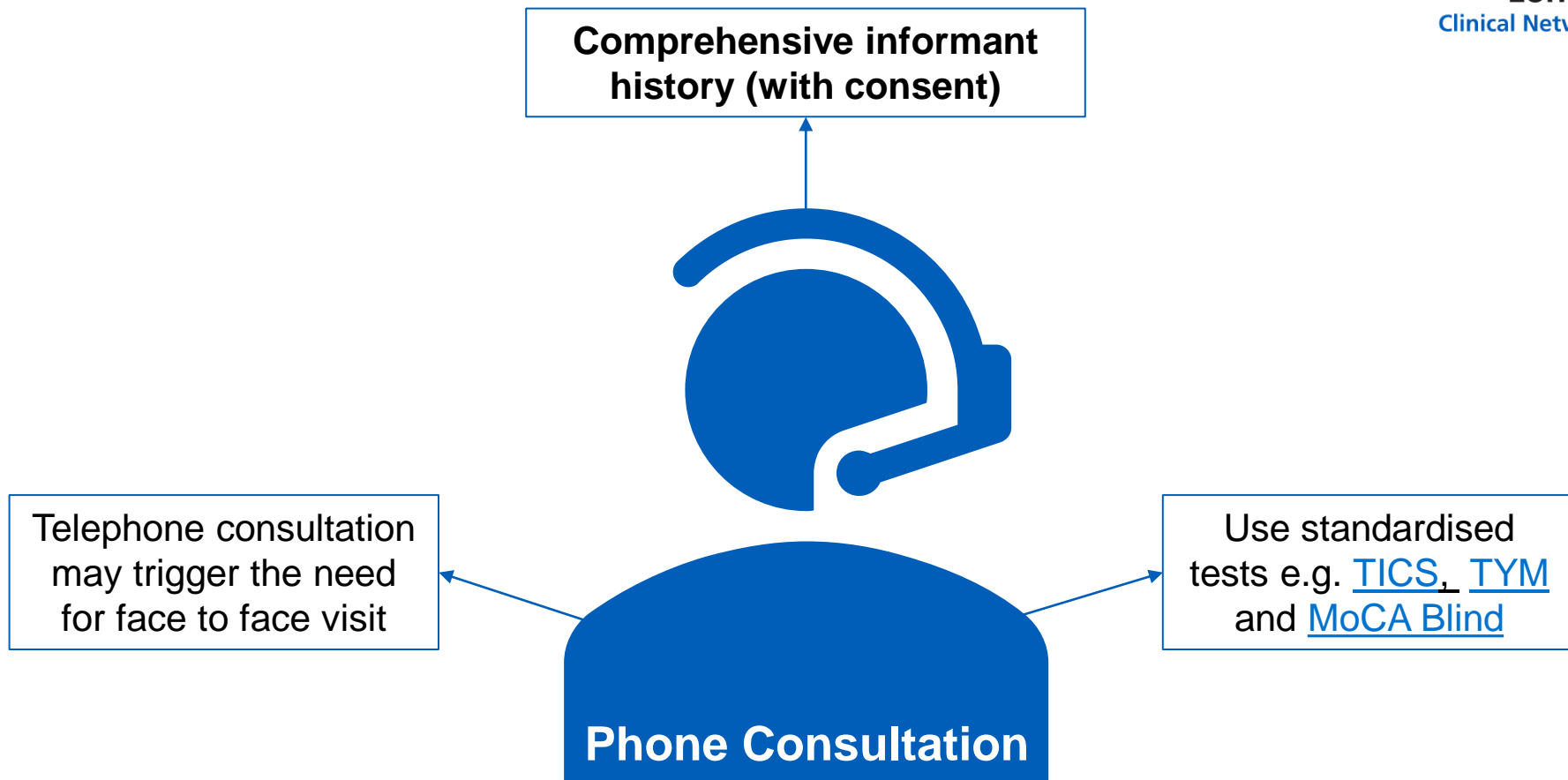
- **Comprehensive informant history (with consent)**
- Use standardised tests e.g. [TICS](#), [TYM](#) and [MoCA Blind](#)
- Telephone consultation may trigger the need for face to face visit

No access to telephone or video and benefits of diagnosis outweigh risk
Lower threshold for seeing face to face if presentation is atypical
Consider for pulse check if prescribing medication
Safeguarding risks identified

DIAGNOSIS
Share diagnosis with consent
Risk assessment & care plan

POST-DIAGNOSTIC SUPPORT
All phone or video
Medication: need cardiac history & pulse to start AChEI. Consider delay if concerns regarding pulse, side effects, falls, lives alone.
Memantine may be a better option (need recent eGFR)
Carer assessment, support and psychoeducation e.g. START
Psychology: individual or family therapy
Coordinate My Care & advance care plans including LPA
CST- in principle could be modified for video - note Attend Anywhere platform cannot host more than 5 participants





