

Dementia Assessment and Referral data collection – May 2015

The **May 2015 data** for the **Dementia Assessment and Referral** data collection in England by NHS England were released on 5th August 2015 according to the arrangements approved by the UK Statistics Authority.

The purpose of the collection is to improve the identification of older patients with dementia and delirium, to monitor appropriate assessment and to support effective communication between providers and general practice.

The Dementia Assessment and Referral data collection changed at the start of April 2015 to reflect the extension of the 2015/16 CQUIN¹ to include community service providers (community trusts) as well as acute trusts for the Find and Assess/Investigate measures and to provide an overview at CCG level for the Refer/Inform measure.

Three measures are reported - the number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours:

- i) who have a diagnosis of dementia or delirium or to whom case finding is applied; *[Find]*ⁱ
- ii) who, if identified as potentially having dementia or delirium, are appropriately assessed; and, *[Assess/Investigate]*ⁱⁱ
- iii) where the outcome was positive or inconclusive, have a care plan on discharge meeting locally agreed standards and shared with general practice. *[Refer/Inform]*ⁱⁱⁱ

Measures i) and ii) are reported by Acute Trusts and Community Service Providers, measure iii) is reported by CCGs using data obtained from trusts and providers, as detailed in the 2015/16 CQUIN Guidance. CQUIN is an incentive scheme in which additional payments are made to trusts and providers; for these measures, payments are made for achievement of at least 90% at specified times in the year.

Note on Data Quality

The data presented cover both Acute Trusts and Community Service Providers. Acute Trusts have maintained a good response rate similar to previous months. The response from Community Service Providers has been low but deemed sufficiently complete to publish results for those organisations which responded.

The response from CCGs has been deemed too low quality both in terms of coverage and completeness to publish at this stage (hence there are no published data associated with measure iii) at this stage).

Key points – Acute Trusts

The total number of data returns submitted by NHS Foundation and Non-Foundation Trusts providing acute funded care was 146 in May 2015, a decrease of 1 trust from 147 submitted in

¹ Commissioning for Quality and Innovation (CQUIN) Guidance 2015/16 for further information please see <http://www.england.nhs.uk/nhs-standard-contract/15-16/>

April. These totals include 4 nil returns in May and 6 nil returns in April, but the nil returns are excluded from the results presented below.

The key results for acute trusts on the number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours i) who have been identified as having dementia or delirium or asked the dementia case finding question and ii) who are appropriately assessed are as follows:

- **Overall, for patients**, 90.3% of admitted patients were initially identified or given case finding for potential dementia in May 2015, up from 89.5% in April.
- Of the patients initially identified or found as potentially having dementia, 94.4% were further appropriately assessed in May 2015, compared with 94.6% in April.
- The percentage of **acute trusts** in May 2015 achieving at least 90% in measures i) and ii) was as follows:
 - 81.0% of the trusts (115 trusts) achieved at least 90% in carrying out initial identification (using case finding) for potential cases of dementia, an increase of 3 percentage points from 78.0% of the trusts (110 trusts) in April.
 - 86.6% (123 trusts) achieved at least 90% in carrying out further appropriate assessments, up from 85.8% (121 trusts) in April;
- 108 acute trusts (76.1%) achieved at least 90% in both measures in May 2015.

Key points – Community Service Providers

Only a small number of Community Service Providers have been able to submit data so far and are presented in the data.^{iv} The total number of data returns submitted by Community Service Providers was 11 in May 2015, the same as in April. This total includes 3 nil returns in each month but nil returns are excluded from the results presented below.

The key results for Community Service Providers on the number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours i) who have been identified as having dementia or delirium or asked the dementia case finding question and ii) who are appropriately assessed are as follows:

- **Overall, for patients**, 92.8% of admitted patients were initially identified or given case finding for potential dementia in May 2015, up from 80.6% in April.
- Of the patients initially identified or found as potentially having dementia, 96.6% were further appropriately assessed in May 2015, compared with 96.8% in April.
- The percentage of **community service providers** in May 2015 achieving at least 90% in measures i) and ii) was as follows:
 - 62.5% of the providers (5 trusts) achieved at least 90% in carrying out initial identification (using case finding) for potential cases of dementia compared with 25.0% (2 trusts) in April.
 - 75.0% (6 trusts) achieved at least 90% in carrying out further appropriate assessments compared with 62.5% in April.
- 5 providers (62.5%) achieved at least 90% in both measures in May 2015.

The full data tables can be found in the NHS England website:

<http://www.england.nhs.uk/statistics/dementia/>

ⁱ The proportion of patients aged 75 years and over to whom the dementia case finding is applied following an episode of emergency, unplanned care to either hospital or community services;

ⁱⁱ The proportion of those identified as potentially having dementia or delirium who are appropriately assessed;

ⁱⁱⁱ The proportion of those identified, assessed and referred for further diagnostic advice in line with local pathways agreed with commissioners, who have a written dementia care plan of agreed local standards on discharge which is shared with the patient's GP. CCGs are expected to report this indicator as an aggregate across providers based on provider audits of patient case notes.

^{iv} In order to meet the full CQUIN payments, Community Service and Other Providers will need to achieve a 90% level of assessment from the start of Quarter 3. This may have impacted on the quality of response.