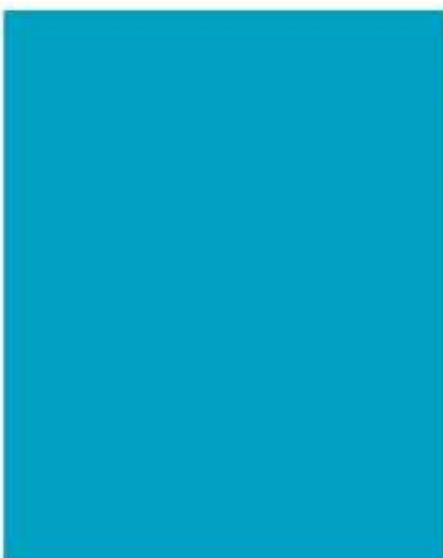


# Dementia Assessment and Referral Data Collection – Quarter 1 2016/17

Published September 2016



## **Background**

The **June 2016 and Quarter 1 2016/17 data** from the **Dementia Assessment and Referral** data collection by NHS England were released on 7th Sept 2016 according to the arrangements approved by the UK Statistics Authority. The Quarter 1 publication is the sum of the previously published data for April and May, and the June 2016 data.

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 contained between 2013/14 and 2015/16 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). 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 CQUIN 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. These changes have been dropped for 2016/17 and the measures are no longer CQUIN indicators but have been retained in the standard contract as a mandatory data submission for all acute providers.

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]*<sup>i</sup>
- ii) who, if identified as potentially having dementia or delirium, are appropriately assessed; and, *[Assess/Investigate]*<sup>ii</sup>
- iii) where the outcome was positive or inconclusive, are referred on to specialist services. *[Refer]*<sup>iii</sup>

The desired level of performance is at least 90% on each part of the indicator.

## **Changes and Continuity**

The detailed definitions of measures i) and ii) are the same in 2016/17 as in 2015/16 but are no longer reported on by community service providers. Measure iii) has changed in 2016/17 back to the previous 2014/15 definition to count those who are referred on to specialist services and is now again submitted by providers rather than commissioners. There is thus a degree of continuity with earlier years but also changes which must be recognised in any comparisons.

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<sup>i</sup> The proportion of patients aged 75 years and over to whom the dementia case finding is applied within 72 hours following emergency admission to hospital with a length of stay > 72 hours;

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

<sup>iii</sup> The proportion of those assessed and with a positive or inconclusive outcome who are referred on for further specialist advice.

**Box 1. Detailed definitions** - the 2016/17 data collection asks for the following items of information:

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**Find i)**

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- A. Number of patients aged 75 and over admitted as emergency inpatients 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 within 72 hours, excluding those for whom the case finding question cannot be completed for clinical reasons.
  - B. Number of patients aged 75 and over admitted as emergency inpatients 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 for emergency care with a length of stay >72 hours who are asked the dementia case finding question within 72 hours or who have a known diagnosis of dementia or clinical diagnosis of delirium, excluding those for whom the case finding question cannot be completed for clinical reasons (= A divided by B).
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**Assess and Investigate ii)**

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- D. Number of patients aged 75 and over admitted as emergency inpatients with length of stay > 72 hrs who have answered positively on the dementia case finding question or who have a 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 as emergency inpatients with length of stay >72 hours who have answered positively on the dementia case finding question or who have a clinical diagnosis of delirium.
  - F. Percentage of patients aged 75 and over admitted as emergency inpatients with length of stay > 72 hrs who have answered positively on the dementia case finding question or who have a 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 iii)**

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- G. Number of patients aged 75 and over admitted as emergency inpatients 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 in line with local pathways.
  - H. Number of patients aged 75 and over who were admitted as emergency inpatients with length of stay >72 hours who underwent a diagnostic assessment in which the outcome was either positive or inconclusive.
  - I. Percentage of patients aged 75 and over admitted as emergency inpatients 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 (= G divided by H).
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**Purpose and Structure of this Quarterly Report**

A separate **press notice** summarises both the June 2016 findings and quarter one 2016/17 results. See:

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

This commentary report provides a background summary of the key results and previous trends for the period April 2013 to March 2016. It also presents the first quarter 2016/17 results in more detail, for foundation and non-foundation acute trusts, and comparing them with the last quarter of 2015/16.

