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To: Kent Health and Wellbeing Board,

Subject: Dementia care and support in Kent

Classification: Unrestricted

Recommendations:

That Dementia is viewed as a long term condition with primary care taking an active role to promote timely diagnosis and the coordination of integrated care. Improving Dementia support is an integral element of Kent's Pioneer Programme.

The Health and Well Being Board notes the progress and endorses the continuation of work to reduce the stigma of a diagnosis of dementia and continues to increase support available to people affected by dementia, so people feel able to come forward to seek a diagnosis and when doing so can be well supported through the process.

That the Kent Health and Well Being Board supports the **Dementia Call to Action** and ensures that CCGs and local authorities, working with their partners and local communities, fulfil the ambition that 67% of people with dementia have a diagnosis and access to appropriate post-diagnosis support by 2015.

The Health and Well Being Board tasks Kent's carers' organisations together with KCC and the CCGs to review their plans in the light of the recently published **Call to Action for Carers** of people with Dementia to understand where further improvements can be made.

The Health and Well Being Board recommends a full review of the acute pathway and supports the development of different models of care with increased skills and breadth of services in the private and voluntary sector in order to avoid unnecessary admission and support timely discharges.

The Health and Well Being Board makes sure that there is a recognised formal link between the Kent Health and Well Being Board and the Kent Dementia Action Alliance and that this is replicated by local HWWBs and their local DAAs, so that the contribution of the wider partnership to improve support to people with dementia and their carers can be acknowledged.

Executive Summary

The aim of Kent's Health and Wellbeing Strategy is to support people to live well with dementia. It is known that the majority of people with dementia wish to live within their own home in their community for as long as possible; that they wish to be treated with dignity and respect and value the care and support they receive from their families and

carers most highly. It is important that partner agencies recognise this and work together to ensure this is achieved.

This report provides an overview of the wide range of initiatives which are currently underway across Kent to help improve access to a timely diagnosis of dementia and to ensure that people affected by dementia, both patients and carers, are supported to live well with dementia and avoid unnecessary crisis events.

It is known that the number of people living with dementia is set to increase as the population lives longer. The average diagnosis rate in Kent is currently at 42% and is below the national average of 48%. A number of projects are aimed at increasing awareness (of both staff and patients / carers) of the benefits of the support available, reducing stigma attached to dementia and making it easier to get a diagnosis, with the expectation that over time this will increase diagnosis rates. The national ambition is to reach 67% diagnosis rate by April 2015, however a number of CCGs in Kent have set lower targets in recognition of the difficulties in reaching this target.

The report highlights combined efforts across the health, social care, private and voluntary sector to increase the range of support available, including raising awareness and reducing stigma, more support for carers, assistive technology and improved care in the community, care homes and the hospitals in Kent.

The work on risk stratification and integration of care will bring benefits for people with dementia as increasingly dementia will be seen and treated alongside other long term conditions.

The implementation of the Care Act will positively impact on the range and type of services available to support people living with Dementia. The act ensures there is a renewed focus on wellbeing and prevention, it requires local authorities to ensure the provision or arrangement of services, facilities or resources to help prevent, delay or reduce the development of needs for care and support. This prevention duty extends to all people in a local authority's area, including carers, regardless of whether they have needs for care and support, or whether someone has had a needs or carer's assessment.

1. Introduction

This report gives an update on the progress that has been made with improving dementia care in Kent since the Prime Minister's Challenge which was published in March 2012. The Shadow Health and Well Being Board last had an update regarding Dementia on 30 May 2012.

Key aims of national and local policy have focused on the following areas:

- Increasing awareness of dementia, reducing stigma and fear of dementia; Dementia Friends and Dementia Friendly Communities are important initiatives contributing to this aim.
- Supporting people to live well with their diagnosis through the provision of good quality and timely advice, information and advocacy and a range of supportive community based services such as peer support groups and dementia cafes.
- Improving diagnosis rates, the national average is currently 48% and Kent is 42% against a national ambition to reach 67% by March 2015.
- Supporting people to live well with their dementia both in the community and in care homes, it is estimated that two thirds of the residents in care homes

will have dementia, but two thirds of people with dementia live in their own homes.

