

Service Specification No.	EPCS4
Service	Dementia DES+
Commissioner Lead	NHS Hull CCG – Head of Integrated Commissioning
Provider Lead	Primary Care Network Clinical Directors
Period	1st April 2020 – 31st March 2025
Date of Review	January (annually)

1 Population Needs

1.1 National Context recognised position

The term 'dementia' describes a set of symptoms that include loss of concentration, and memory problems, mood and behaviour changes and problems with communicating and reasoning. These symptoms occur when the brain is damaged by certain diseases, such as Alzheimer's disease, a series of small strokes or other neurological conditions such as Parkinson's disease. Around 60% of people with dementia have Alzheimer's disease, which is the most common type of dementia, around 20% have vascular dementia, which results from problems with the blood supply to the brain, and many people have a mixture of the two. There are other less common forms of dementia, for example dementia with Lewy bodies and frontotemporal dementia.

Dementia is a progressive condition and is currently not curable. When a diagnosis is made, it is often late in the disease trajectory, when it may be too late for those suffering from the disease to make decisions and choices. Diagnosis is often made at a point of crisis that could potentially have been avoided had the diagnosis been made earlier. However, medicines and other interventions can lesson symptoms for a period of time and people may live with their dementia for many years after diagnosis. There is also evidence that more can be done to delay the onset of dementia by reducing risk factors and living a healthier lifestyle.

There is a great deal that can be done to help people with dementia in the earlier stages. If diagnosed in a timely way, people with dementia and their carers receive treatment, care and support (social, emotional, psychological, as well as pharmacological) to enable them to better manage their condition and its impact. For example, there is much that can be done to help prevent and ameliorate symptoms such as agitation, confusion and depression.

Dementia is a growing and global challenge. As the population ages, it has become one of the most important health and care issues facing the world. In England it is estimated that 676,000 people have dementia. One in three people who die after the age of 65 have dementia and nearly two-thirds of people living with dementia are women. (NHS England from Delphi 2007)

The Prime Minister has set a National Dementia 2020 challenge which sets out ambitious goals for improving services and the experience for people living with dementia, along with their carers, but also to raise the awareness of dementia amongst society and to increase research undertaken into the area. As part of this challenge, the government expects to see:

- GP's playing a leading role in the coordination and continuity of care for people with dementia
- Every person diagnosed with dementia receiving meaningful care following their diagnosis
- Access to relevant information on what support is available through the journey
- Carers of people with dementia being made aware of the support available to enable them to cope with their caring responsibilities

1.2 Local Context

- Life expectancy in Hull is lower than UK average (77 years for men and 80 years for women). The percentage of people aged 65+yrs out of the total population is currently estimated 15% but is expected to increase to 19% by 2030.
- Many of the wider determinants of mental health, long term unemployment, offending, addiction, smoking, obesity, deprivation, violent crime, statutory homelessness, and children in poverty are worse in Hull than its surrounding areas. (Public Health England Profile 2016).
- Recently published data specifically for Hull indicates lower than expected number of adults in contact with mental health services who are in paid work or have settled accommodation.
- It is estimated by 2030 there will be approximately 50,900 people aged over 65 years living in Hull and that 3 in 100 of them will be aged 90+ years.
- In Hull data (as at October 2019) informs that there are 2,235 people with a dementia diagnosis which gives a diagnosis rate of 79%. The estimated prevalence for Hull is 2,830 meaning that we potentially have 595 people in the city undiagnosed.

2 Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	√
Domain 2	Enhancing quality of life for people with long-term conditions	√
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	√
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	√

2.2 Local defined outcomes

- Increase in the number of people with dementia having a formal diagnosis compared with the local estimated prevalence
- Increase in the proportion of people with dementia receiving a diagnosis while they are in the mild stages of the illness
- Ensure all patients diagnosed with dementia are reviewed and given a comprehensive care plan (to include advanced care planning) for those who wish to have one.
- Increase in the number of patients and carers who have a positive service experience
- Ensure patients with other identified needs e.g. psychological are referred onto the correct services such as Let's Talk etc.

3 Scope

3.1 Aims and objectives of the service

The aim of this service is to deliver early diagnosis of Dementia and to establish a reviewing process to monitor the development of cognitive impairment. The objectives of the service are to:-

- Promote and facilitate early identification and referral, encouraging eligible patients to attend assessment.
- Ensure that the service is readily accessible and meets the range of needs of the local population, including minority groups.

