

**NHS Wiltshire
Dementia Funding
Carer's Breaks & Dementia Funding Task Group – 16 December 2010**

1. Introduction

- 1.1 NHS Wiltshire receives an annual budget of £650m from the Department of Health which it uses to commission all NHS funded health services for the people of Wiltshire. This is used to pay for a wide range of care, including GPs and other primary care services (dentists, pharmacy services), community services (community hospitals, Neighbourhood Teams, health centres), acute and specialist care, ambulance services, mental health services and placements for people with complex care needs.
- 1.2 Within this overall budget there is no earmarking of funds as a general principle. Services are bundled sectorally, i.e. GP services, community services, hospital services, specialist mental health services. Dementia services are funded either through direct provision of care or in core contracts for services designed to provide generic care to patients living in the community with a wide range of conditions.
- 1.3 This report is intended to set the context so that members can understand broadly how dementia care is funded in order to provide the best value for money for people who receive care from the NHS in Wiltshire.

2. Dementia prevalence*

- 2.1 Dementia is more common in the older population as its prevalence rises significantly with increasing age over 65. Dementia is characterised by progressive deterioration in all aspects of intellectual function, leading to problems with memory, speech and understanding and changes in behaviour and personality. There are many causes of dementia, with the most common in the UK being Alzheimer's disease and vascular dementia, caused by a clogging of the arteries that resulting in reduced oxygen to the brain.

*Wiltshire Dementia Needs Assessment, February 2009

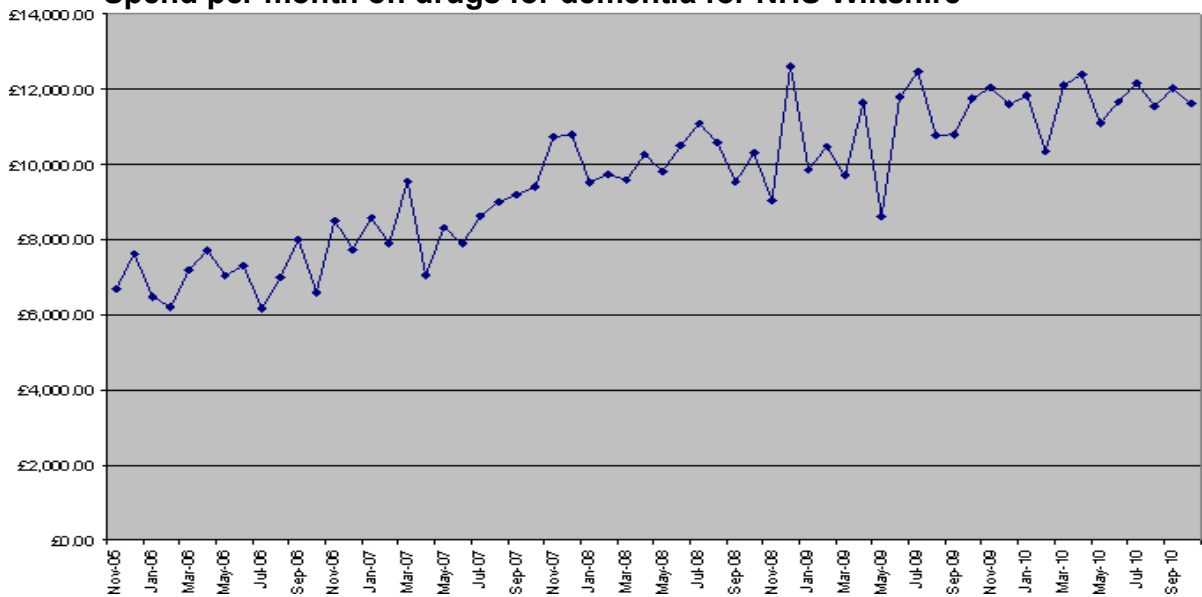
- 2.2 It is difficult to estimate the prevalence of dementia in the population as a whole as, like mental illness, reported rates differ widely depending on the criteria and study methods used. However, the rates of dementia rise consistently with increasing age. A recent review of the literature found that the prevalence of dementia increased from up to 3.7% in people aged 65–69 to as much as 75% of those aged over 90.
- 2.3 There have been a number of national and international studies carried out to assess the rates of dementia across different parts of Europe and England. When these rates are applied to the Wiltshire population the lowest estimate is a prevalence of 2137 people over 65 with a cognitive impairment or dementia, and the highest is a prevalence of 6242.