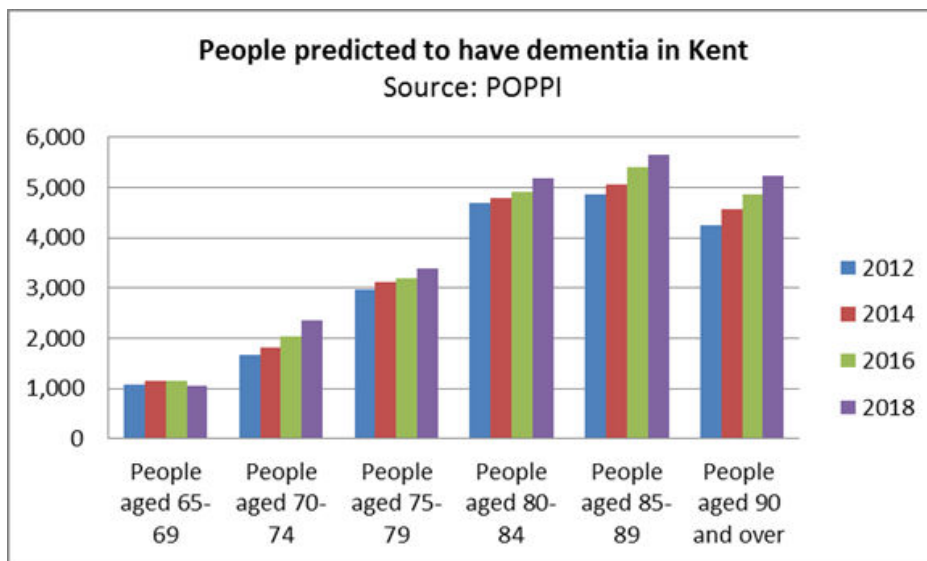
- Improving acute hospital care where it is estimated that up to 25% of acute adult beds will be occupied by patients with dementia, who are more likely to stay in hospital longer and have poorer outcomes than people without dementia.
- Support for carers. There are around 550,000 carers of people with dementia in England. The Dementia Action Alliance launched a Call for Action for carers of people with dementia on 20th November 2013.
- Improved End of Life care to ensure that people are well supported through end of life and that their wishes are respected.

2. Joint Needs Assessment

The population of Kent and Medway is aging and there will be a significant increase in the older population. As the population ages more people will be living with long term conditions, such as diabetes and COPD, which may affect quality of life leading to more health and social care services required to meet the increase in need. These long term conditions will be concomitant with dementia therefore it is crucial that dementia needs are considered as part of the long term conditions agenda and not seen as separate.

Projections from the Office of National Statistics predict dramatic increases in the elderly population over the next 15 years. By 2026 Kent will have significant rises in its population of over 85 year olds, but will see a slightly bigger rise in its 65-84 year olds than the national average. Overall, the population in Kent is growing at a slightly slower rate than the England average but is aging. The expected number of elderly people >65 yrs and over with a limiting long term illness is expected to increase from 120,000 in 2012 to 145,000 in 2020.

Over 19,500 people aged over 65 are estimated to have dementia in Kent. By 2020 it is predicted that this figure will increase to 24,314 with over 5,000 people being over the age of 90 (Information taken from PANSI = Projecting adult needs and service information, POPPI = Projecting older people population information system).



3. Increasing Awareness – Dementia Friendly Communities

A number of initiatives are underway to increase awareness in the community about dementia and to reduce the stigma associated with dementia. Dementia is still one of the most feared diagnoses and consequently people do not seek help early enough. As awareness increases of the support available to it is hoped that people will be encouraged to seek help and thus prevent a crisis event from occurring.

To raise awareness, the second year of a programme to support Kent to become more Dementia Friendly has started. This programme focuses on improving the quality of life for people living with dementia along with their family, friends, and carers. Awareness and understanding are key elements of the work; to this end Dementia Champions are trained to deliver Dementia Friends training. There are over 40 Dementia Champions in Kent who have delivered training and recruited over 1,000 Friends with the numbers growing weekly. We will continue to recruit champions and train friends.