- Ensure continuity of care across the pathway and integration with other care providers.
- Ensure that the service is delivered in a considered, timely and coordinated manner.

3.2 Service description

The DES+ service will be contracted at Primary Care Network level and delivered from GP practices therein for patients who present with a memory concern and for those patients who are identified as potentially being at risk.

The practice will undertake a 6CIT screening test, which is embedded into the Primary Care Clinical system, for willing patients who feel there is a memory concern or who have been identified as potentially being at risk. The 6CIT screening test may result in a number of different outcomes:

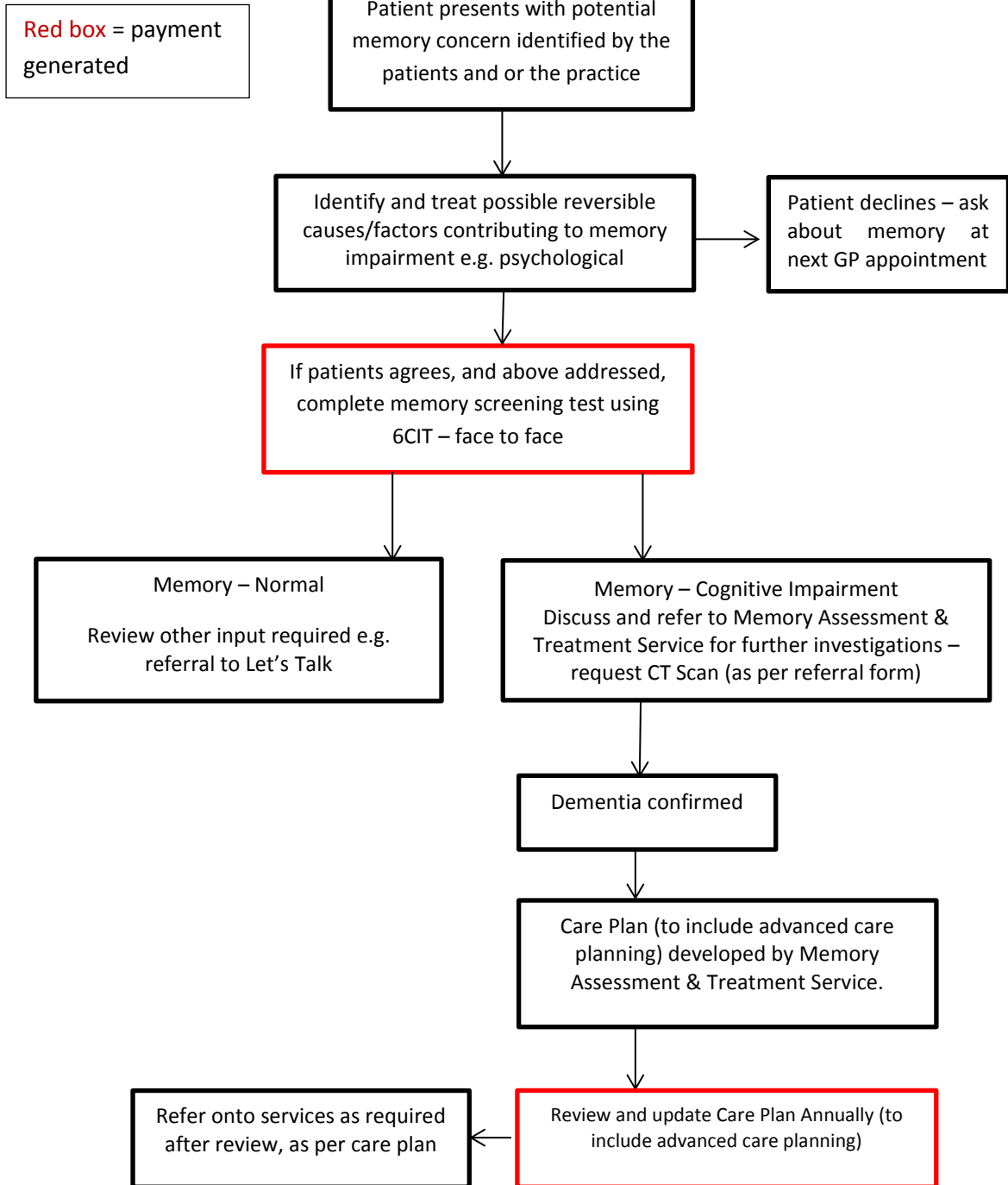
- Normal. Discussion around current circumstances of memory impairment and a possible referral to the Let's Talk service
- Cognitive Impairment. Discuss circumstances and referral to the Memory Assessment & Treatment Service for further investigations

