

Dementia Assessment and Referral Data Collection – Quarter 3 2015/16 Revised

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Background

The **December 2015 and Quarter 3 2015/16 data** from the **Dementia Assessment and Referral** data collection by NHS England were released on 2nd March 2016 according to the arrangements approved by the UK Statistics Authority. The Quarter 3 publication is the sum of the previously published data for October, November, and the December 2015 data. This report uses revised data published 4th May 2016.

The diagnosis, treatment and care of people with dementia is one of the Government's priority areas and the NHS mandate places an expectation on NHS England to demonstrate progress in this area.

The Commissioning for Quality and Innovation (CQUIN) framework has contained since 2013/14 a national goal on improving dementia care – to promote the identification of patients with dementia and other causes of cognitive impairment, to prompt appropriate referral and follow up after they leave the hospital and to ensure that hospitals deliver high quality care to patients. This is designated as Find, Assess, Investigate and Refer (FAIR)¹. To monitor delivery of this CQUIN, the **Dementia Assessment and Referral** data collection has been mandatory since April 2013 for all NHS Foundation and Non-Foundation Trusts providing acute care.

The Dementia Assessment and Referral data collection changed at the start of April 2015 to reflect the extension of the 2015/16 CQUIN² to include community service providers (community and mental health trusts) as well as acute trusts for the Find and Assess/Investigate measures and to provide an overview at Clinical Commissioning Group (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 for measure iii)).

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.

Changes and Continuity

The detailed definitions of measures i) and ii) are the same in 2015/16 as in 2014/15 but are now reported on by community service providers as well as acute trusts. Measure iii) has changed in 2015/16 to count those who have a care plan on discharge that meets specified minimum conditions, the measure is now collated and submitted at CCG level rather than at provider level. There is thus a degree of continuity with earlier years but also changes which must be recognised in any comparisons.

Box 1. Detailed definitions - the 2015/16 data collection asks for the following items of information:

Find i)

- A. Number of patients aged 75 and over admitted or accepted for emergency care to hospital or community services with length of stay > 72 hrs, reported as having known diagnosis of dementia or clinical diagnosis of delirium or who have been asked the dementia case finding question, excluding those for whom the case finding question cannot be completed for clinical reasons.
 - B. Number of patients aged 75 and over admitted or accepted for emergency care to hospital or community services with length of stay >72 hours, excluding those for whom the case finding question cannot be completed for clinical reasons.
 - C. Percentage of patients aged 75 and over admitted or accepted for emergency care with a length of stay >72 hours who are asked the dementia case finding question or who have a known diagnosis of dementia or clinical diagnosis of delirium (= A divided by B).
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Assess and Investigate ii)

- D. Number of patients aged 75 and over admitted or accepted for emergency care with length of stay > 72 hrs who have answered positively on the dementia case finding question or who have a known diagnosis of dementia or clinical diagnosis of delirium who are reported as having had a dementia diagnostic assessment including investigation.
 - E. Number of patients aged 75 and over admitted or accepted for emergency care with length of stay >72 hours who have answered positively on the dementia case finding question or who have a diagnosis of dementia and a new assessment is indicated.
 - F. Percentage of patients aged 75 and over admitted or accepted for emergency care with length of stay > 72 hrs who have answered positively on the dementia case finding question or who have a known diagnosis of dementia or clinical diagnosis of delirium who are reported as having had a dementia diagnostic assessment including investigation (= D divided by E).
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Refer and Inform iii)

- G. Number of patients aged 75 and over admitted or accepted for emergency care with length of stay > 72 hrs who have had a diagnostic assessment including investigation in which the outcome was either positive or inconclusive who are referred for further diagnostic advice and who have a written care plan on discharge which meets agreed standards and is shared with general practice.
 - H. Number of patients aged 75 and over who were admitted or accepted for emergency care with length of stay >72 hours who have an existing/known/already recorded diagnosis of dementia or underwent a diagnostic assessment in which the outcome was either positive or inconclusive.
 - I. Percentage of patients aged 75 and over admitted or accepted for emergency care with length of stay > 72 hrs who have had a diagnostic assessment in which the outcome is either positive or inconclusive who are referred for further diagnostic advice and who have a written care plan on discharge which meets agreed standards and is shared with general practice (= G divided by H).
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Purpose and Structure of this Quarterly Report

A separate **press notice** summarises both the Dec 2015 findings and third quarter 2015/16 results. See:

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

This commentary report provides a background summary of the key results for the period April 2013 to March 2015. It also presents the third quarter 2015/16 results in detail - for foundation and non-foundation acute trusts, for community service providers and comparing them with the second quarter.