Another element of this approach to develop Kent to be more Dementia Friendly has been the establishment of a Kent Dementia Action Alliance. The Alliance is a collection of stakeholders brought together to improve the lives of people with dementia in their area. It includes local authorities, CCGs, Acute Trusts, Fire and Rescue services, charities, community groups, businesses, care providers, and people living with dementia and their carers. The purpose of the Alliance is to transform the quality of life of people with dementia and their carers within Kent through promoting the National Dementia Declaration and delivering on the Action Plans submitted by Alliance members and informing commissioning decisions and development of services for people with dementia and their carers

The Action Alliance provides the structure for Kent to work towards becoming recognised as a dementia friendly community and is intended to be self-supporting, working for local people with dementia and their carers with all members being equal partners and is able to work with Health and Well Being Boards in delivering Kent strategies for people with dementia and their carers.

Recommendation: Kent Health and Well-Being Board encourages their constituent organisations to consult with their local Alliances on issues relating to dementia and that local Health and Well Being Boards are encouraged to make formal links with their local Dementia Action Alliance.

Intergenerational Work - Copies of the Dementia Diary which has been developed from young people's stories are now available to purchase and provide friendly way to share experiences and prompt discussion. The Diary has been available to all schools across Kent and work is underway to influence learning in schools and community settings so that future generations are better informed and aware about dementia, at the same time developing the workforce of the future. The ultimate goal is to develop a resource that is flexible for different learning environments that meets the requirements of the teacher/ educator but also in a format that meets the needs and aspirations of the people who are learning.

4. Diagnosis Rates

4.1 Diagnosis Rate Headlines

	2010/11	2011/12	2012/13
Swale	39.19%	42.67%	44.92%
Dartford Gravesham & Swanley	43.44%	43.83%	44.17%
Canterbury	40.51%	39.21%	43.09%
Ashford	36.08%	41.13%	43.02%
West Kent	39.08%	40.05%	42.57%
South Kent Coast	37.86%	37.26%	38.65%
Thanet	34.60%	32.99%	34.56%

The table above shows the variation in diagnosis rates across Kent. The dementia diagnosis rates are based on those taken from the National Dementia Tool V3.

For each practice and then by CCG, the diagnosis rate is based on those patients registered on GP QOF registers (Quality Outcome Framework registers) as having dementia set against the expected number of patients with dementia by practice and CCG according to the Alzheimer's Society figures. Those estimates are then enhanced by adding in patient numbers in care homes, as by default more people in care homes tend to have dementia than in the community. GP practices can then register with the tool to update their practice list size and numbers of patients in care homes, although few practices have chosen to do this to date. This process helps refine the tool to give a more accurate picture of the dementia diagnosis rates.

In 2012/13 (most recent data available) the national average dementia diagnosis rate in England was **48.44%** - all Kent CCGs are below this average. In the South of England for the same period the rate was **45.52%** and in Kent **41.51%**.

Within Kent the figures range from Thanet at **34.56%** to Swale at **44.92%**.

Across the South of England the diagnosis rate average went up by 3.8% compared to an increase in Kent of 2.89%.

Locally, the most notable increases over the last three years by CCG were Swale at 5.7%, Canterbury at 2.6% and Ashford at 6.9%.

Thus although there is still much to do to improve diagnosis rates there has been a general increase across Kent.

4.2 Diagnosis Action Plans

The ***Dementia Call to Action*** requests support from CCGs and local authorities, working with their partners and local communities, to fulfil the ambition that 67% of people with dementia have a diagnosis and access to appropriate post-diagnosis support by 2015. Across Kent there is local variation in diagnosis rates, as can be seen from above, and the CCGs have set differing ambition rates in recognition of their starting point. Most CCGs have chosen to set a lower ambition rate to achieve in 2015, with action plans to strive towards the national ambition rates in subsequent years.

There has been a significant increase in the number of referrals to memory services over the past three years as detailed in the table below which are in line with various initiatives which have been introduced to increase diagnosis rates, e.g. the National Dementia CQUIN implemented by acute trusts to identify people who may have dementia and the Direct Enhanced Scheme operated by GPs to screen patients who may be at higher risk of developing dementia. However, GP dementia registers in Kent do not appear to have increased at the same rate of increase in referrals to memory services. A widely held belief is that people are being referred earlier when it is more difficult to reach a conclusive diagnosis of dementia and more people are being diagnosed with Mild Cognitive Impairment, many of whom will go on to develop dementia. If this is the case then dementia diagnosis rates in Kent should rise in the next few years. Further data is being collected to see if this assumption is correct.

