

What are the levers to improve quality and value for money of dementia services in England, and are they sufficient?

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Edward Leigh MP, Chairman of the Committee of Public Accounts, on publishing his Committee's report

"There is a wide gulf between what the Department of Health keeps saying it is going to do about dementia services and what it actually does. This Committee feels badly let down by the Department's failure to act on the commitments it gave to us in 2007.

"Just over a year ago, it published a five-year national strategy to raise the quality and priority of dementia care. But the strategy lacks the tools to ensure effective implementation and make change happen. At an earlier hearing, the Department left us in no doubt that it was going to make dementia a national priority, in the same way that cancer and stroke are national priorities. But it still hasn't."

Who are we?

- National Audit Office
 - External auditor of government
 - Financial and VFM audit
 - NAO's strategy focuses on: financial management, informed government; and cost-effective service delivery
- Committee of Public Accounts
 - Senior Commons committee, chair from the opposition
 - Government must respond to their recommendations

Timetable

- Feb 07 Dementia UK Report provides key data on scale and costs
- July 07 NAO report identifies urgent need for action to improve vfm
- Aug 07 Strategy development announced
- Oct 07 DH to PAC: dementia is “a national priority”

strategy development

- Feb 09 publication of National Dementia Strategy
 - Apr 09 formal implementation begins; first £60m available
 - Jun 09 NAO begin follow-up work
 - Jul 09 Detailed implementation plan published
 - Jan 10 NAO follow up report and PAC hearing
 - Mar 16 PAC report published
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- Mar 31 baseline assessments of services due to be completed
 - Apr 10 second tranche of funding available (£90m)

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Background – what we found in 2007 about leverage

- Lack of diagnoses; lack of cost data – hence those with the power to effect change unsighted on scale and impact of issue.
- Evidence of cost-effective interventions available but not brought together - so lack leverage
- Low profile and professional nihilism about what can be done – hence inertia preventing change
- Interventions very late in the day (and more costly) or not at all – hence poor VFM

The NAO's 2010 interim report

- PAC requested an update after 12 months
- Strategy publication was delayed – hence we reported back after 15 months
- Used Cabinet Office's Capability Review Framework
 - Leadership
 - Strategy
 - Delivery

Methodology (detailed on website)

- Document and Literature review including Implementation plan and impact assessment
- Interviews key stakeholders
- Census 1,000 GPs*
- Survey of Old Age Psychiatrists (218)*
- Census SHAs and structured interviews DRDs and 9 care home providers
- Eight on line discussion boards (87)*
- Analysis QoF data
- Expert panel

What we found in 2009-10 on **strategy**

- Ambitious and comprehensive
- Evidence-based, focuses on outcomes, obtained buy-in from all groups

BUT

- Still no comprehensive local data on which to base decisions
- Poor cost data – no tariff

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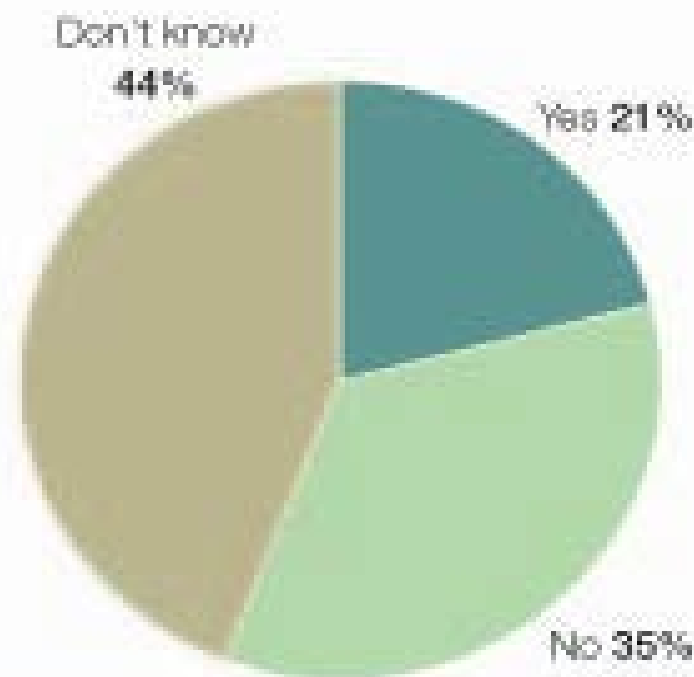
- Still no comprehensive local data on which to base decisions
- Poor cost data – no tariff
- Impact assessment incomplete and does not provide a real estimate of likely costs
- Efficiency savings of at least £1.356bn required to fund the implementation costs, which depends on adoption of good practice and release of funding from acute and long-term care to primary care and social care

What we found in 2009-10 on leadership

- Strong direction from DG Social Care
- No national clinical director until January 2010, though recommended by PAC in January 2008
- Regional leaders have strong backgrounds but no management role and can only influence
- Most acute trusts had no senior clinician taking lead on dementia
- Few frontline staff could identify leaders

Figure 15

Has a senior clinician been identified to take the lead for quality improvement in dementia care in the local general hospital?



