## West Midlands Region

### Average Dementia Diagnosis Rates – Oct 2014

<table>
<thead>
<tr>
<th>Area</th>
<th>Diagnosis Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>55</td>
</tr>
<tr>
<td>West Midlands</td>
<td>52</td>
</tr>
<tr>
<td>Arden Herefordshire &amp; Worcestershire</td>
<td>49</td>
</tr>
<tr>
<td>Birmingham Solihull &amp; Black Country</td>
<td>54</td>
</tr>
<tr>
<td>Shropshire &amp; Staffordshire</td>
<td>53</td>
</tr>
</tbody>
</table>

England Highest CCG – 65%

England Lowest CCG – 47%

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West Midlands CCGs - Dementia Diagnosis Rates October 2014

Dementia Diagnosis Rate %

Ambition rate 2015 (67%)

West Mids Average (52.5%)

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# Dementia Data – October 2014

<table>
<thead>
<tr>
<th>Arden Herefordshire &amp; Worcestershire Area Team</th>
<th>Practice Diagnosis Rate Range (%)</th>
<th>Register to ambition gap (number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coventry &amp; Rugby CCG</td>
<td>0 - 247</td>
<td>784</td>
</tr>
<tr>
<td>Herefordshire CCG</td>
<td>26 - 78</td>
<td>790</td>
</tr>
<tr>
<td>Warwickshire North CCG</td>
<td>10 - 171</td>
<td>335</td>
</tr>
<tr>
<td>Redditch &amp; Bromsgrove CCG</td>
<td>31 - 106</td>
<td>309</td>
</tr>
<tr>
<td>South Warwickshire CCG</td>
<td>22 – 93</td>
<td>720</td>
</tr>
<tr>
<td>South Worcestershire CCG</td>
<td>18 - 75</td>
<td>939</td>
</tr>
<tr>
<td>Wyre Forest CCG</td>
<td>28 – 94</td>
<td>219</td>
</tr>
</tbody>
</table>

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# Dementia Data – October 2014

<table>
<thead>
<tr>
<th>Birmingham Solihull &amp; Black Country Area Team</th>
<th>Practice Diagnosis Rate Range (%)</th>
<th>Register to ambition gap (number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birmingham Cross City CCG</td>
<td>15 - 132</td>
<td>1098</td>
</tr>
<tr>
<td>Birmingham South Central CCG</td>
<td>15 – 240</td>
<td>35</td>
</tr>
<tr>
<td>Dudley CCG</td>
<td>16 - 90</td>
<td>1033</td>
</tr>
<tr>
<td>Sandwell &amp; West Birmingham CCG</td>
<td>0 – 324</td>
<td>287</td>
</tr>
<tr>
<td>Solihull CCG</td>
<td>20 - 92</td>
<td>504</td>
</tr>
<tr>
<td>Walsall CCG</td>
<td>19 - 82</td>
<td>417</td>
</tr>
<tr>
<td>Wolverhampton CCG</td>
<td>14 - 152</td>
<td>434</td>
</tr>
</tbody>
</table>

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# Dementia Data – October 2014

<table>
<thead>
<tr>
<th>Shropshire &amp; Staffordshire Area Team</th>
<th>Practice Diagnosis Rate Range (%)</th>
<th>Register to ambition gap (number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannock CCG</td>
<td>26 - 86</td>
<td>173</td>
</tr>
<tr>
<td>East Staffordshire CCG</td>
<td>22 - 103</td>
<td>213</td>
</tr>
<tr>
<td>North Staffordshire CCG</td>
<td>11 - 69</td>
<td>580</td>
</tr>
<tr>
<td>Shropshire CCG</td>
<td>30 - 86</td>
<td>851</td>
</tr>
<tr>
<td>South East Staffordshire &amp; Seisdon Peninsula CCG</td>
<td>20 - 72</td>
<td>509</td>
</tr>
<tr>
<td>Stafford &amp;Surrounds CCG</td>
<td>33 – 86</td>
<td>333</td>
</tr>
<tr>
<td>Stoke on Trent CCG</td>
<td>15 – 135</td>
<td>0</td>
</tr>
<tr>
<td>Telford &amp; Wrekin CCG</td>
<td>19 - 129</td>
<td>290</td>
</tr>
</tbody>
</table>

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Benefits & Risks Associated with Early Diagnosis

Benefits for the person with dementia & their carers
   1. The right to know & decide based on that knowledge (Nuffield Council on Bioethics, 2009)
   2. Increased quality of life (Banerjee & Wittenberg, 2009)
   3. Access to treatment, intervention & services (Prince et al, 2011)

Benefits for the health and social care economy
   1. Social & fiscal benefits (Bamford, 2011)
   2. Support services for carers (Weimer & Sager, 2009)

Risks for the person with dementia & their carers
   1. Attitudes towards dementia
   2. Misdiagnosis

Risks for the health and social care economy
   1. Absent provision of services (Prince et al, 2011)
   2. Services targeted at a later stage of dementia (Banerjee & Wittenberg, 2009)
Diagnosis available at time when people want it

Overwhelming case for improving diagnostic rates and shifting this to diagnosis typically being given at mild to moderate stage – at a time when people first become concerned enough to seek help rather than the moderate to late stages
The Quality and Timeliness of the Dementia Diagnosis

4 Principles

1. Should be available to all citizens who require it at a stage when people first notice changes in cognitive function;

2. Decreasing fear and stigma about dementia are necessary precursors for increasing the numbers of people coming forward for diagnosis;

3. The rights and wishes of the person with suspected dementia should be paramount in engaging with the assessment process used to achieve a diagnosis;

4. Giving and receiving a diagnosis of dementia is a key intervention in the complex adjustment process to living with dementia. The needs of the person and their family/significant others are central to assessment, diagnosis and post-diagnostic interventions.

