

Increasing access to a diagnosis: regional variation

This briefing outlines the challenges of reducing the variation of dementia diagnosis regionally 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

- **Increase dementia case-finding and improve identification processes.** People may be reluctant to reach out to formal services, but deprivation may also impact identification of symptoms, both for individuals and services. Running case finding on GP registers, undertaking additional screening processes, supporting GP practices in areas of high deprivation and encouraging further take up on NHS Health Checks will enable better identification.
- **Improve and streamline referral pathways.** Referral pathways can be disrupted by incomplete and inappropriate referrals. Patient reticence also plays a considerable role for people accessing a diagnosis. Better integration of primary and secondary care resource as well as information sharing will enable people access a diagnosis as timely and efficiently as possible.

- **Enable primary care to undertake more diagnoses.** Memory services are sometimes dogged by capacity issues, increasing the time it takes for people to receive a diagnosis. Supporting primary care to undertake more diagnoses will help ensure local areas keep up with demand.
- **Recognise mild cognitive impairment and monitor cases.** Most people diagnosed with mild cognitive impairment will not go on to develop dementia, yet a significant proportion will do so. Ensuring those diagnosed with mild cognitive impairment are sufficiently tracked and reassessed will enable local areas to appropriately identify cases of dementia in the future.
- **Ensure people from rural communities can access a diagnosis.** Rurality plays a role in diagnosis, particularly its effect on identifying symptoms but also accessing services. Reviewing the accessibility of diagnostic services will enable local areas to understand the challenges people from rural communities face accessing a diagnosis.
- **Improve the quality of dementia coding and reporting.** A lack of IT interoperability can sometimes mean cases of dementia are missed out of official reporting. Ensuring dementia coding is aligned across primary and secondary care, as well as conducting data cleansing exercises will make sure all dementia cases are reported correctly.
- **Encourage better partnership working across all services and professionals involved in diagnosis.** A diagnosis is not done in isolation. It crosses over primary and secondary care and often requires the involvement of many professionals. It's important there are opportunities in place for these professionals to discuss local diagnosis pathways. Identifying low performing GP practices for dementia diagnosis and providing additional support will drive the biggest improvements in local diagnosis rates.

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