Identifying unwanted variation in care: The London memory service audit

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Background

The Prime Minister's challenge on dementia 2020 emphasises timely diagnosis, high quality care and research participation (1). Little is known about how these aspects of care vary between memory services. The London Dementia Clinical Network performed a pilot audit of eight London memory services in 2015 (2). This suggested significant differences in waiting times, diagnostic practices, access to post-diagnostic treatment and support and research participation, but used a relatively small sample size (22 to 55 patients per service).

Aim

Building on our pilot audit, we aimed to determine variation in care provided by London memory services with greater certainty. Our first objective was to develop a dataset derived from NICE guidance and expert consensus. We then sought engagement from the 32 NHS memory services in London. We predicted that the results would identify unwarranted variation in care and stimulate development of a quality improvement programme to reduce this. We hoped that this work would support the additional aim for all London memory services to achieve the six week access standard by 2020 (3).

Methodology

A best practice clinical dataset was developed by an expert reference group, consisting of primary and secondary care clinicians, memory service managers and commissioners. The group reviewed existing standards e.g. NICE guidance. The dataset consisted of a brief organisational checklist followed by data extracted from patient case notes covering the following areas; patient demographics, referral, assessment, investigation, diagnosis, treatment, follow-up and research.

Clinical and service leads for the 32 memory services were emailed to invite them to participate in the audit. Services were given 11 weeks to complete the audit. The sampling frame stipulated consecutively referred patients from 01 January 2016 until a minimum of 50 patients had been seen. Ten of the 32 London memory services took part in the audit. 590 referrals were received, of which 502 were seen, ranging from 39 to 68 per service.

