The Dementia Golden Ticket
An Emerging New Model of Care

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The need to change in HWLH

More people with dementia in East Sussex, then anywhere else in the country

Diagnosis rate of 50.59%

When people do come into contact with services it’s late in the illness, too late to enable choice and usually, at a time of crisis

It’s an expensive approach, delivering poor outcomes for patients and carers
The need to Change – A GP’s Perspective

- Historical treatment and management in Secondary Care
- Disempowered with little or no access to training and education
- GP Annual Review, ‘not fit for purpose’
- Concentration on physical health issues
- General perception of ‘what’s the benefit’?
- Confusing and fragmented Dementia Pathway
- No formalised Multi-Disciplinary approach
- 10 Minute appointment for Patient/Carer
Patient Case Study – Mrs H (The old way of working)

- Multiple co-morbidities
- Socially isolated
- Losing weight
- Struggling with continence management
- Husband carer at the point of ‘breakdown’
- Depression and anxiety
The new way of working and a new life for Mrs H

- Dementia Care Fellowship (Brighton and Sussex Medical School)
- All physical health issues treated through ‘the lens of dementia’
- A Multi-Disciplinary approach, dietician, continence, community psychiatric nurse, (CPN)
- A ‘point of contact’ in the GP practice
- Patient and Carer support
- Multiple interventions to support well-being and independence e.g. Yoga, singing, lunch club
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The challenge
The current picture in HWLH

Reactive and Unaware

- Delays
- Disjointed
- Fixed for all
- Medical Bias

Where is the Patient?

Living Well with Dementia
The reality

Well, I guess it's inevitable that a few people will fall through the cracks...
Who/What/When?

• Crisis
• Patient/Carer support
• The Journey - ‘smoothing out the bumps’
• Advanced Care Planning
• Transitions - safely at home
• GP support
• Quality
The future
The future - HWLH

Dedicated ASC Funds Pot

Advice

Crisis Team

Telephone Line 1-3pm Daily

GP/Nurse

Crisis

GP Referral

MDT

Old age psychiatrist
OT/AT
Physio
Geriatrician
CPNs
Team Manager

To scan or not to scan

Yes

No

Diagnosis at home by same team member

GOLDEN TICKET

PROACTIVE AND AWARE

Named Team Member

Assessment at Home

- Primary Care Reviews
- Patient/Carer Support
- Community Resources
- Advanced Care Planning
- ‘Blip’ Clinics
- Admiral Nurses
How?

• Golden Ticket Pilot Project
• Working with Secondary Provider to reshape services
• Shift in culture
• Awareness in practices
• Awareness in the community
• Commissioning journey
• Social care/medical care integration
• Education
• Quality measurements and evaluation
Kim Grosvenor

Dementia Transformation Lead, High Weald Lewes Havens Clinical Commissioning Group
The Dementia ‘Golden Ticket’
What is the Dementia ‘Golden Ticket’?

- Formalised, multi-agency, assurance framework
- Relationship-based approach to care and support
- Evidence-based
- A hard-copy navigation tool
- A symbol that shouts ‘Action’!
How will the Golden Ticket support needs?

‘Golden Ticket’ will support the following basic needs of a Person living with Dementia and of their Family Carer:

1. Comfort- (Health and Social Care)
2. Attachment
3. Identity
4. Love (Relationships)
5. Inclusion- Communities
6. Occupation- Meaningful occupation and activities, which supports physical and emotional wellbeing
What’s new?
What’s new?

• The ‘Golden Ticket’ composite model of post-diagnostic support and management of dementia in primary care
• Navigated by a framework document, which is owned by the patient/carer and health care professional
• It stipulates the actions and interactions of the Patient/Carer and professionals in a way that supports the whole journey with dementia
• Equal partnership with the voluntary sector and practice
• Positioning responsibility for supporting people to Live Well with dementia with the Practice Nurse
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What’s the intended benefit?

- Formalises a joined-up way of working
- Clarifies roles and responsibilities in primary care for the management of dementia
- It ‘normalises’ and de-stigmatises dementia
- It ‘prescribes’ a best practice framework for post-diagnosis care and support
- It embeds psycho-social support as a health imperative for Living Well with dementia
- Integrates multi-agencies and particularly the Third Sector as ‘equal partners’ in the practice
- Supports the patient and carer