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| <b>Report title:</b> Dementia Diagnostic Pathway   |                        |
| <b>Report to:</b> Health Overview Policy and Scrutiny Committee  |                        |
| <b>Report author:</b> MSE, SNEE & West Essex ICB Transformation Leads  |                        |
| <b>Date:</b> 1 June 2023   | <b>For:</b> Discussion |
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| <b>County Divisions affected:</b> Not applicable   |                        |

## 1. Introduction

### Importance of diagnosis

Dementia is frailty and a terminal illness with the monthly mortality rate from the (dementia diagnosis rate) DDR being between 1-2%. To maintain a register for Essex 126 – 205 diagnoses a month are required to meet 1% mortality.

The DDR is monitored as an indication of post diagnostic support as without diagnosis correct treatments and supports cannot be provided to the individual or the family/carers. The earlier diagnosis is made, the greater the opportunity for treatment, lifestyle changes and planning to ensure an optimised future progression.

Where treatments may be effective sub-typing of the dementia is essential to allow correct medication and health promotion to be given.

There are various diagnostic pathways across Essex including in Primary Care, Acute Trust, Nurse Lead Identification, Young Onset pathways amongst others. For complex diagnostic pathways EPUT is the main provider, this includes the formal Memory Assessment Service Pathways which operate across Essex.

Post diagnostic support is provided across Essex with regular review of their care plan and with local variation in provider, to meet local demographic and align with the locality variation in other service provision.

## 2. Background

There was a significant decrease in dementia diagnosis rates in the early stages of the pandemic, nationally from 67.6 per cent in February 2020 to 63.5 per cent in June 2020.

In 2020, the rate of deaths involving COVID-19 for people with dementia was more than seven times the rate of people without dementia. In 2022, the risk was 4.4 higher for females and 4.7 higher for males with dementia, compared with those without. (ONS, 2023)

For many diagnoses neuroimaging is required, and the pandemic brought huge

backlogs in many areas. As systems recover this backlog the priority for diagnostic scans is to clear cancer pathway and other similar condition waits. While wait for the scan can be some weeks, even after a scan is produced the report may take further weeks for a report to be generated.

This can create delays in diagnostic appointment with consultant or the requirement of a second appointment if the report is not created. Using two slots and increasing diagnostic backlog.

Delay in diagnoses were mainly caused by delay in testing neuroimaging, phlebotomy, and ECG. There was a break in assessment at the start of lockdown creating virtual assessment guidance.

While RPsyCH COVID guidance suggested dementia diagnosis work could be 'paused' in the pandemic, in Essex while there was a slowing, we did not stand down our diagnostic services and instead utilised some innovative approaches such as virtual assessments.

### **3. Introduction**

Acknowledging that each area/locality within Essex is not homogeneous, however post pandemic there is an increase in referrals due to those who have waited, functional cognitive concerns and post COVID impairments. Anxiety and depression in older adults may present as pseudo dementia as per referrals into the pathway of about 60% of those who complete the pathway will have a diagnosis of dementia.

About 20% will have diagnoses of Mild Cognitive Impairment, which indicates high risk of dementia, and we can offer support to slow the progression.

Also, to be noted is that patient's choice of waiting for face to face, for relatives to be available or for the pandemic to be over can invariably impact on the length of time for an assessment. In such cases regular contact is kept with the waiting list across the areas.