To obtain full payment under the 2015/16 CQUIN, providers need to achieve the following:

Acute providers to achieve:

- 90% or more for measures i & ii at the end of each quarter.
- 90% or more for measure iii for the whole of quarter 4.

Community service providers to achieve:

- 90% or more for measures i & ii of the indicator from the start of quarter 3.
- 90% or more for measure iii for the whole of quarter 4 (only applicable to those that diagnose and initiate a care plan)

These overall rules can be supplemented by local agreements on in year milestones or partial achievement of the measures. CCGs report the total result for measure iii) [Refer and Inform] for their area from provider returns.

Background and Summary of Previously Published Results April 2013 to March 2015 – Acute Trusts

The key summary results for the 2013/14 and 2014/15 financial years **for acute trusts only and on the previous indicator definitions** were as follows:

- At the beginning of 2014/15, 55% (82 trusts) were achieving over 90% in all three measures, this increased by 14 percentage points to 69% (103 trusts) by the end of 2014/15.
- 88% of admitted patients already had dementia or delirium or were asked the case finding question for potential dementia on average in 2014/15, up 9 percentage points from 79% on average in 2013/14.
- Of the patients initially identified or found as potentially having dementia, 94% were further assessed on average in 2014/15, up 5 percentage points from 89% on average in 2013/14.
- Of the patients who were further assessed and in which the outcome was either positive or inconclusive, 96% were referred on to specialist services on average in 2014/15, up 7 percentage points from 89% on average in 2013/14.
- The number of trusts achieving at least 90% in all three measures increased from 56 in April 2013 to 103 in March 2015, an average monthly increase of 2.0 trusts.
- The percentage of admitted patients already with dementia or delirium or asked the case finding question for potential dementia increased from 70% in April 2013 to 91% in March 2015, an average monthly increase of 1.1 percentage points over the period (see Figure 1).
- Of the admitted patients initially identified or found as potentially having dementia, the percentage having a further assessment increased from 83% in April 2013 to 95% in March 2015, an average monthly increase of 0.5 percentage points over the period (see Figure 1).

Key findings for Quarter 3 2015/16

- 104 acute trusts (73.2%) achieved at least 90% in **both** measures i) and ii) in Quarter 3 – 2015/16 (Q3 2015/16).
- Overall, for patients, in Q3 2015/16 90.0% of emergency admissions aged 75+ in acute trusts already had dementia or delirium, or were asked the case finding question for dementia, compared with 90.9% in Quarter 2 – 2015/16 (Q2 2015/16).
- Of those in acute trusts initially identified or found as potentially having dementia, 95.1% were further assessed in Q3 2015/16, compared with 95.4% in Q2 2015/16.
- For community service providers, in Q3 2015/16, overall performance for admitted patients was 87.4% on measure i) and 95.9% on measure ii).

Detailed Findings for Quarter 3 -2015/16 – Acute Trusts

Number of data returns and nil returns

- The number of data returns, including nil returns, submitted by NHS providers of acute funded care was 145 in December 2015, the end of Q3 2015/16, compared with 145 who submitted data returns in September 2015, the end of Q2 2015/16.
- In December 2015, 93 returns were from Foundation Trusts and 52 from Non-Foundation Trusts, about the same as at the end of Q2 - 2015/16 (92 from Foundation Trusts and 52 from Non-Foundation Trusts).
- Providers are required to submit information based on a census of **all** patients. Providers who submit data based only on a sample of patients, and those who did not have any admissions and cases in the quarter, are classed as a 'nil return'. Three acute trusts submitted only nil returns in this quarter and are excluded from the results below.

Proportion of admitted patients already having dementia or given case finding – measure i)

- The number of emergency admissions to acute trusts for adults aged 75 and over with a length of stay over 72 hours increased to around 181,000 in Q3 2015/16 from around 170,000 in Q2 2015/16. The percentage of these admissions already with dementia or delirium, or asked the dementia case finding question, was 90.0% in Q3 2015/16, compared with 90.9% in Q2 2015/16 (see Table 1).
- The percentages were similar for both Foundation Trusts (89.8%) and for Non-Foundation Trusts (90.4%) in Q3 2015/16 (see Table 2). In Q2 2015/16 the percentage was 91.4% for Foundation Trusts and 90.1% for Non-Foundation Trusts.

