

Dementia diagnostic rates across Bradford District

Summary

This intelligence report updates dementia diagnostic rates by practice and community partnerships for Bradford District.

Data is displayed as a diagnostic rate (%), which is the observed number of dementia patients divided by the expected number (based on national prevalence rates). The % of total registered patients that have a dementia diagnosis is also displayed for Bradford City, Bradford District and AWC CCGs separately.

Practices that have statistically significantly lower dementia diagnosis rates than both England and their CCG are:

Bradford District CCG:

- Sunnybank
- Thornton & Denholme
- Wibsey & Queensbury
- Wilsden

City CCG:

- Little Horton Lane Dr Gilkar

Airedale, Wharfedale, Craven CCG

- Addingham surgery
- Oakworth Medical Practice

As this analysis is based on a statistical model, possible reasons for low diagnosis rates may be over estimation of expected dementia patients or local service factors (e.g. additional care home patients registered with a practice).

One community partnerships also have a significantly low dementia rate:

South 8 (Clayton and Fairweather Green, Thornton and Allerton, Queensbury, Wyke)

Key actions that practices can routinely undertake to increase dementia diagnosis rates are provided below.

Dementia diagnosis rate

Airedale, Wharfedale and Craven CCG

Benchmarks set nationally ≥ 66.7% (significantly) similar to 66.7% < 66.7% (significantly)

(Observed prevalence based on snapshot of data from April 2019 local data – expected based on national prevalence estimates June 2018 and GP populations April 2019).

Figure 1: Diagnostic rate of dementia of registered patients 65 + years by GP practices in Airedale, Wharfedale and Craven CCG

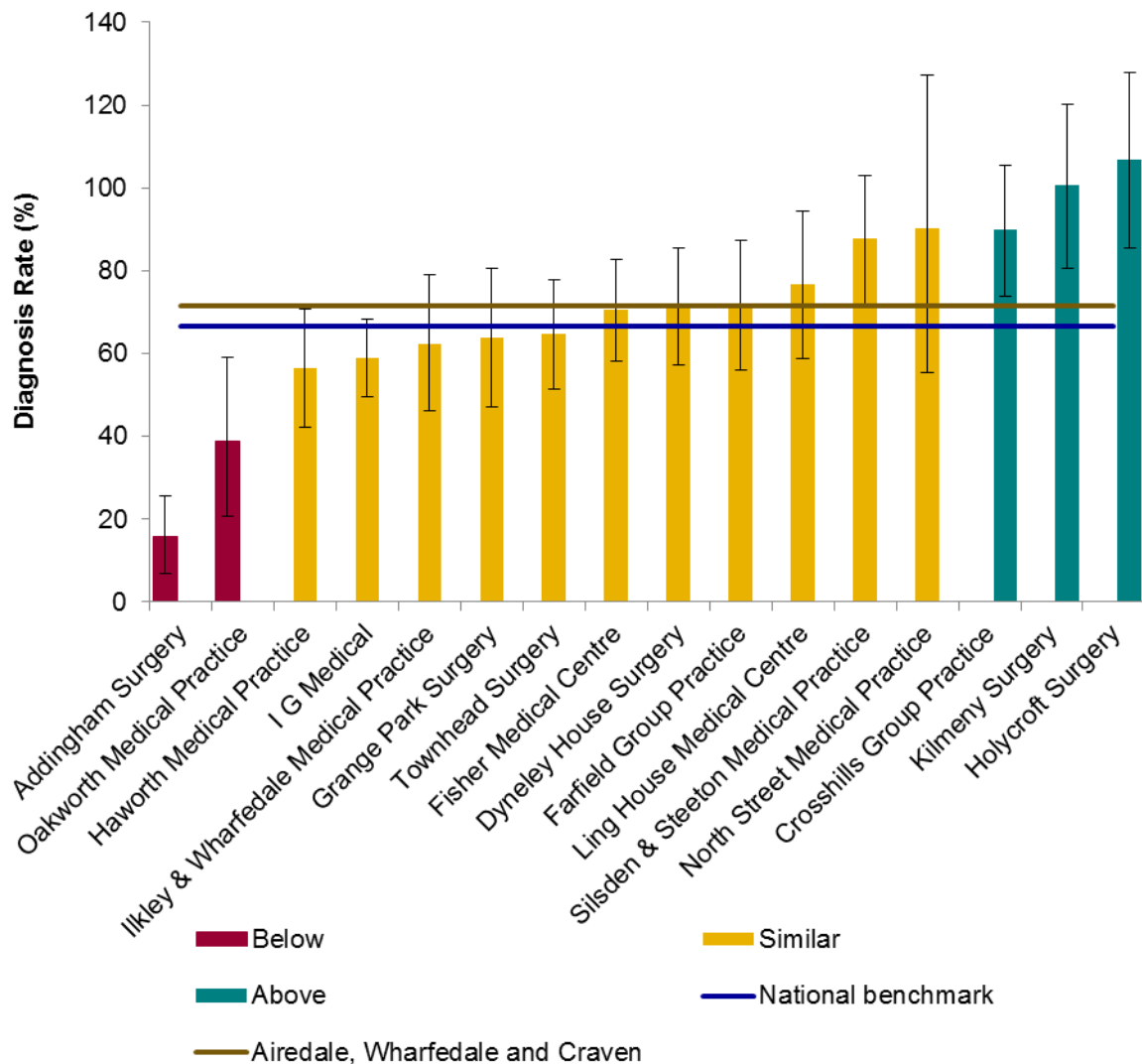


Table 1: Diagnostic rate of dementia of registered patients 65 + years by GP practices in Airedale, Wharfedale and Craven

GP name	GP code	Observed <i>n</i>	Expected <i>n</i>	EDDR (95% CI)
Addingham Surgery	B83620	11	70	15.7(7.0 - 25.6)
Oakworth Medical Practice	B83061	16	41	38.9(20.7 - 58.9)
Haworth Medical Practice	B83027	69	122	56.6(42.3 - 70.8)
I G Medical	B83624	222	376	59(49.5 - 68.2)
Ilkley & Wharfedale Medical Practice	B83002	62	99	62.4(46.2 - 78.9)
Grange Park Surgery	B83019	61	96	63.7(47 - 80.6)
Townhead Surgery	B82007	114	176	64.8(51.5 - 77.9)
Fisher Medical Centre	B82028	170	241	70.6(58 - 82.7)
Dyneley House Surgery	B82053	124	173	71.5(57.2 - 85.5)
Farfield Group Practice	B83021	97	135	71.7(55.9 - 87.2)
Ling House Medical Centre	B83008	83	108	76.6(58.9 - 94.3)
Silsden & Steeton Medical Practice	B83006	160	182	87.7(71.7 - 103.1)
North Street Medical Practice	B83602	25	28	90.4(55.3 - 127.3)
Crosshills Group Practice	B82020	165	184	89.9(73.8 - 105.6)
Kilmenny Surgery	B83033	127	126	100.7(80.6 - 120.1)
Holycroft Surgery	B83023	120	112	106.8(85.4 - 127.7)
Airedale, Wharfedale and Craven		1626	2270	71.6(63.8 - 78.5)

