

Admiral Nursing in Primary Care

November 2020



Introduction

The prevalence of dementia in the UK has been increasing over many decades and this trend is set to continue. Alongside this, there has also been a policy focus on improving diagnosis rates and post diagnostic support. Although there is no cure for dementia, early diagnosis helps the person with dementia and their family to get the best treatments, support and plans in place as soon as possible. The NHS long-term plan has recognised failures in care provision for an ageing population, particularly people with dementia and their families, suggesting an increased focus on “out of hospital care”, in reach support into care homes and the need for wider primary care teams to allow for fully integrated community-based health care.

Primary care has a key role in identifying people with early signs of cognitive impairment, referring people on for specialist assessment when necessary and managing the health needs of the person with dementia and their family/carers through the different stages of their condition.

Dementia in the UK

- 850,000 people living with dementia in the UK - this number is expected to increase to 1 million by 2025 and 1.6 million by 2040
- Dementia is the leading cause of death in the UK, accounting for more than 12% of all deaths
- There are over 700,000 unpaid carers of people with dementia in the UK
- Dementia costs the UK economy about £35 billion (in 2019) - more than cancer and heart disease combined. Social care comprises 45% of these costs, and another 40% is from unpaid care

Admiral Nursing

Admiral Nurses are specialist dementia nurses working alongside families and professionals to support with:

- understanding the diagnosis, anticipating changes that might happen in the person with dementia’s personality and behaviour
- putting in place coping mechanisms to manage change, such as sleep disturbances, incontinence, false beliefs and delusions, as well as managing other complex health conditions

Admiral Nurses contribute to improving the quality of life for families and savings in health and social care systems by:

- sharing best practice with other clinical professionals
- intervening quickly when needed on a case-by-case basis, avoiding costly crises, reducing unnecessary hospital admissions and delaying entry into residential care
- co-ordinating health and social care services, to ensure the best care for the person with dementia and the best support for their family

Admiral Nurses are continually trained, developed and supported by Dementia UK.

However, as diagnosis rates rise, local dementia support services are reducing. Demand for care home and hospice places outstrips supply. More and more onus for support is being pushed towards GPs, who are already overstretched. At a time when primary care is under pressure, a proactive approach is required to manage the long-term health and social care needs of families affected by dementia.

Dementia UK

Dementia UK recognises there is a need for specialist support, not only for the **person living with dementia**, but also for the **families** and **professionals** providing care.

Dementia UK provides this specialist dementia support through Admiral Nurse services and has almost 300 Admiral Nurses in over 100 services - including community, hospice care, acute services, care homes, primary care settings and via a nurse-led Helpline and clinics.

Admiral Nursing in primary care

Admiral Nursing services within primary care settings operate in a multidisciplinary way to provide high quality, integrated, post diagnostic support and in doing so improve families experience of care.

Admiral Nursing services:

- deliver holistic and person-centred dementia care at a Tier 3 level, providing specialist support to families who are facing high levels of complexity
- provide professional supportive education and liaison to individuals and support services working in the field of dementia care across all aspects of service provision. They offer training, and supervision, to promote best practice in dementia care and are actively involved in the strategic design and development of services
- work closely with existing services and a key aim is to support greater integration and joint working of services for people with dementia and their carers

