

Briefing note for: West Berkshire Health Overview Scrutiny Committee

Subject:	Dementia briefing
Date/Time:	Tuesday 13 June 2023 1:30pm
Attendees:	<p>Lead presenters: Sara Johnson - Dementia Service Lead, Berkshire Healthcare Foundation Trust Heather Howells - GP Clinical Lead - Mental health, dementia and learning disabilities - Berkshire West, ICB</p> <p>In attendance: Lajla Johansson - Lead for All Age Mental Health, LD, Autism and SEND, BOB ICB Theresa Wyles Divisional Director Mental Health Berkshire Healthcare NHS Trust</p>
Location:	Virtual
Contact:	Lajla Johansson lajla.johansson@nhs.net

1. Purpose (of meeting)

To provide an update on the work underway to improve awareness and diagnosis of Dementia within West Berkshire.

2. Context – Dementia Diagnosis Rates and waiting times.

Wokingham and Newbury have the highest memory clinic referrals across East and West Berkshire. Newbury have historically had the longer waiting times - this has been due to a combination of factors including staffing issues, speciality doctor sickness and the memory clinic processes. There is work underway to streamline part of the process for example, efficient use of memory clinic nurses and looking at the skill mix within the teams. There are now some freed resources for skill mix within the memory clinic service.

Memory clinic waiting times – current position.

West Berkshire	Apr '23
Number of Referrals	39
Number of Accepted Referrals	39
Number of Patients Waiting for First appointment	187
Number of Patients Seen for a First appointment	23
Number of Patients diagnosed with Dementia	23
Number of Care Home Patients waiting for a First appointment	5
Average (mean) Wait time of Patients who were seen (weeks)	19.1
Longest Wait time of Patients seen (weeks)	39.2

Reading		Apr '23
Number of Referrals		29
Number of Accepted Referrals		28
Number of Patients Waiting for First appointment		69
Number of Patients Seen for a First appointment		50
Number of Patients diagnosed with Dementia		9
Number of Care Home Patients waiting for a First appointment		5
Average (mean) Wait time of Patients who were seen (weeks)		7.7
Longest Wait time of Patients seen (weeks)		35.9
Wokingham		Apr '23
Number of Referrals		27
Number of Accepted Referrals		27
Number of Patients Waiting for First appointment		59
Number of Patients Seen for a First appointment		40
Number of Patients diagnosed with Dementia		34
Number of Care Home Patients waiting for a First appointment		0
Average (mean) Wait time of Patients who were seen (weeks)		8.2
Longest Wait time of Patients seen (weeks)		13.4

Referrals year on year

Reading	Jan '22	Feb '22	Mar '22	Apr '22	May '22	Jun '22	Jul '22	Aug '22	Sep '22	Oct '22	Nov '22	Dec '22	Jan '23	Feb '23	Mar '23
Number of Referrals	37	52	40	39	58	41	41	56	45	45	48	42	55	39	54

West Berkshire	Jan '22	Feb '22	Mar '22	Apr '22	May '22	Jun '22	Jul '22	Aug '22	Sep '22	Oct '22	Nov '22	Dec '22	Jan '23	Feb '23	Mar '23
Number of Referrals	43	53	44	41	63	81	60	46	67	78	60	59	45	31	53

Wokingham	Jan '22	Feb '22	Mar '22	Apr '22	May '22	Jun '22	Jul '22	Aug '22	Sep '22	Oct '22	Nov '22	Dec '22	Jan '23	Feb '23	Mar '23
Number of Referrals	50	38	32	37	39	50	47	47	47	31	58	45	53	51	45

There are some referral peaks particularly within West Berks combined with increased complexities of cases such as multifaceted safeguarding which also impacts on the general picture with resources needed in Community Mental Health Teams and Home Treatment Teams. Referral of diagnosed dementia patients also takes up memory clinic resources and we are collating figures on this at present.

Waiting times in all areas have improved since we moved from the shared care protocol in 2020. This has meant that annual reviews have been steadily reducing, resulting in freed capacity to undertake initial assessments.

The teams also report that the Memory Service National Accreditation Process (MSNAP) takes time away from Memory Clinic (MC) assessments - Frimley and BOB have withdrawn from MSNAP. We have requested additional resource to support the process as some areas are keen to continue.

