**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**NICE indicator validity assessment**

Assurance date: June 2021

Review date: June 2024

# Indicator IAP00427

# Dementia: 65+ Estimated diagnosis rate

# Validity assessment

|  |  |  |
| --- | --- | --- |
| **Domain** | **Notes**  | **Assessment** |
| Importance | Indicator is part of the Recorded Dementia Diagnoses collection published by NHS DigitalThe indicator is benchmarked at a target of 66.7% dementia diagnosis rate, and for the four annual time periods published from 2017 this target has been attained at England level. Variation exists across various geographical and other breakdowns. | The indicator is published as part of an NHS Digital collection.  |
| Evidence base | From original application form provided by NICE:“Timely diagnosis and intervention is a key objective of the National Dementia Strategy and has been reinforced as a priority in the Prime Minister's Challenge on Dementia, published on 26 March 2012. Diagnosis rates for dementia vary across the country. Too often, diagnosis comes too late - during a crisis or beyond the point where people can plan for the future and make informed choices about how they would like to be cared for. For example, a fall leading to admission to hospital. NHS England has set the first ever national ambition to improve dementia diagnosis rates. By 2015, the aim is that two-thirds of people should have a diagnosis, with appropriate post diagnosis support.There are a range of outcomes we want to see for people with dementia and their carers as set out below. Improving diagnosis has a key role to play in our ability to achieve these outcomes:* Slower progression of the condition which might be possible with early diagnosis and the prescription of appropriate drugs for certain types of dementia (e.g. Alzheimer’s);
* Improved ability to cope with symptoms of dementia and the consequential deferred institutionalisation which might be deliverable through early diagnosis and better information, support and treatment;
* Avoidance of side effects associated with inappropriate medication which might be deliverable through better detection of dementia, better training of staff working in hospitals and care homes, and dramatically reduced reliance upon anti-psychotic drugs;
* Reduction in the amount of time that people with dementia spend in hospital, both in terms of avoidable admissions/readmissions and reduced length of hospital stay for those with dementia who are hospitalised for whatever reason.

Please note that the Prime Minister’s Challenge on Dementia has since been updated[[1]](#footnote-1). | Evidence base exists. This indicator aligns with NICE guideline (NG97[[2]](#footnote-2)) albeit published after the implementation of this indicator. |
| Specification  | Numerator: Number of people diagnosed with dementia as recorded in QOFDenominator: Population: Patients registered at a general practice with 5-year age band and sex. It is extracted on the first day of the month, the day after the end of the data period for the numerator.Reference rates: Age 65+ age and sex-specific dementia prevalence rates, binomial proportions with 95% confidence limits by 5-year age and sex band from the Medical Research Council Cognitive Function and Ageing Study II (CFAS II). Reference rates remain static.Exclusions: Data only published and calculated for ages 65 and above.Methodology: Percentage. An estimated number of patients with dementia is calculated using reference populations, and a diagnosis rate is calculated by dividing the recorded number of patients by the estimated number.Geography: CCG, Trust, GP Practice, Primary Care Network, Local Authority, Region and National, as well as additional groupings of these. Deprivation breakdowns are available, and recorded dementia numbers are published by Age, Sex and Ethnicity.Data Source: General Practice Extraction Service (GPES) for numerator, National Health Application and Infrastructure Services (NHAIS/Exeter) for denominatorDisclosure control: None | The indicator has defined components necessary to construct the indicator. |
| Feasibility  | All data from long running data sources. | Data has been flowing for some time and data sources will continue. |
| Acceptability | Frequency of publication and volume of data mean that this indicator can inform practice with very little lag.  | The indicator assesses performance that is attributable to or within the control of the audience. The results of the indicator can be used to improve practice. |
| Risk | Indicator in this form is not part of a specific outcomes framework, though a similar indicator (2.6.i Estimated diagnosis rate for people with dementia) exists in the NHS Outcomes Framework, though it states that “There are no planned future updates for this indicator. The methodology for the indicator requires review, this is not actively being progressed at this time”. The assessed indicator is also published by Public Health England as part of the Public Health Outcomes framework. | No risks identified with this indicator, though note similar indicator in recognised outcomes framework. |

**Summary:** Indicator to be renewed.

**NHS Digital Indicator reference:**

Collection – Recorded Dementia Diagnoses

1. Prime Minister’s challenge on dementia 2020, Published 21 February 2015, https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020 [↑](#footnote-ref-1)
2. Dementia: assessment, management and support for people living with dementia and their carers, Published 20 June 2018, <https://www.nice.org.uk/guidance/ng97> [↑](#footnote-ref-2)