3. General health services

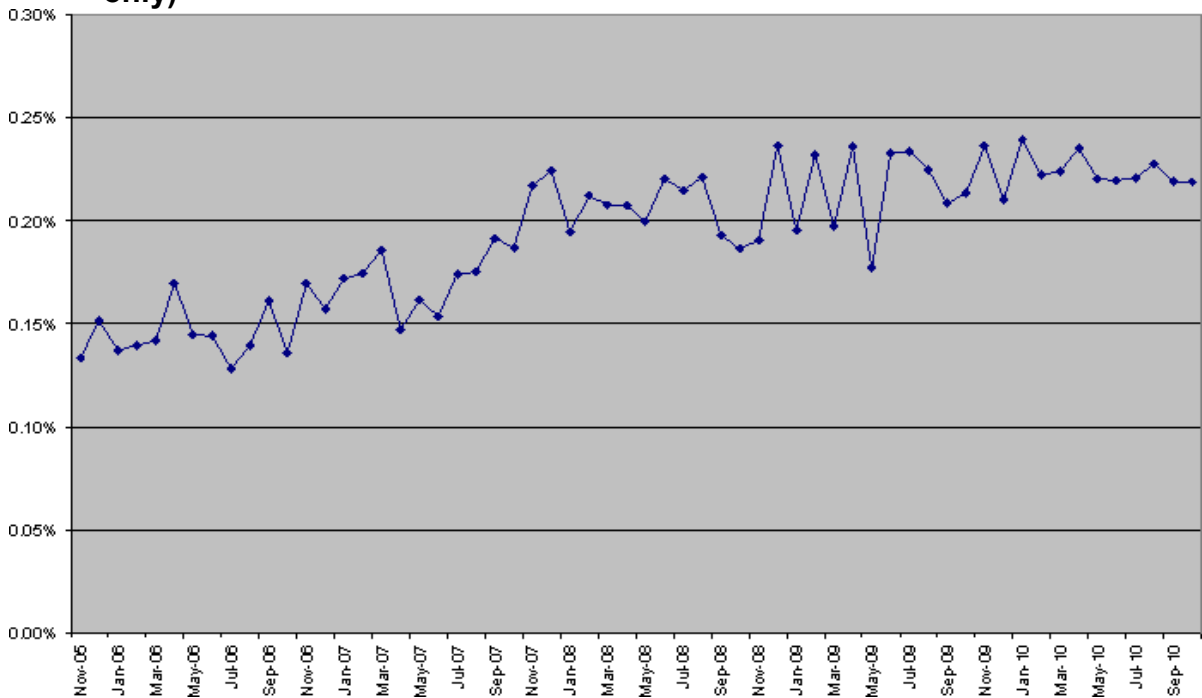
- 3.1 Many of those who develop dementia are already receiving NHS care for other related or unrelated conditions, so it is not simple to disaggregate the cost of the dementia element from their overall package of care. In addition to this clinicians and practitioners may be making reasonable routine adjustments in order to ensure that the patient is receiving the appropriate treatment. For instance, GPs report that dementia patients are more likely to make appointments seeking reassurance, having no memory of having previously attended for the same reason.
- 3.2 Dementia can also be the cause of other associated health problems, particularly as an individual's condition deteriorates, which can lead to a need for further treatment. For example, dementia sufferers can experience a falling away of learned skills, such as how to eat, leading in turn to malnutrition. Injuries caused by falls also increase, and costs associated with treating these injuries that are not attributed to the dementia budget, but are covered within core contracts for primary and secondary care.
- 3.3 It is therefore important to recognise that GPs, Neighbourhood Teams (community nurses, physiotherapists, occupational therapists, specialist support services), dentists, pharmacists, community hospitals and health clinics all provide care for people living with dementia as part of a model of care designed to help keep people living independently, in their own home or other community setting for as long as possible. This pattern of services also supports families and carers of people living with dementia, particularly through short term planned inpatient admissions which are delivered through Avon & Wiltshire Mental Health Partnership NHS Trust (AWP), designed to give intensive input that enables a patient to return home.