It is acknowledged that the benefits of a timely, high quality diagnosis of dementia for the person, their families and carers are compelling and that diagnosis is not an end in itself, but a gateway to making informed personal life choices. Through our Dementia Friendly Communities work people have reported that once they have a diagnosis they found it much easier to access services, once they “were in” the support was good.

The integration of health and social care provides an opportunity for a joint approach to coordinate the interventions required to build the resilience of people with dementia and their carers in the community and achieving an early diagnosis is critical to this programme so that crises are avoided and active care planning is in place. The majority of CCGs in Kent have produced action plans to improve the diagnosis rate and are also working with Kent and Medway Partnership Trust (KMPT) who have aligned Mental Health Nurses to support GPs in identifying people with cognitive impairment.

Bespoke Clinical Training Programme has been developed by local KMPT Consultants to support GPs with the overall management of people with dementia and this is being rolled out across Kent throughout the summer.

GP Checklist has been designed by Kent County Council’s Social Innovation Lab for Kent (SILK) in partnership with patients and carers. The idea for a checklist came as a response to the conversations had with people living with dementia and carers who said they found it difficult getting a diagnosis. Many people described how they had to visit their GP on a few occasions before getting referred to the Memory Clinic for further investigation. It was often described as a ‘battle’. The checklist aims to give patients support in asking the right questions when they approach their GP with concerns about their memory. It is planned to roll this out across Kent.

Cantabmobile Dementia Screening Tool (a screening App used on an iPad) has been piloted by 18 practices across Kent. These practices have screened 1,063 patients from July 2013 to June 2014 and found 366 patients testing ‘red’ which means they were very likely to have dementia and required further assessment, usually by referral to a memory clinic.

This equates to 34% of the people tested identified as likely to have dementia against an expected rate of 20% for the tool nationally, which is primarily due to the fact most practices are pre-screening patients and only testing those most suitable.

This rate has been exceeded by Bridge Health Centre with a rate of 46%, West Gate in Thanet with 53% and East Cliff, also in Thanet with 52%.

Since the start of the pilot and up until May 2014, the practices taking part in the pilot have seen increases in their diagnosis rates, ranging from less than 1% up to 12%.

Not all practices' data is available and further information will be provided in the evaluation due in September 2014.

5. Supporting people to live well with dementia

5.1 In the Community:

Following a diagnosis of dementia it is critical that there is access to high quality advice and information and a range of care and support services.

Community Capacity Building Programme – KCC is redesigning its community and voluntary sector services to ensure that there is a sustainable model fit for the future the objective of which is to support the transformation of adult social care and ensure the council is able to respond fully to the requirement of the Care Act. KCC recognises that a different approach is needed if we are to succeed in a context of increasing demand, rising public expectations and less funding. Along with other measures this means adopting an asset based approach which empowers individuals, families/carers and communities to meet their own needs outside of a social care model of support.

The community capacity building programme will require the decommissioning and recommissioning of current voluntary sector services to deliver a consistent menu or 'core offers' of services. All services need to support independence, resilience, self-care and wellbeing, diverting people away from formal social care systems and providing an alternative to, or supplementing, traditional care packages.

Services will be generic where possible and specialist where proven necessary, commissioners are looking to ensure that the specialist dementia elements are identified and commissioned consistently as there is local variation about the type of services on offer. The programme will be built on the principles of self-care and self-management, it is intrinsic to our Integration Pioneer Programme and KCC is working to secure joint investment with Public Health and Kent Clinical Commissioning Groups.

New Home Care Contracts – KCC has commissioned new Home Care Contracts and in doing so has rationalised the market from 130 plus contracted providers to 23. Through this commissioning strategy KCC will be able to work much closer with providers to ensure services are flexible and responsive, and are of the highest quality possible and designed to support independence and recovery.

Post Diagnostic Support – KMPT offer a range of clinical post diagnostic support to both the patient and carer as part of the Memory Assessment Service. At the end of this course people are signposted to the support provided by the voluntary sector, described below.

