

Policy & Research Briefing

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- One in three people over the age of 65 will develop dementia and the annual societal costs to the UK exceed £26 billion.
- It is estimated that over 44 million people are living with dementia worldwide with societal economic costs estimated to be 1% of global GDP.
- The Quality and Outcomes (QOF) scheme rewards GP practices for identifying patients with dementia and conducting an annual review for patients and their carers, enhancing the quality of primary care.
- The effects of QOF on what happens in secondary care are modest, but potentially important for this patient group.

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Higher Quality Dementia Care

A key policy priority

Dementia is a high-level government priority for action and the care of dementia patients in a hospital setting is a major policy focus. At any one time, a quarter of acute hospital beds in England are in use by people with dementia and compared to people with the same underlying conditions but without dementia, hospital stays are longer and costs are higher. Entry into emergency care can be a defining moment in the life of someone with dementia and often heralds an avoidable downward health spiral. The longer people with dementia stay in hospital, the more likely it is that they will be discharged to a nursing home, reducing opportunities for independent living.

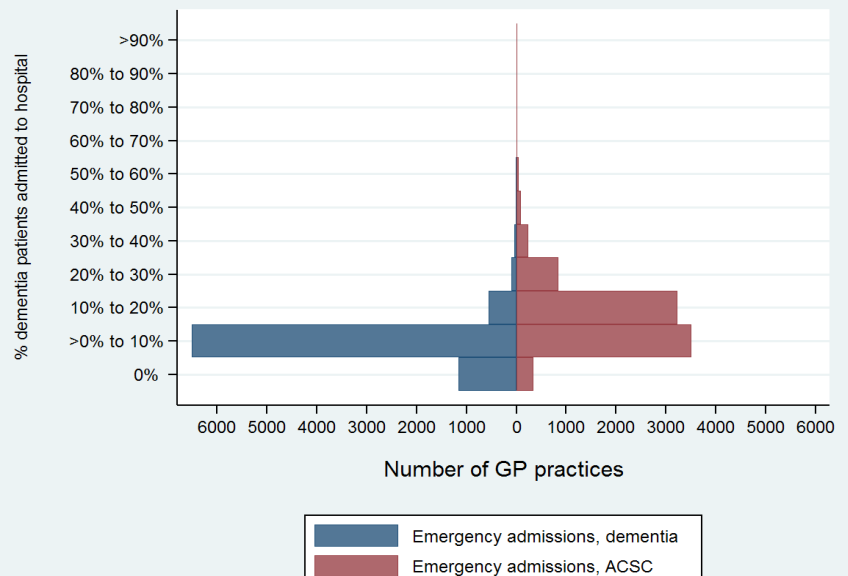
National and international policy recognises the importance of ensuring that the wide range of support and services for those with dementia and their carers

is well co-ordinated and integrated. Good quality primary care can help people to maintain their health and wellbeing and avoid unnecessary admissions to hospital or prolonged lengths of stay.

The QOF dementia review, which began in 2006/7, embodies a tailored, comprehensive provision of care, for which GPs are rewarded financially. The review should have beneficial protective effects, supporting patients to live at home for longer and delaying the need for institutionalisation.

Our research

In a programme of 3 linked studies, we investigated the impact of the QOF dementia review on the quality of care received by those with dementia, focusing particularly on the interface between primary and secondary care. We asked whether GP practices that



review comparatively more of their patients have:

- fewer emergency hospital admissions
- shorter stays for those who are hospitalised
- lower risk of discharge to a care home following hospitalisation

The research used several linked large datasets analysing data for a 5 year period relating to all GP practices in England for patients with dementia, involving around 230,00 patients. Advanced statistical methods were employed in order to ensure other factors that can influence outcomes were taken into account.

What we found

GP practices that review comparatively more of their dementia patients as part of the QOF:

- have fewer emergency hospital admissions amongst dementia patients, suggesting a protective effect of higher quality primary care.
- have a shorter average length of hospital stay (LoS) for those discharged to the community, but no impact for those who died in hospital and a slightly longer length of stay for those discharged to a care home.
- have a slightly lower risk of care home placement but only when the admission was for an ambulatory care sensitive condition (ACSC).

The impacts of QOF were relatively modest – for example, a one percentage point increase in the QOF score was associated with a reduction in LoS of 0.01 days.

Our studies also revealed the role that other factors play in influencing admissions, LoS and discharge destination. The key messages include:

- Shortages of social care as reflected in higher rates of delayed transfers of care due to social services, were associated with longer LoS.
- Drivers of increased LoS in this patient group include older age, presence of co-morbidities and higher intensity of informal care provision.
- Important predictors of care home placement were older age, female gender, incontinence, falls, senility, and the number of comorbidities.

Does the quality of primary care make a difference?

As one, albeit partial, measure of the quality of primary care, the relatively modest influence of the QOF dementia review on what happens in the secondary care sector, may suggest that these links are unimportant. It is true that the tendency to regard improvements in primary care as a major lever to save money in secondary care may be misplaced in this particular context, where quality is measured by QOF achievement.

However, even a modest impact may well be important for this patient group given current and future dementia prevalence. Whilst for individual patients the effects may not be substantive, the clinical, social and economic consequences – for patients, carers and society - of fewer and shorter hospital stays for dementia patients, are important. Since April 2015, a new QOF indicator measures the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months. This reflects the view that co-ordination of health and social care services is essential to high quality care for dementia patients and that assessment of the needs of carers, is crucial. This policy may sharpen the impact of QOF in future.

References:

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