Bradford City CCG

Figure 2: Diagnostic rate of dementia of registered patients 65 + years by GP practices in Bradford City CCG

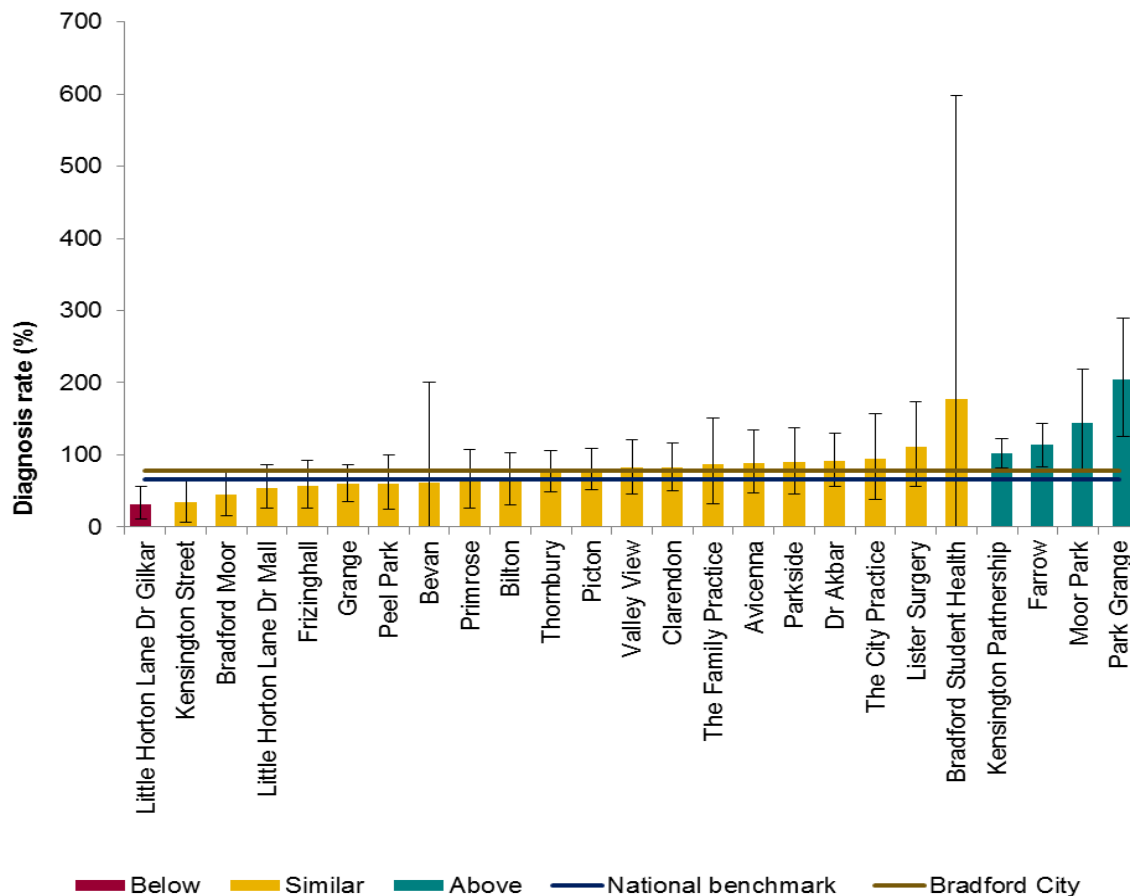


Table 2: Diagnostic rate of dementia of registered patients 65 + years by GP practices in Bradford City CCG

GPname	GPname	Observed <i>n</i>	Expected <i>n</i>	EDDR (95% CI)
Little Horton Lane Dr Gilkar	B83653	8	25	32.1(11.7-55.8)
Kensington Street	B83622	5	15	34.2(6.8-66.8)
Bradford Moor	B83032	8	18	44.7(16.4-77.9)
Little Horton Lane Dr Mall	B83025	13	24	54.7(26.3-85.9)
Frizinghall	B83627	12	21	57.5(27-91.8)
Grange	B83034	21	35	59.7(34.7-86.4)
Peel Park	B83629	10	17	60(24.5-100)
Bevan	B83657	1	2	61(0-200.9)
Primrose	B83026	9	14	63.8(26-108)
Bilton	B83660	12	19	64.5(30.4-103.3)
Thornbury	B83005	29	38	77(49.3-106.7)
Picton	B83614	31	39	79(51.2-108.3)
Valley View	B83626	19	23	82.3(46.3-121.1)
Clarendon	B83628	25	30	83(50.9-117.1)
The Family Practice	B83617	8	9	87(31.8-151.6)
Avicenna	B83058	16	18	89.1(47.3-134.8)
Parkside	B83621	15	17	89.8(46.1-138.1)
Dr Akbar	B83611	24	26	91.9(55.9-130.5)
The City Practice	B83642	10	11	95.2(38.9-157.8)
Lister Surgery	B83604	14	13	111.6(55.7-173.7)
Bradford Student Health	B83051	1	1	177.6(0-597.5)
Kensington Partnership	B83052	122	119	102.6(81.8-122.9)
Farrow	B83016	61	54	113.7(83.8-144.1)
Moor Park	B83661	16	11	144.4(76.3-219.2)
Park Grange	B83659	25	12	204.9(125.7-289.5)
Safe Haven Service	Y05180	0	0.3	NA
NHS Bradford City CCG		478	608	78.6(67.9-88.3)

Bradford Districts CCG

Figure 3: Diagnostic rate of dementia of registered patients 65 + years by GP practices in Bradford Districts CCG

