Audit of the time to treatment following referral in patients diagnosed with Dementia

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Aims and Hypotheses
The objective of the audit was to evaluate the time taken from referral to treatment in patients diagnosed with Dementia. We aimed to identify the proportion who were treated within 18 weeks as set out in the NHS constitution [1].

Background
The NHS constitution states that no-one should wait longer than 18 weeks to receive treatment for a health problem, if the treatment has been recommended by NICE guidelines, or the patient’s doctor [1]. The NICE guidance for dementia also states that memory assessment should offer a ‘responsive service to aid early identification [2].’

Methods
Audit Sample
A sample of 50 patients, referred from 1 April 2014 to Towngate House Memory Service were identified. Patients were excluded if the reason for referral did not relate to memory e.g. low mood.

Data Collection
An audit tool was developed and patients’ handwritten case notes and electronic notes were consulted. Data were collected by 2 doctors over a 2 week period at the start of December 2014. Information was gathered regarding the date and time of referral to secondary service, the date of first consultation with a doctor, date of diagnosis of dementia, and the commencement of dementia medication.

Data Analysis
Quantitative data were gathered and were inputted manually and analysed using MS Excel. Qualitative data were gathered regarding the reason for delay, if a delay was found. This was established on a case-by-case basis and involved a degree of clinical judgement.

Results
Our audit showed that 70% of service users where seen in clinic, and 30% at home
- 88% of patients had a CT head scan requested. The average waiting time for a scan and a diagnostic appointment was 30 days and 27 days respectively.
- Out of the 39 diagnosed with Dementia, 79% (n=31) commenced treatment for dementia within 18 weeks of referral and for the remaining 21% (n=8) the reasons for the delay were variable.
  - One patient chose to wait, one was delayed in the referral process and another due to rearrangement of appointments.
  - 3 patients missed CT scan appointments.
  - 2 were delayed due to changeover of doctors resulting in delays in patient follow-up.

Conclusions
The results reflect 79% compliance with the standards which could be explained by an efficient administration team and high attendance rates as patients are contacted before an appointment. We can say that one patient chose to delay treatment through personal choice, and was offered treatment within the time frame, which would increase our compliance to 82%.

Service users commenced their treatment within 18 weeks from referral (n=39)

Actions taken include
- Set reminders to check requests and results of investigations.
- If a CT scan has been missed, a doctor to contact the patient at the earliest opportunity and re-request scans.
- A new system for effective hand over of patients during change over of doctors.
- Re-audit in 6 months time

References