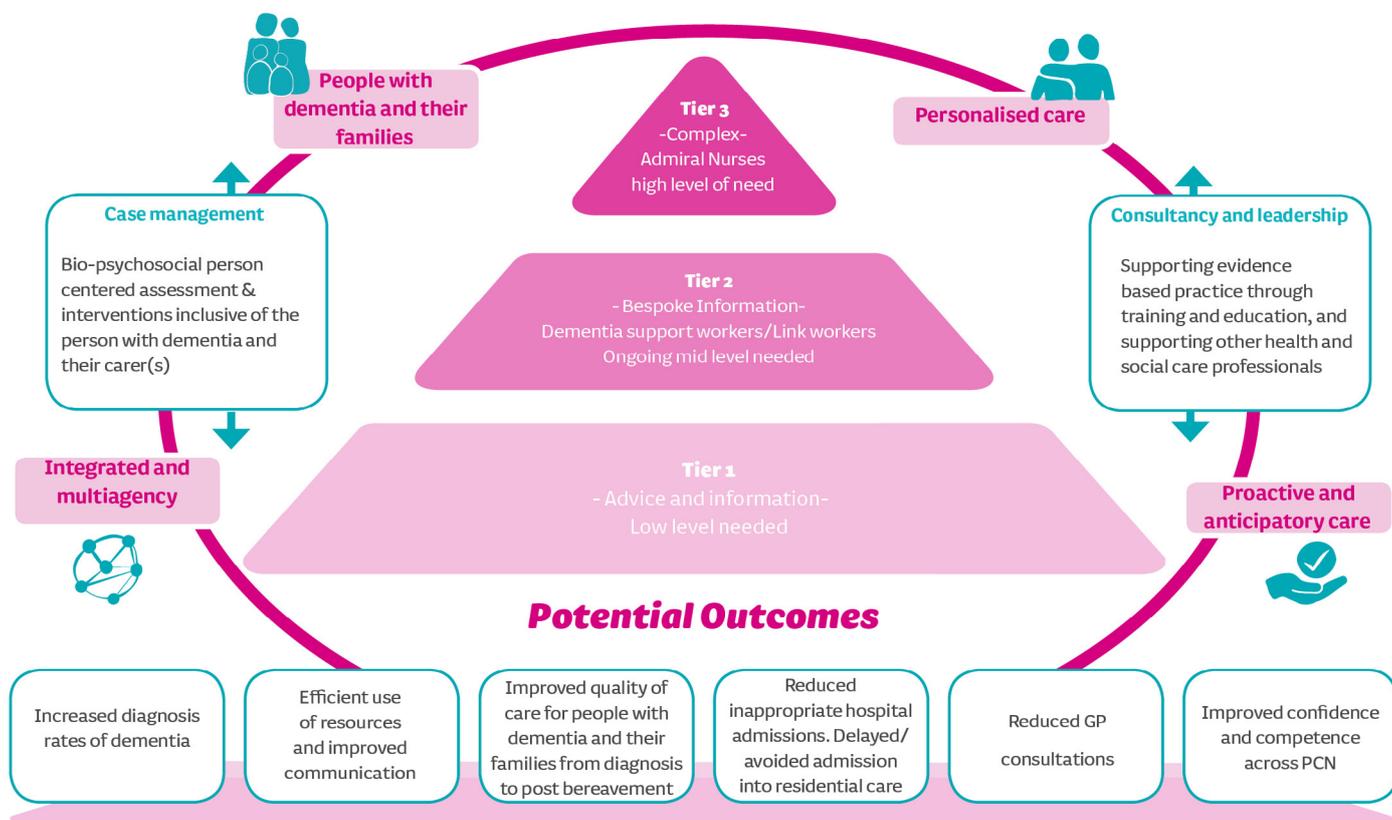
“[The] Admiral Nurse regularly attends our Practice MDTs which is invaluable to the practice, as it provides the much needed discussion about complex cases and ongoing patients that require discussion with the clinicians. New patients are introduced and complex patients discussed with a plan to move forward. Her presence is integral to ensuring the dementia patients and their families are supported well by all clinicians providing care including the Admiral Nurse.”

Professional Stakeholder talking about an Admiral Nurse working in primary care

The combined direct work with families, and the guidance and supporting best practice interventions, allows Admiral Nurses to deliver a system-wide approach to improve dementia care within primary care networks. This model is outlined in the illustration below:

ABC model applied to MDT or PCN locality working

(adapted from Aldridge et al.2019; Aldridge & Findlay 2015)



Potential outcomes for Admiral Nursing in primary care networks

The specialist skills and knowledge of an Admiral Nurse could be implemented to improve outcomes for people with dementia and their families and meet the requirements of PCN service specifications. Admiral Nurses have already been successful in improving the care for people with dementia and their families in primary care settings across the country. Some examples of Admiral Nurse roles contributing to outcomes are given below:

- Contributing to an increase in **dementia diagnosis** - in one practice with an Admiral Nurse this increased from 4.8%- 6%
- Having a key role in the **advance care plan** offer to dementia patients – in one service all dementia patients were offered advance care planning, and 88% had their preferred place of care recorded; in another service the Admiral Nurses supported ten families with end of life care and ensured Advance Care Plans were in place for families on the Admiral Nurse caseload
- Ensuring **regular reviews** of patients with dementia – in one service 100% people with dementia on the Admiral Nurse caseload were reviewed every four months
- **Supporting best practice** – in one service the nurses delivered 172 activities supporting best practice (including increasing knowledge of delirium in the community)