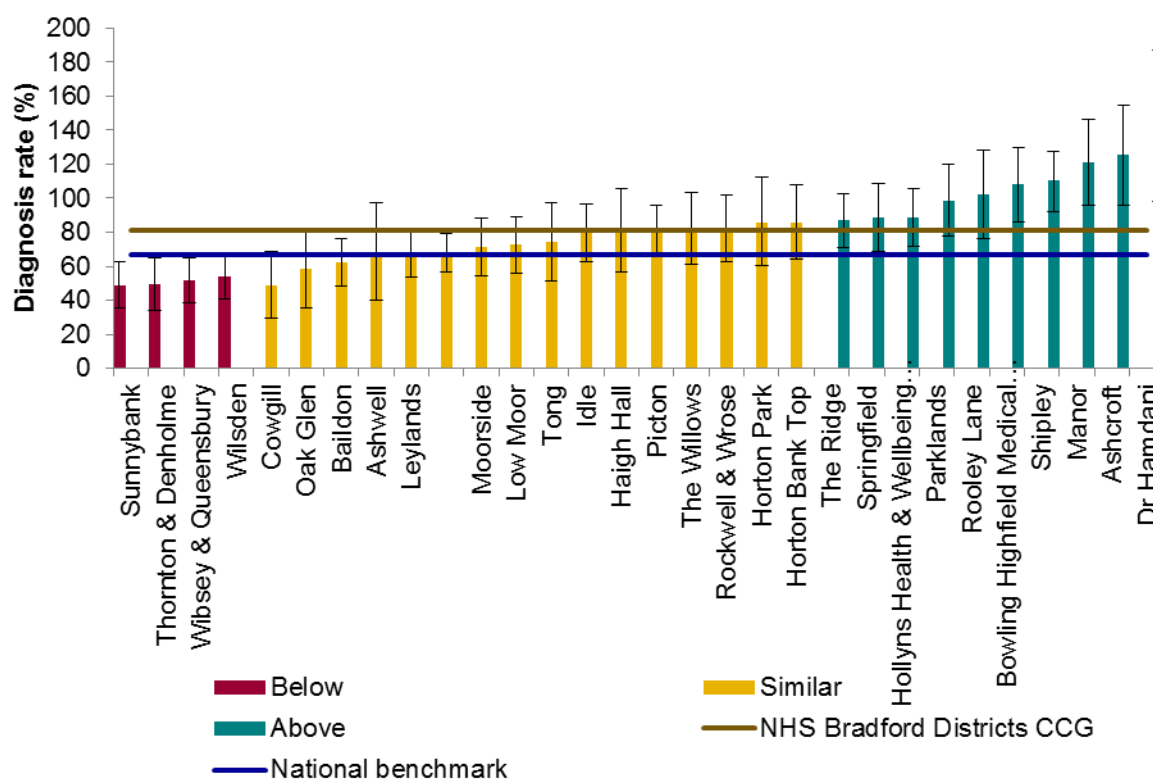


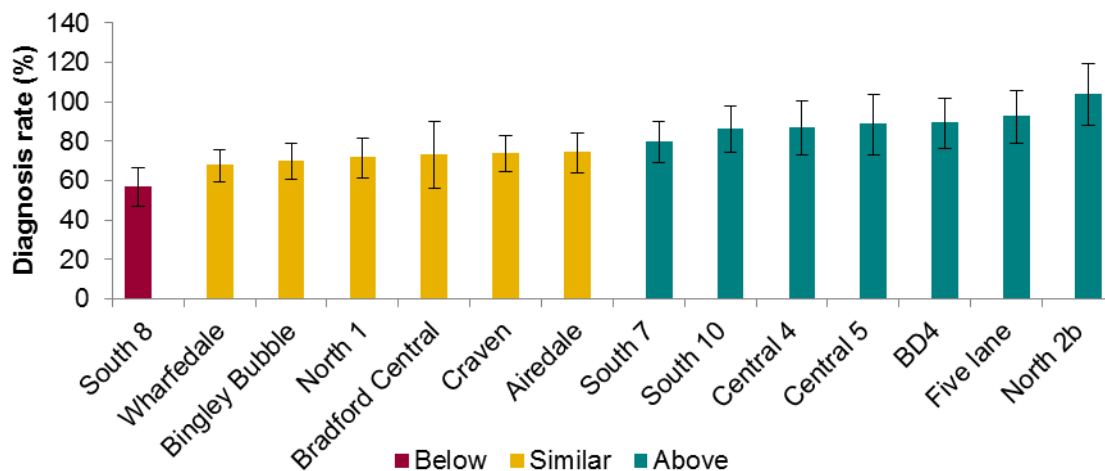
Table 4: Diagnostic rate of dementia of registered patients 65 + years by GP practices in Bradford Districts CCG

GP name	GP Code	Observed <i>n</i>	Expected <i>n</i>	EDDR (95% CI)
Sunnybank	B83009	55	113	48.9(35.3-62.6)
Thornton & Denholme	B83030	43	87	49.2(34.2-64.7)
Wibsey & Queensbury	B83028	67	130	51.4(38.4-64.6)
Wilsden	B83037	79	147	53.9(41.1-66.7)
Cowgill	B83049	24	49	48.5(29.5-68.9)
Oak Glen	B83031	25	43	58.2(35.7-82.2)
Baildon	B83022	94	150	62.6(48.7-76.4)
Ashwell	B83641	22	33	67.7(40.1-97.3)
Leylands and Heaton	B83038	103	151	68.1(53.6-82.4)
Moorside	B83056	77	108	71.4(54.5-88.6)
The Saltaire and Windhill Medical Partnership	B83039	201	294	68.5(56.9-79.4)
Low Moor	B83029	87	119	72.9(56.2-89.4)
Tong	B83015	44	59	74.2(51.7-97.4)
Idle	B83018	102	128	79.7(62.6-96.5)
Haigh Hall	B83054	46	57	80.8(56.6-105.4)
Picton	B83014	149	183	81.5(66.3-96.1)
The Willows	B83020	65	79	81.8(60.8-103.1)

Rockwell & Wrose	B83064	77	94	82.1(62.5-101.8)
Horton Park	B83035	45	52	85.8(60.3-112.2)
Horton Bank Top	B83017	67	78	85.9(64-107.9)
The Ridge	B83055	146	168	86.8(70.6-102.6)
Springfield	B83067	92	104	88.7(68.9-108.4)
Hollyns Health & Wellbeing Centre	B83045	132	148	89(71.6-105.8)
Parklands	B83010	99	100	98.7(77.5-119.9)
Rooley Lane	B83042	67	66	102.1(76.2-128.3)
Bowling Highfield Medical Centre	B83041	116	107	108.5(86.4-130.2)
Shipley	B83063	221	200	110.4(92.3-127.7)
Manor	B83012	105	87	121.2(95.5-146.7)
Ashcroft	B83062	82	65	125.3(96.1-154.6)
Dr Hamdani	Y01118	42	30	142(98.2-187)
NHS Bradford Districts CCG		2611	3229.304	80.9(72.2-88.3)

Community Partnerships

Figure 4: Estimated diagnostic rate of dementia of registered patients 65 + years by GP practices in Bradford Districts CCG



Community Partnerships	Ward location of registered patients
North 1	Baildon, Shipley, Windhill and Wrose, Idle and Thackley
Five lane	Windhill and Wrose, Bowling and Barkerend, Idle and Thackley, Bolton and Undercliffe, and Eccleshill
Bingley Bubble	Baildon, Bingley Rural and Bingley
North 2b	Heaton, Idle and Thackley, Windhill and Wrose, Shipley
Central 4	Manningham, Toller, Heaton and City
Central 5	City, Eccleshill, Bolton and Undercliffe, Bowling and Barkerend, Bradford Moor
Bradford Central	Little Horton, City, Great Horton, Wibsey
South 7	Little Horton, Queensbury, City, Wibsey, Great Horton and Royds

