

Governing Body

28 September 2016

Details	Part 1		Part 2		Agenda Item No.	6	Appendix a
Title of Paper:	Progress on implementing the new pathway for assessing, diagnosing and managing non-complex cognitive impairment/dementia in Bury and performance on dementia measures.						
Board Member:	Dr Jeff Schryer, Clinical Lead						
Author:	Barbara Wright, Commissioning Manager						
Presenter:	Dr Jeff Schryer, Clinical Lead						
Please indicate:	For Decision		For Information		x	For Discussion	

Executive Summary

Summary	<p>The aim of this paper is to brief Governing Body on:</p> <p>1. Bury CCG's progress on developing and implementing a new pathway and Local Commissioned Service to assess, diagnose and manage 'non-complex' cognitive impairment/dementia in primary care without a referral to the specialist Memory Assessment Service (MAS).</p> <p>Aims of the new pathway include:</p> <ul style="list-style-type: none"> • Provide timelier, accurate diagnosis of dementia. • Provide better clinical and post diagnostic support. • Reduce the number of referrals for diagnosis of dementia to the MAS. • Enable the MAS to focus its resources and skills on care for people with complex dementia and on providing support for practice clinicians who are uncertain about a diagnosis or management plan. • Improve the rate of diagnosis. • In the long term, reduce the number of hospital attendances for people with dementia in crisis by providing improved post diagnostic support. <p>Following approval from Clinical Cabinet, Primary Care Co-Commissioning Committee and the Local Medical Committee in March 2015, a Local Commissioned Service was introduced to embed the new pathway in primary care.</p> <p>2. Bury's strong performance against a range of dementia care measures, published by the Health and Social Care Information Service; the Greater Manchester dementia group - Dementia United; NHS Right Care and Pennine Care NHS Foundation Trust:</p> <ul style="list-style-type: none"> • Prevalence is now 14th highest in England with 86% of people expected to have dementia diagnosed. This is a huge increase on March 2014 when 56% were diagnosed (using previous methodology). • The number of referrals to the specialist Memory Assessment Service (MAS) and the time taken by the MAS to assess and diagnose have decreased significantly since implementation of the new pathway. • Bury CCG has the best (lowest) rate of admissions of people diagnosed with dementia at 42.5 vs 54.5 per 1000 for GM overall. Rates of readmissions and
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	length of stay also compare favourably with GM peer organisations.				
	<ul style="list-style-type: none"> On eight out of ten measures displayed in the recently published Right Care Dementia Atlas, Bury's performance is better than the average for England. The measures cover the spectrum of care from preventing to diagnosing, living well, care reviews and dying. 				
Risk	High		Medium	x	Low
	<p>Assessing, diagnosing and managing people with dementia can be time consuming for practice staff, and there will be turnover of trained Dementia Clinical Leads within practices. Therefore, to deliver an equitable, high quality service for Bury's population, in the short to medium term it will be necessary to continue to provide support for practices through:</p> <ul style="list-style-type: none"> Schemes such as Local Commissioned Services Education and peer support programmes. 				
Recommendations	Governing Body is asked to note the contents of this briefing.				

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	x
To deliver service re-design in priority areas through innovation	x
To develop primary care to become excellent and high performing commissioners	x
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	x
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	x
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	x
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	x
Equality Analysis Assessed?	x Supports NHS Bury CCG Governance arrangements

Progress on: implementing the new pathway for assessing, diagnosing and managing non-complex cognitive impairment/dementia in Bury and performance on dementia measures

1. Background and Introduction

During 2014/15 a new pathway was developed by a wide stakeholder group under which the assessment, diagnosis and management of people with 'non-complex' cognitive impairment/dementia would be undertaken by Bury practices without referring to the specialist Memory Assessment Service (MAS), which is provided by Pennine Care NHS FT (PCFT).

The main aim of the redesign was to implement a clinically integrated pathway where care for people with non-complex dementia became part of the mainstream work undertaken by practices, in partnership with various other services provided by the statutory and voluntary sectors, enabling earlier social and community support for people with suspected or diagnosed cognitive impairment.