Proportion of admitted patients having dementia who are appropriately assessed – measure ii)

- In Q3 2015/16, 95.1% of emergency admissions to acute trusts of patients aged 75 and over who scored positively on the dementia case finding question were reported as having undergone a dementia diagnostic assessment (see Table 1), similar to Q2 2015/16 (95.4%).
- This percentage was similar for both Foundation Trusts (94.6%) and Non-Foundation Trusts (95.9%) in Q3 2015/16 (see Table 2). In Q2 2015/16 the values were 95.7% for Foundation Trusts and 95.2% for Non-Foundation Trusts.

Table 1. Acute Trusts FAIR cases i) initially identified (given case finding) and ii) further assessed (given a diagnostic assessment) Q3 2015/16 (October to December 2015) and Q2 2015/16, England

		Q2 2015/16	Q3 2015/16
A	Number of emergency admissions aged 75+ with a known diagnosis or asked the dementia case finding question	154,569	163,017
B	Number of emergency admissions aged 75+ with length of stay >72 hrs	170,070	181,055
C=	Percentage of emergency admissions aged 75+ with a known diagnosis or asked the dementia case finding question	90.9%	90.0%
D	Number of emergency admissions aged 75+ with a known diagnosis or who scored positively on the case finding question reported as having had a dementia diagnostic assessment	28,358	29,198
E	Number of emergency admissions aged 75+ with length of stay >72 hrs with a known diagnosis or who scored positively on the case finding question	29,710	30,704
F=	Percentage of emergency admissions aged 75+ with a known diagnosis or who scored positively on the case finding question reported as having had a dementia diagnostic assessment	95.4%	95.1%

Table 2. Acute Trusts FAIR cases i) initially identified (given case finding) and ii) further assessed (given a diagnostic assessment) Q3 2015/16 (October to December 2015) by type of trust, England

		NHS Foundation Trusts	NHS Non-Foundation Trusts
A	Number of emergency admissions aged 75+ with a known diagnosis or asked the dementia case finding question	98,452	64,565
B	Number of emergency admissions aged 75+ with length of stay >72 hrs	109,616	71,439
C=	Percentage of emergency admissions aged 75+ with a known diagnosis or asked the dementia case finding question	89.8%	90.4%
D	Number of emergency admissions aged 75+ with a known diagnosis or who scored positively on the case finding question reported as having had a dementia diagnostic assessment	17,769	11,429
E	Number of emergency admissions aged 75+ with length of stay >72 hrs with a known diagnosis or who scored positively on the case finding question	18,791	11,913
F=	Percentage of emergency admissions aged 75+ with a known diagnosis or who scored positively on the case finding question reported as having had a dementia diagnostic assessment	94.6%	95.9%

Proportion of acute trusts above and below 90% of FAIR cases – measures i) and ii)