Professionals working in primary care settings

have reported that the Admiral Nurse services made a difference to:

- improving care for families
- improving quality of life for families
- enabling families to be included in decisions about care
- potentially reducing care home placements
- potentially reducing unplanned hospital admissions
- helping avoid crisis points
- increasing their understanding of dementia and its effects
- improving case management/ coordination for families affected by dementia
- increasing their confidence in assessing need for families affected by dementia

Carers accessing an Admiral Nurse in a primary care setting have reported that Admiral nurses made a difference to their:

- ability to take better care of the person they look after
- ability to influence or make important decisions about the care of the person they look after
- confidence in their ability to cope
- ability to take better care of themselves

Quality of life

An analysis of **442** completed Adult Carer Quality of Life questionnaires* from carers receiving Admiral Nurse support in community settings suggests that the interventions are having a positive effect. The AC-QoL mean total quality of life score increased from a baseline of **58.78** to **73.61** at review – two types of statistical tests showed this change to be **statistically significant** ($p < .001$).

“Since having an Admiral Nurse at the Practice dementia care has improved substantially. People have a point of contact to help deal with difficult situations and begin to feel the unmanageable can be managed. The benefits do not stop there, I have noticed a change in my workload: fewer appointments and home visits for patients with dementia. I used to wait for that crisis call on a Friday afternoon from a patient with dementia, not any more!”

GP talking about an Admiral Nurse working in their Practice

“[An Admiral Nurse] has worked with our doctors to identify families with a dementia diagnosis, and by advanced care planning has managed to improve care, removing in some cases the necessity for hospital admission.”

Professional stakeholder

“I received invaluable support from the Admiral Nurse in my role as sole carer for my husband who had Lewy body dementia. None of the other health professionals had the knowledge of that type of dementia that she did... I would not have been able to cope without her help.”

Carer

On the ‘Friends and Family Test’ all carers said they would recommend the service to someone they know who looks after a person with dementia

Improving dementia care in primary care networks

The combined direct work with families and the guidance and supporting best practice interventions with professionals allows Admiral Nurses to deliver a system-wide approach which can help to improve dementia care within primary care networks.

The policy context, the focus to reduce admission into acute/long term care, and the recognition that care needs to be provided within primary care networks, makes a case for the suitability of Admiral Nursing Services within this setting. The inclusion of Admiral Nursing offers an approach that can reduce the current fragmentation that exists for families affected by dementia and improves their experience and health outcomes.

Additional Roles Reimbursement Scheme – a case study from West Devon PCN

From July 2019 the majority of GP practices in England joined together to form around 1,300 PCNs creating the footprint for Integrated Care Systems (ICS) to develop community-based teams, with a focus on supporting local communities and getting to grips with health inequalities. There continues to be an opportunity to receive funding to employ additional staff under an Additional Roles Reimbursement Scheme (ARRS) to provide proactive and anticipatory care services to people with more complex needs.

The recent report Primary care networks - One year on: NHS Confederation PCN Network July 2020 - recommends that ARRS should be relaxed and PCNs should be able to use funding to recruit whichever roles they feel would be most appropriate to meet the needs of their local population. One PCN in West Devon has used this funding for an Admiral Nurse role – see case study.

Case Study

West Devon: ARRS Funding

Funding for the Admiral Nurse role within West Devon PCN has come via the **Additional Roles Reimbursement Scheme**. Given the flexibility for PCNs to use the funding to meet the needs of their population, they chose to adapt the Care Coordinator role to fit the Admiral Nurse Job Description.

The three GP practices have a strong relationship with the community team (Livewell) and together, they are a progressive and innovative PCN. They have been working together as a network for some time, as West Devon was one of the 'Primary Care Home' pilots. The Admiral Nurse is employed by Livewell – but the majority of referrals come via the GPs and they work very closely together. It means that the Admiral Nurse is well integrated with health and social care teams, District Nurse, Community Matrons, etc.