Dementia “I” statements

- I was diagnosed in a timely way
- I know what I can do to help myself and who else can help me
- Those around me are well supported and are in good health
- I get the treatment and support, which are best for my dementia, and my life
- I feel included as part of society
- I understand so I make good decisions and provide for future decision making
- I am treated with dignity and respect
- I am confident my end of life wishes will be respected. I can expect a good death.
- I know how to participate in research
Post diagnostic support

- The quality of post diagnostic is key eg Cognitive Stimulation Therapy, life story work

- RCGP Roadmap
  enquiries@dementiaroadmap.info

- Evaluation of dementia advisers published in 2013

- “The Dementia Guide”
What can happen....... 

Becomes distressed and agitated one Saturday night

Seen by on call GP and admitted to hospital

Diagnosed with delirium secondary to UTI

History of two years memory loss, wife not managing well

Sedated on admission, discharged to care home
## Dementia Diagnosis and post diagnostic support

### Sliding doors - Mr Smith aged 79

<table>
<thead>
<tr>
<th>What can happen.......</th>
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<tbody>
<tr>
<td>Becomes distressed and agitated one Saturday night</td>
<td>Identified as having dementia two years ago</td>
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<tr>
<td>Seen by on call GP and admitted to hospital</td>
<td>Supported by a Dementia Advisor</td>
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<tr>
<td>Diagnosed with delirium secondary to UTI</td>
<td>Wife notices he is “not himself” one Tuesday</td>
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<tr>
<td>History of two years memory loss, wife not managing well</td>
<td>GP who knows him visits and prescribes antibiotic for a UTI</td>
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<tr>
<td>Sedated on admission, discharged to care home</td>
<td>Recovers – no need for hospital admission</td>
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Diagnosis

• On average, in England, 53% of people with dementia receive a diagnosis

• There is significant variation across the country

• NHS England have a national ambition that two thirds of people with dementia receive a diagnosis and post diagnostic support

Dementia: state of the nation report

Clinical Commissioning
Group visits

Three things

Clinical Leadership
Links with social care
Taking charge
The Memory Services National Accreditation Service (MSNAP) recommends a standard of 6 weeks from referral to assessment.

The RCPsych. survey (N=178) found time from referral to assessment was from 1 week to 25 weeks with (43 services exceed six weeks).

How does this relate to local diagnosis rate?

Four fold increase in activity in two years; half of people seen in early stages

75% of clinics asking about research

Tour of clinics has found:
- Expanded roles
- Developing services
- Post diagnostic support
- Working with primary care
- Housekeeping

Anne Wilkinson & Susie Peachey
Dementia Revealed
What Primary Care Needs to Know
A Primer for General Practice

Prepared in partnership by NHS England and Hardwick CCG with the support of the Department of Health and Royal College of General Practitioners

Dr Elizabeth Barrett, Shires Health Care – Hardwick CCG
Professor Alistair Burns, NHS England
July 2014

Every GP practice has direct access to the Dementia Prevalence Calculator on NHS England’s Primary Care Website. The information is completely transparent so every GP practice and CCG can see every other GP practice and CCG.

Dementia prevalence calculator: practice view
http://www.primarycare.nhs.uk/register.aspx
Some points for discussion

• What models of practice can best improve the links between primary and secondary care?
• Can GPs detect and diagnose dementia?
• Can GPs initiate anti Alzheimer’s disease drug treatment (e.g., donepezil)?
• Do you need a scan to diagnose dementia?
• What about people with suspected dementia in care homes?
Some points for discussion

- What are the risks of over diagnosis?
- How can we best support individual practices?
- How does coding help?
- Does the rate of diagnosis not just reflect local memory services?
- What happens about the diagnosis rate after next year?
- What’s the new Enhanced Service all about?
Dementia