

# DeAR-GP in community settings: Housing & Community Health Teams

(Dementia Assessment & Referral tool)

## Implementation Guide



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## About this guide

This implementation guide provides a step by step approach to improve access to a diagnosis for those living with undiagnosed dementia in community settings.

This guide is for:

- **Housing providers**
  - Extra care housing
  - Sheltered housing
  - Community based housing teams
- **Community health teams**
  - Case managers/care navigators
  - District nurses

## Acknowledgements

Health Innovation Network would like to thank the following organisations for their participation and involvement in the project

- **Genesis Housing Association** (Staples House, Lawrence Hall, Chadacre Court)
- **Metropolitan Care** (Homewoods, Ingleton House)
- **Royal Borough of Kingston upon Thames** (Fountain Court, Older and Vulnerable Persons' Support Service)
- **Central London Community Healthcare NHS Trust** (CLCH, Case management and care navigator Team)
- **Housing Learning and Improvement Network** (Housing LIN)
- **Alzheimer's Society**

[View references for this guide](#)



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## Background

The Health Innovation Network (HIN) is the Academic Health Science Network (AHSN) for South London, one of the 15 AHSNs across England. HIN is a membership organisation connecting academics, NHS commissioners and providers, local authorities, patients and industry in order to accelerate the spread and adoption of evidence based innovations and best practice. The HIN has a number of clinical priorities, one of which is Healthy Ageing.

An early dementia diagnosis provides an opportunity for individuals to plan for the future and enables access to appropriate care, support and potentially treatments or interventions depending on the type and stage of dementia (Prince et al., 2011). In recent years the government and NHS England have placed a focus on improving dementia diagnosis rates (Department of Health, 2012; Prince et al., 2011).

In 2015 in response to the need to improve dementia diagnosis and in recognition of the low diagnosis in residential and nursing homes HIN worked with three care homes to co-design the Dementia Assessment Referral to GP (DeAR-GP). DeAR-GP supports care workers in care home settings to identify people who are showing signs of dementia and refer them to their GP for review. Supported by the Alzheimer's Society, since its launch there has been uptake nationally and it is recognised as a 'low cost, high impact intervention' (NHS England, 2016). DeAR-GP also supports NICE

Quality Standard [QS1] Quality Statement 2: Memory assessment services; Quality statement: People with suspected dementia are referred to a memory assessment service specializing in the diagnosis and initial management of dementia (NICE, 2017). DeAR-GP has been positively assessed and approved by NICE for the NICE Shared Learning Database and is available on the AHSN Atlas of Solutions.

Improving access to a dementia diagnosis continues to be a national priority as reflected in the recent Government's Mandate to NHS England for 2017-2018 (Department of Health, 2017). It's estimated that one third of people with dementia live in care homes and two thirds live in the community (Alzheimer's Society, 2017). Many of these people may be receiving support from district nurses or support staff in older adult housing schemes. Recognising this and following the success of DeAR-GP, the HIN identified an opportunity to consider adapting DeAR-GP for these settings. [Please follow this link to read the project report.](#)

This implementation guide based on the learning from this project and is divided into 6 implementation stages. It is suitable for all housing providers and community health teams and all associated resources are available in the appendices.



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## Stage 1 | Identify Stakeholders

Engage with senior stakeholders/decision makers from all the relevant organisations in the pathway. They need to be able to act as change agents and influencers to ensure the pathway is embedded and communicated to all their teams. We advise that the following stakeholders be involved from the beginning:

- Management of housing provider or community health team
- Clinical Commissioning Group (CCG) - Older Adults Mental Health/Dementia Commissioner
- GP Lead for Older Adults/Dementia
- Local authority social care lead for older adults
- Memory service lead (community mental health trust)



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## Stage 2 | Stakeholder engagement & communication

Good communication is key for the successful implementation of DeAR-GP. It is advised to meet face to face to discuss the following:

- Agree communication pathway of DeAR-GP from front line staff to GP to memory service. Decisions to include:
  - Format of DeAR-GP - paper based or electronic
  - Collection
  - Responsible organisation for training staff on the use of DeAR-GP assessment tool
  - How the outcome of DeAR-GP will be relayed back to the front line staff
  - The dissemination of information to all GPs linked to the housing providers' site or in the area covered by the community health team for example, through email/ letter, teaching sessions and/or GP Practice visits
  - Communication strategy with tenants/patients and family/carers
  - Frontline staff recording of outcome (e.g. dementia diagnosis, Mild cognitive impairment (MCI))
  - Responsible person/organisation for completing reporting tool (see appendix 1d, 2d) for data
- Agree implementation of DeAR-GP.
  - For housing consider time lines for implementation
  - For community health teams consider time lines for implementation and the geographical scope of implementation e.g. all of CCG versus selective GP practices



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## Stage 3 | Staff Training

Training staff facilitates learning and builds confidence to use DeAR-GP.

### Housing

- It is recommended that staff are trained in how to use DeAR-GP to ensure they understand how to approach tenants to complete the referral tool.
- It is important that staff understand that the tool is for use only when tenants are showing signs and symptoms of dementia. A DeAR-GP user guide and training plan have been developed for training purposes (appendix 1b, 1c).
- Arrange Dementia Friends Training (appendix 3) within your organisation by registering on the [Dementia Friends website](#).

### Community health teams

- It is recommended that both housing and community health team staff are trained in how to use DeAR-GP to ensure they understand how to approach patients and complete the referral tool. It is important that staff understand that the tool is for use only when patients are showing signs and symptoms of dementia.
- A DeAR-GP user guide and training plan have been developed for training purposes (appendix 2b, 2c).
- If required, arrange internal training around the use and scoring of Six-Item Cognitive Impairment Test (6-CIT) and Patient Health Questionnaire (PHQ-9) (appendix 2e).