## **Summary of Previously Published Results April 2013 to March 2016 – Acute Trusts**

In the first two years of the data publication from April 2013 to March 2015 there was considerable improvement overall on all three indicators for acute trusts as follows:

- The percentage of patients aged 75+ admitted as an emergency 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 (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 (see Figure 1).
- Of the admitted patients further assessed, the percentage who were referred on for specialist services increased from 87% in April 2013 to over 95% in most of 2014/15 (see Figure 1).
- The number of trusts achieving at least 90% in all three measures increased from only 56 (41%) in April 2013 to 103 (69%) in March 2015, an average monthly increase of two trusts.

In the year 2015/16 the gains made in the first two years to reach or exceed the 90% target level were consolidated for the first two indicators, with the percentage of patients asked the case finding question remaining about 90% and the percentage of patients further assessed remaining about 95%, but the third indicator for cases referred on was not monitored in that year (see Figure 1).

### **Key findings for Quarter 1 2016/17**

- 89 acute trusts (61.8%) achieved at least 90% in all three measures in Quarter 1 – 2016/17 (Q1 2016/17).
- Overall, for patients, in Q1 2016/17 90.1% of emergency admissions aged 75+ in acute trusts already had dementia or delirium, or were asked the case finding question for dementia, compared with 90.0% in Quarter 4 – 2015/16 (Q4 2015/16).
- Of those in acute trusts initially identified or found as potentially having dementia, 94.4% were further assessed in Q1 2016/17, compared with 95.1% in Q4 2015/16.
- Of those further assessed in Q1 2016/17, 93.8% were referred on for specialist services (Q4 2015/16 not available).

### **Detailed Findings for Quarter 1 -2016/17 – Acute Trusts**

#### **Number of data returns and nil returns**

- The number of NHS providers of acute funded care who submitted data returns, in at least one of the months, was 148 in Q1 2016/17, compared with 145 who submitted data returns in Q4 2015/16.
- In Q1 2016/17, excluding nil returns, 94 of those who submitted were Foundation Trusts and 50 were Non-Foundation Trusts, slightly more than in Q4 - 2015/16 (92 Foundation Trusts and 49 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'. Four 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 decreased to around 178,000 in Q1 2016/17 from around 187,000 in Q4 2015/16. The percentage of these admissions already with dementia or delirium, or asked the dementia case finding question, was 90.1% in Q1 2016/17, compared with 90.0% in Q4 2015/16 (see Table 1).
- The percentages were similar for both Foundation Trusts (89.6%) and for Non-Foundation Trusts (90.9%) in Q1 2016/17 (see Table 2). In Q4 2015/16 the percentage was 89.3% for Foundation Trusts and 91.1% for Non-Foundation Trusts.

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

- In Q1 2016/17, 94.4% 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 Q4 2015/16 (95.1%).
- This percentage was similar for both Foundation Trusts (94.2%) and Non-Foundation Trusts (94.9%) in Q1 2016/17 (see Table 2). In Q4 2015/16 the values were 95.2% for Foundation Trusts and 95.1% for Non-Foundation Trusts.

### Proportion of admitted patients having dementia who are referred on – measure iii)

- In Q1 2016/17, 93.8% of emergency admissions to acute trusts of patients aged 75 and over who had a diagnostic assessment with a positive or inconclusive outcome were referred on for specialist advice/services (see Table 1) (Q4 2015/16 not available).
- The percentage was 95.4% for Foundation Trusts and 90.9% for Non-Foundation Trusts in Q1 2016/17 (see Table 2).

**Table 1. Acute Trusts FAIR cases i) initially identified and ii) further assessed and iii) referred on, Q1 2016/17 (April to June 2016) and Q4 2015/16, England**

		Q4 2015/16	Q1 2016/17
A	Number of emergency admissions aged 75+ with a known diagnosis or asked the dementia case finding question	168,771	160,149
B	Number of emergency admissions aged 75+ with length of stay >72 hrs	187,489	177,743
<b>C = A/B</b>	<b>Percentage of emergency admissions aged 75+ with a known diagnosis or asked the dementia case finding question</b>	<b>90.0%</b>	<b>90.1%</b>
D	Number of emergency admissions aged 75+ with a clinical diagnosis of delirium or who scored positively on the case finding question reported as having had a diagnostic assessment	30,790	28,790
E	Number of emergency admissions aged 75+ with length of stay >72 hrs with a clinical diagnosis of delirium or who scored positively on the case finding question	32,364	30,489
<b>F = D/E</b>	<b>Percentage of emergency admissions aged 75+ with a delirium diagnosis or who scored positively on the case finding question reported as having had a dementia diagnostic assessment</b>	<b>95.1%</b>	<b>94.4%</b>

