

Increasing access to a diagnosis: hospitals and care homes

This briefing outlines the challenges of identifying, assessing and diagnosing dementia in hospital and care home settings and provides a summary of recommendations from the full report.

Background

In October 2020, Alzheimer's Society published a report on the dementia pathway, [From diagnosis to end of life: The lived experiences of dementia care and support](#). Grounded in the voices of people affected by dementia, it looks at four stages of NHS England's Dementia Well pathway – Diagnosing Well, Supporting Well, Living Well and Dying Well.

It explores in detail what national guidance and government say people in England should be receiving at each stage, and therefore the care and support they say will enable people to live well with the condition. We benchmarked this against the experiences of people affected by dementia. A key finding of the report was a sense of disjointed, fragmented care.

The report lays the groundwork for deeper explorations into the dementia pathway. The following reports aim to understand and address the barriers behind accessing a diagnosis:

- [Reducing regional variation](#)
- [Care homes & hospitals](#)
- [Ethnic minority communities](#)

Dementia is a complex condition crossing over primary, secondary, acute and social care. The care for people with the condition therefore requires it to be provided in an integrated way. Integrated Care Systems will provide a footprint in which to establish better planning and delivery of dementia care.

The reports make a series of recommendations aimed at Integrated Care Systems. The new healthcare landscape will enable us to understand how healthcare is being delivered on a local level. Most importantly, it will allow local areas to tackle the challenges that exist for dementia and ensure those with the condition can access a diagnosis in a timely and equitable way.

Key findings and recommendations

Hospitals

- **Tackle the impact of delirium on dementia assessment.** Distinguishing between delirium and dementia is a significant challenge. Implementing dementia and delirium pathways will ensure proper assessment of both conditions whilst in hospital.
- **Ensure dementia assessment is prioritised upon admission.** Many hospitals will prioritise the primary reason for admission, which may impact the extent to which it is possible to assess for dementia. Integrating dementia assessment with common admissions for older people such as stroke and falls will identify dementia more sufficiently.
- **Improve staff skill and confidence.** Dementia is a complex condition, and a lack of staff time, skill and confidence can impede proper identification of the condition. Establishing dedicated dementia teams and workforce as well as mandatory training will enable better identification and assessment of dementia.

- **Enable better access to information.** Accessing patient information between health settings as well as within hospital can be burdensome for clinicians assessing dementia. Ensuring family and carers are involved in assessment as well as ensuring there are sufficient IT and information sharing processes between primary care, acute and mental health settings will support a better assessment process.
- **Implement a sufficient discharge planning process.** Many clinicians may fear that a dementia assessment will complicate or extend discharge processes leaving people in hospital longer than necessary. Ensuring there are discharge planning processes in place will ensure dementia assessment is undertaken as standard practice for admissions.
- **Reduce instances of lack of assessment post-discharge.** Many people are identified with possible dementia in hospital. Yet assessment with GP or memory service post-discharge does not always occur. Auditing referral rates from hospital to memory assessment will enable areas to understand where pinch points exist. Provision of a dedicated hospital link worker to facilitate access to memory assessment will enable a smoother transition to diagnosis.

Care homes

- **Improve care home staff confidence in identifying dementia.** Staff capacity and confidence is crucial to ensuring that cognitive changes are recognised. Ensuring staff can access training explicitly designed to identify dementia will enable access to a diagnosis for more residents.
- **Improve processes to increase identification of dementia in care home populations.** Many people in care homes are living with dementia without a diagnosis. Identifying GP practices with high care home populations yet low diagnosis rate will be achieving the largest gains. Enabling primary care to review all new care home admissions for possible dementia will also improve identification.
- **Enable better access to clinical teams.** Whilst many people with dementia reside in social care, the condition is a primary health need and therefore requires access to clinical services. Ensuring that care homes can access community nursing teams will enable better identification and assessment of dementia.
- **Improve use of assessment tools and access to information.** Many GPs are responsible for diagnosing dementia in care home populations. However, many are unaware of the tools used to diagnose dementia. Promotion of DiADeM as a core part of engagement and training with GPs will improve understanding of its use. Ensuring care home records are accessible to primary care will also support better assessment.
- **Reduce barriers to diagnosis.** Accessing secondary care, care implications as well as concerns around moving residency may deter families and staff from seeking a diagnosis. The provision of multidisciplinary teams in the newly implemented Enhanced Health in Care Homes model will support better access to diagnosis but it's important that monitoring of its implementation is considered locally.

Contact details for further information

To discuss any of the information raised in this briefing paper or for further information about Alzheimer's Society and its work, please contact the Regional Public Affairs and Campaigns team via local@alzheimers.org.uk