1.1 Objectives of the new pathway:

- Provide timelier, accurate diagnosis of dementia.
- Improve the quality of life by providing better clinical and post diagnostic support.
- Reduce the number of referrals for diagnosis of dementia to the MAS.
- Enable the MAS to focus its resources and skills on care for people with complex dementia and on providing support for practice clinicians who are uncertain about a diagnosis or management plan.
- Improve the rate of diagnosis.
- In the long term, reduce the number of hospital attendances for people with dementia in crisis by providing improved post diagnostic support.

1.2 What does the pathway entail?

Under the new pathway, practices can diagnose the majority of cases of dementia; including undertaking and recording initial assessments and undertaking diagnostic tests (including Montreal Cognitive Assessments (MOCA) and imaging).

For many patients (with non-complex dementia), primary care clinicians are expected to manage their patients along the whole pathway in the same way as other long-term conditions.

Where diagnosis is uncertain practices can seek advice from the MAS and refer patients diagnosed with 'complex' dementia to the MAS.

Practices refer newly diagnosed patients to the Dementia Adviser Service (DAS) for post diagnostic support and to the Carers Support Service where relevant.

1.3 Summary of actions taken during 2014/15 and 2015/16 to support implementation of the piloting of the pathway

- As part of the '£5 per head' Local Enhanced Scheme (LES), each practice nominated a named Dementia Clinical Lead, whose role included attending a series of four education workshops to provide him/her with clinical skills plus knowledge of NHS, LA and voluntary support services.
- A prevalence target of 77% was included in the Nov 15 - March 16 extension to the '£5 a head scheme'.
- Practices were given direct access to diagnostic scans.
- Direct referral to the Dementia Adviser Service (DAS) was introduced for the newly diagnosed.
- A template to guide practice staff through the assessment, diagnosis and management processes, with links to appropriate referral forms was installed on all practices' 'Vision' clinical systems.
- A Bury specific patient information leaflet (the Bury Dementia Guide) was produced and circulated.

- Making Space (third sector organisation) was funded through the Mental Health Investment Fund to deliver a Learning Times Initiative (LTI) aimed at making all practices and their staff 'Dementia Friendly'.

2. Progress on implementing the new pathway

2.1 Evaluation of the pathway

An early evaluation of the first few months of implementation of the pathway undertaken during December 15 - January 16 found evidence of significant progress by practices, a reduction in referrals to the MAS, positive feedback from service users/carers/secondary care and the DAS, as well as support from clinicians for continuing to build on the skills they have already gained through education and experience.

However, practice Dementia Clinical Leads pointed out that this work is very time consuming both for themselves and for other practice staff and therefore is resource intensive. In addition, there is a need to continue to provide ongoing educational support.

2.2 Local Commissioned Service

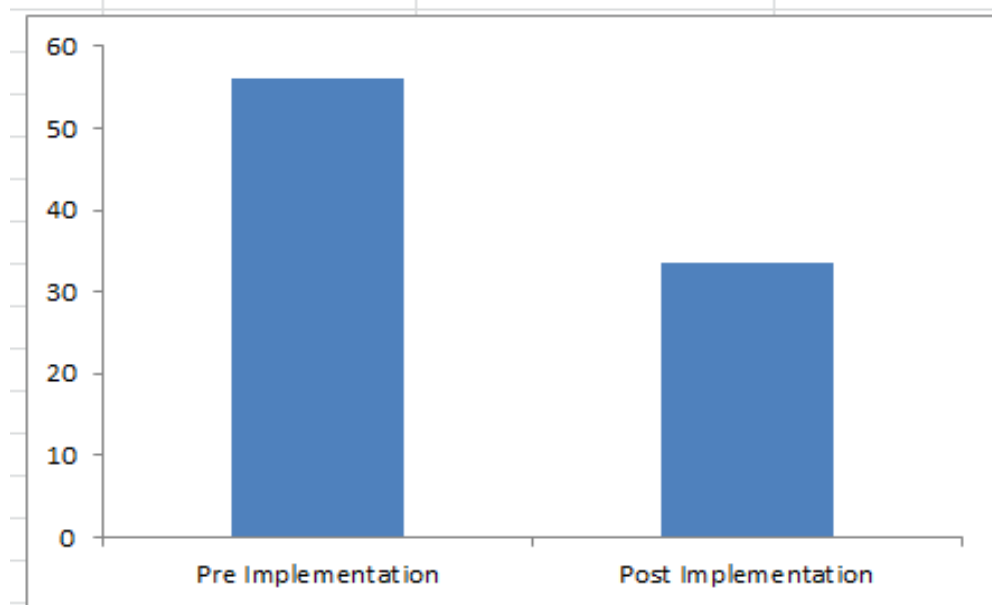
To further embed the pathway and build on skills gained in the last 2 years, a Local Commissioned Scheme (LCS), funded through the Mental Health budget, commenced in June 2016 for 2016/17. This includes a package of education and peer review sessions.