South 8	Clayton and Fairweather Green, Thornton and Allerton, Queensbury Wyke
South 10	Manningham, Toller, Heaton, Thornton and Allerton, and Clayton and Fairweather Green
BD4	Wyke, Bowling and Barkerend, Tong
Airedale	Keighley Central, Keighley West, Keighley East and Worth Valley
Wharfedale	Ilkey, Craven and Wharfedale
Craven	Gargrave and Malhamdale, Aire Valley with Lothersdale, Skipton East, Sutton-in-Craven, Glusburn, Skipton North, Settle and Ribblesbanks, Skipton South and Skipton West

Table 4: Estimated diagnostic rate of dementia of registered patients 65 + years by Community Partnerships

CP	Observed <i>n</i>	Expected <i>n</i>	EDDR
South 8	187	329	56.9(47-66.4)
Wharfedale	636	936	67.9(59.5-75.6)
Bingley Bubble	439	626	70.1(60.6-78.9)
North 1	303	422	71.9(61.1-81.8)
Bradford Central	83	113	73.2(56.1-90.2)
Craven	573	774	74.1(64.6-82.7)
Airedale	417	561	74.4(64-83.7)
South 7	424	529	80.1(69.2-90.3)
South 10	362	419	86.5(74.2-97.8)
Central 4	239	275	87(72.8-100.2)
Central 5	174	196	88.9(72.9-104)
BD4	314	351	89.4(76.2-101.7)
Five lane	297	321	92.6(78.9-105.6)
North 2b	267	257	103.8(87.7-119)

Method for estimating dementia diagnosis rate

The estimated dementia diagnosis rate (EDDR) is calculated for each area (e.g. GP or Community Partnership or CCG) in two stages:

- 1) The expected number of people with dementia in the area is estimated by applying prevalence estimates obtained from survey data at national level for each age/sex group to the estimated population in each age/sex group in the area and summing across all age/sex groups.
- 2) The total observed number of people diagnosed with dementia in the area is divided by the expected number obtained from stage 1 to give the estimated diagnosis rate.

Confidence interval calculation

The observed counts are subject to the usual stochastic (random) variation assumptions and are assumed to be observations from an underlying Poisson distribution.

The expected number of cases is calculated as a sum of age-specific expected numbers, each of which is calculated by applying published prevalence proportions to the local age-sex specific population. The published proportions have confidence intervals, and these need to be reflected in the confidence intervals for the overall proportion.

Simulation allows us to capture all these separate elements and calculate approximate confidence intervals for the overall indicator: the indicator is calculated 100,000 times. On each repetition, each of the age-specific expected (binomial) distributions, and the observed (Poisson) count distribution, are randomly sampled and the indicator is calculated based on those sampled values. Hence a distribution of 100,000 random samples from the overall indicator distribution is obtained. From this distribution we can take the 2500th smallest and the 2500th largest values as robust estimates of the 95% lower and upper confidence limits respectively. 100,000 repetitions is sufficient to ensure that, to one decimal place, the estimates of the upper and lower confidence limits are robust

Prevalence estimates of dementia by age group: (1)

Age	Female Prevalence (95%CI)	Male Prevalence (95%CI)
65-69	1.8(0.9-3.6)	1.2(0.6-2.3)
70-74	2.5(1.6-3.9)	3(2-4.4)
75-79	6.2(4.5-8.4)	5.2(3.8-7)
80-84	9.5(7.3-12.3)	10.6(8.2-13.7)
85-89	18.1(14.5-22.2)	12.8(9-18)
90+	35(28.4-42.3)	17.1(10.6-26.4)

Note on diagnosis rates above 100%

Some practices are shown as having diagnosis rates above 100%. The model these estimates are based on is intended for larger organisations with populations aged 65+yrs of more than 300 patients. At a practice level a number of practices have below this number. This greatly affects the accuracy of the model. All these estimated figures should be used with caution and are just guidance as to potential diagnosis rates.

Proportion of registered patient living with dementia

Airedale, Wharfedale and Craven

Table 4: Proportion of registered patients living with dementia by GP practices in Airedale, Wharfedale and Craven

GP ID	GP name	All registered patients n(%)	Registered patients 65+ years n(%)
B82007	Townhead Surgery	117(1.22%)	114(3.93%)
B82020	Cross Hills Group Practice	166(1.38%)	165(5.82%)
B82028	Fisher Medical Centre	171(1.21%)	170(4.57%)
B82053	Dyneley House Surgery	126(1.00%)	124(4.53%)
B83002	Ilkley & Wharfedale Medical Practice	63(1.31%)	62(4.55%)
B83006	Silsden Medical Practice	163(1.41%)	160(5.78%)
B83008	Ling House Medical Centre	86(0.72%)	83(5.01%)
B83019	Grange Park Surgery	66(0.97%)	61(3.95%)
B83021	Farfield Group Practice	100(0.77%)	97(4.31%)
B83023	Holycroft Surgery	121(1.22%)	120(7.06%)
B83027	Haworth Medical Practice	73(0.77%)	69(3.25%)
B83033	Kilmeny Surgery	134(1.00%)	127(5.85%)
B83061	Oakworth Medical Practice	18(0.52%)	16(2.20%)
B83602	North Street Surgery	27(0.41%)	25(5.22%)
B83620	Dr Adil Suleman	11(0.37%)	11(1.00%)
B83624	Ilkley Moor Medical Practice	319(1.78%)	316(6.49%)
Airedale Wharfedale and Craven		1761(1.10%)	1720(4.92%)

Figure 10: Proportion of all registered patients living with dementia by GP practices in Airedale, Wharfedale and Craven