G	Number of emergency admissions aged 75+ who had a diagnostic assessment and were referred on	n/a	12,490
H	Number of emergency admissions aged 75+ who had a diagnostic assessment in which the outcome was positive or inconclusive	n/a	13,319
<b>I = G/H</b>	<b>Percentage of emergency admissions aged 75+ with a diagnostic assessment who were referred on</b>	<b>n/a</b>	<b>93.8%</b>

**Table 2. Acute Trusts FAIR cases i) initially identified and ii) further assessed and iii) referred on, Q1 2016/17 (April to June 2016) by type of trust, England**

		<b>NHS Foundation Trusts</b>	<b>NHS Non- Foundation Trusts</b>
A	Number of emergency admissions aged 75+ with a known diagnosis or asked the dementia case finding question	97,844	62,305
B	Number of emergency admissions aged 75+ with length of stay >72 hrs	109,195	68,548
<b>C = A/B</b>	<b>Percentage of emergency admissions aged 75+ with a known diagnosis or asked the dementia case finding question</b>	<b>89.6%</b>	<b>90.9%</b>
D	Number of emergency admissions aged 75+ with a clinical diagnosis of delirium or who scored positively on the case finding question reported as having had a dementia diagnostic assessment	18,034	10,756
E	Number of emergency admissions aged 75+ with length of stay >72 hrs with a clinical diagnosis of delirium or who scored positively on the case finding question	19,152	11,337
<b>F = D/E</b>	<b>Percentage of emergency admissions aged 75+ with a delirium diagnosis or who scored positively on the case finding question reported as having had a dementia diagnostic assessment</b>	<b>94.2%</b>	<b>94.9%</b>
G	Number of emergency admissions aged 75+ who had a diagnostic assessment and were referred on	8,146	4,344
H	Number of emergency admissions aged 75+ who had a diagnostic assessment in which the outcome was positive or inconclusive	8,540	4,779
<b>I = G/H</b>	<b>Percentage of emergency admissions aged 75+ who had a diagnostic assessment who were referred on</b>	<b>95.4%</b>	<b>90.9%</b>

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

- The percentages of acute trusts in Q1 2016/17 achieving 90% or over for measures i), ii) and iii) were (see Table 3):
  - 73.6% (106) of acute trusts carried out initial case finding for dementia for at least 90% of their emergency admissions aged 75+, compared to 81.6% in Q4 2015/16 (115 trusts);
  - 84.7% (122) carried out further diagnostic assessments for at least 90% of those who scored positively on the dementia case finding question, compared with 88.7% (125 trusts) in Q4 2015/16;

