

*From the Minister of State
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Dear Colleague

**NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE :
CLINICAL GUIDELINE ON DEMENTIA SERVICES AND APPRAISAL OF DRUGS
FOR ALZHEIMER'S DISEASE**

On 22 November, the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) published a clinical guideline on the care and treatment of people with dementia, alongside NICE's technology appraisal on drugs for Alzheimer's disease. I know that many constituents will have written to you expressing concern about NICE's guidance on drugs for Alzheimer's disease. Now that the appraisal process has ended, I thought it would be helpful if I provided you with some clarity about NICE's guidance, as well the Government's plans for improving services for people with dementia.

NICE is a Special Health Authority set up to provide guidance for the NHS on the clinical and cost-effectiveness of drugs and other interventions to tackle ill health, or to promote better health. It is an independent organisation tasked with ensuring that recommendations on these difficult issues are made on the basis of the best available evidence, without political interference.

NICE originally issued technology appraisal guidance on the use of Aricept, Reminyl and Exelon for the treatment of mild to moderate Alzheimer's disease in 2001. As part of its published processes, NICE reviewed this guidance in 2004 and the new guidance on drugs for Alzheimer's has been published as a result. NICE carried out two public consultations during the course of the review and in addition sought further evidence from the drug companies in an effort to identify the groups of patients most likely to benefit. Finally, the appraisal was subject to a public appeal hearing over the course of two days. The process for developing this guidance has been very thorough, even by NICE's standards.

In its appraisal, NICE recommends three drugs - Aricept, Exelon and Reminyl - as an option for use in the treatment of moderate stage Alzheimer's disease only. A further drug, Ebixa, for moderately severe to severe Alzheimer's disease, is not recommended as an option unless it is being used as part of well designed clinical studies. NICE's guidance recommends that patients already receiving one of these drugs for either mild

or more severe Alzheimer's disease can continue on them until they, their carers and/or their clinicians feel it is appropriate to stop.

NICE took the decision to publish the results of its appraisal at the same time as the joint NICE / SCIE clinical guideline on all types of dementia, including Alzheimer's disease. The clinical guideline looks more broadly at health and social services for people with dementia and their carers. It sets out a number of important recommendations to improve these services. Some of the key recommendations contained within the guideline are:

- People with dementia should not be excluded from any services because of their diagnosis, age (whether designated too young or too old) or coexisting learning disabilities.
- Health and social care managers should ensure that the rights of carers to receive an assessment of needs as set out in the Carers and Disabled Children Act 2000 and the Carers (Equal Opportunities) Act 2004 are upheld.
- Carers of people with dementia who experience psychological distress and negative psychological impact should be offered psychological therapy, including cognitive behavioural therapy, conducted by a specialist practitioner.
- Health and social care managers should co-ordinate and integrate working across all agencies involved in the treatment and care of people with dementia and their carers, including jointly agreeing written policies and procedures. Joint planning should include local service users and carers in order to highlight and address problems specific to each locality.
- Memory assessment services (which may be provided by a memory assessment clinic or by community mental health teams) should be the single point of referral for all people with a possible diagnosis of dementia.
- Health and social care managers should ensure that all staff working with older people in the health, social care and voluntary sectors have access to dementia care training (skill development) that is consistent with their roles and responsibilities.

The NICE / SCIE clinical guideline development group, which included patient and professional representatives alongside other key stakeholders, was asked by NICE to set the conclusions of the appraisal of drugs for Alzheimer's disease in the context of wider dementia services. In relation to the role of pharmaceutical interventions in caring for people with Alzheimer's disease, the clinical guideline provides supplementary information to support clinicians in making an accurate diagnosis about the stage of Alzheimer's disease an individual has reached, for example if they have a

learning disability or if the patient has language difficulties because they have had a stroke. The NICE / SCIE clinical guideline on dementia should therefore be the first point of reference for clinicians and commissioners seeking guidance on the care and treatment of people with Alzheimer's disease or other kinds of dementia. The clinical guideline is available on NICE's website at www.nice.org.uk/guidance/cg42.

Last year the Department of Health issued guidance for older people's mental health services. Setting out the elements of a comprehensive service, *Everybody's Business* forms the cornerstone of an overall Department of Health programme to drive improvement in older people's mental health services. This document can be found at: <http://www.olderpeoplesmentalhealth.csip.org.uk/everybodys-business.html>.

The development of the NICE guidance has been a contentious and long running process. However, it has also been thorough and I believe that the clinical guideline provides a helpful context for the results of NICE's appraisal of drugs for Alzheimer's disease, highlighting the full range of health and social care services that should be available to support people with dementia, their carers and clinicians.



ANDY BURNHAM