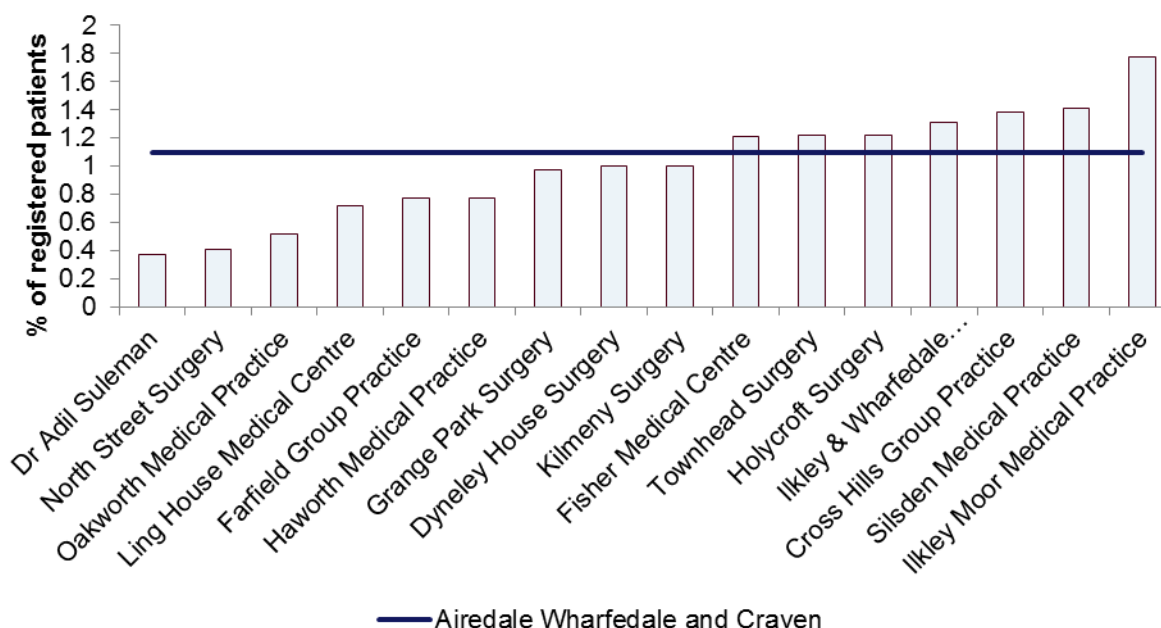
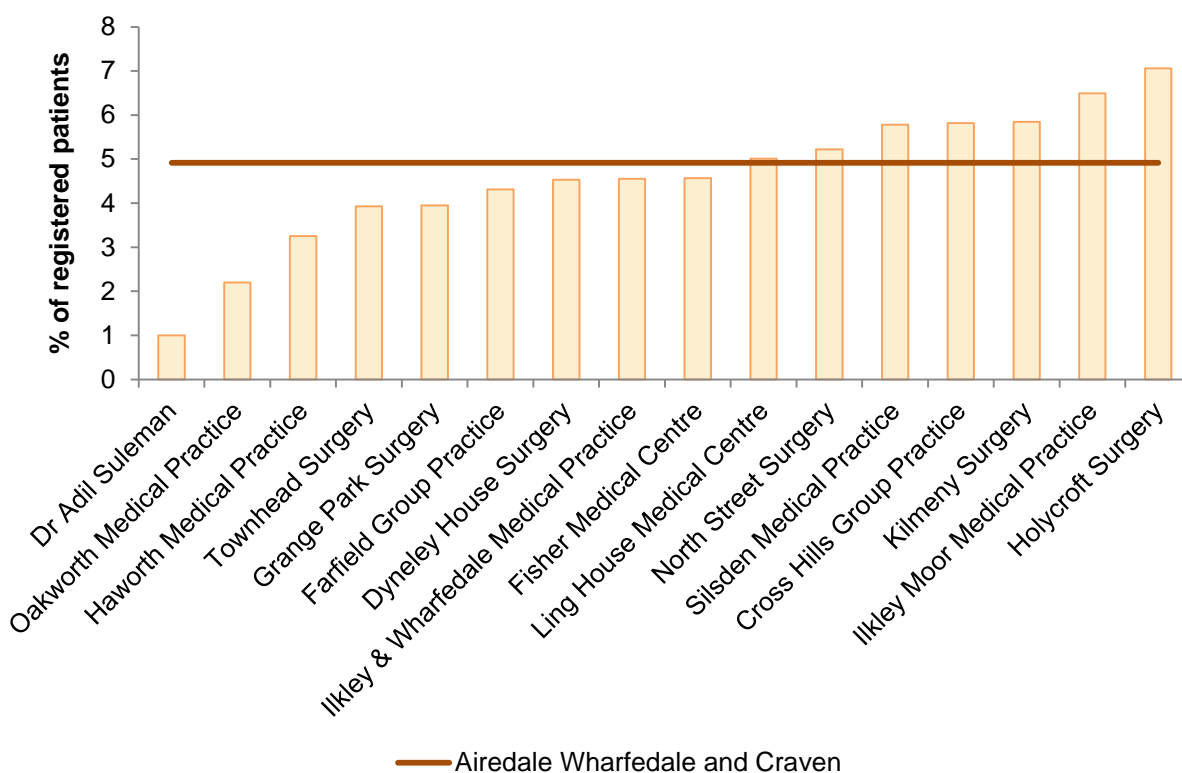


Figure 11: Proportion of registered patients aged 65+ years living with dementia by GP practices in Airedale, Wharfedale and Craven



Bradford City CCG

Table 5: Proportion of registered patients living with dementia for Bradford City practices

GP ID	GP name	All registered patients n(%)	Registered patients 65+ years n(%)
B83005	Thornbury Medical Centre	33(0.48%)	29(4.52%)
B83016	Farrow Medical Centre	65(0.89%)	61(7.90%)
B83025	Dr I.M.Raja & Partner	13(0.3%)	13(3.29%)
B83026	Primrose Surgery	13(0.24%)	9(3.30%)
B83032	The Bradford Moor Practice	8(0.22%)	8(2.39%)
B83034	Grange Medical Centre	22(0.33%)	21(3.80%)
B83051	Bradford Student Health Service	1(0.01%)	1(4.00%)
B83052	Kensington Partnership	130(0.54%)	122(6.39%)
B83058	Avicenna Medical Practice	19(0.26%)	16(5.42%)
B83604	The Lister Surgery	14(0.44%)	14(6.03%)
B83611	Dr Akbar's Surgery	25(0.35%)	24(5.65%)
B83614	Picton Medical Centre	35(0.38%)	31(4.84%)
B83617	The Family Practice	10(0.42%)	8(4.35%)
B83621	Parkside Medical Practice	15(0.37%)	15(5.08%)
B83622	Kensington Street Surgery	7(0.14%)	5(1.77%)
B83626	Valley View Surgery	20(0.31%)	19(4.74%)
B83627	Frizinghall Medical Centre	13(0.34%)	12(3.02%)
B83628	Clarendon Medical Centre, Alice St Site	28(0.32%)	25(5.03%)
B83629	Peel Park Surgery	10(0.34%)	10(3.26%)

B83642	The City Medical Practice	10(0.34%)	10(5.13%)
B83653	Little Horton Lane MC	9(0.1%)	8(1.62%)
B83657	Bevan Healthcare CIC	2(0.04%)	1(1.54%)
B83659	Park Grange Medical Centre	28(0.89%)	25(13.3%)
B83660	Bilton Medical Centre	12(0.21%)	12(3.43%)
B83661	Moor Park Medical Practice	19(0.65%)	16(7.77%)
Bradford city CCG		561(0.4%)	515(5.55%)

Figure 12: Proportion of all registered patients living with dementia by GP practices in Bradford City

