

Excluded: Procedure not routinely funded

Policy Statement 63: Non pharmacological services for dementia patients

**Date of Issue: December 2011(South Central Priorities Committee)
Ratified and adopted: April 2013**

The South Central Priorities Committee had considered the evidence for the non-pharmacological services for dementia patients specified below and made the following recommendations.

Caregiver training programmes (including Cognitive Behavioural Therapy) **may be commissioned** as part of an NHS funded memory service, as there is evidence that these are effective in reducing the probability of, or delaying the need for long term residential care for dementia patients. Such services are likely to be cost-effective if an appropriate service specification can be developed.

NHS funding for Cognitive Behavioural Therapy as part of routine treatment of dementia should be a **Procedure Not Routinely Funded**¹, as there is insufficient evidence of clinical or cost-effectiveness that it prevents or delays admission to residential care or improves quality of life for patients or carers.

This recommendation does not seek to restrict NHS funding for Cognitive Behavioural Therapy for the treatment of depression or anxiety in patients who have dementia if they have sufficient cognitive function to be able to benefit from Cognitive Behavioural Therapy.

For the treatment of dementia and symptoms associated with dementia, NHS funding for cognitive stimulation groups, music therapy, multisensory stimulation, physical exercise, reminiscence therapy and aromatherapy should be **Procedures Not Routinely Funded** as there is a lack of evidence that any of these interventions are clinically or cost effective in reducing or delaying the need for long term residential care or acute hospital admission.

NOTES:

1. Procedure not routinely funded formerly known as Low Priority/Procedure of Limited Clinical Value/Never Dos.
2. Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.
3. This policy will be reviewed in the light of new evidence or guidance from NICE.
4. Further information on policy statements is available from <http://www.fundingrequests.ccsu.nhs.uk/>