The following extracts provide either one example of a Board’s dementia improvement activity or a brief summary of their current and planned activities; further details are available from their local programme manager. The aim of these summaries is to support ‘collaboration’ between Boards by enabling you to identify who else is working on something of interest to you and then make contact to share ideas.

**NHS Ayrshire & Arran**

- Have conducted an audit of all GP practices in the Board to establish a baseline on current issues with dementia diagnosis and addition to the register. These findings will guide further improvement work.

- The dementia calculator has been developed to provide local GPs with a range of comparable information re current position and predicted prevalence.

- A further audit of three Care Homes is being evaluated and extended to include a further two Homes, with a number of service improvements identified that will guide the current Community Mental Health Team review process currently underway.

- In September they are planning to build on the Integrated Care Pathway for dementia, identifying the most efficient means of delivering the pathway.

Further details are available from Anne.Gerard@aapct.scot.nhs.uk

**NHS Borders**

- Starting in August, working with 2 Practices (and the care homes attached to those practices) one specialist consultant and assistant psychologist will:

- Review current Dementia Register in the practice, ePEx and iEXPRESS data held by secondary care and care home data and compare figures - investigating variation (nos. of people with dementia);

- Map diagnostic processes and placement on dementia register from community and care home;

- Assistant Psychologist to work with screening measures in care homes to administer measures;

- Dependent on outcomes of this first piece of work, the plan is to spread to other practices in the autumn.

Further details are available from Pauline Burns pauline.burns@borders.scot.nhs.uk
**NHS Dumfries & Galloway**

- NHS Dumfries & Galloway is working closely with one large GP Practice to identify how to increase the number of people diagnosed with Dementia. This practice has diagnosed 48% of those expected to have Dementia.
- A Clinical Lead from secondary care has met with the Practice Manager to review how people get diagnosed with Dementia and identify any potential areas for improvement. By looking at who has a related diagnosis, searching for people receiving prescriptions for medication for dementia and merging the information from the CMHT caseload and memory clinics they think they will significantly increase the number of people with a diagnosis. The approach will be extended to a number of additional practices in each locality, and then rolled out to all practices in the region.

Further details are available from linda.mckechnie@nhs.net;

**NHS Fife**

- Using the dementia calculator they have compared actual dementia prevalence with predicted prevalence for every GP Practice. They have now taken a snapshot of 3 practices with the biggest gaps between actual and predicted, and for those practices with a low actual prevalence they are gathering information from secondary care caseloads (from CPN, day hospital, occupational therapy, consultants and psychology) to establish if patients with a dementia diagnosis in secondary care have not been added to GP registers.

Further details are available from elizabethsparling@nhs.net

**NHS Forth Valley**

- NHS Forth Valley are carrying out Process Mapping exercises (between Aug-Dec 09) on the early part of the dementia pathway. This will link with Integrated Care Pathway programme and the objective is to determine which processes in the current pathway add value and which can be removed.
- A proposal within the redesign of Old Age Psychiatry Services is the further development of the Care Home Liaison Nurse and Dementia Link Nurse roles to provide more care outside of acute settings.
- Forth Valley continues to work in partnership with Alzheimer's Scotland on a pilot for Post Diagnostic Support for carers of people recently diagnosed with dementia in Clacks.
- Work has commenced with GPs on the accuracy of the dementia prevalence and predicted prevalence, and we will process map the patient’s pathway on how they are added to the dementia register after getting this information.

Further details are available from graham.mclaren@fvpc.scot.nhs.uk
**NHS Grampian**

- NHS Grampian is preparing to engage with GP Practice Managers across NHS Grampian to use the Dementia calculator and thereafter synchronise this data with databases in secondary care.

Further details are available from william.cowling@nhs.net

**NHS Greater Glasgow & Clyde**

- NHS Greater Glasgow & Clyde have carried out process mapping events within two CHCPs and more are planned. These were used to identify the current issues with Dementia diagnosis and post diagnosis support. These findings will guide further improvement work.

- A series of events facilitated by an external agency (Quarriers Person Centred Planning Team) commenced from March to April 09 using the principles of the PATH Process around various themes in Dementia care such as Hard to reach BME, Isolated Older People, Early Diagnosis and Support, Care/ support at home, Care Homes, Medicine for the Elderly, Users and Carers Experiences and Young People with Dementia.

