

*Scottish Borders Health & Social Care
Integration Joint Board Audit Committee*



Meeting Date: 20 June 2022

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DEMENTIA DIAGNOSIS – UPDATE FOR IJB SCRUTINY COMMITTEE	
Purpose of Report:	To update the IJB Audit Committee on the current status of dementia diagnosis.
Recommendations:	The Health & Social Care Integration Joint Board Audit Committee is asked to: a) Note the update.
Personnel:	As detailed below.
Carers:	Not applicable.
Equalities:	Not applicable for this update paper.
Financial:	As detailed below.
Legal:	The IJB Strategic Implementation Plan 2018-22 notes that: <i>We will continue to increase appropriate GP referrals for people with dementia. Over the last year primary care colleagues have been alerted to the importance of referrals of people with a suspected diagnosis of dementia through a variety of means. Including at the November Medical Education session and a data cleansing process matching diagnoses known in mental health with the primary care dementia register. (Core Funding Investment)</i>
Risk Implications:	As detailed below.

Dementia Diagnosis – Update for IJB Scrutiny Committee

Author – Simon Burt, General manager

Date – 16th June 22

Situation

The IJB Strategic Implementation Plan 2018-22 notes that:

We will continue to increase appropriate GP referrals for people with dementia. Over the last year primary care colleagues have been alerted to the importance of referrals of people with a suspected diagnosis of dementia through a variety of means. Including at the November Medical Education session and a data cleansing process matching diagnoses known in mental health with the primary care dementia register. (Core Funding Investment)

This paper is an update for the IJB Audit Committee in relation to the above objective.

Background

It's firstly important to set out that Secondary Care Mental Health Services are reliant upon referrals from Primary Care i.e. GPs in order to provide a dementia diagnosis. There have been a number of initiatives looked at over the years to try to address the low referral rates from GP's to secondary care requesting a dementia diagnosis of patients. These include governmental requirements with financial incentives and projects in particular practices.

Historically, following the publication of Scotland's First Dementia Strategy (2010) and through the second Strategy (2013) there was a significant emphasis on improving the quality of care through earlier diagnosis and response. The HEAT target at this time required 50% of predicted prevalence.

The register was held in Primary Care, but working in collaboration with NHS Borders and Alzheimer's Scotland a number of initiatives were tried:

- Multiple sessions working with GP's to emphasise the importance of early diagnosis.
- A part-time GP was employed by NHS Borders specifically to assess and promote timely diagnosis of people suspected of having dementia but not needing to attend the GP – people identified by District Nurses, Pharmacy, Social Work.
- Liaison Nurses working in to community hospitals and BGH were supporting dementia diagnosis while an inpatient, whether by GP or medical Consultant.
- Liaison Psychiatry Nurses working into residential and nursing care settings promoting and supporting diagnosis with GP's.
- A trial memory clinic was established for a period at Kelso for GP's to refer people who did not require secondary care but for whom memory was a concern.
- The Delirium Clinic was established in the BGH for follow-up appointments of people post discharge to monitor cognitive function.
- An extensive programme of signposting and raising awareness was undertaken with Alzheimer's Scotland including Dementia Café's, supermarket stands and Pop-up Shops.
- GP's undertaking annual health checks would include a memory assessment.

Each of these had varying degrees of success, but the Scottish Borders never sustained the 50% of prevalence target.

Assessment

MHOAS (Mental Health Older Adults Service) have little jurisdiction in being able to increase the number of referrals for people with (or suspected of having) Dementia. Over the last 10 years there have been a number of initiatives put in place to try to address this challenge with little or no increase in outcome as detailed above.

In addition the data we are receiving nationally would suggest a lack of accuracy as the latest information from Scottish Government recent communication from Public Health Scotland States:

“Currently, the estimated and projected diagnosis rates for dementia in Scotland are only available for years 2014-2020. Therefore, the percentage of people estimated to be newly diagnosed with dementia who were referred for post-diagnostic support cannot be calculated for 2021/22 at this time.”

Government information on the development of predictions of diagnosis rates can be found in full at <https://www.gov.scot/publications/estimated-projected-diagnosis-rates-dementia-scotland-2014-2020/>

