

Essex County Council  
**Governance Team**  
P.O.Box 11, County Hall  
Chelmsford  
Essex CM1 1LX

FILE COPY

10 RECIPIENTS

SGM/05/11  
  
Essex County Council

26 January 2011

Dear Sir or Madam,

**Health Overview and Scrutiny Committee: Task and Finish Group**

Geoff Scott, Strategy Director, at the North Essex Partnership NHS Foundation Trust has given your name as a recommended contact who might be able to assist us.

The Essex County Council Health Overview and Scrutiny Committee have established a Task and Finish Group to undertake a scrutiny review into preparations for the anticipated future increase in cases of dementia. I attach the current scoping document for the Group which provides further background information.

At the last meeting of the Group the Members asked that the views of general practitioners be sought and consequently I am writing to ask for your evidence and views on dementia diagnosis and care and associated challenges, any advice and/or guidance you provide to patients, and any views on cost effective approaches to dementia care in the future and likely best route for allocating future resources.

Should you prefer to attend in person to give oral evidence, please let me know and I can ask the Committee if they would like to proceed on this basis.

The next meeting of the Group is scheduled for the end of February 2011 and I would appreciate your response by Friday 18 February in order that we can include it in the agenda papers for the meeting and discuss the information we receive at that time.

Yours sincerely,

Graham Hughes  
**Governance Team**

Please reply to: Graham Hughes  
Tel. No: 01245 430356/Email: [Graham.hughes@essex.gov.uk](mailto:Graham.hughes@essex.gov.uk)

DEM /05/11

Mission to Commission  
Practice Based  
Commissioning Consortium

Moving forward with practice  
based commissioning

Epping Forest PBC  
Consortium

Commissioning the best  
care for our patients

Uttlesford Locality  
Commissioning  
Consortium

Moving Forward with  
Practice Based  
Commissioning

NHS West Essex  
Building 4  
Spencer Close  
St Margaret's Hospital  
Epping  
CM16 6TN

18<sup>th</sup> February 2011

Dear Mr Hughes,

Thank you for inviting the view of General Practitioners regarding care and problems surrounding the anticipated increase in patients suffering from Dementia. Dr Gerlis passed this to Dr Miranda Roberts and myself as having a specific interest in mental health issues including dementia as well as end of life care. We are now both also members of the new GP Commissioning Board for West Essex.

**Diagnosis of Dementia:**

There is an excellent local service in Epping Forest providing appropriate specialist level diagnosis, advice and management for dementia. One of the local specialists has a special interest in early onset dementia and consequently Epping Forest appears an outlier in incidence. Specialist diagnosis is recommended by NICE. There are however more patients living in Care Homes who may well have dementia but have no formal diagnosis.

Under these circumstances it is not always clear there is an advantage to making the diagnosis but documentation of the level of mental function is important especially when these patients need to be transferred into a new care setting such as hospital. There is a process being implemented to improve this type of information being available to assist assessment in A&E. Knowledge of the level of mental capacity for a patient is important to provide appropriate support and to assess the level of vulnerability. For patients without a diagnosis but clear history and clinical evidence of loss of mental function already in Care Homes it should perhaps be appropriate to make a diagnosis of dementia without referring to a specialist.

For those living in the Community a diagnosis early in the disease allows the patient and the family an opportunity to address many issues including legal ones, unfinished family business, make plans regarding living environments and explore preferences for types of care.

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Recently there has been an addition of a Dementia Support Worker from the Alzheimer's Society who provides support for the patient and carer at the time of diagnosis and provides sign-posting to other services as appropriate. They provide a very helpful link to other support services also provided by the Alzheimer's Society.

#### Other Challenges:

Unfortunately not all patients are willing to be referred for assessment and diagnosis. These people can become very challenging to manage over a number of years as their behaviour becomes less safe. If they live alone this becomes especially challenging to manage as they may have little awareness of their own difficulties and risks and be very suspicious of anyone trying to help. Such patients have over the years caused significant problems and concerns in General Practice. The addition of Case Management has improved things and in some areas has provided excellent liaison between health and social care in trying to provide some support for as long as is safe in the persons own home.

For those who live with a family member there is a huge burden placed on this person. In this situation the Alzheimer's Society Carers Group and community worker can be very important in providing information and some informal support. Respite Care for these carers remains sparse. If the carer also works their ability to continue in the workforce is often threatened. There are no Day Care facilities other than within Epping Forest and an over subscribed service in Harlow.