Dementia Diagnosis Rates

Dementia Diagnosis Rates (age 65 years and over)

ICS/STP	Organisation	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Sparkline	Last Mth DoT	Variance
South East	England	62.7	62.7	62.7	62.6	62.6	62.7	62.6	62.9	62.5	61.8	62.0	63.0		↑	0.15
	BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST ICB	59.6	59.6	59.5	59.8	60.0	60.2	60.1	60.5	60.0	59.6	59.7	60.2		↓	-0.24
	FRIMLEY HEALTH & CARE ICB	65.9	65.8	65.7	65.7	65.5	65.6	64.7	65.5	65.0	64.8	65.6	67.2		↑	1.77
	HAMPSHIRE AND THE ISLE OF WIGHT ICB	62.3	62.0	61.9	61.9	62.0	62.0	61.5	62.2	61.4	60.1	60.2	60.7		↓	-1.46
	KENT AND MEDWAY ICB	58.9	59.3	59.4	58.8	58.9	58.8	58.6	58.9	58.5	57.7	57.8	58.1		↓	-0.81
	SURREY HEARTLANDS HEALTH & CARE PARTNERSHIP ICB	64.6	64.8	64.8	64.6	64.7	64.9	64.9	65.0	64.7	64.4	64.8	65.2		↑	0.15
	SUSSEX HEALTH AND CARE PARTNERSHIP ICB	61.4	61.7	61.7	61.7	61.7	61.8	62.1	62.0	61.3	61.5	62.8			↑	0.69
	NHS Berkshire West CCG	60.3	60.3	60.4	60.3	60.5	60.8	61.1	61.7	61.3	60.9	61.5	62.5		↑	0.87
BOB STP	NHS Buckinghamshire CCG	57.0	57.2	56.5	57.3	57.3	57.4	56.8	57.0	56.8	56.4	56.2	56.8		↓	-0.22
	NHS Oxfordshire CCG	61.2	61.1	61.2	61.4	61.8	62.1	62.0	62.5	61.7	61.3	61.2	61.5		↓	-0.95
FRIMLEY HEALTH ICS	NHS Frimley CCG	65.9	65.8	65.7	65.7	65.5	65.6	64.7	65.5	65.0	64.8	65.6	67.2		↑	1.77
HIOW STP	NHS Hampshire, Southampton and Isle of Wight CCG	61.6	61.4	61.3	61.1	61.2	61.2	60.9	61.7	60.9	59.7	59.7	60.2		↓	-1.42
	NHS Portsmouth CCG	69.2	69.8	69.6	70.4	71.2	71.1	67.5	67.6	66.1	65.3	65.9	65.8		↓	-1.79
KENT AND MEDWAY STP	NHS Kent and Medway CCG	58.9	59.3	59.4	58.8	58.9	58.8	58.6	58.9	58.5	57.7	57.8	58.1		↓	-0.81
SURREY HEARTLANDS HCP STP	NHS Surrey Heartlands CCG	64.6	64.8	64.8	64.6	64.7	64.9	64.9	65.0	64.7	64.4	64.8	65.2		↑	0.15
SUSSEX HEALTH AND CARE PARTNERSHIP ICS	NHS Brighton and Hove CCG	67.6	67.5	65.2	65.7	65.6	65.3	65.8	65.8	65.8	66.2	65.7	66.8		↑	0.94
	NHS East Sussex CCG	62.1	62.1	62.5	62.2	62.1	62.0	61.7	62.0	61.9	61.1	61.3	62.0		↓	-0.03
	NHS West Sussex CCG	59.8	60.3	60.4	60.5	60.6	60.8	61.0	61.5	61.3	60.5	60.7	62.6		↑	1.13

The Dementia Diagnosis Rate (DDR) is a national ambition to raise the rate of diagnosis. The DDR is calculated by comparing recorded diagnosis to estimated dementia prevalence - that is the dementia diagnosis rate indicator compares the number of people thought to have dementia with the number of people diagnosed with aged 65 and over. The target is for at least two thirds (66.7%) of people with dementia to be diagnosed.

Our DDR is in line with other services across the system. Although we remain below the National target, we have seen a steady improvement for Berkshire West (increase of 0.15) and we are the highest performing DDR across the BOB system currently. Some of the improvements have been a targeted focus at Wokingham Memory Clinic with some additional medic covering and the Data production worker who has identified cases of diagnosed dementia not on the QOF register. Our data production initiative has been steadily aligning the Rio/connected care register (across East and West Berkshire) and at the start of the project identified 400 diagnoses not on connected care, compared to 35 diagnoses at the last run.