Who makes the diagnosis in straightforward cases?

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Who makes the diagnosis in complex cases?

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The Quality and Timeliness of the Dementia Diagnosis

Diagnosis Training

Specific training provided

- Dementia diagnosis
- Recognise symptoms of early dementia

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If it is recommended that people are diagnosed at an earlier stage, the complexity of the diagnostic process increases:

1. Up-skill/support non specialists, or

2. Increase specialists.
The Quality and Timeliness of the Dementia Diagnosis

Strategies for Health Policy

Timely Diagnosis

Recommendations for timely detection

1. General population screening is the primary way to determine the reliability of screening against the diagnosis of dementia.

2. Targeted or opportunistic case finding with at-risk groups is carried out within primary care, acute hospitals, or care homes, with referral for further assessment as appropriate, and services and support are available to the person and their family.

3. Timely and accessible Decrease fear and stigma Rights and wishes Diagnosis as a key intervention for person & family

Strategic actions required:

- Identification of evidence-based processes
- Research evidence including reliable biomarkers (predictive of progression to dementia) combined with intervention programmes which can delay onset of dementia
- Development of care pathways which facilitate equal and ongoing support to live well
- Community engagement
- Memory Assessment Clinics/Services and/or Early Intervention Services
- Community engagement to support detection with high to reach groups
- Financial and resource planning including reimbursement for diagnosis and treatment
- Workforce development: primary and secondary health care and community
- Engaged and informed communities
- Public and professional awareness campaigns at national and local level to decrease stigma and fear and normalise the experience of dementia
- Engaged with people living with dementia and their family members/careers as key agents of change and involvement in campaigning
- Workforce development and education

Complex Diagnosis

Recommendations for complex diagnosis

1. Diagnosis in complex cases is made on the basis of a history, but also requires detailed and specific tests.

2. Patients should have access to specialist assessment and treatment, including psychological, social, and community services.

3. Complex cases are often associated with more difficult to diagnose conditions.

MCI

Recommendations for people reporting early cognitive changes (possibly MCI)

- Being confident in the reliability of early cognitive changes is crucial.

- When people are more or less familiar with their cognitive changes, they can be encouraged to keep a diary of changes.

- A person with MCI is more likely to be at risk of developing dementia in the future.

Workforce

- Knowledgeable and informed communities
- Public and professional awareness campaigns at national and local level to decrease stigma and fear and normalise the experience of dementia
- Engaged with people living with dementia and their family members/careers as key agents of change and involvement in campaigning
- Workforce development and education

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West Midlands Dementia SCN
Stakeholder Priorities, 2013

1. Prevention & earlier intervention
2. timely diagnosis
3. Improving the experience of care for people diagnosed with dementia & their carers
4. Improving end of life care

2-year SCN Dementia plan

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What can we learn from CCGs?

Key findings from Autumn 2013 visits

• Priority: dementia care mainstreamed, not bolted on
• Workplan: coherent & focused
• Leadership & Strategy: active, visible, proactive, systematic, comprehensive and sustained
• Partnerships: Social Care & 3rd Sector key partners from outset
CCGs making most progress with diagnosis rates

Common factors

• high levels of the Directly Enhanced Service (DES) take up amongst GPs; data cleansing and monitoring of performance
• commissioning dementia advisor services to support timely diagnosis and post diagnostic support
• health care professional training
• carer training
• advance care planning
• access to appropriate respite care.
**Doing things upstream**
- Dementia Awareness Starts in Schools
- Dementia Friendly Communities (Wolverhampton, Coventry, Warwickshire)
- Early identification Mild Cognitive Impairment ‘Take Heart’ Service (*Stoke on Trent*)
- Early Intervention (*Worcestershire, Birmingham*)
- Emergency Services Dementia Guide (*Walsall*)
- Lifestyle matters groups (*Worcestershire*)
- Care Home Nurse Training replacing Antipsychotics (*Coventry & Warwickshire*)
- Dementia Pathway Coordinators (*Sandwell & Walsall*)

**Doing new things**
- Dementia Friendly Hospitals (*Birmingham RAID team, Wolverhampton Dementia Care Bundle*)
- eLearning FY1 & FY2 (*SCRIPT Modules*)
- Training Initiatives (*University of Worcester*)
- Merevale House: Care Home of the Year, 2011. “Active Coexistence” (*Warwickshire*)
- “VIPS” online tool for Care Homes & Domiciliary Care
- Digital & Telehealth (*Birmingham, Hereford, Walsall*)

**Doing things differently**
- Dementia in Primary Care (*Gnosall*)
- Dementia Gateways (*Dudley*)
- Primary Care Liaison Officer (*Telford & Wrekin*)
- Dementia Advisers (*Coventry, Warwickshire, Worcestershire*)

**Implementing Best practice**
- WMQRS Dementia Peer Review (*all localities*)

**Stop doing things**
- Ageless Services!
- YoD Services!

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*Regional Pathway*

**Specialist Dementia Service**

*Patient, Carer & Public Engagement*
Looking beyond numbers to quality

*Delivering large scale complex system change*

1. ALCOVE (Accurate Timely Diagnosis)
2. Quality integrated dementia pathway
3. Large Scale Systemic Change
   - Workforce (Primary Care, Academia, HEWM)
   - Data (Dementia Intelligence Network)
   - Education
   - Research
   - Diverse Needs Groups
   - Environment
   - Community

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