

Introduction

Focus on Dementia, a national dementia improvement programme, worked with three GP cluster sites from April 2018 to March 2021 to improve responses to dementia diagnosis and post-diagnostic support (PDS)¹. The main aim was to explore if relocating dementia expertise from community mental health into primary care would make dementia support at the point of diagnosis a more accessible and positive experience for individuals and families.

Method

Focus on Dementia listened to people with dementia, carers, practitioners and national partners on the experience of receiving and delivering PDS. The three sites were chosen through an open application process and we held a series of educational workshops on dementia and quality improvement methodology using the Model for Improvement².

Context

The three sites, East Edinburgh, Shetland and Nithsdale, pursued very different approaches. The local setting and infrastructure shaped delivery and, although one site focused on diagnosis rather than PDS, there were common themes to the delivery of dementia care and support and the work of the three sites provided insights to the benefits of connecting dementia support to primary care.

Results

Learning from the three sites included the following:

East Edinburgh

A new Dementia and Memory Support Service tested the role of a Dementia Support Facilitator delivering a service based in primary care that provided PDS for people with memory impairment and dementia living at home. It addressed a known gap in support for those with mild cognitive impairment (MCI) who often cannot access support without a dementia diagnosis. **Take up of support was high at 94% and completion of PDS for the minimum of one year was also higher compared to the national average.**

Nithsdale

A dementia diagnosis clinic was tested in GP practices with mental health nurses and occupational therapists undertaking assessments and reducing reliance on psychiatrist input. There are now closer links between primary care and specialist mental health services to ensure timely and accurate diagnosis. The practice-based clinic was perceived to have **enabled increased communication between these services and reduced waits for diagnosis assessments.**

Shetland

A new role of Dementia Support Practitioner was created, dedicated to leading the delivery of PDS in Shetland. This role was co-located with the nurse-led Dementia Assessment Service and worked closely with them to provide a seamless link from diagnosis to support. **This role increased uptake of PDS.**

Evaluation

The Scottish Government commissioned Blake Stevenson Ltd, an independent research company, to carry out an evaluation of the work.

Evaluation recommendations

Lessons from the innovation sites reflect key elements of the dementia journey. Service deliverers and commissioners should reflect on:

- the **benefits and approach to supporting people with mild cognitive impairment**
- how an effective local diagnostic pathway that is nurse-led or dementia support worker led, corroborated by the psychiatrist, could lead to **timely assessments** within a community clinic or practice
- a referral into a **worker based within primary care that can co-ordinate the support** in close liaison with the GP, and
- the **need for appropriate communication systems** to ensure that the GP is aware of the care that patients receive and, once PDS ends, the personalised plan is retained within the GP Practice records.

For more details



ihub.scot/improvement-programmes/focus-on-dementia/



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Results overview

East Edinburgh

People referred who received a minimum of one year's support



84%

Dementia and Memory Support Service

75%

Scotland-wide

Nithsdale

Time from referral to diagnosis



25 days

53 days

Shetland

Take up of PDS



8%

%