Primary Care have also utilized an initiative with The Arden template (case searching) which was sent to surgeries to identify patients on particular medications which are checked against their records i.e. cholinesterase inhibitors indicating dementia.

Challenges of DDR

The DDR is based on estimated dementia prevalence in those aged 65+ which is dynamic and changes month by month (based on GP population) due to; deaths in the older population, people turning 65 in the month, people who have moved into other areas (ie care homes). Therefore, to improve the DDR monthly, new diagnosis need to exceed the number of losses.

Primary care and the DDR

- GPs screen people attending for Long Term conditions (LTC) reviews (60% of those with dementia have three or more LTC)
- GPs can identify early cognitive decline.
- GPs refer to Memory Services to confirm a diagnosis.
- GPs can diagnosis patients who are living in care homes.
- GPs ensure correct coding following a diagnosis.
- Work as a PCN to improve diagnosis.

Key areas to support DDR include:

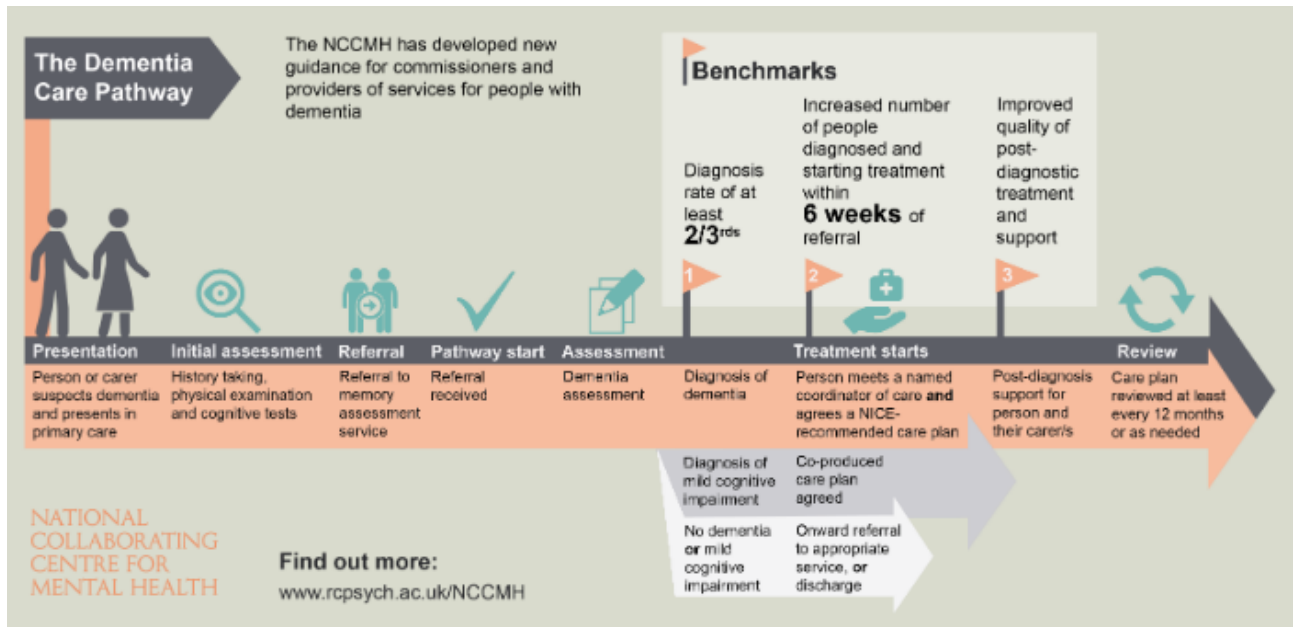
Stakeholder and public education: to highlight early diagnosis and remove fear and stigma.
Primary care: directly identify those who are presenting with concerns with memory.
Acute Trusts: 25% of patients in hospitals from an unplanned admission have dementia.
Care homes: 70% of residents living in care homes have dementia.
Memory Assessment Services

Shared protocol

There was initially some push back from GP's re memantine prescribing but these have been ironed out. Primary care continues to offer annual reviews.

Forums and discussions across BOB have fallen off in recent times (due to changes in CCG), however we have reached out to the dementia lead in Oxford and have suggested that we restart these meetings.