Results

Key findings:
- The proportion of patients with an indication for a cholinesterase inhibitor or memantine who were offered treatment varied from 43% to 100%.
- The proportion of patients diagnosed with MCI varied from 3% to 28%.
- The proportion of MRI and CT scans performed within 30 days varied from 8% to 75% and 0% to 95% respectively.
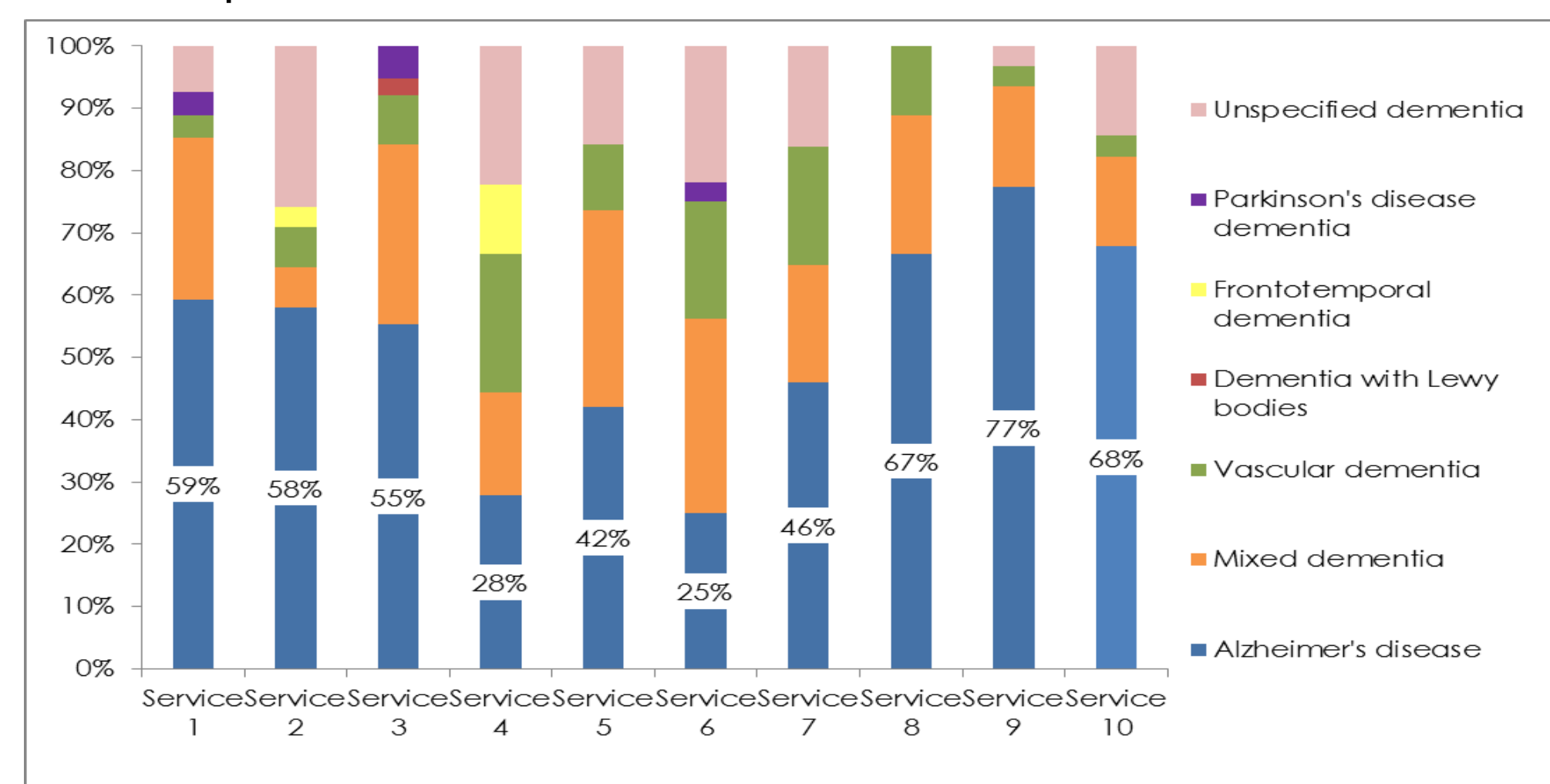- The proportion of patients deemed not to require brain imaging varied from 6% to 43%:
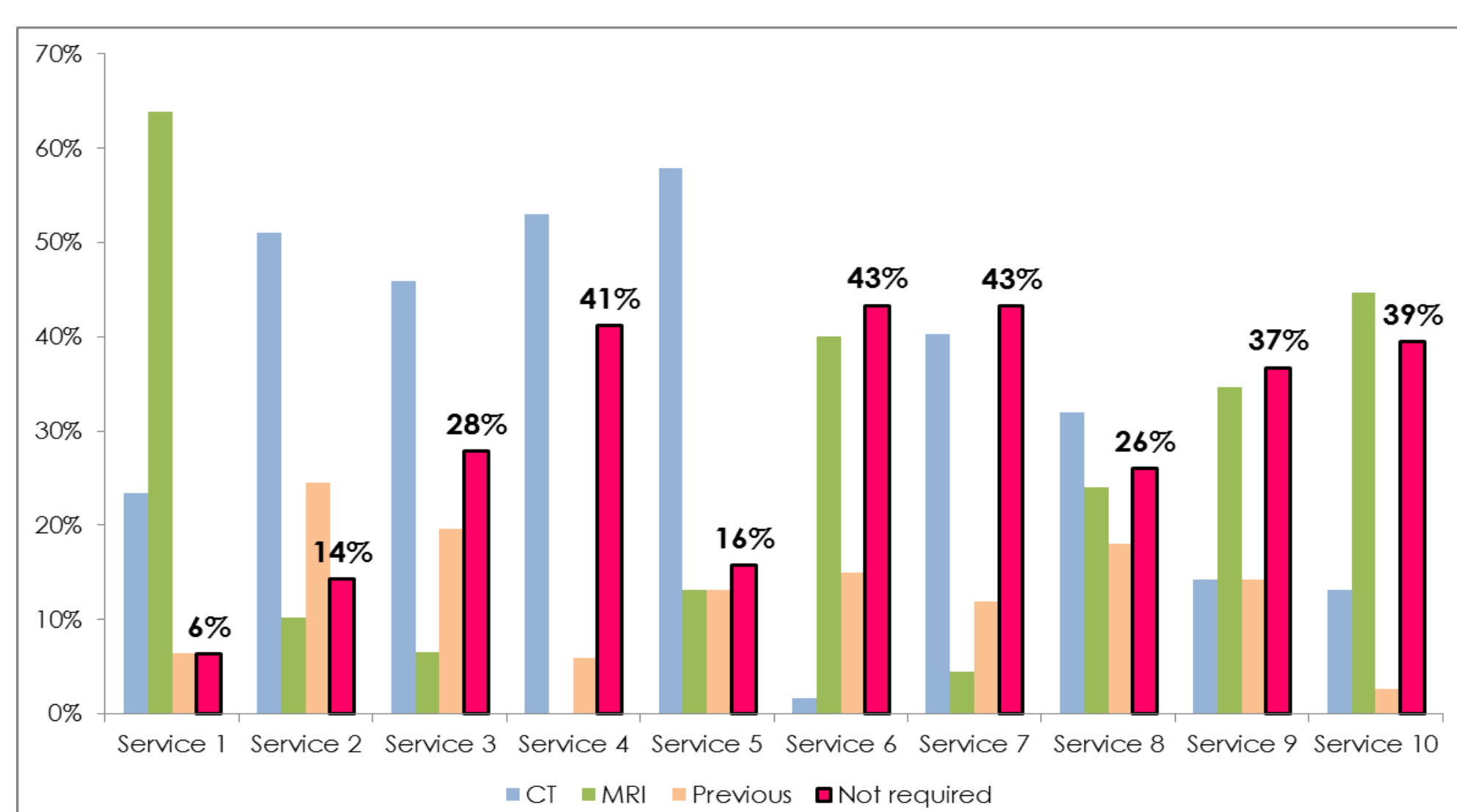
Results