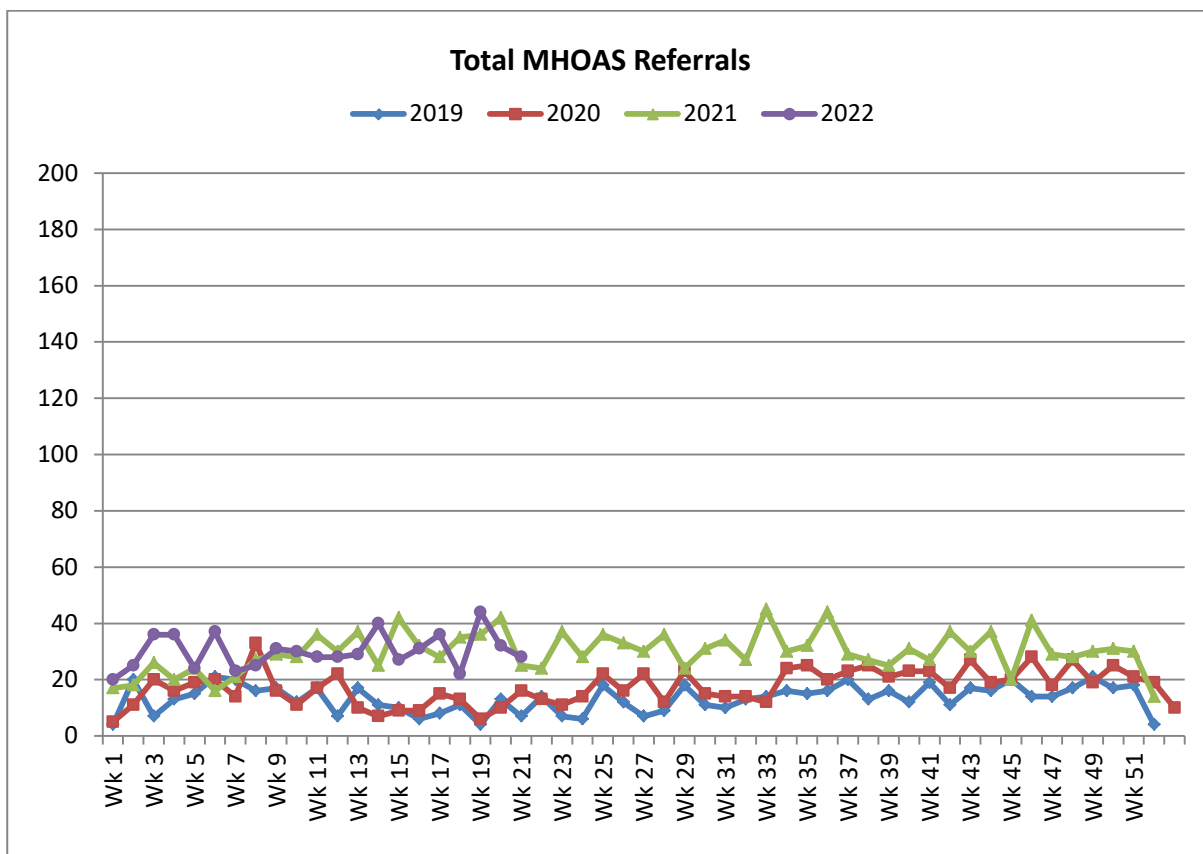
Like many parts of Scotland, Scottish Border has a low diagnostic rate in comparison to the figure predicted. However, as indicated in the table below that rate is not significantly different to the rest of the country with Scottish Borders sitting at the middle of the table from a percentage perspective..

Tab 5: by Health Board			
Financial Year of Diagnosis:	<input type="text" value="2019/20<sup>p</sup>"/>		
NHS Board	Estimated Number of People Newly Diagnosed with Dementia	Number of People Referred to PDS	Percentage of Estimated Number of People Diagnosed with Dementia Referred to PDS
NHS Ayrshire & Arran	1,516	645	42.5%
NHS Borders	511	204	39.9%
NHS Dumfries & Galloway	706	414	58.6%
NHS Fife	1,367	800	58.5%
NHS Forth Valley	1,055	419	39.7%
NHS Grampian	1,958	679	34.7%
NHS Greater Glasgow	3,636	1,578	43.4%

