

# **Dementia care, GP Commissioning & the NHS Reforms**

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## **GP Consortia commissioning dementia memory assessment services**

- Trajectory
- Priorities
- Processes & Outcomes
- Service model with per-patient tariff and timed stages
- Clinical responsibility lies with the GP, except for the diagnostic process.

## Four priorities:

- Early diagnosis and intervention ('timeliness')
- Better care in hospitals
- Better care in the community
- Less prescribing of anti-psychotic medication

## Outcomes not targets

- The experience of the diagnostic process
- Case identification: proportion of expected number with dementia known to GP
- Time from first symptom to formal diagnosis

## Who?

3 patient groups:

- PWD in mild-moderate stage
- Younger adults
- People with learning disabilities

Exclusions:

- Cognitive impairment due to head injury (Neurology)
- More advanced dementia (CMHT)
- Already diagnosed with dementia

## Access & process:

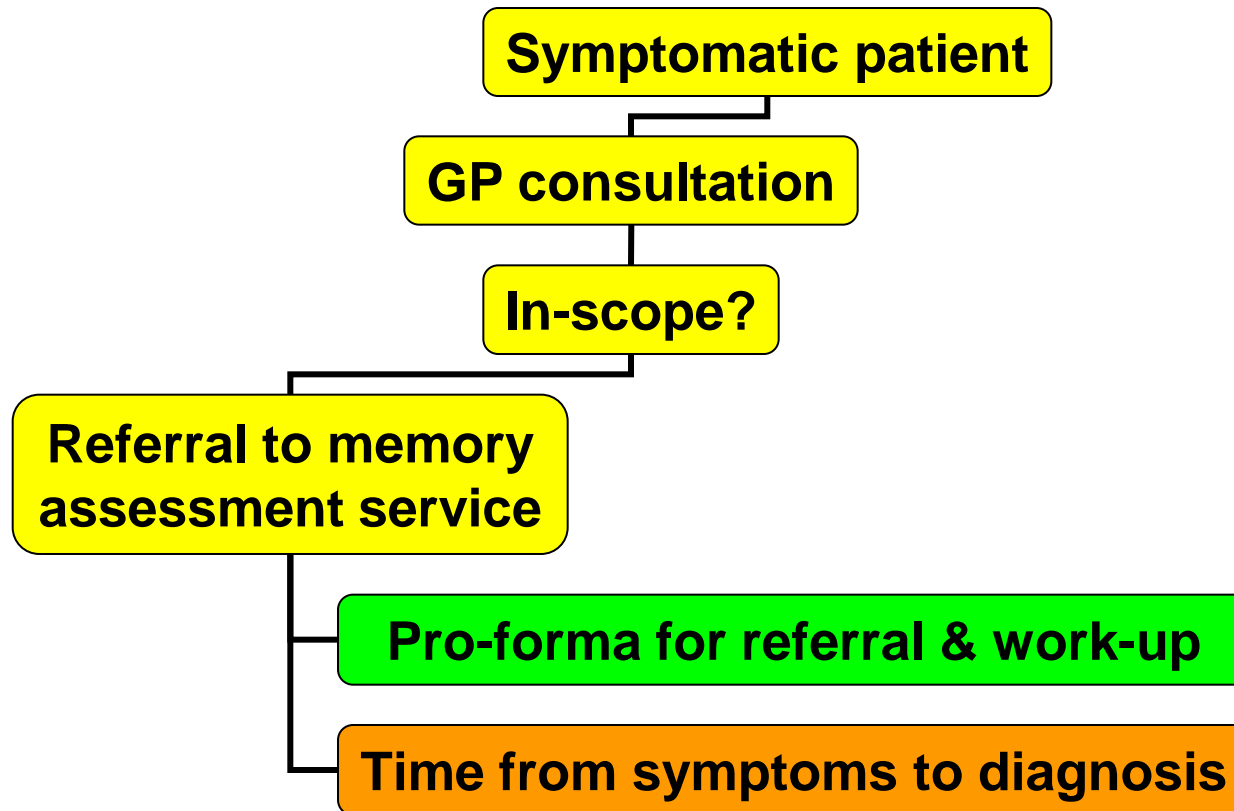
### Access

- GP referral

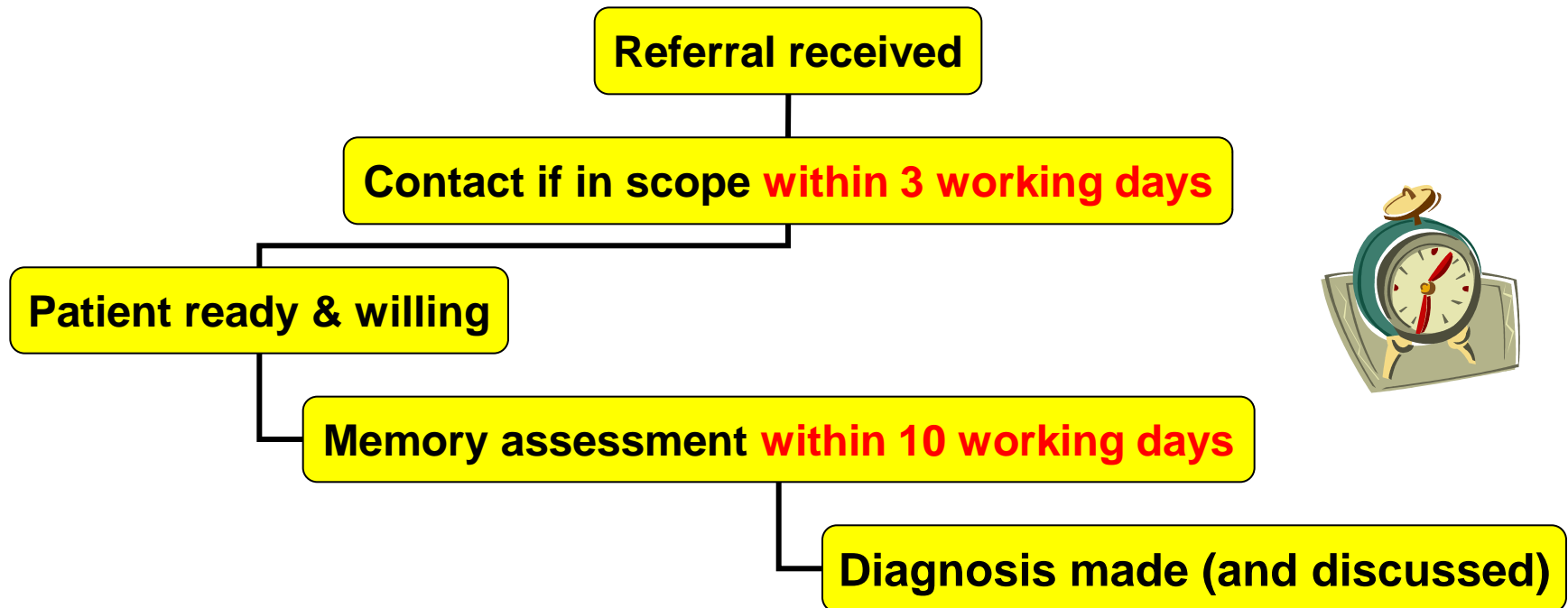
### Process:

- Recognition to referral
- First contact to diagnosis
- Diagnosis to hand-back

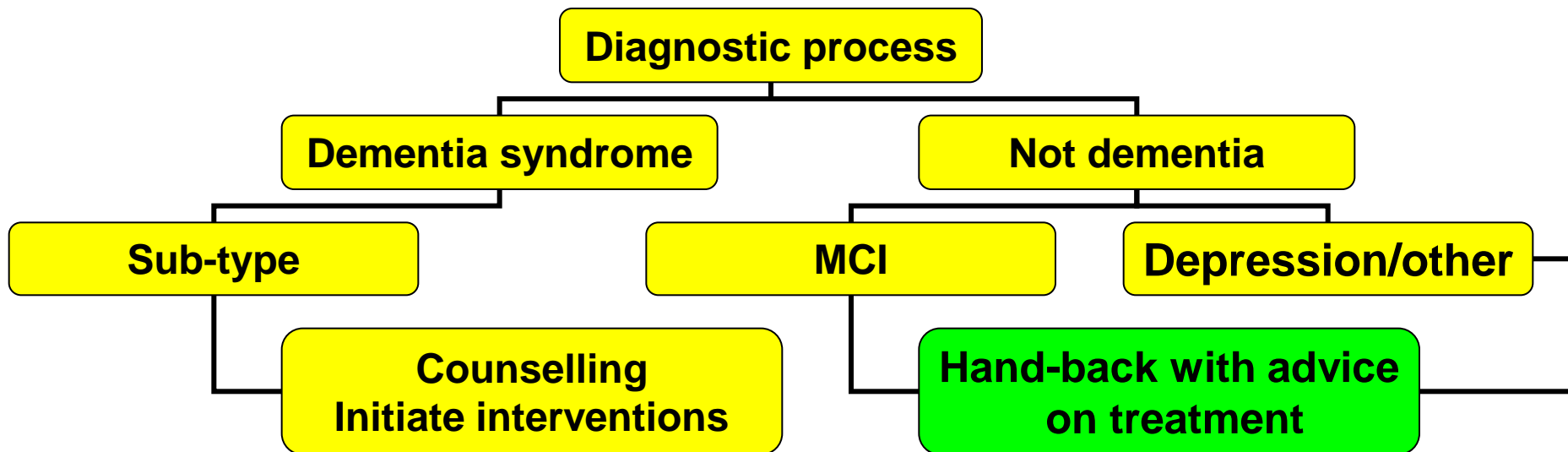
# Recognition to referral



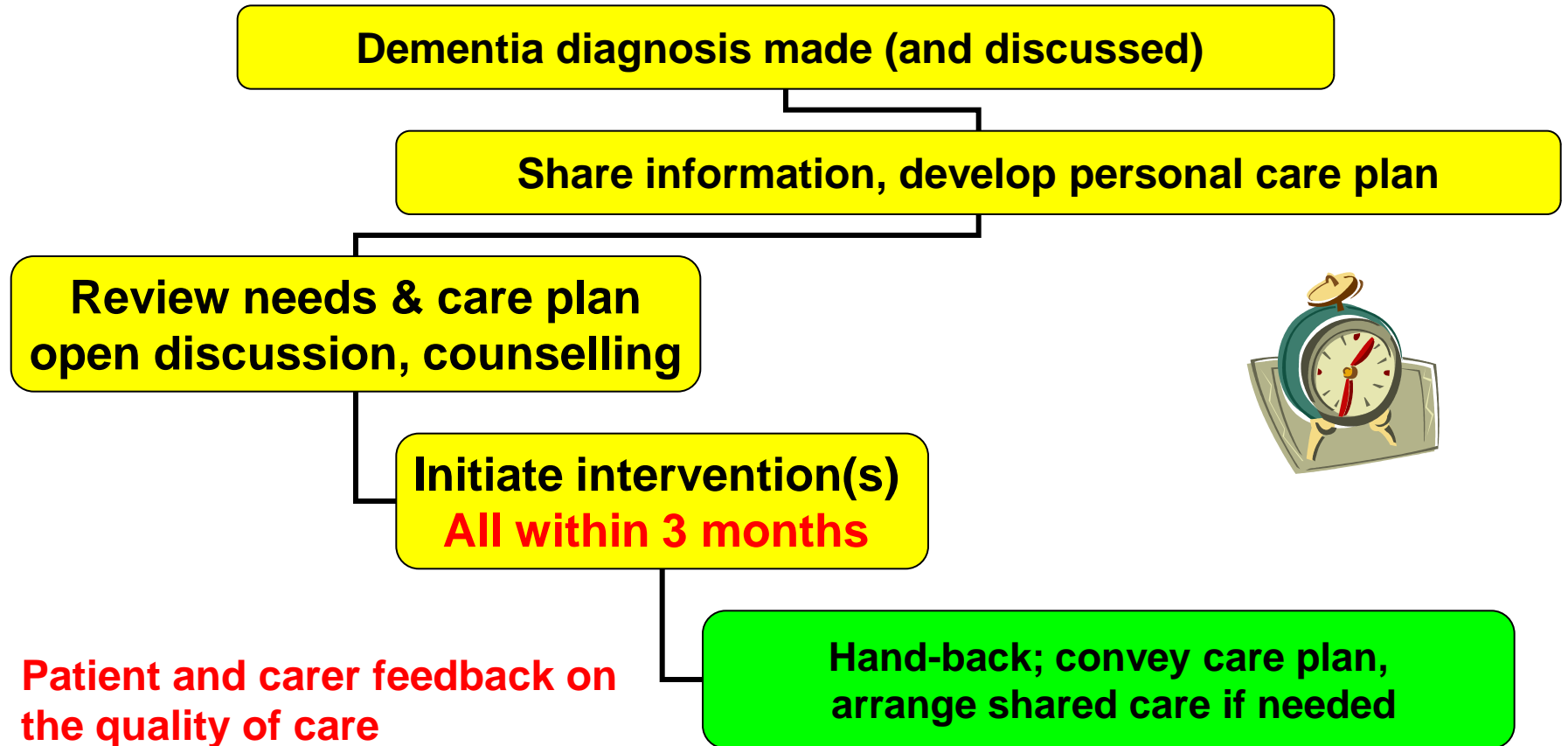
# First contact to diagnosis



# Diagnosis



# Diagnosis to hand-back



## Conclusions

Commissioners triangulate evaluation:

- Providers report on process, including timing
- QOF shows impact on identification
- Patient/carer feedback on quality of care

Commissioners also commission

- Longer-term support
- Responses to behavioural & psychological symptoms
- End of life care

## Work in progress

- Other outcome measures?
- What is needed for longer-term care?
- How different do specifications need to be for younger onset dementias?
- How to commission for hospital care?