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## Stage 4 | Embedding & sustaining change

In order to embed DeAR-GP into practice, in addition to providing the training in Stage 3. It is important to ensure all staff involved in the pathway are aware of the DeAR-GP assessment tool.

To promote DeAR-GP within your organisation, some suggestions include:

- Lunch and learn sessions
- Promotion through staff bulletins and screensavers
- Team meeting presentations and discussions
- Posters



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## Stage 5 | Launch DeAR-GP

Once you have completed stages 1-4 you are ready to launch DeAR-GP.

The purpose of this stage is for the key stakeholders to

- Monitor progress of the implementation
- Identify and rectify any implementation challenges
- Ascertain any further staff training needs
- If applicable, share learning and experience from other launch sites (e.g. different geographical or GP led sites)



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## Stage 6 | Evaluation

Understanding the impact and outcomes of the implementation of DeAR-GP will inform continued good practice.

- Gather patient/service user, family/carer stories and participating staff experience and use to promote impact.
- Collate data including number of referrals made using DeAR-GP and referral outcomes on reporting tool (appendix [1d](#), [2d](#)).
- Communicate the impact of DeAR-GP with all stakeholders.
- Revisit stage 4 to embed and sustain change.



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Housing  
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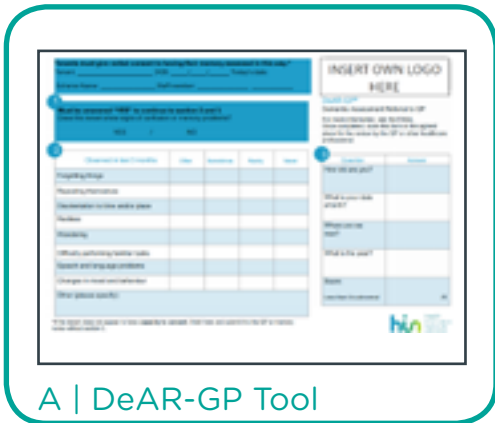
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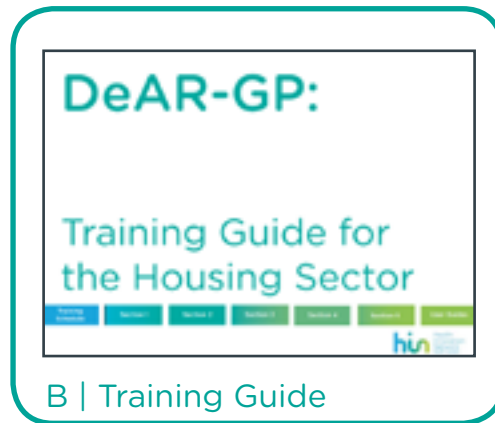
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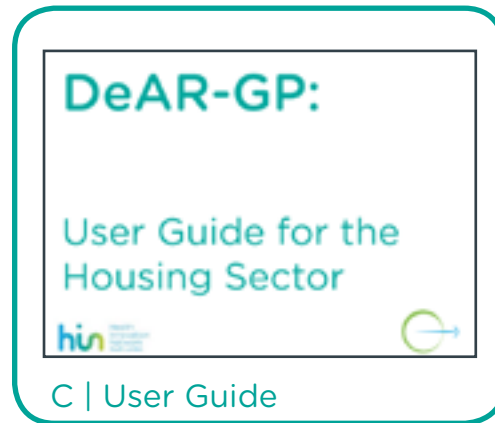
# Appendix 1 | Resources for the Housing Sector



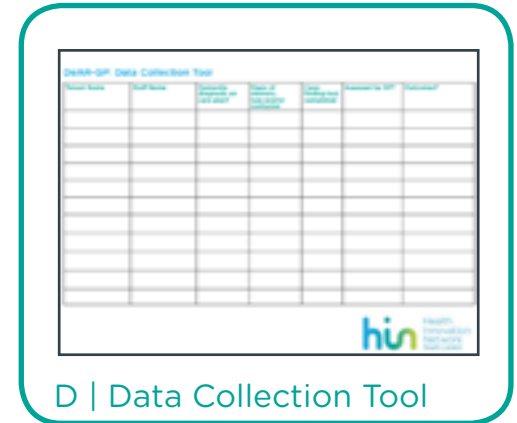
A | DeAR-GP Tool



B | Training Guide



C | User Guide



D | Data Collection Tool



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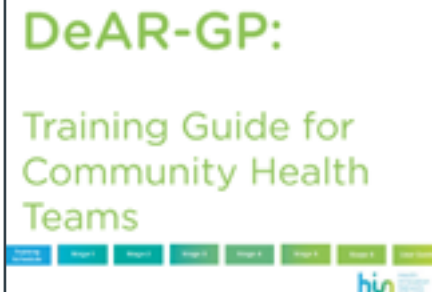
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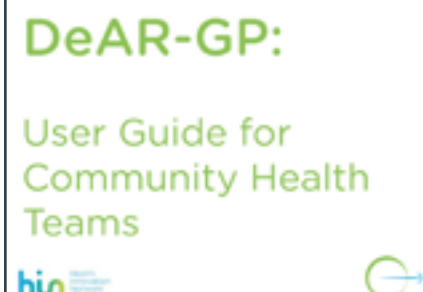
# Appendix 2 | Resources for Community Health Teams



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B | Training Guide



C | User Guide

D | Data Collection Tool

E | scoring Guide



Appendix 3:  
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# Appendix 3 | Dementia Friends Training



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