

## Paper to West Berkshire Health Overview and Scrutiny Committee

<b>Date of Meeting:</b> 16 <sup>th</sup> December 2025	<b>Agenda item:</b>
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<b>Title of Paper:</b> Dementia Update
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<b>Paper is for:</b> (Please ✓)	<b>Discussion</b>		<b>Decision</b>		<b>Information</b>	X
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<b>Purpose and Executive Summary</b> The purpose of this paper is to provide a brief update on the dementia care pathway, including diagnosis rates (DDR) and waiting times as well as providing information on next steps and plans going forward.
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<b>Action required</b>  For information and update
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<b>Date of Paper:</b> 28 <sup>th</sup> October 2025
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## **West Berkshire dementia pathway - ICB update - December 2025**

The West Berkshire Health and Social Care Scrutiny Committee has requested an update from BOB ICB on the NHS dementia care pathway, including diagnosis rates (DDR) and waiting times as well as providing information on next steps and plans going forward.

### **Dementia Diagnosis Rate (DDR)**

The Dementia Diagnosis Rate (DDR) is a national target used as a proxy measure to ensure that patients have timely access to a dementia diagnosis.

West Berkshire has a high prevalence of dementia, with rates expected to rise further as the population continues to age. As of September 2025, the DDR stands at 64.6%, compared with the national target of 66.7%.

There are two key factors that influence the DDR calculation:

1. Attrition rate – representing the number of people leaving the dementia register each month, primarily due to mortality, though some may move out of area.
2. National dementia prevalence estimates – calculated by NHS England and Improvement using Office for National Statistics (ONS) data for the local 65+ population.

Both factors are largely outside of local control, yet the DDR is highly sensitive to their impact.

During the COVID-19 pandemic peaks (2020–2021), mortality rates in West Berkshire were consistently higher than in previous years, and remained elevated through 2022. This higher attrition rate means greater diagnostic activity is required simply to maintain the same DDR level.

Concerns have also been raised regarding the robustness of national prevalence estimates, which do not currently adjust for local deprivation, geography, or other demographic variables.

### **Memory Clinics Wait Times**

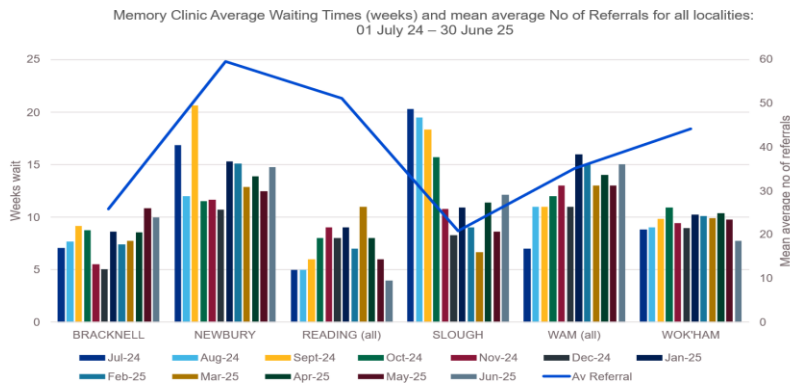
Chart 1 illustrates memory clinic waiting times across Berkshire East and West. Notably, West Berkshire currently experiences some of the longest delays, which appears to correlate with its higher referral volumes compared to other Local Authority areas in Berkshire. At present, there is no nationally mandated target for waiting times in this setting. However, discussions are underway regarding the potential introduction of an 18-week referral-to-diagnosis standard, aligning with the benchmarks currently applied to planned care services

## Wait times for all 6 Memory Clinics

Wait for first appointment shown in weeks by month and locality. Plus average number of referrals for each locality.



**Berkshire Healthcare**  
NHS Foundation Trust



### Factors impacting on delays and variation include

- Following up referrals for essential screening
- Access to scans/results
- Team capacity/vacancy vs volume
- Process variation between teams e.g. RIO entry

Chart 1

## Post Diagnostic Support

Better Care Fund (BCF) funding is being used to commission voluntary sector support for both young people with dementia and older adults, with additional funding recently allocated to the Alzheimer's Society to increase dementia care advisor capacity within West Berkshire.

Capacity appears to be the biggest challenge for the 65+ provision.

## **Dementia Care Adviser Service – Waiting Times**

### West Berkshire

- As of 29 October 2025, the current outstanding referral period is 69 days.
- Upon referral, a welcome guide and waiting list letter are sent to the service user.
- Initial contact by the named Dementia Care Adviser is typically made with the intention of opening the case within 8–10 weeks (approximately 2.5 months).

### Reading

- As of 29 October 2025, the current outstanding referral period is 146 days.
- A welcome guide and waiting list letter are also sent upon referral.
- Initial contact is made with the intention of opening the case within 20–22 weeks (approximately 5 months).

It is important to note that West Berkshire has benefited from an additional £80,000 BCF investment (allocated over two years) within the Alzheimer's Society contract, which has contributed to the shorter waiting times observed compared to Reading.

## Next Steps

Mapping exercises are underway to improve understanding of the patient journey, identify bottlenecks, and highlight examples of good practice that can be replicated. This work

includes demand and capacity modelling to inform future planning and service development.

To support this, two Berkshire West-wide working groups have been established:

- One focusing on the diagnostic pathway
- The other on post-diagnostic provision

In parallel, the team is completing the Dementia 100 Self-Assessment Toolkit, which will help identify gaps and areas for improvement to be addressed through these working groups. Details and priorities, including timelines, will be confirmed for this work will be confirmed by March 26.

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Some of the Key Areas Already Identified (others are yet to be confirmed) for Further Exploration:

- Mild Cognitive Impairment (MCI) provision – understanding demand, capacity impact, commissioning responsibilities, and the potential role of VCSE partners.
- Access to scans – assessing the impact of diagnostic imaging availability on waiting times and opportunities for improvement through diagnostic centres.
- GP engagement – reviewing referral completeness, its effect on waiting times, and expectations around shared-care follow-up.
- Dementia diagnosis in the acute and link with other pathways i.e. post-diagnostic care, follow ups etc.
- Post-diagnostic support variance – analysing differences in service provision within Berkshire West and across the wider BOB system to ensure equity and consistency.
- Demand versus capacity for post-diagnostic support – mapping service capacity against current and projected demand to inform planning and resourcing