

# NHS Rotherham Clinical Commissioning Group

Primary Care Sub Group – 27 April 2022

Primary Care Committee – 4 May 2022

## Dementia Pathway Transformation Update

Lead Executive:	Ian Atkinson, Executive Place Director
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### Purpose:

This paper offers an update on the dementia pathway transformation programme currently been undertaken by the Rotherham Place partners.

### Background:

There has been a long-term commitment to improve the dementia care pathway in Rotherham for the last two years, however, the pandemic has slowed progress. There is now a need to implement improvements at pace and ensure that there is a clear commissioning plan to do this, in place by April 2022. The focus of which is to bring existing services in line with the national *Well Pathway for Dementia* and 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.

### 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	

## Analysis of key issues and of risks

### Dementia local Enhanced Service Sign-up and Implementation

Following discussion at the last Primary Care Committee meeting further information was received from RDaSH, which recommended the inclusion of the IQ CODE and mini ACE, as part of the primary care Mild Cognitive Impairment (MCI) pathway. This recommendation and its impact on the LES delivery was considered by the CCG's SCE Adult Mental Health Lead, LMC representative and Head of Adult Mental Health Commissioning. The outcome of which was to amend the primary care MCI pathway to include the IQ CODE and Mini ACE scores and realign the payment to reflect the additional requirement. The revised documentation has been shared with Rotherham GP practices and all 28 have now confirmed that they will sign-up to the Dementia LES.

#### Next steps:

- Dementia LES contract documentation to be completed by all practices.
- The Dementia Top Tips and supporting documentation to be finalised and made available to practices via the CCG intranet.
- Mobilisation of the Dementia LES and transfer of the ongoing monitoring / annual medication review cohort from secondary to primary care will commence May 2022.
- The CCG will need to revise the RDaSH Memory Clinic specification to reflect these agreed changes and include in the 2022/23 RCCG/RDaSH contract.
- Dementia Update to be included as part of a future PLTC programme.

### Six-week referral to treatment diagnosis pathway

The national performance requires that local areas increase the number of people who receive a dementia diagnosis within 6 weeks. In Rotherham this will be achieved by:

- Implementing the Dementia LES, which will increase the staffing capacity with the RDaSH memory clinic to focus on the diagnostic element of the pathway. It will also introduce the diagnosis CT scan request earlier in the process i.e. a referral will be made by the GP when referring to the Memory Clinic (due to commence May 22).
- Completing a waiting list initiative to address the current cohort of people who have been waiting over 6-weeks for their assessment and diagnosis. To support this programme of work RDaSH have undertaken a modelling exercise to identify resources that would be required to address the current waiting times. This approach will require a non-recurrent and longer-term investment to enable the reduction of the current waiting list and ensure staffing levels are available to sustain an on-going 6-week waiting list. It is envisaged that this will be a 9 -12 months programme of work.

#### Next steps:

- The 22/23 contract discussion between RDaSH and the CCG need to be concluded. This will include the agreed waiting list reduction delivery plan (including reduction trajectory) and timescale for the delivery of a 6-week referral to diagnosis pathway. To be monitored by the RCCG/RDaSH Contract Performance Group and Mental Health and Learning Disabilities Transformation Group.

- The CCG will need to revise the RDaSH Memory Clinic specification to reflect these agreed changes for inclusion in the 2022/23 RCCG/RDaSH contract.
- RDaSH to commence mobilisation of the 6-week waiting list reduction initiative once details are finalised with the CCG.

#### **Patient, Public and Stakeholder Involvement:**

Since the previous update report presented to the Primary Care Committee March 2022 the CCG has continued to work with the PCN, LMC and RDaSH to finalise and agree the pathway.

#### **Equality Impact:**

Dementia Local Enhanced Service Specification – Equality Impact Assessment completed and awaiting sign-off from the CCG's Equality and Diversity Steering Group.

RDaSH Memory Clinic Service Specification and Equality Impact Assessment under-development.

#### **Financial Implications:**

##### **Dementia Local Enhanced Service 22/23 Finance**

	<b>Timings</b>	<b>Cost per patient</b>
Annual enhanced review and allocation of named coordinator of care	20 Mins GP (£43.98) 10 mins nurse (£6.90)	£50.88
Follow up reviews	20 min nurse time	£13.80
MCI annual review	20 Mins GP (£43.98) 10 mins nurse (£6.90)	£50.88
Diagnostic CT scan	10 min GP time	£21.99

Payment will be made to practices for each complete annual review, MCI and follow-up review and diagnostic CT scan undertaken within each quarter.

##### **RDaSH Memory Clinic**

The enhancement of the Memory Clinic provision will be achieved through a combination of current service reconfiguration plus new investment (both recurrent and non-recurrent). These discussions have not yet been concluded.

#### **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 RCCG.

#### **Procurement Advice:**

Dementia LES - This will be a change to the previous Dementia LES provided by GP practices and is an integral element of practice service delivery.

RDaSH Memory Clinic – The proposed changes to current provision will be achieved through a combination of service reconfiguration and new investment to enhance the current provision. These changes will be reviewed once the new Provider Selection Regime is in place later in the year.

<b>Data Protection Impact Assessment:</b>
RDaSH Memory Clinic Development - The DPIA for this initiative is included, as part of the Full-Length version of the NHS Standard contract.
<b>Approval history:</b>
Not applicable
<b>Recommendations:</b>
The meeting is asked to note the content of this paper as an update on the dementia transformation programme, support plans and further to any discussions on the contents offer any relevant advice.
<b>Paper is for Noting</b>