National Audit of Dementia
Round 3
What is NAD?

- Established 2008 to examine the quality of care delivered in hospital to people with dementia
- Open to all general acute hospitals, or those providing general acute services on more than one ward that admit people over the age of 65, in England and Wales

Data collection and participation

- Round 1: 2010-11, Round 2: 2012-13
- 88-98% participation by hospitals (99-100% participation by Trusts/Health Boards)

Overall finding

- Round 2 showed significant positive change but many best practice standards remained unmet
Audit themes

- Governance
- Assessments
- Antipsychotic prescription: protocol and practice
- Liaison psychiatry services
- Hospital discharge and transfers
- Information and communication
- Staff training
Snapshot overview of findings by theme:

- Over 75% of hospitals had dementia leads and champions; less than 50% had Executive Board involvement in reviewing key outcomes such as readmissions.
- Essential assessments such as nutrition (89%) improved; mental status tests and functioning still low.
- Lack of governing protocols for a/p prescription; decrease in prescription in hospital.
- Almost universal access to liaison psychiatry services; variance in provision.
- 80% casenotes showed pre-discharge discussion with family; 57% with carers; 25% no notice of discharge.
- 71% casenotes showed information on support for personal care: 55% with personal details such as preferred name.
- 78% of hospitals had a training strategy identifying skills development for dementia (up from under 25%); 41% did not provide awareness training on induction.
Spotlight on hospital action plans

• Welcoming carer involvement
  ▪ Involving carers in planned changes
  ▪ Carer passports enabling visiting
  ▪ Encouraging families to approach staff
Spotlight on hospital action plans

• Changing environments
  ▪ Use of the King’s Fund Enhancing the Healing Environment tool
  ▪ Use of colour, natural light
  ▪ Familiar objects and social space
Spotlight on hospital action plans

• Training and support for staff
  ▪ Multi-tiered training from “awareness” to specialist
  ▪ Safer staffing at critical times
  ▪ Volunteer support at meals/information provision
Spotlight on hospital action plans

• Working across traditional pathways
  ▪ Working with CCGs, Mental Health trusts and local authorities
  ▪ Faster CHC assessment
  ▪ Access to intermediate care and re-ablement
  ▪ Specialist mental health support on wards

Staff learn to communicate better and to do that they learn to take the time necessary – this can seem counter intuitive on a busy ward but an investment of 2 minutes to prevent a problem can save half an hour of time further down the line
Round 3 of National Audit of Dementia

• Content:
  ▪ An organisational checklist
  ▪ A casenote audit comparing care provided by hospitals to patients with a clinical diagnosis of dementia of any severity
  ▪ The collection and reporting of carer-reported experience measures
  ▪ A feasibility study for the extension of the audit to community hospital settings
  ▪ A survey of staff regarding the training and support they receive
  ▪ A spotlight audit on prescription of psychotropics medication to people with dementia
• Changes

– Organisational checklist:

  ▪ Items relating to policy will be removed

  ▪ Inclusion of “action based” questions:

  
  \textit{E.g. training} – \textit{will ask about proportion of staff trained}
Round 3 of National Audit of Dementia

• Changes

  – Casenote audit:
    ▪ Shortened and simplified
    ▪ Use CQUIN methodology to identify sample
    ▪ Topics where there is insufficient data to compare will be removed:
      
      *E.g.* prescription of antipsychotics *becomes a separate module to run in 2017*
Round 3 of National Audit of Dementia

• New data collection tools
  – Carer questionnaire:
    ▪ Working with Patient Experience Research Centre
    ▪ Short survey looking at carer involvement – quality of communication, possible feedback on outcomes
  – Staff questionnaire
    ▪ Working with pilot sites
    ▪ Staff training and staff support (e.g. mentorship, information provision)
# Round 3 of National Audit of Dementia

<table>
<thead>
<tr>
<th>Summary timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute sites (pilot and main audit)</strong></td>
</tr>
</tbody>
</table>
| **2015** | Development of tools/ method, piloting in 10 sites  
Registration for main audit | Development of tools/ method, initial testing in 5 sites  
Registration for wider pilot |
| **2016** | Data collection from April  
Develop content for spotlight module  
Registration for spotlight/ optional casenote audit | Data collection from April  
Reporting and feedback events  
November/ December  
Feasibility study reporting |
| **2017** | Local and national reporting  
Spotlight module  
Optional casenote audit  
Topic based workshops  
National Event |  |
# Confirmed pilot sites

<table>
<thead>
<tr>
<th>Acute sites (pilot)</th>
<th>Community sites (feasibility study)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Chorley and South Ribble Hospital</td>
<td>• Liskeard Community Hospital</td>
</tr>
<tr>
<td>• Kingston Hospital</td>
<td>• St Helens Hospital</td>
</tr>
<tr>
<td>• Queen Elizabeth Hospital, Gateshead</td>
<td>• Teddington Memorial Hospital</td>
</tr>
<tr>
<td>• Royal United Hospital, Bath</td>
<td>• Ystradgynlais Community Hospital</td>
</tr>
<tr>
<td>• Southport and Formby Hospital</td>
<td></td>
</tr>
<tr>
<td>• Sunderland Royal Hospital</td>
<td></td>
</tr>
<tr>
<td>• Tunbridge Wells Hospital</td>
<td></td>
</tr>
<tr>
<td>• University College Hospital, London</td>
<td></td>
</tr>
<tr>
<td>• Wrexham Maelor Hospital</td>
<td></td>
</tr>
<tr>
<td>• Ysbyty Ystrad Fawr, Hengoed</td>
<td></td>
</tr>
</tbody>
</table>