Dementia Cafes and Peer Support Groups – KCC commissions a range of organisations in the voluntary sector to provide proactive peer support for people with dementia. There is a Cafe and Peer Support Group in every local authority district in Kent. These groups provide the opportunity for people with dementia and their families/carers to meet, share experiences, gain support and access to a range of health professionals. They can also obtain information and support about services and support available to them.

Dementia Helpline – The Kent 24hr Dementia Helpline takes calls for a wide variety of reasons to offer advice, information and guidance for people living in Kent whose lives have been touched by dementia. They help people with emotional support and practical advice including access to local services and support. The helpline supports on average 80 people per month.

A new Web Platform ‘Dementia Friendly Kent’ is currently being developed in collaboration with people with dementia and their carers it will play a crucial role supporting and signposting people to Living Well with Dementia in Kent. The platform will also be where all dementia friendly Kent projects and resources will be available for reference and will enable different local Dementia Action Alliances to share information and ideas.

Kent Community Healthcare Trust (KCHT) has employed three dementia support nurses to deliver training to all staff. The training package which they developed received accreditation from within the organisation. Environmental assessments were also undertaken in community hospitals and action plans were developed to implement the changes. The Butterfly Scheme, a nationally recognised scheme for supporting people with dementia, was also introduced into the community hospitals.

Shared Lives - West Kent is a pilot site to test out the use of ‘Shared Lives’ for people with dementia. Shared Lives was formerly called the Adult Placement Scheme and it was predominantly used for adults with learning disabilities. Shared Lives host families are recruited to offer either long or short term placements to people with dementia as a viable alternative to care home placements. We are in the second year of the project which is being evaluated and later in the year decisions will be made about its long term future.

Assistive Technology - For people eligible for support from social care, telecare options are considered as part of their care plan to enable them to continue to live at home. KCC plans to double the number of people benefiting from telecare by April 2015. More complex telecare solutions will be used, including things like GPS tracking and systems like “Just Checking” which can inform assessments and improve the design of community based care packages. There is an evolving role for digital technologies to support people to connect with their families and communities. Commissioners need to understand how these kinds of technologies should be built into care pathways.

5.2 In Care Homes and Other Support Accommodation:

Accommodation Strategy for Adult Social Care identifies how the provision, demand and aspiration for housing, care and support services will be met for adult social care clients should they need to move to access care. People with dementia should live independently in their own home receiving the right care and support. However, if that option is no longer suitable, the right accommodation solutions have to be in the right places across the county, and they have to be the right type, tenure and size.

KCC is working with Housing and Care Home Providers and developers to consider and incorporate Dementia Friendly designs into new build and remodelled accommodation for older people. As well as working with providers to make sure their model of care is future proofed and accommodates people at different stages of the disease, ensuring there are flexible dementia focused services in appropriate settings.

Design standards for Housing for Older People that include Dementia Friendly Designs are contained within the KCC Accommodation Strategy.

Challenging Behaviour Service - The aim of this project was to develop and implement a model of care for complex behaviour in care homes, which would increase quality of life and reduce distress, reduce the prescribing of anti-psychotic medication and prevent unnecessary admissions and transfers of residents displaying complex

behaviour to alternative care settings. Work is in progress between KMPT and KCHT to develop this support further through the Enhanced Rapid Response Team

Excellence in Kent - This programme of training was delivered by Bradford University and the main aim was to improve care staff knowledge and skills in person centred care.

The programme consisted of four elements:

- Person centred dementia training.
- Leadership training.
- Dementia care mapping (DCM).
- Advocacy training

Some of the developments and improvements from the programme included:

- The introduction of doll therapy.
- Use of life stories.
- Environmental changes, including the establishment of a garden.
- Improved quality of care plans.

Twelve care facilities took part in the first programme with a further ten benefitting from the second cohort.

Geriatrician Outreach – A variety of schemes have been introduced in different areas providing Geriatrician outreach support to care homes, frequently involving joint visits between the GP and consultant. This enhances the knowledge and advice provided to the Care Home, reduces the need to see patients in hospital settings, supports medication reviews and encourages the development of anticipatory care plans.