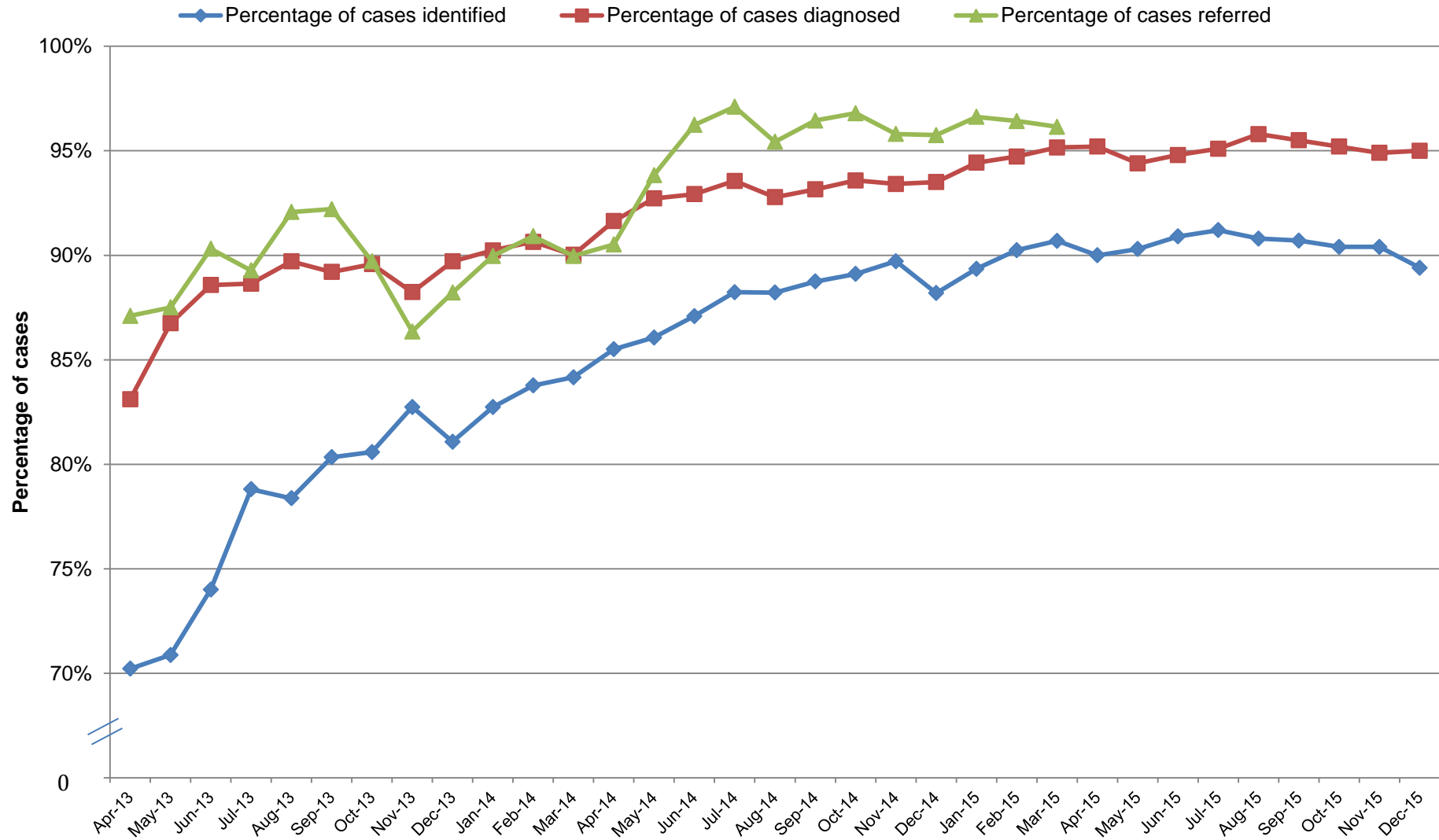
- The percentages of acute trusts in Q3 2015/16 achieving 90% or over for measures i) and ii) were (see Table 3):
 - 79.6% (113) of acute trusts carried out initial case finding for dementia for at least 90% of their emergency admissions aged 75+, similar to 79.2% in Q2 2015/16 (114 trusts);
 - 87.3% (124) carried out further diagnostic assessments for at least 90% of those who scored positively on the dementia case finding question, compared with 88.9% (128 trusts) in Q2 2015/16;
- 104 acute trusts (73.2%) achieved at least 90% in both measures.

Table 3. Acute Trusts reporting above and below 90% of FAIR cases i) initially identified (given case finding) and ii) further assessed (given a diagnostic assessment), Q3 - 2015/16, England

	All Acute Trusts		NHS Foundation Trusts		NHS Non-Foundation Trusts	
	Number	%	Number	%	Number	%
Cases initially identified						
90% and above	113	79.6%	74	80.4%	39	78.0%
Below 90%	29	20.4%	18	19.6%	11	22.0%
<i>Between 85% - 90%</i>	9	6.3%	4	4.4%	5	10.0%
Cases further assessed						
90% and above	124	87.3%	77	83.7%	47	94.0%
Below 90%	15	10.6%	13	14.1%	2	4.0%
<i>Between 85% - 90%</i>	8	5.6%	6	6.5%	2	4.0%

Note: %'s above for measure ii) (cases further assessed) are calculated for the total number of trusts in measure i) (cases initially identified). Three trusts doing screening did not do assessments.

Figure 1. Acute Trusts FAIR cases identified (given case finding), diagnosed (further assessed) and referred, April 2013 – Dec 2015, England



Detailed Findings for Quarter 3 -2015/16 – Community Service Providers (CSPs)

The response from those CSPs which have submitted data has been assessed as sufficiently complete to publish their results. However, the low number of CSPs responding means it is best to present the results separately from those of Acute Trusts, from which we have near complete coverage. As noted on page 4, CSPs also have different performance expectations and payment rules than Acute Trusts.