Joint assessment with family who may or may not live with them

OT functional assessment e.g. [BADLS](#) or [Lawton IADL](#)

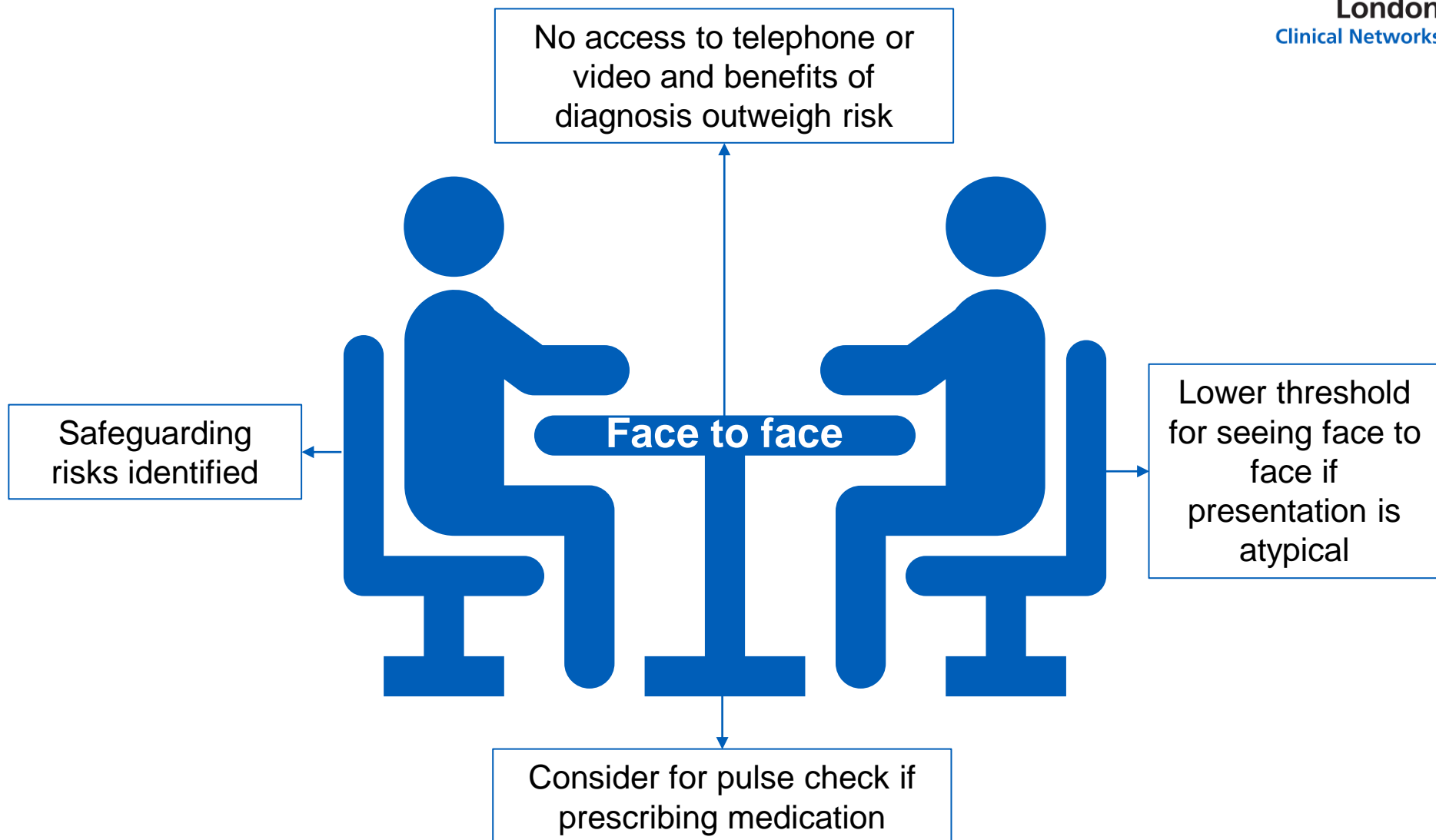


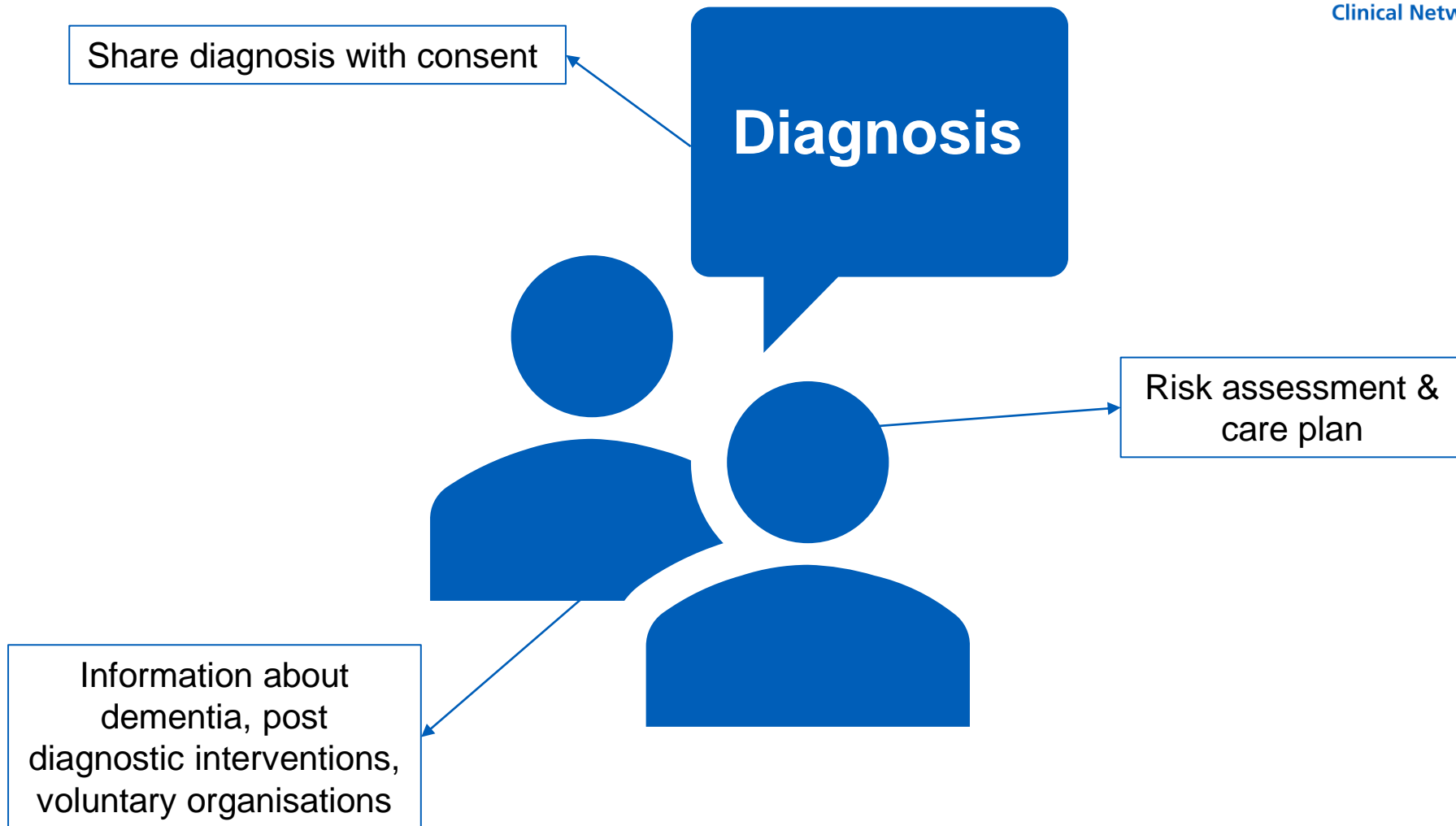
Cognitive assessment using screen sharing & standardised tests e.g. ACE-III or [MoCA](#) via video

Neuropsychological assessment - consult [BPS guidance](#)

Assessment of Parkinsonian features e.g. rest tremor, gait







Post diagnostic interventions



Medication: need cardiac history & pulse to start AChEI. Consider delay if concerns regarding pulse, side effects, falls, lives alone. Memantine may be a better option (need recent eGFR)



Carer assessment, support and psychoeducation e.g. START



Psychology: individual or family therapy



Coordinate My Care (CMC): London's digital urgent care plan & advance care plans including Lasting Power of Attorney



Cognitive Stimulation Therapy– in principle could be modified for video – certain video platform cannot host more than 5 participants



Challenges

Age group: Most are older people: lack of familiarity with digital technology and access to equipment – laptop, iPad, smartphones. ONS indicated significantly less internet usage in 75+ age group: 83.2% (65-74) and 46.8% (75+)

Quality of assessment: using remote methods, connection speeds, sound & video difficulties

Nature & severity of illness: cognitive impairment, sensory difficulties e.g. hearing and visual impairment

Clinicians: ‘new ways of working’, adapting to change – gaining confidence in using new assessment tools and need to be creative in delivery of post – diagnostic support

Neuroimaging: unavailable except urgent cases early part of pandemic



On a positive note.....

“It was excellent. I have to stay home & cannot have visitors. This method saved me a trip which would have been difficult. It was convenient from my own home” (patient)

“Overall it was less stressful than if we had to come in for this. There would be problems with parking and it is much more difficult because I work” (Carer)

“We must continue to build on the digital successes caused by the pandemic. Trusts have made rapid progress in a relatively short period of time on digital transformation” (NHS Providers)

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