

Consultation on draft scope – deadline for comments **5pm on 5<sup>th</sup> August 2015**

Email: [Dementia@nice.nhs.uk](mailto:Dementia@nice.nhs.uk)

<b>Please note:</b>		Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline. <a href="#">Developing NICE guidance: how to get involved</a> has a list of possible areas for comment on the draft scope.	
<b>Stakeholder organisation</b> (if you are responding as an individual rather than a registered stakeholder please state name here):		Care & Repair England	
<b>Name of commentator</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):		Jane Minter	
<b>Comment No.</b>	<b>Page number</b> or <b>'general'</b> for comments on the whole document	<b>Line number</b> or <b>'general'</b> for comments on the whole document	<b>Comments</b>  Insert each comment in a new row.  Do not paste other tables into this table, as your comments could get lost – type directly into this table.
Example	3	55	The draft scope currently excludes people who have already been diagnosed. We feel this group should be included because....

1	General	General	<p>The Care Act 2014 defines well-being to include the suitability of living accommodation.</p> <p>It expects local councils to ensure the integration of care and support including housing. There is recognition that the suitability of living accommodation is a core component to enable people to live independently.</p> <p>As a result we ask that the guideline includes housing as an important consideration in the provision of health and social care for people with dementia and their carers.</p> <p>We make the following general points on the importance of considering housing alongside health and care</p> <ul style="list-style-type: none"> <li>• Many of the chronic health conditions people face are exacerbated by poor and inappropriate housing and can be alleviated by improving and adapting people's homes. This factor should be considered in the provision of health and social care interventions to support wellbeing</li> <li>• Whilst we would not expect social care and health practitioners to deal with housing issues per se we would argue that housing needs to be considered in any social care and health assessment and that staff need to know about the common housing issues and who to contact locally to ensure that people's housing circumstances are addressed in so far as they impact on a persons' wellbeing.</li> <li>• There is an expectation in the Care Act that housing factors are a part of an integrated assessment.</li> </ul>
2	General	General	<p>The guidance does not cover in any detail what happens after diagnosis and feels too focused on a health perspective and not on the social care issues for supporting people with dementia. This means that there are no issues and questions focused on assessing the needs of people with dementia for services and support following diagnosis nor any consideration of the types of services that support people with dementia. This is picked up later in comments about the key issues and questions</p>
3	1	Who the guideline is for – (no line no)	<p>Add that the guideline is for health, <b>housing</b> and social care staff</p> <p>Add in integrated health, social care and <b>housing</b> settings</p> <p>Add, in the last para, housing associations and private and <b>voluntary</b> organisations</p>
4	3	Section 1.3	<p>It would be helpful to explain what 'licensed indications' means and explain this first paragraph as it seems to sit poorly as the introduction to the areas covered since it is focused on one issue about medicines and patients?</p>
5	3	Managing dementia Section 1.3 point 5	<p>Would it be better to call this section managing and supporting dementia? Managing dementia does not sound very person centred in this context.</p>
6	4	After Section 1.3 point 5	<p>Add a new section</p> <ul style="list-style-type: none"> <li>• Support for the person with dementia to include assessment of needs, interventions and advice and information</li> </ul>

Please add extra rows as needed

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7	4	Section 1.3 point 6	We would like to add advice and information as a sub section
8	4	Section 1.3 point 7	Add integrated health, social care <b>and housing</b>
9	5	Section 1.5 point 3	Add training and development of health, social care <b>and housing</b> staff <ul style="list-style-type: none"> <li>amend question to say what models of training for health, social care <b>and housing</b> staff</li> </ul>
10	6	Section 1.5 point 5	Define what is suspected dementia? Is this a useful term?
11	6	Section 1.5 after point 8	Add a section on post diagnosis <ul style="list-style-type: none"> <li>what support and services are available after diagnosis?</li> <li>assessing the needs for support and services including housing interventions</li> <li>advice, information and advocacy to access support and services</li> </ul>
11	7	Section 1.5 point 15	Refer to the above point. There is this section on assessing the needs of carers but no section on assessing the needs of people with dementia. The guidance needs to cover both
12	7	Section 1.5 point 18	Add integrated health, social care <b>and housing</b> and also amend what experiences do health, social care <b>and housing</b> staff have?
13	8	Section 1.5 point 18	Add – how can a person’s home environment help to optimise independence and choice for people with dementia and their carers
14	8	Section 1.6	Amend 3 to health, social care and <b>housing</b> related quality of life
14	8	Section 1.6	Add <ul style="list-style-type: none"> <li>Wellbeing of person with dementia</li> <li>Independent living</li> </ul>

Add extra rows if needed

### Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, do not include attachments such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments.

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The

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