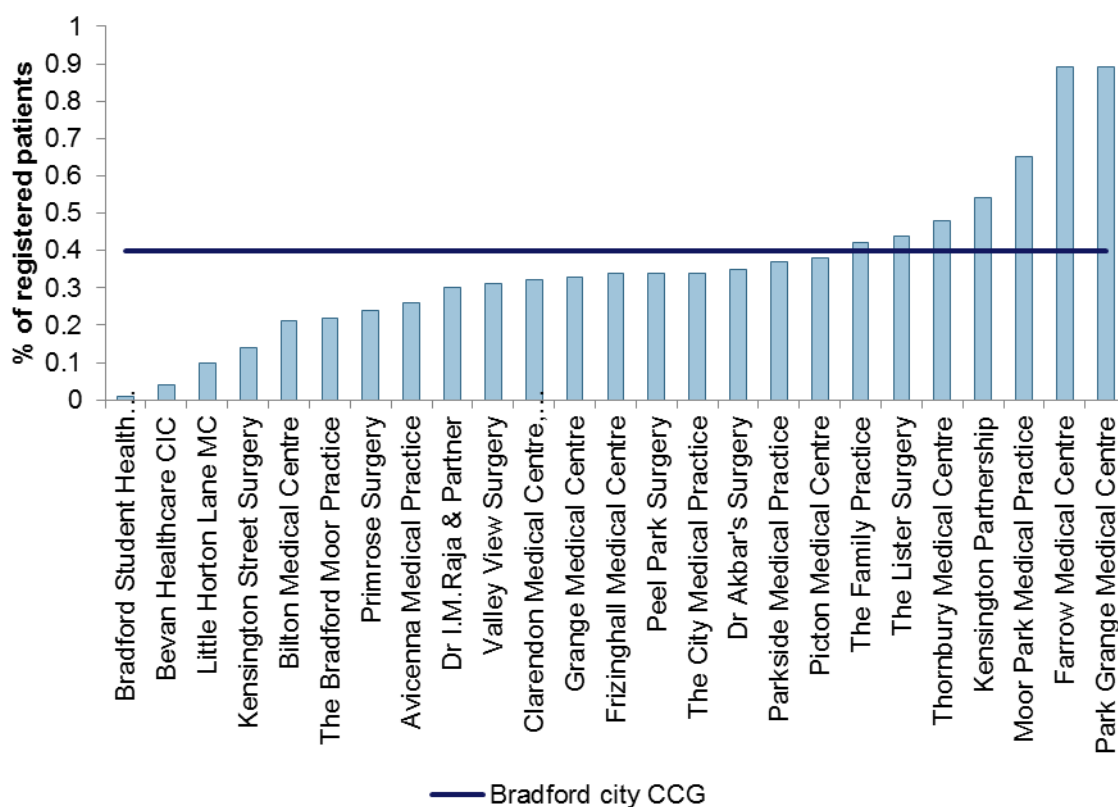
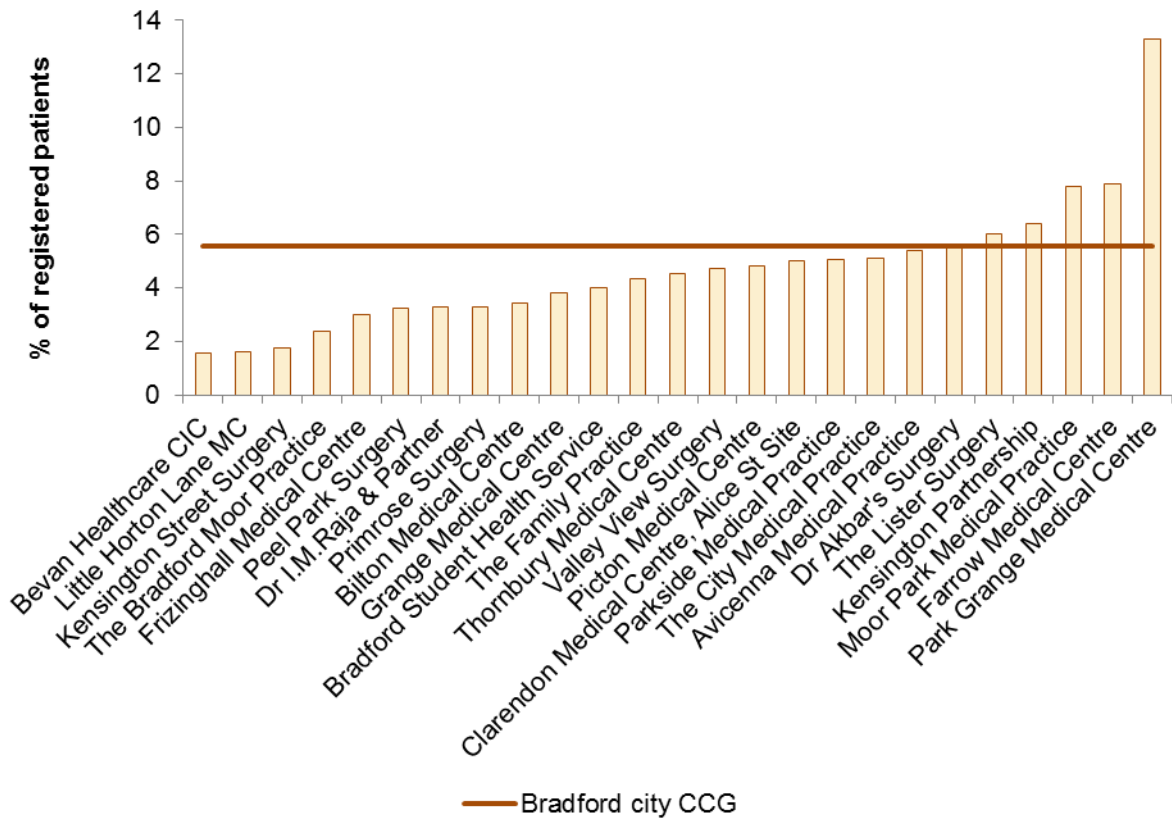


Figure 13: Proportion of registered patients aged 65+ living with dementia by GP practices in Bradford City



Bradford Districts CCG

Table 6: Proportion of registered patients living with dementia by GP practices in Bradford Districts

GP ID	GP name	All registered patients n(%)	Registered patients 65+ years n(%)
B83009	Sunnybank Medical Practice	57(0.54%)	55(2.71%)
B83010	Parklands Medical Practice	101(0.98%)	99(6.33%)
B83012	Manor Medical Practice	110(1.09%)	105(8.16%)
B83014	Bingley Medical Practice	153(1.18%)	149(5.35%)
B83015	Tong Medical Practice	49(0.55%)	44(4.42%)
B83017	Horton Bank Practice	72(0.9%)	67(5.57%)
B83018	Idle Medical Centre	106(0.89%)	102(4.98%)
B83020	The Willows Medical Centre	69(0.85%)	65(4.97%)
B83022	Baildon Medical Practice	97(1.06%)	94(3.82%)
B83028	Wibsey & Queensbury Medical Practice	68(0.61%)	67(3.16%)
B83029	Low Moor Medical Practice	93(0.92%)	87(4.72%)
B83030	Thornton Medical Centre	44(0.5%)	43(2.74%)
B83031	Oak Glen Surgery	25(0.67%)	25(3.26%)
B83035	Horton Park Medical Practice	51(0.5%)	45(5.14%)
B83037	Wilsden Medical Practice	84(0.83%)	79(3.19%)
B83038	Heaton and Leylands Medical Centre	110(0.59%)	103(4.45%)
B83039	The Saltaire and Windhill Medical Partnership	204(0.85%)	201(4.39%)
B83041	Bowling Highfield Medical Practice	121(0.81%)	116(6.81%)
B83042	Rooley Lane Medical Centre	69(0.9%)	67(6.24%)
B83045	Hollyns Health & Wellbeing	136(0.98%)	132(5.7%)
B83049	Cowgill Surgery	26(0.58%)	24(2.94%)
B83054	Haigh Hall Medical Centre	48(0.89%)	46(4.81%)
B83055	The Ridge Medical Practice	149(0.64%)	146(5.68%)
B83056	Moorside Surgery	77(1%)	77(5.24%)
B83062	Ashcroft Surgery - Dr Mehay and Partners	86(0.99%)	82(8.13%)
B83063	ShIPLEY Medical Practice	241(2.84%)	221(18.39%)
B83064	Rockwell & Wrose Practice	81(0.79%)	77(5.16%)
B83067	The Springfield Surgery (Bingley)	95(1.27%)	92(6.01%)
B83641	Ashwell Medical Centre	24(0.31%)	22(3.89%)
Y01118	Dr Hamdani	43(1.32%)	42(9.17%)
Bradford Districts CCG		2689(0.87%)	2574(5.21%)

