

Dementia Pathway Transformation Update

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Purpose:

This paper offers an update on the dementia pathway transformation programme work and the plans that were previously shared with the Primary Care Committee in January 2022.

In addition, the proposed dementia LES has been shared for approval and is planned to be implemented in April 2022.

Background:

In January 2022 CCG officers provided an update on the restarting of the dementia transformation care pathway work and advised the committee of the need to implement improvements at pace. Commissioning plans focused on two areas to do this, which were to resolve issues with capacity

- in primary care so they can provide ongoing monitoring and annual medication reviews for people with dementia diagnosis, and in
- secondary care to ensure that people are assessed and receive a diagnosis of dementia within six weeks of being referred

Since January options to achieve this have been reviewed and taken forward. For primary care

- PCNs have agreed to work with Dementia UK in order to have an Admiral Nurses in every PCN across Rotherham
- RCCG have drafted a Dementia LES which has been updated further to feedback from the LMC and is now being shared with the Primary Care Committee for approval

For secondary care

- Contract discussions with RDaSH are advancing and RDaSH are currently working on their dementia diagnostic modelling and financial requirement

Delegation responsibility:

Please tick which area of delegated responsibility this paper covers:

Commissioning, procurement and management of GMS,PMS and APMS contracts including taking contractual action	✓
Newly designed enhanced services (including DES)	✓
Local incentive schemes	
Discretionary payments	
Commissioning urgent care for out of area registered patients	
Planning Primary medical care services (PMCS)	
Managing practices with CQC concerns	
Decisions on premise cost directions	
Planning the commissioning of PMCS	
Manage the delegated allocation for commissioning of PMCS	
Assurance to the governing body on the quality and safety of PMCS	

Analysis of key issues and of risks

The previously noted risks of

- Patients having excessively long waits to access the Rotherham Doncaster and South Humber NHS FT (RDaSH), Memory Service
- Lack of capacity and or clarity about who is responsible for ongoing medication reviews and monitoring
- Plans not being achievable within the current financial envelope

Have been mitigated in part by carrying out a number of actions including

1. Identifying the capacity needed within the RDaSH Memory Service to ensure patients are seen within six weeks of referral
2. Agreeing the best mechanism (e.g. local LES) to ensure primary care have the capacity to monitor their dementia patient and carry out annual medication reviews
3. Reviewing the pros and cons of scaling up the Admiral Nurse pilot currently in place at Stag Medical Centre
4. Scope the existing dementia services within Rotherham and benchmark them against national best practice and identify any gaps in provision.
5. Carry out a costing exercise to understand the above proposals

All of the above actions are underway and either complete or close to completion.

1. RDaSH and RCGG have met as part of agreeing the new contract for 2022/23. RDaSH are carrying out diagnostic modelling in order to understand what they will need to ensure more people receive a diagnosis of dementia within six weeks of being referred into the service by their GP
2. A LES has been agreed as the best mechanism to ensure primary care has capacity to carry out their dementia work. The LES was drafted and shared with the LMC (on 14 February 2022), who were broadly supportive of it. The LES is attached for Primary Care Committee to review and approve, with a view to it being implemented in April 2022

3. PCNs have taken the decision to work with Dementia UK and scale up the Admiral Nurse pilot which was put in place by the Stag Medical Centre. Contracts are being agreed directly between PCNs and Dementia UK
4. Dementia services commissioned by RCGG have been reviewed and issues relating to referral criteria have been identified with actions to resolve problems agreed (e.g. increasing referral pathways from RDaSH into the Carers Resilience Service, information detailing specialist post-diagnostic services that GPs can refer to is being collated). This work will be ongoing whilst changes to the dementia care pathway are embedded.
5. Costing the Dementia LES is currently being finalised and RCGG is awaiting the outcome of RDaSH's work (see point 1) in order to understand any additional financial implications. Currently RCGG mental health commissioning spend £6.2m on inpatient and community services (including social care provision) that support people living with dementia.

Patient, Public and Stakeholder Involvement:

Service providers, PCN clinical directors and VCSE representatives have been consulted with as part of this ongoing work, via 1:1 and small group interviews. Feedback from carers has been shared by providers to RCGG in order to support this work. RCGG will also include the need for patient and carer feedback within contracts in order to monitor the impact of changes. Consideration will also be given to conducting an evaluation of how the changes have impacted both service users and carers.

The changes that are beginning to be implemented are aimed at bringing Rotherham closer in line with the national *Well Pathway for Dementia*. Doing this is intended to increase the capacity of existing dementia services and improve equity of access for all patients. By making these changes the intention was always to improve outcomes for patients and carers as they will be able to receive more timely evidence-based interventions that are in line with best practice.

Equality Impact:

An Equality Impact Assessment will be carried out on this wider dementia programme (i.e. impact of implementing individual proposals as overall programme of work) as part of finalising them with stakeholders. It should also be noted that most of the individual proposals being discussed as part of this wider programme e.g. Dementia LES have already been subject to an EIA.

Financial Implications:

The final financial implication of this programme of work is currently being finalised as discussed above.

It is not anticipated that this work will deliver any financial savings for RCGG.

Human Resource Implications:

It is anticipated there will need to be a level of recruitment and associated training for services to increase their operational capacity. It is not anticipated that there will be any direct HR implications for the RCGG.

Procurement Advice:

It is not anticipated that there will be any procurement issues.

Data Protection Impact Assessment:

No patient identifying information or personal staff information is required to progress this work.

Approval history:

Not applicable

Recommendations:

The meeting is asked to note the content of this paper as an update on the dementia improvement programme.

Paper is for Noting and PCC are asked to approve the Dementia LES shared with this paper.

The diagram below shows the emerging Rotherham Dementia Pathway