25 practices out of 31 (81%) are participating in the LCS currently; discussions are planned to further increase the proportion and/or discuss with interested practices opportunities for joint working practices.

3. Impact of new pathway on referrals to the Memory Assessment Service

3.1 The number of referrals per month to the MAS has decreased by 40% (from 56 to 34) since implementation of the pilot of the new pathway.

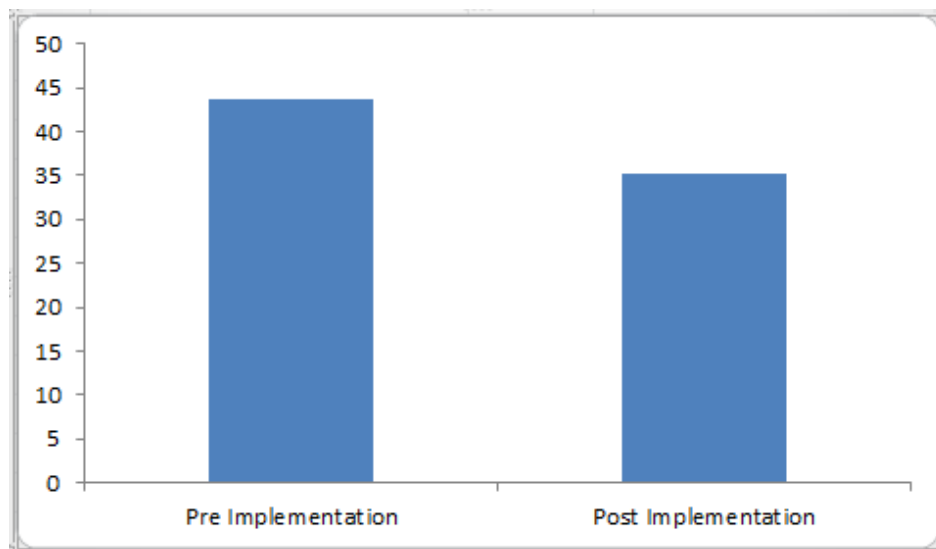
Memory Assessment Service - Average Number of Referrals Per Month
Comparison of Pre vs Post Implementation - April 14 - March 15 vs April 15 - June 16



Source: PCFT Performance Reports

3.2 The time taken to assess new referrals by the MAS has decreased by 20% (from 44 days to 35) since implementation of the pilot of the new pathway.