Key findings:
- The average time from referral to diagnosis varied from 5 to 23 weeks.
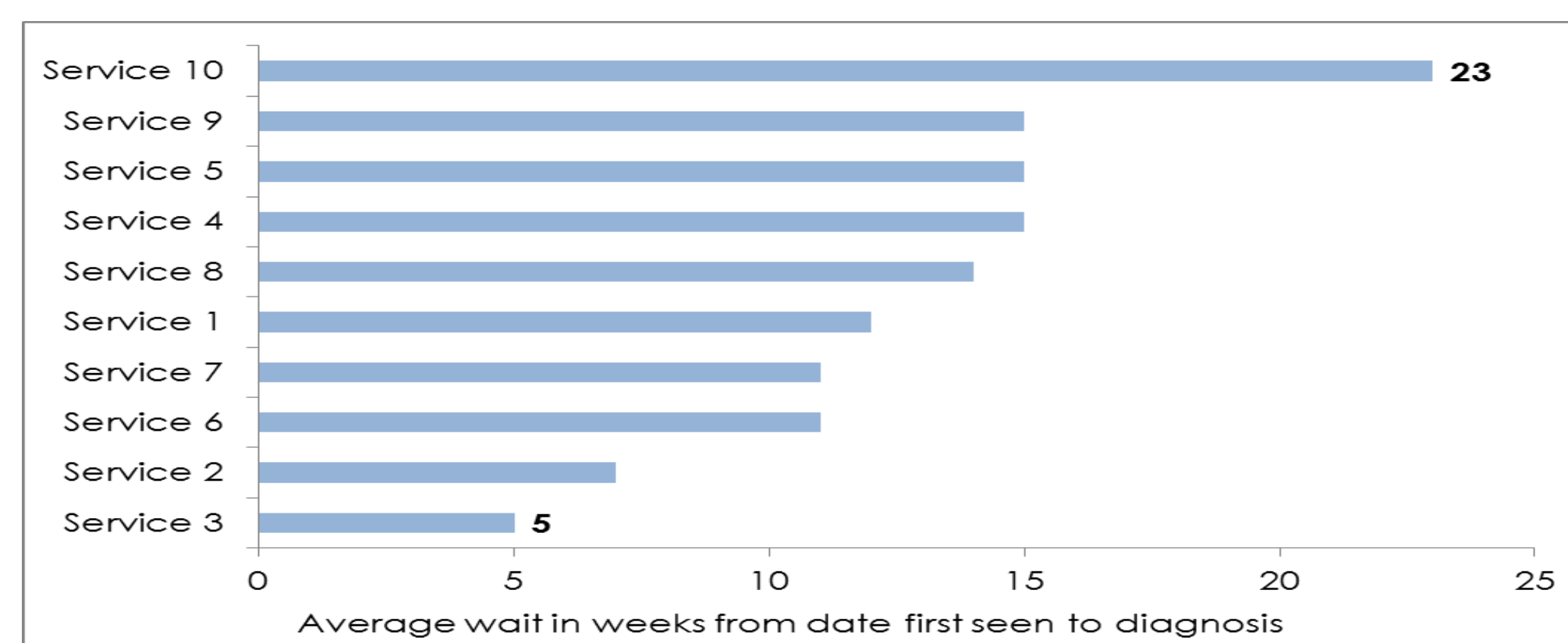
- Among patients diagnosed with dementia, the proportion with Alzheimer's disease was 25% to 77%, vascular dementia 3% to 22% and unspecified dementia 0% to 26%:

There was also marked variation in referral rejection rates, location of initial assessment, choice of imaging modality, use of neuropsychology, identification of treatable psychiatric illness, provision of research and access to Cognitive Stimulation Therapy.

Full results: http://www.londonscn.nhs.uk/meeting/london-memory-assessment-network-meeting-15-march-2017/

Discussion

Our audit reveals significant variation between services. We believe that the degree of variation in rates of imaging, scan waiting times, diagnosis of MCI, accuracy of sub-typing, detection of treatable psychiatric illness, time to diagnosis, access to pharmacological treatment and CST and provision of information about research is unwarranted. We are addressing this through a quality improvement programme involving commissioner engagement, discussion with outlier services and promoting best practice via our Memory Assessment Network.

Limitations

Only one-third of memory services in London participated in the audit. It is possible that these ten services are systematically different from non-participating services, potentially limiting the generalisability of our findings. The dataset does not include patient or carer reported outcome measures. We recognise the importance the importance of such information and will consider how to incorporate it into future audits.

Acknowledgements
- Clinical Leads and Service managers of the ten participating memory services.
- Members of the Effective Diagnosis Steering Group.

References:
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