- In July three pocket sized carers handbooks were launched. These include, booklets for home carers, care home staff and relatives and friends of people with dementia. A further one for hospital staff is being written.

- All Practices within GGC have received details of expected and actual number of people with dementia. Those with low numbers have been offered assistance. Three CHCPs have applied for closer working DES for dementia. GMS nursing homes have agreed to set up a register of people with dementia.

Further details are available from Robert.Boyd@ggc.scot.nhs.uk

**NHS Highland**

- Practices have reviewed their QoF Dementia Register to ensure that every patient known or understood to have dementia is recorded on the QoF Register.

- The Collaborative team are leading a piece of work to specify and agree dementia codes in General Practice (READ codes) and secondary care (ICD10). Once they have an agreed set of codes they will be able to establish the number of patients already known to have a dementia diagnosis (and receiving support) but not added to the official dementia registers.

- NHS Highland have agreed diagnostic procedure, including access to diagnostic tools, sequencing, identifying the correlation between recording and availability of, for example, nursing homes – and any migration effect impact on QoF register. They also have focused service improvement work with frontline staff and services.

Further details are available from lynda.forrest@nhs.net
**NHS Lanarkshire**

- NHS Lanarkshire are currently reviewing their GP registers in accordance with the Dementia Calculator. We are considering a pilot approach within one locality to provide an initial screening assessment of people who are at risk of suffering from dementia and are without a primary diagnosis. The intention would be to have CPNs complete the initial screening assessment and forward to a Consultant Psychiatrist for further consideration and eventual diagnosis.

  Further details are available from: Karen.Spiers@lanarkshire.scot.nhs.uk

**NHS Lothian**

- Have also compared actual dementia prevalence with predicted prevalence for every GP Practice and are now scoping work to map the patient pathway from presentation to diagnosis for some of those practices, including how they are added to the register.

- They have also compared patients on GP registers with those that have had a dementia diagnosis in secondary care and are comparing these 2 data-sets to identify whether patients identified with dementia in secondary care have a confirmed diagnosis in primary care.

  Further details are available from Kerrie.Buhagiar@nhslothian.scot.nhs.uk

**NHS Orkney**

- In September/October 2008 an audit of diagnosis of dementia and prescription of cognitive enhancers was undertaken in NHS Orkney. Data was gathered from those GP practices that consented to participate. A number of patients were identified who had dementia but were not on the QoF register, whilst 36% met the SIGN 86 standard of having the dementia subtype formally diagnosed. This suggests that the prevalence of dementia in Orkney may be underestimated at present and that this could potentially be improved if the suggested diagnosis from cognitive testing by the CMHT were to be used.

- NHS Orkney has developed a draft dementia ICP and an accompanying draft governance sheet to monitor variances. This governance sheet will be tested and refined using PDSA methodology from May - Dec 2009.

  Further details are available from shirley.ward@nhs.net

**NHS Shetland**

- NHS Shetland have collected Dementia register details from Health Centres across Shetland and looking to reconcile this with the caseload from Community Mental Health Team.

  Further details are available from elai@nhs.net
**NHS Tayside**

- NHS Tayside are incorporating Mental Health HEAT targets as a module in Tayside Audit Resource Primary Care Quality Improvement Training. This involves training a network of delegates from GP Practices and Primary Care across Tayside in the use of improvement methodologies to make a positive impact on patient care. Discussions are underway to establish feasibility of a multi-practice project.
- Process mapping is planned for the dementia diagnostic pathway incorporating the memory clinic and followed by CMHT’s. They are also mapping and providing improvement in new Intermediate Care pathway through, A&E, OAP wards, acute hospital wards (PDSA’s running) and negotiations are underway to carry this forward with social work.
- Currently using the Dementia Calculator to highlight variation between practices within Angus CHP.

Further details are available from lesleyannebrown@nhs.net

**NHS Western Isles**

- NHS Western Isles have the Dementia pathway mapped. Nursing home staff do not refer on when they observe mild cognitive impairment, (as the patient is safe and not at risk).
- There are plans to provide education of local authority and voluntary org staff in early symptoms of dementia and signposting. Practice managers are to be engaged to highlight people discharged from secondary care in past the 18 months with diagnosis of dementia - details to be disseminated per practice for comparison with dementia registers.

Further details are available from anne.hutchison2@nhs.net