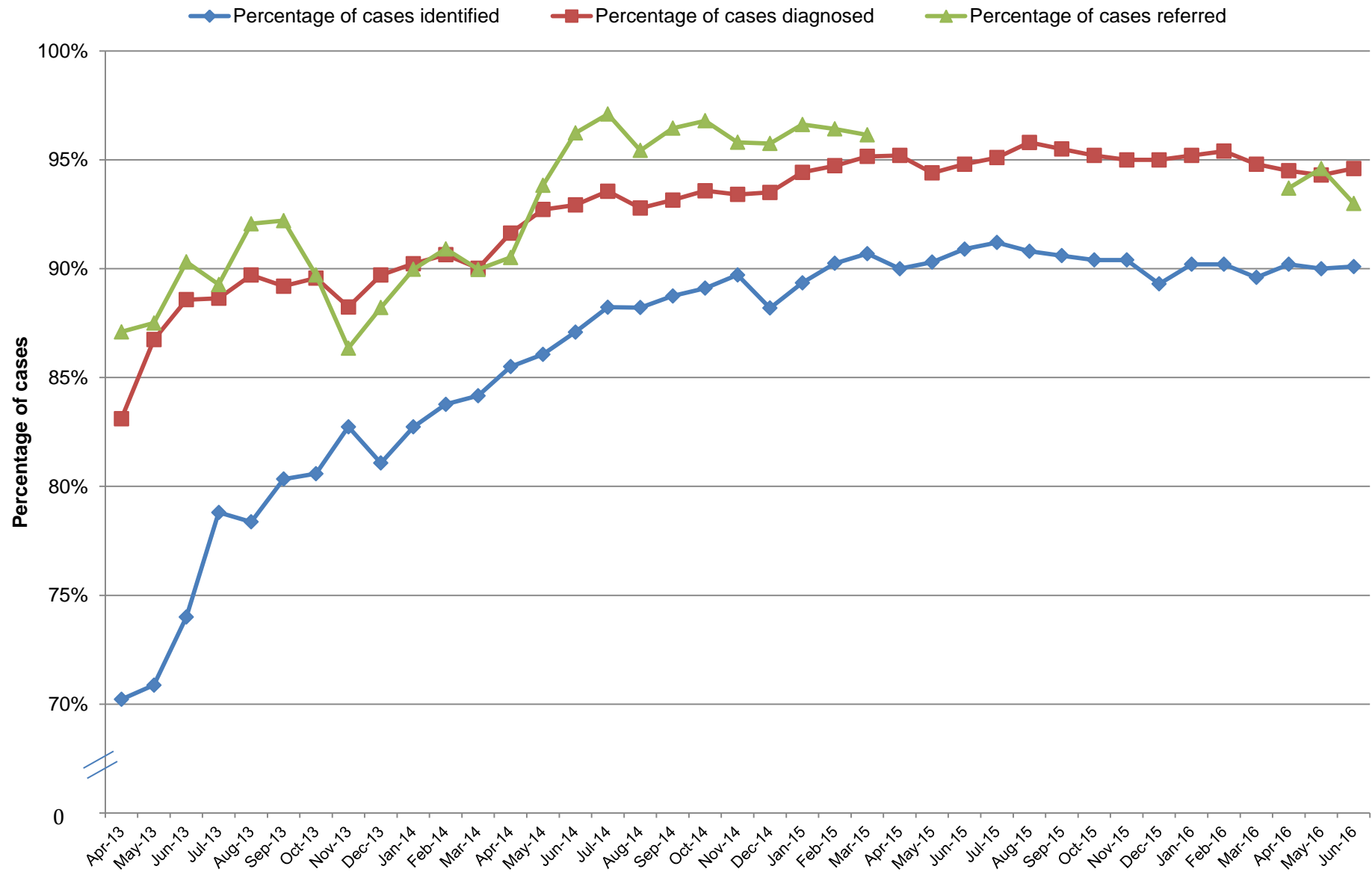
- 78.5% (113) of acute trusts referred on at least 90% of those whose assessment outcome was positive or inconclusive (Q4 2015/16 not available).
- 89 acute trusts (61.8%) achieved at least 90% in all three measures.

**Table 3. Acute Trusts reporting above and below 90% of FAIR cases i) initially identified and ii) further assessed and iii) referred on, Q1 - 2016/17, England**

	All Acute Trusts		NHS Foundation Trusts		NHS Non-Foundation Trusts	
	Number	%	Number	%	Number	%
<b>Cases initially identified</b>						
90% and above	106	73.6%	67	71.3%	39	78%
Below 90%	38	26.4%	27	28.7%	11	22%
<i>Between 85% - 90%</i>	<i>16</i>	<i>11.1%</i>	<i>9</i>	<i>9.6%</i>	<i>7</i>	<i>14%</i>
<b>Cases further assessed</b>						
90% and above	122	84.7%	75	79.8%	47	94%
Below 90%	18	12.5%	15	16%	3	6%
<i>Between 85% - 90%</i>	<i>5</i>	<i>3.5%</i>	<i>5</i>	<i>5.3%</i>	<i>0</i>	<i>0%</i>
<b>Cases referred on</b>						
90% and above	113	78.5%	76	80.9%	37	74%
Below 90%	20	13.9%	9	9.6%	11	22%
<i>Between 85% - 90%</i>	<i>4</i>	<i>2.8%</i>	<i>3</i>	<i>3.2%</i>	<i>1</i>	<i>2%</i>

Note: %'s above for measures ii) (cases further assessed) and iii) (cases referred on) are calculated for the total number of trusts in measure i) (cases initially identified) in each category. In Q1 2016/17, of 144 all acute trusts doing screening 140 did assessments and 133 referred on, of 94 foundation trusts doing screening 90 did assessments and 85 referred on and of 50 non-foundation trusts 50 did assessments and 48 referred on. The %'s for 90% and above and below 90% for cases further assessed and cases referred on may thus not add to 100%.

Figure 1. Acute Trusts FAIR cases identified (given case finding), diagnosed (further assessed) and referred, April 2013 – June 2016, England





## **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:

<b>Timing</b>	<b>Process</b>
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/>

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