Figure 14: Proportion of all registered patients living with dementia by GP practices in Bradford Districts

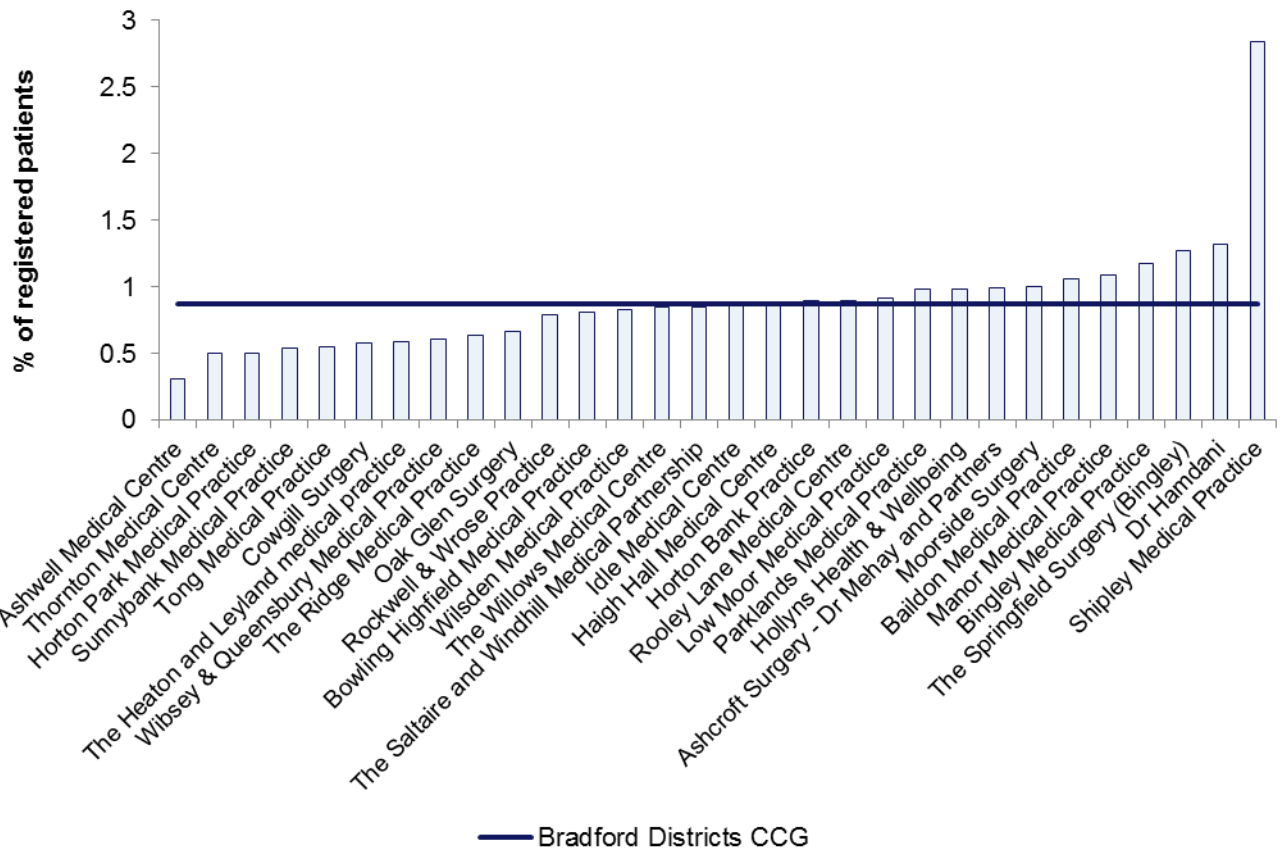
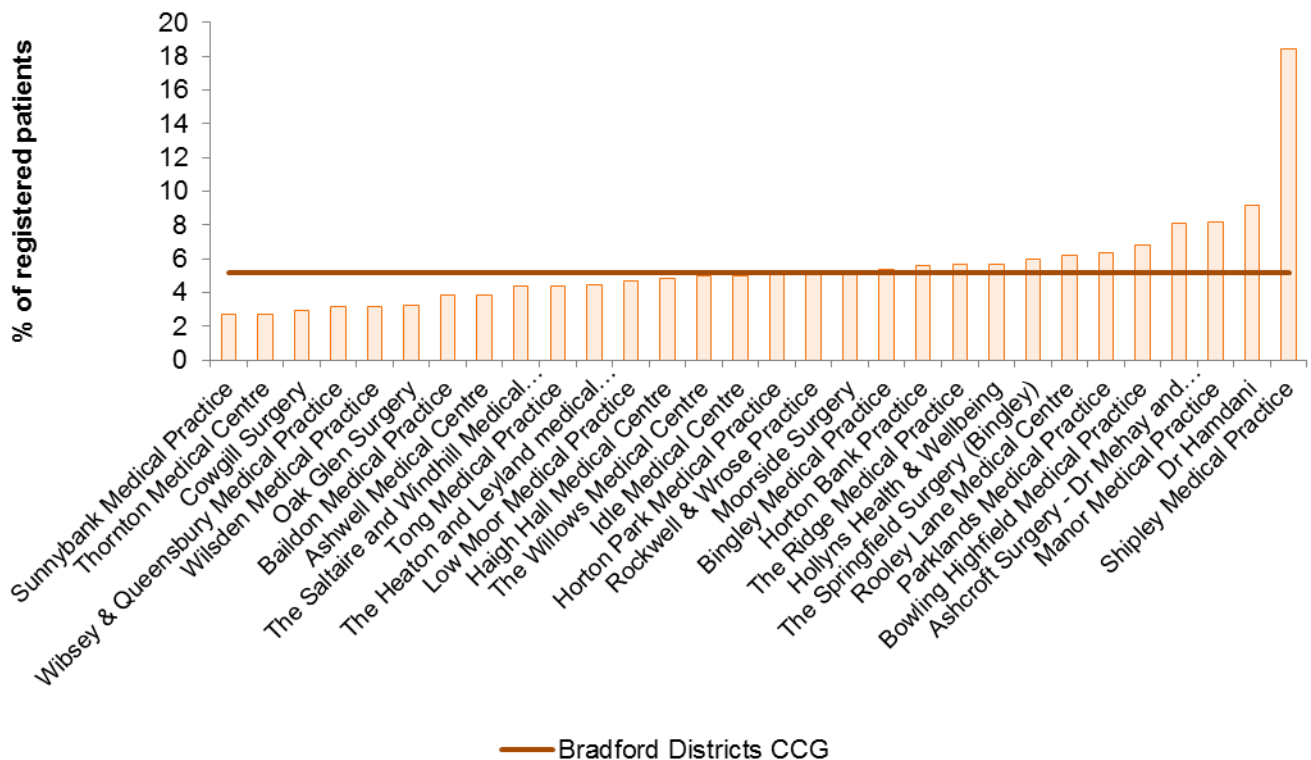