- 3.4 Given that dementia services are an integral part of many of our core contacts, it is difficult to accurately breakdown the percentage of these overall health service budgets being spent on dementia care alone as the intention is that they provide care to effectively support a large number of people with a diverse range of long term conditions.
- 3.5 However, it is possible to give a sense of how GPs, clinicians and health care practitioners allocate their time and resources. For instance, dementia care is a core function of the community adult services contract (including Neighbourhood Teams and community hospital inpatient beds), so the funding is included in the overall budget of £34m for adult community services. Approximately 75% of patients in the NT caseload present with some level of dementia, as well as the physical needs for which they are receiving treatment. This percentage is reflected in the demography of patients who receive inpatient care in community hospitals.
- 3.6 Alongside the cost for commissioning primary care is the budget set aside for prescribing. In recent years a number of new dementia drugs have been developed, which has caused a sharp increase in the cost of prescribing. This, coupled with an increase in the number of people diagnosed with dementia and a growing awareness of the benefits of medication, has seen the dementia prescribing budget become the fastest growing area of spend.
- 3.7 NHS Wiltshire's annual cost for prescribing in primary care is £62m and, while there is no specific budget for prescribing within that overall total, the tables below show the spend per month for dementia drug and the increase in spend since 2005, along with spend on drugs for dementia as a percentage of the overall prescribing budget since 2005.

Spend per month on drugs for dementia for NHS Wiltshire



Spend on drugs for dementia expressed as a percentage of overall prescribing spend per month since Nov 05 (primary care prescribing only)



4. Continuing Healthcare

- 4.1 Continuing Healthcare (CHC) represents a significant ongoing responsibility for the NHS and the Council as it is the mechanism for supporting people with a range of very complex care needs for as long as they need it. It may be the case that people need CHC care for the rest of their lives, although it is also possible for patients to improve and no longer need such a high level of support.
- 4.2 By their very nature, NHS funded CHC packages tend to be complex, costly, or both and it is often the case that a patient is receiving care for a number of different conditions, one of which could be dementia.
- 4.3 The overall budget for CHC is £23m, with £4,726,783 forecast in 2010/11 to be spent on elderly mentally ill patients (EMI), compared to £4,448,879 in 2009/10. However, CHC reporting does not currently break down the EMI budget to distinguish between dementia care from other mental health needs. This is due in part to the high prevalence of dementia among EMI patients receiving CHC.
- 4.4 However, to give a sense of scale, there are currently 123 people receiving CHC funding allocated to the budget for EMI, where the main element of the care needed is for an age related mental illness. These funding packages most often take the form of placements, where people are living in nursing homes providing specialist dementia care.
- 4.5 NHS Wiltshire monitors the cost of CHC packages on a weekly basis, which enables commissioners to understand any potential impact on the overall budget early on. The current weekly cost of EMI CHC packages is £102,653. This will fluctuate throughout the year as new people have their care packages agreed and other patients reach the end of their lives.

5. Specialist mental health services

- 5.1 NHS Wiltshire currently spends £33m with Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) for specialist and community mental health services, including dementia services.
- 5.2 The dementia element of this budget is approximately £15m, which is spent on inpatient services in Salisbury and Trowbridge, memory clinics, multi disciplinary liaison services and community services, which includes specialist mental health nursing care across Wiltshire, called Community Mental Health Teams (CMHT).

- 5.3 The principles that underpin the dementia contract with AWP are:
- Improve equity across the county
 - Efficient evidence based services compliant with NICE guidance and CQC registration
 - Integration through a liaison model with local generic services; thus reducing duplication and helping delivery across the whole QIPP agenda
 - Emphasis on supporting local generic services rather than referral to secondary care through upskilling of primary care staff
 - Provided as part of a seamless service across AWP
- 5.4 The Dementia Task Group has received information about how services are currently configured, where gaps have been identified and how the model of care will be improved through joint commissioning between NHS Wiltshire and Wiltshire Council.
- 5.5 Task Group members were supportive of this joint approach and agreed with representatives from Wiltshire Council and NHS Wiltshire that this is an area of good practice in commissioning that should be learned from and replicated across other jointly commissioned services in the future. Members were keen to ensure that the proposed service improvements are delivered and were reassured to hear that funding for memory clinics will increase in year by £350k, which will be used to improve coverage of this service, reduce waiting times and increase frequency of appointments. The work of this Task Group will continue into the New Year and NHS Wiltshire will contribute accordingly.