As part of the service requirement, patients who are diagnosed with dementia in the Memory Assessment & Treatment Service will have a Care Plan (to include advanced care planning) developed, which, upon discharge from the Service and back to the GP, will be required to be reviewed on an annual basis with the patient and the carer, where appropriate. The plan will be shared with the GP practice electronically in order that it can go direct into their clinical system.

The Care Plan (to include advanced care planning) will assist with identifying needs for the patient and the carer from a health and social care perspective and will help the patient plan for the future in terms of advanced statements and lasting power of attorney; allowing the patient to make decisions about their day to day care and end of life preferences.

It is also expected that practices undertake a quarterly cleanse of their data to ensure that their dementia register is up to date.

3.3 Service Pathway



3.4 Service Availability

It is expected that the service is available to all patients throughout a Primary Care Network and delivered within selected GP practices therein during their core hours and during extended hours for those practices that deliver this.

3.5 Service Requirements

There is a requirement for practices to use 6CIT to screen their patients, following the pathway above, ensuring it is undertaken face to face.

3.5.1 Advanced Care Planning

There is a requirement as part of the service description to review and update the Care Plan (to include advanced care planning) with patients who have been diagnosed with dementia, along with their carer, where appropriate. It is the responsibility of the GP practice to coordinate the plan and it is expected that patients are invited to an appointment with their practice to review and update the Care Plan on an annual basis. The GP will be responsible for any onward referrals as a result of the review, taking into account what has been documented in the care plan in terms of escalation to secondary mental health services. Alzheimer's Society and The Carers Services can also be referred back into if required for further support.

3.5.2 Technical Guidance – reporting/templates

Practices will be required to use the Data Quality Toolkit (developed by the Yorkshire and Humber Commissioning Support and the Yorkshire & Humber Strategic Clinical Network). The Data Quality Toolkit includes searches and templates which will allot the practice to:

- Validate the practice Dementia Register
- Identify patients at risk
- Provide a Care Plan template (to include advanced care planning)

Searches will be agreed with the commissioner and performed on a quarterly basis. Networks will be required to confirm that the searches have been carried out via the enhanced services portal.

3.6 Population covered

The service is open to all patients registered with a NHS Hull CCG GP practice where the patient and the GP has concerns regarding their memory or the patient has been identified as being at risk.

3.7 Interdependence with other services/providers

It is expected that the service should build up good working relationships with partner agencies e.g.

- Local Memory Assessment & Treatment Service
- Community Services
- Hull City Council
- Voluntary & Community Sector Providers

It should also be noted that a new model for assessment, diagnosis and treatment of dementia is in place with an MDT approach to ensure the service offers a holistic approach for patient and carer. This model is being delivered from primary care sites across the city. This specification will operate seamlessly with the proposed model.

4 Applicable Service Standards

4.1 Applicable national standards

Memory assessment service for the early identification and care of people with dementia, Commissioning guide, Implementing NICE guidance.

NICE Guidance and Quality Standards

- Dementia – supporting people with dementia and their carers in health and social care:
<https://www.nice.org.uk/guidance/cg42>
- Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset
<https://www.nice.org.uk/guidance/ng16>
- Dementia – independence and well-being
<https://www.nice.org.uk/guidance/qs30>

<ul style="list-style-type: none"> • Dementia – support in health and social care https://www.nice.org.uk/guidance/qs1
4.2 Applicable local standards
5 Applicable quality requirements and CQUIN goals
5.1 Applicable quality requirements
<p>Please report activity monthly via the Portal for the following:</p> <ul style="list-style-type: none"> • Numbers of screening undertaken via 6CIT • Numbers of Care Plans put in place • Numbers of Care Plans Reviewed
5.2 Applicable CQUIN goals
6 Location of Provider Premises
This will be provided from Hull GP Practices.
7 Individual Service User Placement
Not applicable