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- Positive shift in GP attitude to early diagnosis but still lacking confidence in local services

Figure 2

Agreement with statements regarding dementia diagnosis
(2006, 2007 & 2009)

Statement	Total agreeing in 2006 (%)	Total agreeing in 2007 (%)	Total agreeing in 2009 (%)
It is important to look actively for early signs of dementia.	62	63	80
It is beneficial to make an early diagnosis of dementia.	68	60	77
I use specific tests and/or protocols to help me diagnose and manage dementia.	56	56	74
I have ready access, when required, to specialist advice to help me diagnose and manage dementia.	62	49	77
There are satisfactory specialised services for older people, and/or their families, in my area to meet the needs of those with dementia.	31	28	44 ¹
I have received sufficient basic and post-qualifying training to help me diagnose and manage dementia.	31	40	47 ¹

NOTE

¹ Around a quarter of respondents in both of these cases neither agreed nor disagreed with the statement.

Figure 4

Confidence in diagnosing dementia and advising on the management of symptoms (2006, 2007 & 2009)

Statement	Somewhat or very confident in 2006 (%)	Somewhat or very confident in 2007 (%)	Somewhat or very confident in 2009 (%)
How confident are you in diagnosing dementia?	59	65	71
How confident are you in giving advice about managing dementia-related symptoms?	41	53	58

What we found in 2009-10 on **delivery:** **implementation plans**

- Detailed implementation plan is in place
- Pilot work on dementia advisers and peer support
- Baseline reviews ongoing

BUT

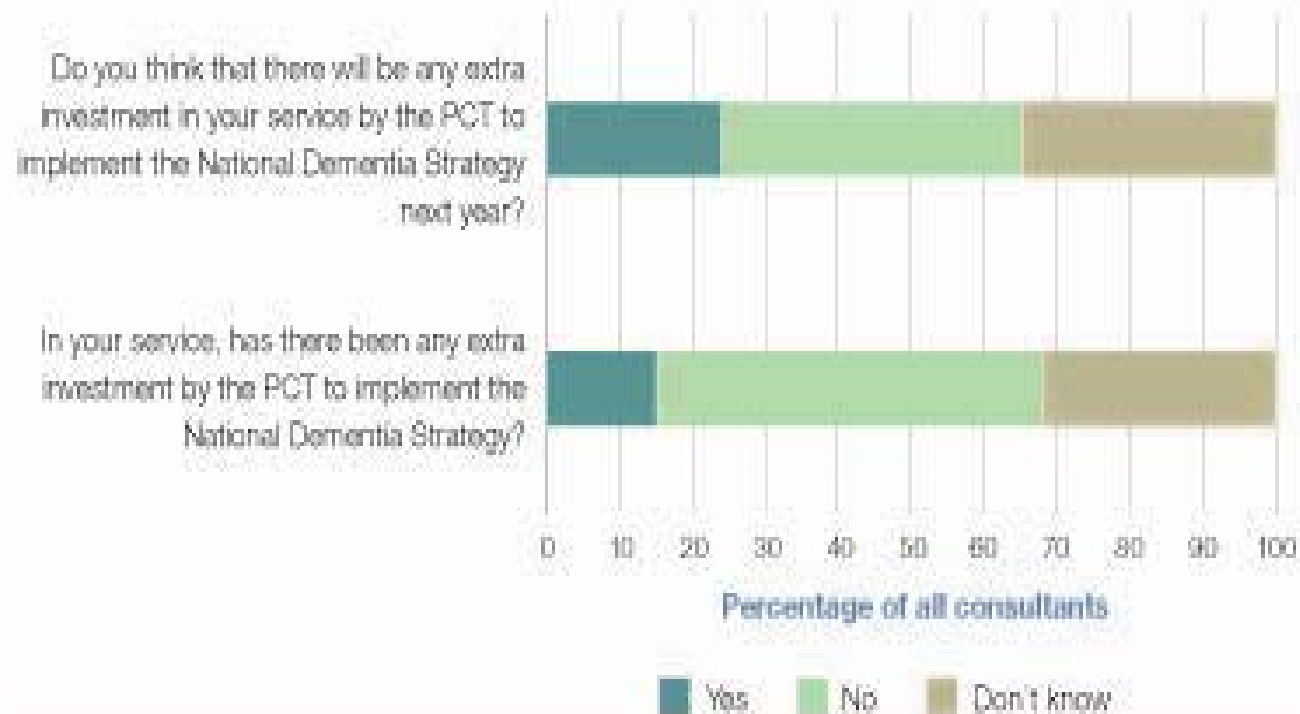
- Most trusts waited for July 2009 to begin assessing services, when they could have started in early 2008
- £60m from April 2009 but dementia allocations unclear
- lack of joined up working still a barrier
- Lack of strategic partnership with care homes sector