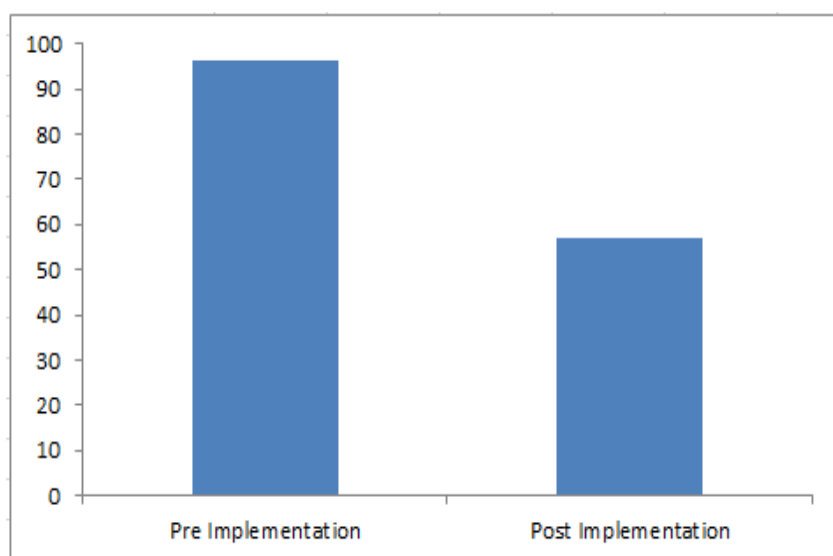
Memory Assessment Service - Average Length of Time from Referral to Assessment Comparison of Pre vs Post Implementation - April 14 - March 15 vs April 15 - June 16



Source: PCFT Performance Reports

3.3 The time taken to diagnose new referrals by the MAS has decreased by 41% (from 96 days to 57) since implementation of the pilot of the new pathway.

Memory Assessment Service - Average Length of Time from Referral to Diagnosis Comparison of Pre vs Post Implementation - April 14 - March 15 vs April 15 - June 16



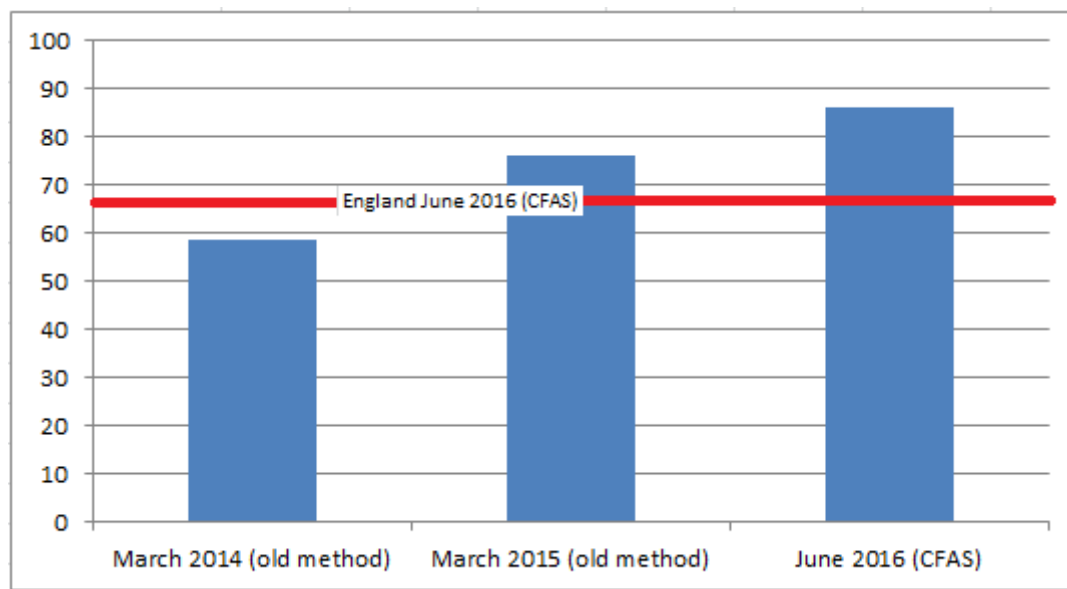
Source: PCFT Performance Reports

4. Prevalence of Dementia

Bury has the 14th highest prevalence rate in England out of 209 CCGs. In June 2016 - 86% of people aged over 65 expected to have dementia in Bury have been diagnosed. (The England average is 67 %.)