Figure 15: Proportion of registered patients aged 65+ years living with dementia by GP practices in Bradford Districts



Benefits of early diagnosis

Across Bradford District approximately a quarter (23%) of people with dementia have had no formal diagnosis.

Population screening for dementia is generally not considered to be cost-effective in the UK. However, the use of screening tools when dementia is suspected could promote case detection & provide access to a pathway of evidence-based treatment, care, and support across the disease course.

There is a lack of high quality research conducted into the effect of the timing of dementia diagnosis upon subsequent disease progression and outcomes (for patients or their carers).

What evidence we do have suggests that:

- those with a shorter duration of dementia symptoms before first assessment (i.e. earlier diagnosis) have a lower mortality at long term follow up.
- early therapeutic interventions can be effective in improving cognitive function, treating depression, improving caregiver mood, and delaying institutionalisation.
- an early diagnosis helps someone with dementia to continue to live independently in their own home for longer.
- using anti-dementia drugs for a greater proportion of the time since first onset of symptoms (starting early or staying on the drug) is associated with less cognitive decline and a longer survival.

Expert opinion and clinical guidelines support the view that early dementia diagnosis is beneficial to patients, carers and society, and should therefore be promoted.

A number of key benefits have been identified:

1. **Optimising current medical management** – attention to treatable causes, exacerbating factors, and medication review.
2. **Relief gained from a better understanding of dementia** – validation of concerns, and a framework for understanding the origin and nature of symptoms.
3. **Maximising decision-making autonomy** – the chance to make important decisions about the future while still retaining mental capacity.
4. **Earlier access to services** – timely access to medical care, advice and support (all of which require a diagnosis) and financial advice and support.

5. **Risk reduction** – safety at home, driving assessments, anticipating and avoiding adverse effects of medication.
6. **Planning for the future** – early retirement, financial planning, safety and security issues.
7. **Improving clinical outcomes** – slowing or stabilising cognitive and functional decline.
8. **Avoiding or reducing future costs** – chiefly through delaying or avoiding transition into a care home.
9. **Diagnosis as a human right** – both to have access to an accurate diagnosis, and to be informed of it, or not, according to preference.

There is limited economic evidence about dementia diagnosis. The economic arguments in favour of early diagnosis and early intervention are promising but not yet definitive.

There is little high quality evidence about the level of distress that could be caused by early diagnosis initiatives in primary care. It is therefore important for a person with dementia and their family to receive a dementia diagnosis in a positive way with adequate time for any questions to be answered, and for support and reassurance to be provided (for the individual to feel more in control and empowered to make decisions).

Some of the potential negative effects of dementia diagnosis are:

- increasing social withdrawal of a dementia patients following diagnosis.
- diagnostic overshadowing where a dementia diagnosis could be blamed for all physical and mental health symptoms, when symptoms actually suggest a co-morbidity.
- personal or cultural stigmatisation of dementia patients.
- restricted access to other health services after a dementia diagnosis.

To avoid these potential harmful consequences of diagnosis a human rights based approach to dementia care is required across services and communities with an agreed care plan.

Key actions that practices can routinely undertake to increase dementia diagnosis rates patient living with dementia

Primary Care Resource which includes the Dementia Quality Toolkit and other resources are available via <http://www.yhscn.nhs.uk/mental-health-clinic/Dementia.php>

The Dementia Quality Toolkit (DQT): Maintaining excellent data quality can only be maintained by regular data cleansing. The DQT consists of a series of reports and queries run directly on GP systems to identify patients who may have dementia, but who are not coded as such within the practice. <http://www.yhscn.nhs.uk/mental-health-clinic/Dementia/Diagnosis.php#TOOLKIT>

Within the DQT there is also a set of reports that GP practices can run that show patients at 'greater risk of having a dementia syndrome' i.e. those in a care home. Practices with low prevalence may want to consider 'case finding' by looking at these lists and reviewing patients. The tool combines risk factors to look for those people most likely to benefit from a case finding approach.

Secondary Care Data: Develop standard working practices of information sharing between primary and secondary care, particularly around diagnosis

Other searches: This involves reviewing lists of people:

1. Who have **ever** been prescribed cholinesterase inhibitors (donepezil, galantamine, rivastigmine), or memantine.
2. 65 years and over **and all** those in care homes who have been prescribed antipsychotic medication.
3. Previously coded with local dementia codes, that is codes that are not part of the QOF Dementia Indicator Set.
4. Coded with conditions suggestive of dementia.
5. Resident in Care / Nursing homes. This review includes review of patient notes especially letters where text may refer to the possibility or diagnosis of dementia.

Seek support from your Clinical Network: specific clinical advice and support is available through the Bradford District Dementia Strategy Group (managed by Bradford AWC CCG), a network of local professionals and clinicians with an interest in Dementia . [contact Anna.Smith2@bradford.nhs.uk]

Working closely with the Yorkshire and Humber Clinical Network

(<http://www.yhscn.nhs.uk/mental-health-clinic/Dementia.php>) for targeted support, tools and resources to aid better understanding and improvements in local dementia diagnosis rates and post diagnostic care and support. [contact colinsloane@nhs.net]

Using **Public Health England Fingertips tool**, which has a catalogue of data relating to dementia that acts to measure the outcomes set out in the Well Pathway for Dementia. <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia>

The Mental Capacity Act (MCA): An estimated two million people in England lack the mental capacity to make a specific decision at a specific time. MCA established the legal framework for how these individuals are supported. The MCA describes clear principles of supported decision-making, least restrictive care and best interests decisions that consider closely the unique wishes and preferences of the individual. It provides protection for professionals that abide by the Act. It allows us all to plan ahead for the future – through advance decisions to refuse treatment and Lasting Powers of Attorney (LPAs).

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