What we found in 2009 on delivery: managing and leveraging performance

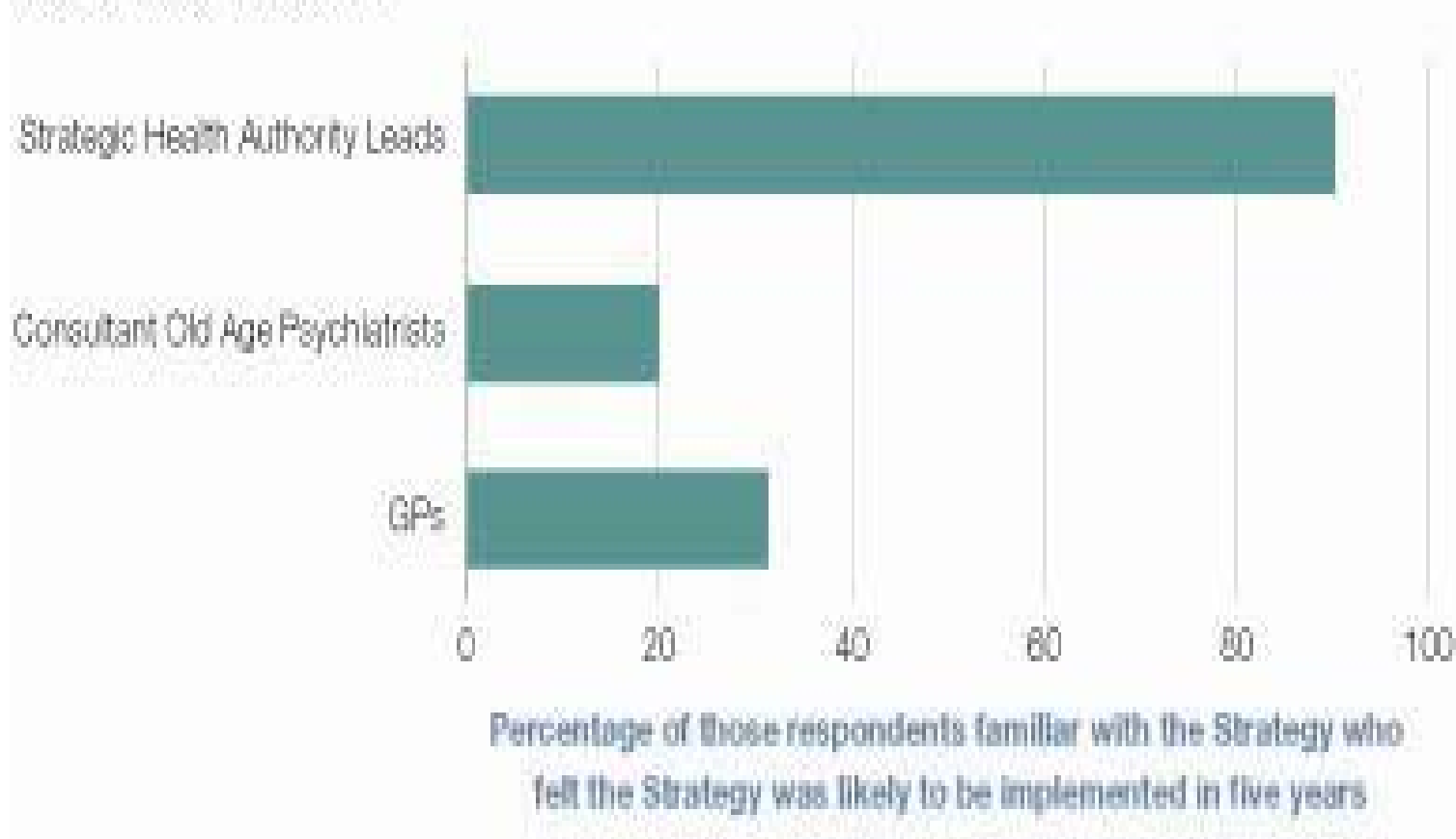
- Dementia Strategy too late for inclusion in Vital Signs
- Dementia not mentioned in next two Operating Frameworks – hence no direct performance management
- Other levers?
 - Commissioning
 - QOF
 - Dementia metrics
 - Regulation
 - Innovation
 - National clinical audit and MSNAP

Figure 23

Current and future investment by the PCT to implement the Strategy



Frontline staff are much more sceptical than regional leads about likelihood of the Strategy's successful implementation in five years



Conclusions on value for money

- We welcomed the Departments commitment that Dementia would be a national priority and the development of the strategy as overdue recognition of the size and scale of the challenge. However the Department has not yet matched this commitment with a robust approach to implementation that aligns leadership, funding, incentives and information.
- BUT - Dementia does not feature in Vital signs and its not therefore seen as a “must do” – effective local leadership, joined up commissioning with quality incentives and comprehensive performance information – are not yet in place not do we know how the additional funding has been used.