6. Acute Hospital Care

All acute trusts in Kent (and Medway) received funding to deliver three projects:

- A training programme for all staff.
- Environmental changes.
- A buddy scheme (also called befriending or dementia visitor scheme) to support people with dementia

The trusts have established training programmes for all staff. A range of environmental changes have also been made which include changes to signage, introduction of large clocks, introduction of red trays and beaker lids, development of a specially designed café area for people with dementia and their carers.

All Acute Trusts now have a scheme in place with various voluntary sector providers. The scheme provides trained volunteers to support patients with dementia in a range of social activities whilst they are in hospital, with the aim of reducing their confusion and improving their patient experience.

The projects are in the progress of being formally evaluated by Greenwich University. However, the trend in reducing the length of stay for people with dementia in acute hospitals would indicate that these initiatives have made a positive contribution.

7. Support for Carers

7.1 Carers Assessment and Support

Carers Assessment and a range of support services have been jointly commissioned by KCC and all CCGs since April 2013. This has seen an increased investment in the support available to carers. A key element of the new contract is the identification of new carers in 2013/14; 3563 new carers were identified and supported. 1070 carers received a full statutory carers' assessment, a KCC responsibility that was delegated to the carers' organisation via this contract.

Another element of this new contract, a rapid response service, has been provided to GP practices for patients whose caring role is placing their health at risk and are identified as in urgent need of support. The carers' organisations have access to budget to provide support tailored to the individual's needs. This service has proved difficult to establish but there are some excellent examples of where this has helped to prevent carer breakdown. This is being reviewed to ensure the support offered to carers at times of additional stress, e.g. discharge from hospital of either the "cared for" or the carer.

7.2 Carers' Short Breaks and Crisis Support

KCC has a range of agreements to provide shortbreak support for carers, through these agreements approximately 1,200 carers receive support with on average a carer receiving a weekly 3 hour sitting service to allow them to take a break from their role. Through these contracts the largest provider Crossroads delivers over 180,000 hours of care per year.

However, agreements were historic and long waiting lists had developed. KCC secured additional carers' shortbreaks services with three desired outcomes:

- 1 Planned shortbreaks or sitting service
- 2 Support for carers to look after their own health and be able to attend medical appointments
- 3 Carers Crisis or emergency support

The new contract was awarded to Crossroads and put in place in November 2013. By the end of April there had been 3842 episodes of care delivered totalling an additional 31,323 hours of service delivered.

National Dementia Action Alliance 'Carers Call to Action' - recommends that carers of people living with Dementia:

- have recognition of their unique experience - 'given the character of the illness, people with dementia deserve and need special consideration... that meet their and their caregivers needs' (World Alzheimer Report 2013 Journey of Caring)
- are recognised as essential partners in care - valuing their knowledge and the support they provide to enable the person with dementia to live well
- have access to expertise in dementia care for personalised information, advice, support and co-ordination of care for the person with dementia
- have assessments and support to identify the on-going and changing needs to maintain their own health and well-being
- have confidence that they are able to access good quality care, support and respite services that are flexible, culturally appropriate, timely and provided by skilled staff for both the carer and the person for whom they care

Recommendation: Kent's carer's organisations together with KCC and the CCGs review their plans in the light of the recently published *Call for Action for Carers* of people with dementia to see where further improvements can be made.

KCC is leading the work with multi-agency partners necessary to refresh the Kent Carer's Strategy for anticipated publication in March 2015.

8. End of Life

CCGs are working on a range of initiatives to improve the quality of care through end of life to ensure that the person's wishes are respected and can be supported to die in their place of choice. Training for primary care staff and care homes, sharing records and encouraging anticipatory care plans are among the initiatives.

9. Next Steps

9.1 Integrated Care

Kent is one of 14 sites in England selected by the Department of Health to lead on the integration of care at pace and scale, with a focus on breaking barriers to the delivery of co-ordinated care. The needs of people living with dementia will be better met through some of the shared ambitions which will deliver better co-ordinated care.

All CCGs have contracted to develop integrated care pathways for people with dementia and to develop integrated care plans including plans to avert crisis admissions.

