

JSNA Review - Prioritisation Tool

Priority Topic: Dementia

	Score	High	Medium	Low	Zero	Score	Weighting	What's the evidence?
	Criteria	10 points	5 points	1 point	0 points			
Estimated Level of Need	Level of need – Volume	Topic covers an estimated <u>large 'in need' population</u> (>25,000 people).	Topic covers an estimated <u>medium sized 'in need' population</u> (10,000 – 24,999).	Topic covers an estimated <u>small 'in need' population</u> (<10,000).	-	Low – 1 point	1.5	<ul style="list-style-type: none"> 3,416 registered patients living with dementia (47.8%) (<i>QoF, 2012/13</i>) Estimated that only 4 in 10 are formally diagnosed so actual need is 8,540 in Warwickshire (<i>QoF, 2012/13</i>) this can be considered to be a high unmet need of the prevalence though
	Level of need – Severity	The population concerned have <u>'severe' needs.</u>	The population concerned have <u>'considerable' needs.</u>	The population concerned have <u>'moderate' needs.</u>	-	High – 10 points	1.5	<ul style="list-style-type: none"> Dementia is a degenerative disease of the brain and over time it can result in gradual loss of mental awareness, loss of memory, personality change and general communication skills to carry out daily activities (<i>NHS Choice, 2013 and Public Health Mental Strategy 2014-2016</i>) The speed of progression is variable but typically develops slowly over a number of years
	Level of need – Trend	Available evidence suggests <u>rapidly worsening</u> situation over time.	Available evidence suggests <u>worsening</u> situation over time.	Available evidence suggests situation has remained <u>stable</u> over time.	Available evidence suggests <u>improving</u> situation over time.	Medium – 5 points	1	<ul style="list-style-type: none"> Prevalence is projected to increase from 2012-2020 by 27.7% in Warwickshire of those aged 65+ Prevalence will increase the greatest in North Warwickshire (36.5%) followed by Stratford-on-Avon (33.4%) The male rate is projected to increase the greatest from 2012 to 2020 (35.4%, 3,510 men) but there will be more females with the disease than men (23.4%, 5,676 females) <p style="text-align: right;"><i>POPPI, 2012</i></p>
	Level of need – Benchmarks	Available evidence suggests <u>very high</u> prevalence relative to comparator areas (the County is a clear statistical outlier).	Available evidence suggests <u>above average</u> prevalence relative to comparator areas.	Available evidence suggests prevalence <u>in-line</u> with comparator areas.	Available evidence suggests <u>relatively low</u> prevalence relative to comparator areas.	Low – 1 point	1	<p>Public Health Outcomes Framework suggests that in England the estimated diagnoses rate is 48.7% (2012/13) which is comparable to Warwickshire (47.8%)</p> <p style="text-align: right;"><i>QoF, 2012/13</i></p>

	What is the magnitude of potential health benefit from dealing with the issue? What is the ability to benefit?	<u>Large</u> potential health benefits to be gained.	<u>Medium</u> potential health benefits to be gained.	<u>Small</u> potential health benefits to be gained.	-	Medium – 5 points	1	The health benefit to the individual includes that they know the type of dementia that they have (there are many forms, varying in severity), referrals to treatment and support services, advocacy services and financial and legal advice. (NHS Choice, 2013)
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Early Intervention	Does the topic have early intervention implications? Is it any emerging issue which is likely to cause further problems in the future?	<u>Clear, demonstrable evidence</u> that there is a <u>strong case</u> for early intervention.	<u>Some evidence</u> which highlights areas suitable early intervention.	<u>Weak evidence</u> that the topic has areas suitable early intervention.	<u>No evidence</u> to suggest that the topic contains areas suitable early intervention.	High - 10 points	1	Currently, only 37% of people living with dementia in Warwickshire have had a diagnosis, but an early diagnosis can be very important in ensuring that people are able to maintain the quality of life that they had previously enjoyed and have access to appropriate support and services. Although dementia is incurable, early diagnosis can allow access to medications that can be used to effectively slow down the progression of the illness. If in doubt, see your doctor (Coventry and Warwickshire Living Well with Dementia Portal).
Consultation & Engagement	What level of qualitative information do we have on the issue?	<u>Consistent evidence of strong views</u> from stakeholders, patients, residents and/or service users.	<u>Some evidence of strong views</u> from stakeholders, patients, residents and/or service users.	<u>Weak evidence of views</u> from stakeholders, patients, residents and/or service users.	<u>No evidence of views</u> from stakeholders, patients, residents and/or service users.	Medium – 5 point	1	Very limited as the consultation for the review of the 'Living well with Dementia Strategy (2014-2016)' is currently open now until July 2014. Once this has closed, better understanding from those with dementia, carers, providers and commissioners will be understood and where possible will be incorporated into the strategy
Inequalities	What is the scale of inequality?	<u>Persistent, wide scale geographic and population-based</u> inequalities are clearly apparent.	<u>Some notable geographic or population-based inequalities</u> are apparent.	<u>Some minor inequalities</u> exist.	<u>Little or no evidence</u> of inequalities.	Low – 1 point	1	<ul style="list-style-type: none"> Prevalence is more prominent amongst women (now) and in the future Higher actual numbers of prevalence in the south of the County but this due to having a larger and older population when compared to the north of the County Percentage changes in females is greater than males across the years (actual and percentage change) POPPI, 2012

Wider Impact	What broader impact does the topic have on the local population?	A number of <u>significant, clear and obvious direct impacts.</u>	A <u>moderate direct and/or indirect impact.</u>	A <u>minor indirect impact.</u>	<u>Unclear, little or no impact.</u>	Medium – 5 points	1	<p>People with a mental health condition like Dementia are more likely to have a poor diet, take less exercise, smoke more and misuse drugs and alcohol (Warwickshire Mental Health Strategy, 2014-2016, pg. 10)</p> <p>Currently estimated that there are over 800,000 people in the UK caring for someone who has a dementia diagnoses and this number is expected to rise to over a million by 2020</p> <p>The impact is not just on the individual but also on the wider community (friends, family and carers) for that individual. At some point, those around the individual will require support ranging from practical care (to allow for time off) to having someone to talk to about their feelings and concerns.</p>
Cost Implications	Estimated economic cost associated with tackling the topic in Warwickshire	<u>High levels (multi-millions of £s) of both direct and indirect estimated economic costs both now and in the future.</u>	<u>Medium levels (c. £5 million) of direct and/or indirect estimated economic costs both now and in the future.</u>	<u>Low levels (<£1 million) of estimated economic costs either now/and or in the future.</u>	-	High - 10 points	1.5	<p>The Dementia UK report estimated* that the total annual cost per person with dementia in different settings in 2007 was as follows:</p> <ul style="list-style-type: none"> • People in the community with mild dementia: £14,540 • People in the community with moderate dementia: £20,355 • People in the community with severe dementia: £28,527 • People in care homes: £31,263 <p>*Please note the breakdown of these for actual numbers is unknown and therefore may affect the total costs. <i>Alzheimer's Society (2014)</i></p>

Total Score = 63.5

Maximum points available: 115