This is a further increase on March 2015 (76% all ages, using old methodology) and is a huge increase on March 2014 (when the rate was 59% all ages, using old methodology).

Diagnosis as a Percentage of Number Estimated to have Dementia



Source: HSCIC

Focus is being maintained on timely diagnosis via the new pathway/LCS and the accompanying education and communications programmes.

5. Greater Manchester Dementia United Baseline Report

The new Greater Manchester (GM) group – Dementia United produced an initial report in July 2016 providing an overview for key measures related to dementia. This report shows that Bury is performing well when compared to the other 11 CCGs in GM across a range of measures, including:

- **Rate per 1000 dementia population with an admission with dementia:**
Bury CCG has the best (lowest) rate at 42.5 vs 54.5 per 1000 for GM overall.
- **Average length of stay of admissions to hospital for patients with dementia:**
Bury patients stay on average 11.1 days vs 12.7 days overall in GM. This is 5th best (lowest) in GM.
- **Proportion of admissions with dementia that are readmissions within 30 days**
Bury has the second best (lowest) proportion of dementia patients readmitted within 30 days with 16.2% compared to 18.7% in GM overall
- **Estimated rate of dementia diagnosis (see section 5 above).**
In June 2016, Bury had the 14th highest rate in England and 4th highest rate in GM.

6. NHS Right Care Dementia Atlas

NHS Right Care launched a new national dementia atlas in August 2016 showing performance against a range of measures for CCGs around England. It can be viewed at: <https://shapeatlas.net/dementia/>

Bury's performance is better than the average for England in eight out of ten measures, reflecting early assessment and diagnosis and effective management in primary care (see Table 1 below).

Table 1

Area	Measure	Bury	Best in England	Worst in England	Bury Better than Average Yes/No
Preventing	Smoking prevalence	18.9%	12.3%	27.1%	No
	Hypertension prevalence	13.4%	7.8%	18.4%	Yes
Diagnosing	Blood tests recorded in newly diagnosed	77.2%	67.3%	86.6%	Yes
	Dementia prevalence 65+ recorded	5.1%	5.6%	3.0%	Yes
	Dementia prevalence all ages recorded	0.9%	1.5%	0.3%	Yes
Supporting well	People using inpatient services as a ratio of recorded diagnosis	43.1%	16.3%	79.4%	Yes
	Emergency admissions rate per 100,000	3299	1840	6046	Yes
Living Well	Care reviewed in last 12 months	82.7%	85.8%	49.3%	Yes
Dying well	Rate of mortality aged 65+ with dementia recorded	967	441	1617	No
	Death in usual place of residence	73.9%	83.1%	33.9%	Yes

Source: Right Care Dementia Atlas

7. Developments for 2016/17 and onwards

During 2016/17 and onwards the CCG is:

- Providing education and peer review sessions for Dementia Clinical Leads, supported by the Consultant Psychiatrists at Pennine Care's MAS. Where necessary, education will be put in place for newly appointed leads, so that the pathway is robust. In the future, education will be mapped against new national training standards so as to address any gaps.
- Planning to discuss with interested practices opportunities for joint working practices.
- Linking with the Local Authority and with third sector organisations on the developments on making Bury a 'Dementia Friendly' town and on delivery of post-diagnostic dementia care and support.
- As part of work on making Bury a 'Dementia Friendly' community, during the next few months the CCG, in conjunction with partner organisations, will be looking at developing ways of empowering service users and carers so that they:
 - Are aware of existing self help and support groups and events in the borough
 - Know how to access and participate in existing self help/support groups/events
 - Are encouraged to and are able to set up their own support groups/events.
- Linking with Local Care Organisation (LCO) development.
- Working to influence the new models of care promoted by GM Devolution/Dementia United.
- Planning to continue to evaluate of the current model of care to inform continuous improvement.

8. Recommendations

Governing Body is asked to note the contents of this briefing.

Barbara Wright
Commissioning Manager
Bury CCG
September 2016