Conclusion continued

- Delivering the strategy is dependent on releasing £1.8bn of savings from acute and long-term care sectors
- Lack of leverage means this is likely to be difficult to achieve in the short to medium term
- Improving services and support for people with dementia lacks the urgency and priority the Committee was led to expect
- There is a strong risk that value for money will not be improved within the strategy's five-year implementation timetable

Edward Leigh MP, Chairman of the Committee of Public Accounts, said last week:

- **“The strategy lacks the tools to ensure effective implementation and make change happen. At an earlier hearing, the Department left us in no doubt that it was going to make dementia a national priority, in the same way that cancer and stroke are national priorities. But it still hasn't”**

Furthermore:

- “This cannot continue. If dementia services are to improve at the rate required and better value for money is to be achieved from the £8 billion or so that is spent each year on direct health and social care costs, then implementation of the national strategy must be pursued with urgency and commitment. Good performance information, robust performance management and strong local leadership are all essential.
- “if swift action were taken to make good quality memory services available around the country to all who need them – then great progress would be made towards earlier diagnosis of dementia – a crucial factor in improving care. Another highly significant step would be to require generalist health and social care staff, whose awareness of dementia is often poor, to undertake training and continuing professional development in dementia care.”

PAC Recommendations

- The Department should give dementia the same priority status as cancer and stroke in its key communications with the NHS including, if relevant, the next NHS operating framework. The Department should also work with Strategic Health Authorities to explore the feasibility of pooling health and social care resources in order to develop local dementia budgets; and require Strategic Health Authorities to agree with each Primary Care Trust a local dementia implementation plan, comprising costed actions and a timetable, by July 2010.
- The Department should establish a process for monitoring annual progress, similar to that for End of Life Care, and provide a progress report on the first two years to the Committee by October 2011.

Recommendations continued

- There is a need for a massive campaign to promote openness and debate on this important and challenging issue.
- The Department has only recently commissioned an audit of costs of dementia services which is expected to be completed in summer 2010. The Department should provide us with a copy of its audit of costs and details of how the first £60 million of funding has been spent. It should also include in the October 2011 progress report to the Committee the results of reporting from Primary Care Trusts to Strategic Health Authorities on how they spend the further £90 million of dementia funding provided for 2010–11.

Further recommendations

- The Department should write to all NHS Chief Executives setting out the good practice examples of the various ways in which it expects cost savings and improvements in care to be achieved. This should include an immediate requirement for acute hospitals to have an older people's mental health liaison team in place to ensure that unnecessary admissions are avoided and that discharge to appropriate care is as swift as possible.
- The Department should work with Primary Care Trusts to ensure they urgently commission good quality and effective memory services. Improvements in diagnosis and care would be further improved by including the study of dementia in undergraduate training and accredited continuing professional development for GPs and health care staff in hospitals

PAC Recommendations

- The Department should build on the work of the new dementia metrics and the quality standards being developed by the National Institute of Health and Clinical Excellence to develop a set of health and social care minimum standards for dementia which Primary Care Trusts should incorporate in their implementation plans. Strategic Health Authorities should measure progress against these standards.
- The Department should ensure every acute hospital has identified a senior clinical leader by 31 March 2010 and work with the new Care Homes Champion to develop dementia 'Champions' across the care home sector. The Department should also identify a similar Champion or Ambassador in the domiciliary care sector to improve providers engagement in the Strategy and improve the quality of care provided.

PAC Recommendations

- As the Department has now estimated what proportion of the social care workforce is without any qualification it should require PCTs and local authorities to use their commissioning powers to drive improvements in training and qualification rates by only letting/renewing contracts with providers who have a robust approach to training, or who employ suitably trained staff;
- The Department should establish as a clinical governance priority the requirement that every Primary Care Trust should set as a local performance target, the need to reduce such prescribing by two-thirds within two years.

What does all this mean for you engaged in delivering services ?

- Local leaders and champions;
- Memory services key to unlocking the system;
- GP engagement and attitude crucial;
- Effective commissioning based on robust comparable data;
- Education and training of all patients, carers and staff – from home to hospital - and including ambulance staff;
- Carer support

What can help?

- Allies - demonstrate benefits to others' delivery goals
- Evidence of cost-effectiveness exists – EOP, Leeds, Lincolnshire (page 21 and 22)
- Draw on ideas from elsewhere – don't reinvent
- Online resources
- Patient and carers views – and stories
- Strategy and implementation plan

Thank You

Any Questions?

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