

# Covid-19 and Dementia

Prioritising Covid-19 Vaccination in those with Dementia

Keeping people out of hospital – Care planning and reducing unplanned admissions

The coronavirus pandemic has had a devastating and disproportionate impact on people living with dementia.

- **Significant excess deaths;** nearly double the number of people with dementia died in the first pandemic peak compared to deaths in previous years. Over a quarter of all the people who died from Covid-19 also had dementia and dementia was the leading cause of non Covid-19 deaths.
- **Detrimental effect of social isolation** leading to individual behavioural challenges, an increase in carer stress and increasing crisis and unplanned hospital admissions.

## What can we do next...

As we hit the next wave of the pandemic, it's clear that patients with dementia remain at risk. As the cracks in their support are exposed, this will inevitably lead to increased unplanned admissions and will challenge an already pressurised health and social care system.



# Prioritising Covid-19 Vaccination in those with Dementia

**Covid-19 has had a devastating impact on those with dementia and the vaccine is recommended to provide protection.**

The Joint Committee of Vaccination and Immunisation (JCVI) has outlined the priority groups to be vaccinated against Covid-19. Those with dementia are likely to fall in the higher priority groups and should be proactively supported to access a vaccine:

- 1) residents in a care home for older adults and their carers
- 2) all those 80 years of age and over and frontline health and social care workers
- 3) all those 75 years of age and over
- 4) all those 70 years of age and over and clinically extremely vulnerable individuals
- 5) all those 65 years of age and over
- 6) all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
- 7) all those 60 years of age and over
- 8) all those 55 years of age and over
- 9) all those 50 years of age and over



# Prioritising Covid-19 Vaccination in those with Dementia

## Gaining consent in those with dementia

- Before the vaccine is given, consent must be obtained from the person receiving it.
- If they are unable to give consent, then consent must be obtained via a 'best interest' decision (which is compliant with the Mental Capacity Act 2005).
- If a Lasting Power of Attorney (LPA) for Health and Welfare has been appointed they can make health decisions on their behalf, including whether they should receive vaccinations. The person's previous wishes should be taken into account.
- If there is no LPA for Health and Welfare in place, then healthcare professionals must make a decision in the person's 'best interests.' This is based upon their previous wishes and decisions as well as close consultation with friends, family members or anyone else who knows the person with dementia closely.
- All consent has to be documented and the government has provided templates for this ([resident](#), and [relative](#)).

## Further resources to support the vaccination programme

[Useful tips on the Covid-19 vaccine for people with dementia guidance](#) from RCPsych.

NHSE/I update which references access to general practice for non-digital patients (to the [Guidance and standard operating procedures – General practice in the context of coronavirus \(COVID-19\)](#)).

[Standard Operating Procedure \(SOP\) – Covid-19 local vaccination services deployment in community settings](#) The SOP applies to all providers who have been contracted to provide local vaccination services in community settings including at NHS sites (GP Practices, Community Pharmacies), non-NHS sites, care homes, and patients' own homes.



# Care planning and reducing unplanned admissions

**Preventing admissions with robust personalised care planning and clear treatment escalation plans (TEP) will benefit patients and the NHS.**

## Tips for Clinicians

- Prioritise annual Dementia reviews to ensure patients and carers are well supported. Reviews can be conducted remotely ([Dementia Care planning toolkit](#)).
- Develop a shared care [plan](#) with actions and contacts to avoid unplanned admission.
- Review medication to reduce polypharmacy for those at risk of falls ([Wessex AHNS Polypharmacy programme](#)).
- Consider using [Rockwood](#)/frailty tools to inform care plans.
- Discuss anticipatory care including ceilings of care and DNACPR.
- Encourage patients to nominate a lasting power of attorney or next of kin to shared plans.
- Continue with PCN Care home MDT to discuss residents with dementia.
- Link Dementia Advisors to patients/carers who may need increased support.
- Be aware of local community services to support deteriorating patients; District Nursing, SaLT, dementia advisors, social prescribers, social services, palliative care teams, CPN etc.
- Consider use of [FAST](#) tool to determine whether approaching EoL and inform care plans.
- Consider monitoring in the community with telemonitoring/O2 sats machines/care home in reach support teams/Covid-19 in reach support teams.
- Use [Wessex Diagnosis Toolkit](#) or [Diadem tools](#) to diagnose patients in care homes and make appropriate plans.
- Consider diagnosing patients in the community who may otherwise have a delayed diagnosis via MAS due to Covid-19 pandemic. Then develop care plans and links to appropriate support.



# Care planning and reducing unplanned admissions

## Tips for Care Homes

- Support those with dementia living in care homes and review residential care plans ([We Check Dementia Care toolkit](#)).
- Be clear on who to call for advice both in and out of hours and alternative treatment pathways rather than call 999.
- Be familiar with using the O2 sats, BP and thermometer to help assess patients and support in the care home.
- Know how to prevent and recognise [delirium](#).
- Know how to [manage covid outbreaks](#) in the home and where to get support.
- Engage with Care home MDTs to share care plans.
- Complete advance care [plans](#) and resuscitation plans.

## Tips for Informal Carers

- Be familiar with care [plans](#) and treatment escalation plans.
- Be familiar with contacts of key professionals to call on in times of crisis.
- Begin to participate in discussions on [ceilings of care](#) and DNACPR.
- Be self-aware of personal risk of carers [stress](#):
  - [Carers UK](#) / local Carers groups
  - [Dementia UK](#) helpline is open seven days a week, 9am-9pm Monday to Friday, and 9am-5pm on weekends. Telephone **0800 888 6678** or email [helpline@dementiauk.org](mailto:helpline@dementiauk.org)
  - [Alzheimer's Society](#):
    - Dementia Connect support line where trained advisors can provide advice and guidance. Telephone: **0333 150 3456**.
    - Dementia Talking Point is an online community for people affected by dementia.



# Care planning and reducing unplanned admissions

## Resources (signposting)

[Silverline](#) for people over 55; support helpline is open 24 hours a day, every day.  
Telephone: 0800 4 70 80 90

[Age UK](#) Information and advice; helpline is open 8am-7pm, every day.  
Telephone: 0800 678 1602

[Wessex Diagnosis Toolkit](#)

[Diadem Dementia Toolkit](#)

FAST toolkit to assess stages of [dementia](#)

Care home toolkit – [we check dementia care](#)

Dementia annual review – [care planning approach toolkit](#)

Unplanned admission Care [Plan](#) template and examples

[Keeping people with dementia out of hospitals leaflet](#) (Unforgettable)

