Collaboration for Leadership in Applied Health Research and Care East of England

CLAHRC BITE

A bite-sized summary of CLAHRC research: CASCADE study - dementia case finding in hospitals

Dementia case-finding in hospital may not lead to increased follow up for patients after discharge

What?

Between 2012 and 2017 it was government policy that when someone aged 75 or older went into hospital unexpectedly there should be an assessment of their memory. This was known as dementia case finding. CLAHRC researchers conducted a study to look at what impact this had on patients and the care they received.

Who?

Many older people admitted to hospital may have pre-existing dementia and sometimes this is undiagnosed.

Why?

The assumption behind dementia case finding was that it would lead to better planning of care and treatment for patients with dementia following discharge from hospital.

Background

Our study was based in the East of England. We interviewed hospital staff, General Practitioners and patients and their family carers. The aim was to look at how hospitals were implementing dementia case finding and what impact this was having on patients.

Findings

Healthcare professionals had contrasting views about the value of case finding in hospitals with hospital staff generally more positive than GPs. There was concern from some people we interviewed that the acute hospital setting might not be the best place to assess whether someone had dementia or not. Low priority from some hospital staff and varying approaches to case finding meant that the outcomes of dementia case-finding were often poorly reported to GPs. Most patients and carers were unaware that memory assessment had taken place. Overall, case-finding did not lead to GP follow up after discharge home or lead to referral for further investigation. Few services were started because of dementia case-finding in hospital.

Impact

This was one of the first studies to explore the views of health care professionals and patients on dementia case-finding in hospitals. The study made an important contribution to the debate about the value of dementia-case finding. It underlines the importance of more evidence-based approaches to the introduction of wide-spread policy initiatives such as dementia case finding. Dementia case-finding is no longer mandatory in England.

Reference

Burn A-M, Fleming J, Brayne C, Fox C, Bunn F. Dementia case finding in hospitals: a qualitative study exploring the views of healthcare professionals in English primary care and secondary care. BMJ Open 2018;8:e020521. doi:10.1136/ bmjopen-2017-020521

What is NIHR CLAHRC East of England?

The National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) East of England is a five year programme of applied health and social care research which focuses on the needs of people with complex problems, often vulnerable, when multiple agencies are involved in their care: young people, frail older people, those with dementia, learning disabilities, acquired brain injuries or mental ill health.

The CLAHRC East of England collaboration encompasses some thirty-six organisations, with research hubs in the Universities of Cambridge, Hertfordshire and East Anglia working closely with individuals and organisations involved in the whole care pathway.

Service users and carers are at the heart of what we do, in parallel with an ambitious public health research programme.
Co-production and collaboration at all stages of the research process are fundamental to making a positive impact through applied health research.

For more information about the study

https://www.clahrc-eoe.nihr.ac.uk/2014/03/the-cascade-study/

Email: Professor Frances Bunn f.bunn@herts.ac.uk
Dr Jane Fleming jane.fleming@php.cam.ac.uk