9.2 Commissioning of Integrated Care Using Risk Stratification

Apart from identifying patients at high risk of rehospitalisation, risk stratification should be used to help understand how patients with multiple morbidities impact on use of all health and social care services (including those for dementia). This will in turn transform commissioning and contracting of these services using new payment mechanisms and tariffs that will incentivise proactive, preventative integrated care and empower to self-care and self management. Kent is already an Early Implementer Site for the National Year of Care programme which is expected to develop and test a new system over the next 2 to 3 years.

9.3 Commissioning for Quality

A major focus for KCC and CCGs will be the quality of care delivered by providers to ensure that people receive good person centred care that treats them with dignity and respect. We will work together to ensure that vulnerable adults are protected from harm and that there is clear accountability, roles and responsibilities for helping and protecting those at risk of or who are experiencing abuse or neglect. This will include ensuring understanding and use of the Mental Capacity Act is promoted across Kent.

9.4 Increasing Community Capacity and Self-Management

The Dementia Friendly Communities Programme sits within the strategic commissioning unit of KCC and is part of the wider Building Community Capacity Programme. It is aimed to continue to build upon the work of the Dementia Friendly Communities to nurture and maximise the natural support that exists in local communities in order that people affected by dementia can be well supported. The Dementia friendly communities programme will influence and inform the wider community capacity building programme and ensure that the right menu or core offer

of services are commissioned to support individual and family/carers resilience and enable people to live well with dementia.

9.5 Continuing to Improve Diagnosis Rates

Work should continue to reduce the stigma of a diagnosis of dementia and continue to increase support available to people affected by dementia so people feel able to come forward to seek a diagnosis and when doing so can be well supported through the process. The relationship between rate of referrals to memory assessment services and the lower rate of increase of dementia diagnosis rates needs to be further investigated and understood so that future plans can be informed.

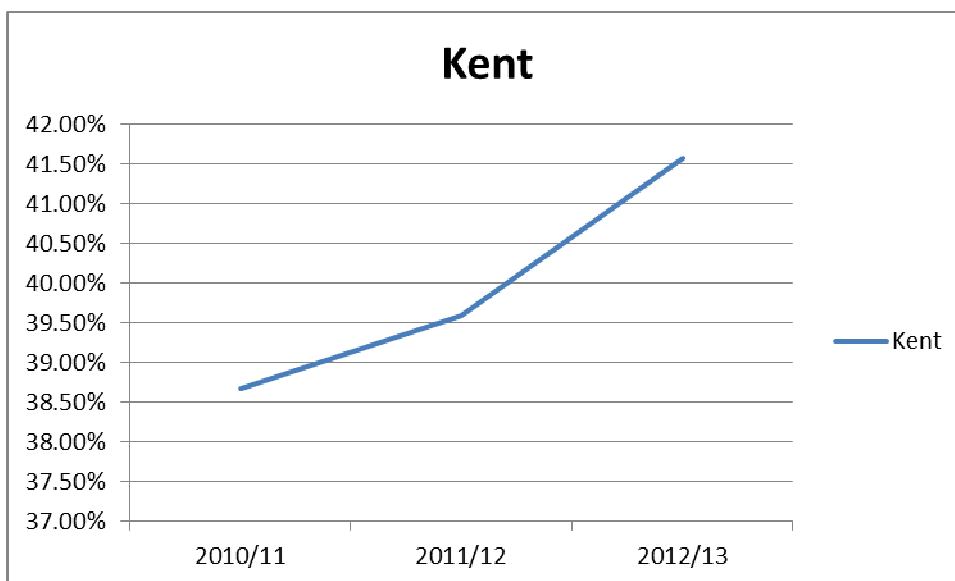
10 Conclusion

This report shows the breadth of work being undertaken across Kent to improve access to a timely diagnosis and a range of good support in all care settings. There is still more work to be done but an excellent foundation has been established upon which to build further improvements in order to achieve the vision for the future:

Vision for the Future

The vision for dementia care in Kent is one where people receive a timely diagnosis so they can be well supported and enabled to make plans for their future and can continue to live well in their local community for as long as possible. It is also one where dementia is seen as a long term condition and managed effectively in primary care alongside people's other conditions through integrated care with access to specialist help and advice as appropriate.

Appendix 1 Trends in diagnosis rates across Kent



This shows a 2.89% increase in diagnosis rates over 3 years.

Appendix 2 Trends in referrals to memory assessment services

