

Session 1a – Acute general hospital care

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Best practice discussions.

- But what is best practice?
- Important to have quality standards, and carers with experience.
- Best practice should be shared.

Reasons around people being admitted?

- Who admits?
- Is it GP's via medical assessments?
- Is the 'coding' the reality? Or are people 'confused'?

Support to reduce admissions

- Admissions peaks – what time of day, weekends, bank holidays, etc.
- Primary Care referrals – support required
- Primary care – out of hours, early identification
- Pathway for admission or avoidance needs to be accessible to all.
- Expertise should be available with transparency/knowledge.
- Carers need reassurance and clarity on what to do.
- Carers to have support/education
- Identification of the dementia cohort required

Unmet need

- The undiagnosed numbers.

Admission avoidance:

- Define dementia and single pathway
- Move assessment back down the system
- Supporting carers with the specialist skills available.
- How do we identify those who maybe in this cohort? Increase screening?
- How do we understand more about unmet need?

SUMMARY

- Conclude that dementia is not a single condition – Multifaceted
- Needs an agreed approach/pathway
- Increase identification
- Target undiagnosed groups – consider 'At risk' group screening
- Focus specialist skills where required.
- Butterfly scheme (exists).
- Recommend the right people doing the right assessment
- People to be assessed out of hospital
- Carers needs and for those in Care Homes
- Consider how to understand unmet needs