Patient journey/pathway



There have been no changes to the dementia pathway and the Dementia long term plan focuses on primary prevention and coordinated care and Trust collaboration.

Dementia – Long term plan

Carers support

- Evidence based interventions for carers

Primary care networks

- Improve dementia diagnosis pathways
- Improve diagnosis in frail/housebound
- Monitoring equipment

Other considerations

- Primary **prevention** – what’s good for your heart is good for your head
- Transforming **outpatients** – difficulties for people with dementia to attend
- **Stroke** rehab – ensure dementia diagnosis is embedded in pathway
- **Waste** reduction – streamlining memory service pathways
- **Volunteers** – specific support / training
- **Workforce** training – use national Dementia Standards

Getting people home without unnecessary delay

- People with dementia stay in hospital twice as long as other older people
- Support delayed discharges for people with dementia

“We will go further in improving the care we provide to people with dementia and delirium, whether they are in hospital or at home”

Reducing unwarranted variation

- Targeted work on some CCGs to improve diagnosis rates
- Memory service audits
- BAME groups
- NICE guidance implementation – access to post-diagnostic treatment and support
- Work to reduce discrimination against the oldest old

Community MDTs

- Equitable access for people with dementia
- Staff training in dementia/personalised care delivery

Joined up coordinated care and inter Trust collaboration

- Integrated working: neurology, neuroradiology and psychiatry in assessment of young onset dementia and Parkinson’s Disease Dementia
- Personalised care planning and care coordination
- **Digital** - CMC

Care homes

- Improve diagnosis rates and advance care planning
- Support new models of treatment – specialist intervention for behavioural and psychological symptoms -as well as primary care models

Support after diagnosis

Patients are referred to cognitive stimulation therapy and carers are referred to the understanding dementia course. All localities have been running a combination of online and face to face events. Wokingham are trialling a specific post diagnostic worker, and this is working well in terms of bridging onwards. We have good links to Alzheimer’s Society UK, Age UK and the YPWD charity.

Future of dementia care

There are several initiatives potentially on the horizon one being the beta amyloid biomarkers where dementia can be identified and diagnosed at a very early stage. This may mean that patients can request tests even before symptoms have begun or in the early stages of cognitive impairment. This may impact on the memory clinic process and current testing, and we are engaging with Memory Services nationally.

Lecanemab is a new amyloid beta-directed antibody medication which has shown a small but significant effect in reducing cognitive decline. It is given via intravenous infusion and has been approved for medical use in the USA so we are waiting to hear more on this.

There are opportunities within Additional Roles Reimbursement Schemes and care co-ordinators in practices to support carers and access social services for patients with worsening dementia who would not benefit from referral back to the memory clinics. There may be some work with MICHS to look at avenues for carer support as it is often carer burden and stress which results in acute admission to hospital for patients. The Community Mental Health Teams offer psychological support and education for carers, but this often differs across the localities and there is a gap in supporting working age adults who present with mental health concerns.

There is a two-year project in West Berkshire looking at genetic counselling for families of patients with young onset dementia. Rarer Alzheimer’s and some frontotemporal dementias caused by faulty genes and can be passed down in families. This initiative is designed to support families with a greater risk of family dementia to consider genetic

testing. The project team have been involved in National Dementia conferences and won third place with their poster.

We have admiral nurses in East and West Berkshire supporting carers of younger people with dementia.

A National anticholinergic audit is due to start in June. There is evidence to suggest a link between worsening cognition and anticholinergic medications. This is a POMH QI programme 'use of anticholinergic medicines in old age mental health services.

The National Dementia Audit looks likely to be repeated in end summer/beginning Autumn and we are waiting to hear more about this.

Opportunities

We would like to see the 'DiaDem' initiative rolled out in West Berkshire. We have a 'behaviours that challenge pathway' for care homes with champions across all localities sharing resources and education. We would like to expand this to an intensive care home initiative with a dedicated team supporting care homes with more complex patients (previous bid).

With the increase in referrals, MSNAP and two audits on the horizon the teams are struggling to keep up with demand. The Memory Clinic structure and staffing has not changed to reflect the growing need and services are asking for more resources.

3. Key messages (to convey); issues (to cover)

Referral rate continues to increase impacting on waiting times.

'Dementia is everyone's business' increase knowledge in the community and links with mental health awareness week, carers week etc

Dementia friendly practices – there has been some discussion about this initiative being funded in West Berkshire.

Recognition of care planning