Number of data returns and nil returns

- The number of data returns, including nil returns, submitted by community service providers was 17 in December 2015, the end of Q3 2015/16, compared with 12 in September 2015, the end of Q2 2015/16.
- Providers are required to submit information based on a census of **all** patients. Providers who submit data based only on a sample of patients, and those who did not have any admissions or cases in the quarter, are classed as a 'nil return'. One community service provider only submitted nil returns in this quarter and is excluded from the results below.

Proportion of admitted patients already having dementia or given case finding – measure i)

- The number of emergency admissions to community service providers for adults aged 75 and over with a length of stay over 72 hours was 5,778 in Q3 2015/16 and the percentage of these admissions already with dementia or delirium or asked the dementia case finding question was 87.4%. This compares with 6,128 (89.7%) in Q2 2015/16.
- This percentage was about the same as for Acute Foundation Trusts (89.8%) and Non-Foundation Trusts (90.4%) in Q3 2015/16 (see Table 2).

Proportion of admitted patients having dementia who are appropriately assessed – measure ii)

- In Q3 2015/16, 95.9% of emergency admissions to community service providers of patients aged 75 and over who scored positively on the dementia case finding question were reported as having undergone a dementia diagnostic assessment, compared with 93.8% in Q2 2015/16.
- This percentage was similar to Acute Foundation Trusts (94.6%) and Non-Foundation Trusts (95.9%) in Q3 2015/16 (see Table 2).

Proportion of community service providers above 90% of FAIR cases – measures i) and ii)

- The percentages of community service providers in Q3 2015/16 achieving 90% or over for measures i) and ii) were:
 - 56.3% (9) of the providers carried out initial case finding for dementia for at least 90% of their emergency admissions aged 75+, compared with 79.6% of acute trusts;
 - 81.3% (13) carried out further diagnostic assessments for at least 90% of those who scored positively in the dementia case finding, compared with 87.3% of acute trusts;
- 8 providers (50.0%) achieved at least 90% in both measures.

Detailed Findings for Quarter 3 -2015/16 – CCGs

As noted at the start of this report, the response from CCGs has been deemed too low quality both in terms of coverage and completeness to report at this stage (hence there is no published data for measure iii).

CCGs are working with trusts and providers to put in place data systems to rectify the problems. Improvements in collecting and reporting of this measure should be in place for quarter 4 2015/16, the period for which this CQUIN payment is due to be calculated.

Further Information

Timings and publication

Trusts and Providers must submit data onto UNIFY 2 by 20 working days after the month end.

Data are submitted and published according to the timings below:

Timing	Process
Month A (e.g. April)	Data are collected from patients in each trust for that month.
Month B (e.g. May)	Trusts submit their data for the previous month (e.g. April data are submitted towards the end of May).
Month C (e.g. June)	Data for month A (April) are quality assured.
Month D (e.g. July)	Data for month A (April) are published in the NHS England website and in UNIFY 2 in the beginning of the month (e.g. April data are published in early July).
Early every September, December, March, June	Publication of reports for Quarters 1, 2, 3 and 4 respectively, on the NHS England website

Guidance

Guidance on the data collection is published for each year and the latest and previous versions can be found at: <http://www.england.nhs.uk/statistics/dementia/>

Quality assurance

Data quality assurance focuses on identifying missing data, data consistency over time and data errors (e.g. the numerator should not be greater than the denominator; and generally the percentage of cases identified should be the same or higher than the percentage of cases diagnosed, which should be the same or higher than the percentage of cases referred). Any issues identified are discussed with providers who have the opportunity to clarify or resubmit their data within the quality assurance period.

Results for individual providers

Full data tables including data for individual organisations are available at: <http://www.england.nhs.uk/statistics/dementia/>

For **press enquiries** please e-mail the NHS England media team at nhsengland.media@nhs.net or call **0113 825 0958 / 0113 825 0959**

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¹ The CQUIN guidance for 2015/16 and previous years can be accessed at <http://www.england.nhs.uk/statistics/dementia/>

² Commissioning for Quality and Innovation (CQUIN) Guidance 2015/16 for further information please see <http://www.england.nhs.uk/nhs-standard-contract/15-16/>