6. Public Health and prevention

- 6.1 In recent years prevention has played an increasingly important role in the long term planning and management of health services in England. Public Health professionals have worked closely with clinicians to understand more about the causes of disease in order to identify effective methods for prevention through key messages, behavioural change and better access to information.
- 6.2 GPs play a key role in prevention, as well as in the delivery of dementia care, being well placed to identify trends in disease prevalence and progression. They are also able to assess the impact on carers and families while determining the appropriate level of care for their patients. GPs record diagnosed cases of dementia as part of their Quality Outcomes Framework, and report that at least 50% of dementia cases have a vascular dementia component to their disease.

6.3 Health prevention programmes are often cross cutting over a number of disease areas. The Public Health team in Wiltshire has commissioned a number of schemes and activities aimed at reducing prevalence of cardiovascular disease (CVD) and stroke. This will in turn impact on levels of vascular dementia, whose causes are the same as those for CVD and stroke. The level of investment by Public Health in Wiltshire for CVD and stroke prevention was £454k in 2009/10 and for 2010/11 is £309k.

7. Voluntary sector

7.1 In addition to our NHS contracts, NHS Wiltshire also funds a number of voluntary sector organisations to provide a range of care and support services for people living with, or caring for someone with dementia or other mental health issues. This care and support can include drop in facilities, social contact, practical support and advice, bereavement support, music therapy, advocacy and housing support.

7.2 Most of these organisations, with the exception of the Alzheimer's Society, are funded to provide a range of services for people with different support needs, some of which will be dementia related. However, it is not possible to identify the element of each service level agreement which relates purely to dementia as again the emphasis is on a rounded approach to care that provides support for the whole person and works to reduce stigma.

7.3 **The breakdown of NHS Wiltshire voluntary sector spend for mental health services is outlined in the table below:**

Organisation	2010/11 Budget
Alabare Christian Care Centres	£85,500
Elizabeth House Social Centre	£47,424
MIND	£36,413
Cruse	£5,566
Soundwell Music Therapy	£2,955
SWAN Advocacy	General £109,247 MH £39,000
WSUN development worker	£26,764
Alzheimer's Society x 3	£139,626
Carers Support Agencies x 4	£180,544
MH Housing Officer	£20,000
Age Concern Wiltshire x 2	£183,000
TOTAL	£876,039

8. Conclusions

- 8.1 The philosophy for dementia funding in the NHS is to focus, where possible, on developing a skill base within mainstream healthcare which allows people to remain independent and retain their identity, self respect and social and familial structures for as long as possible. This is captured in the national dementia strategy, called Living well with dementia and the recent advertising campaign, Don't Run Away.
- 8.2 NHS Wiltshire is working with providers in primary, secondary and specialist care to ensure that the services we commission reflect this ethos and deliver effective services that also work to remove the stigma attached to dementia. There is also an emphasis on prevention and healthy living, which will impact on dementia and other age related progressive diseases over time.
- 8.3 The voluntary sector plays a key role in delivering social and practical support, which adds value to health services and aims to help people suffering from dementia and their families and carers to cope with the impact in their way of life as the disease progresses.
- 8.4 Identifying the true cost of providing dementia care in the NHS is not a simple task, but it is possible to develop an understanding of the wider impact of dementia on patient, families and carers and the health services they use. In summary, NHS Wiltshire will spend this year:

GP services	-	£64m
Adult community services	-	£34m (75% of clients presenting with dementia symptoms)
Dementia drug prescribing	-	£12m (from a budget of £62m)
AWP specialist services	-	£15m (from a budget of £33m)
Continuing Healthcare	-	£4.7m (from a budget of £23m)
Health prevention	-	£309k
Voluntary sector	-	£876k

Jo Howes
Head of Community Engagement
NHS Wiltshire