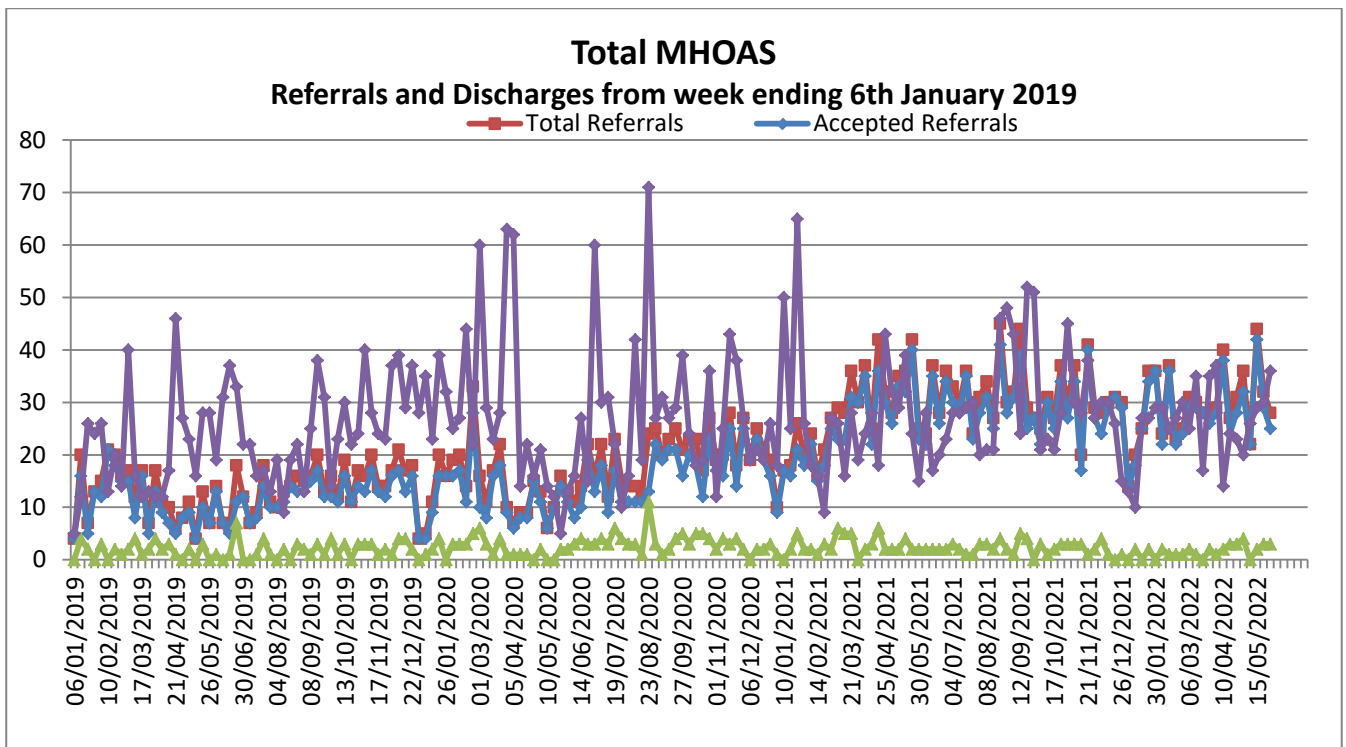
& Clyde			
NHS Highland	1,358	493	36.3%
NHS Lanarkshire	2,163	1,041	48.1%
NHS Lothian	2,722	1,186	43.6%
NHS Orkney	95	35	36.8%
NHS Shetland	84	58	69.0%
NHS Tayside	1,689	555	32.9%
NHS Western Isles	130	37	28.5%
Scotland	18,989	8,144	42.9%

Source: Estimated and Projected Diagnosis Rates for Dementia in Scotland paper: 2014-2020.

We are confident that we are currently assessing everyone referred for diagnosis with the first appointment being within 9 weeks of referral. The team offers nurse led clinics where we also undertake cognitive testing and report findings to senior medical staff before a diagnosis is given. The charts below demonstrate a consistency in referral to the service throughout the pandemic with some peaks at the end of lock down periods. These referral rates include new referrals for diagnosis, re-referrals for those with a diagnosis requiring specialist input, post discharge and functional illness.



The figure below showing data at 2/6/2022 (Not all referrals to the team will be for dementia diagnosis)



Recommendations

It continues to be challenging (without additional resources) to increase the flow of referrals for diagnosis. We are reliant on primary care prior to referral to:

- Identify those experiencing cognitive decline
- Ruling out physiological causation for presentation of confusion
- Carrying out physical screening (bloods etc)

The Scottish Government currently asks that we provide data on the delivery of PDS as indicated in the tables within this paper. What we could improve is our reporting of the actual number of diagnosis locally compared to the anticipated prevalence rates nationally. To that end we will:

- Develop EMIS reports to demonstrate the number of new diagnosis of dementia to then compare and demonstrate the number and % of patients receiving PDS (not all patients chose to receive PDS)

We have recently been awarded additional funding to focus on Post Diagnostic Support. We will be recruiting an Advanced Nurse Practitioner post and part of their role will be to work with the Dementia Nurse Consultant to:

- Draw up an engagement/awareness raising plan with GP practices with the aim of increasing referrals for dementia diagnosis

Primary care colleagues have advised the following recommendations:

- Early involvement with GPs as key stakeholders on development of Dementia Strategy. Including invitation to Vision and Outcomes setting workshop.
- Presentation at GP MEET and GP Sub (education).

- Follow up with GP Clusters (referral numbers regularly shared with groups) and opportunity to gain feedback on service
- Link with Community Link Workers to encourage uptake and Social Prescribing to promote referral to the service