Patients with dementia may also suffer form other medical conditions and this may cause other challenges with regard managing medication safely.

#### Some thoughts on Cost Effective Care:

Where it is safe to do so living in a familiar self contained environment is the wish of most people. Appropriate housing provision is therefore going to be important. Sheltered housing communities may be part of the solution but there is a wealth of knowledge from other areas and other countries regarding Social housing. Accommodation in Care Home settings will be necessary for some but it is important that these Homes are planned to be more manageable for those with Dementia including ways of containing residents safely without locking them in. Floor plans need to allow for the wide range in mobility and their differing care needs. Challenging behaviour is easier to divert in some environments and skilled staff are important. Institutional care is likely to be the most cost effective care for a significant number. The needs of younger people with early onset dementia also need to be considered.

Understanding the economics for a community is complex but it would be helpful to consider more than just health issues in defining the equation. For example a Carer who is able to continue working because there is adequate day care is hard to quantify economically with our current budget analyses. Providing local employment as a Carer or support person is also important. Joint Commissioning with Social and Health Care working effectively together seems logical and is the preferred option for local GP Commissioners.

A problem that is currently faced is that patients from care homes are more likely to be admitted in part because of difficulties in making an assessment in an Urgent

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Care environment. Dementia patients will not be able to communicate in easily understood ways. This is likely to be bad for the patient and may cause increased cost and activity through the Health system.

Training and methods for effective information transfer may allow more cost effective appropriate care. Clarity around what information will lead to better decisions is vital. This will support a wide range of professionals to support care in the community as well as in hospitals e.g pharmacists, receptionists, developing the role of the Support Worker currently in Memory Clinics to provide input in inpatient settings may also prove effective. Creating environments that are slower and change infrequently will be important to consider.

Prescribing for Dementia is high especially in the Epping Forest area. The useful impact for Dementia drugs such as Aricept is controversial. The drugs are expensive and the improvement for most people is modest. Over the next few years we may see new drugs but which are likely to be at greater cost. At the moment the mainstay for good care is around support and improving communication.

The subject is huge and I have only touched the surface. We would be very interested in any comments that you may have when you have completed your review.

Yours sincerely,

Christine Moss

Dr Christine Moss & Dr Miranda Roberts

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# Ranworth Surgery

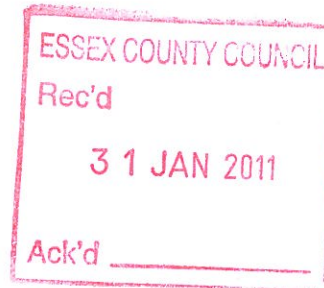
**DR G.A. SWEENEY**  
**DR. M. IMRAN**  
**MS M McGLYNN** Nurse Partner

103 Pier Avenue  
Clacton on sea  
Essex CO15 1NJ

☎: 01255 422587/421344 Secretary: 01255 421196 Fax: 01255 473581

Date: 28 January 2011

Mr. Graham Hughes  
Governance Team  
Essex County Council  
PO Box 11  
County Hall  
Chelmsford  
CM1 1LX



Dear Mr. Hughes

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE**  
**TASK FINISH GROUP**

Thank you for your letter of 26<sup>th</sup> January regarding your dementia work. I am not really sure why Geoff Scott gave you my name for this particular task. I do provide help as GP Lead for Mental Health in North East Essex in general, but I have no specific expertise on dementia and I particularly don't have any information about the overall Essex position or ability to give a strategic overview. No doubt I could find out, but that would take me an inordinate amount of time and effort that I do not have to spare at the present time. I would strongly suggest that you would get the most benefit from benefiting either Dr. Mike Gogarty who is Director of Public Health for Essex County Council or Mrs. Nicola Colston who is Associate Director for Commissioning for North East Essex who would at least have a better oversight of the whole North Essex position on dementia. Mike Gogarty would probably be the best bet for you. He would certainly who would be best placed to provide the information if he is unable to do so himself.

I apologise for being less than helpful in this instance. If you have no joy then let me know and I will try my best with the task, but I would be concerned that my efforts would be inadequate for your needs. I hope this is satisfactory.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'G. Sweeney', written over a horizontal line.

**DR. GARY SWEENEY**

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