

**Cabinet Secretary for Health and Wellbeing**

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Room T3.40  
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*Dear David*

**PE 1480 by Amanda Kopel on Alzheimer's and Dementia Awareness**

Thank you for letter of 31 October 2014 regarding this petition. You asked for an update on The Scottish Government's work being taken forward on the access to free personal care for people with dementia under the age of 65; and on work we are doing to increase dementia diagnosis rates.

As you know, I informed Parliament earlier this year that I was committed to examining the current provision, in the wider context of the provision of social care, including the prevalence and use of short care at home visits, implementation of a Living Wage across the care sector; and the support of those under 65s with complex needs.

At the last Ministerial Strategic Group for Health and Community Care (MSG), I raised the issue of funding for social care and we are now considering, at a Ministerial level, what further work could be undertaken. In addition, we have worked positively with COSLA to ensure that there is now clear guidance to Local Authorities that no-one in the last 6 months of a terminal illness, including those under 65, should be charged for the care they receive at home.

I am committed to improving the access to and quality of care for people under 65 with dementia and I outlined in my last letter in the summer how we are taking that agenda forward through the 2013-16 National Dementia Strategy.

On your second question about action to increase diagnosis rates, in Scotland over recent years we have performed comparatively well. The last comparable UK-wide dementia diagnosis data, from the UK Alzheimer Society in 2013 (with 2012 data), showed that, nationally, Scotland's diagnosis rate was 20% higher than England and 26% higher than Wales. This in large part reflects the success of our 2008-11 national diagnosis target, which was achieved by working collaboratively with local teams including GPs on the value of diagnosis. We are monitoring maintenance of these diagnosis rates through the HEAT standard and during the course of the current dementia strategy we are identifying further national improvement support on diagnosis rates through our *Focus on Dementia* national programme <http://www.qihub.scot.nhs.uk/quality-and-efficiency/focus-on-dementia.aspx> . The 2013/14 diagnosis figures will be available on the *Scotland Performs* website in late November

<http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/DementiaStandard>

We do take a different approach to promoting and supporting the diagnosis of dementia to that in England. As you referenced in your letter, in October 2014 , NHS England launched a pilot scheme to boost dementia diagnosis, with GPs being incentivised to increase diagnosis rates. My stated view is that such a scheme has the potential to produce unintended consequences in encouraging an approach whereby something close to screening would be at risk of happening and therefore lead to over-diagnosis. Decisions regarding the care and treatment of individual patients are always a matter of professional judgement for the clinician responsible for the patient's care and that we expect GPs to follow national clinical guidelines as well as locally agreed referral pathways to manage a patient's healthcare, referring them for the appropriate diagnostic tests and to specialist services for the their condition.

The GP contract in Scotland does support some clinical care pathways by incentivising appropriate clinical activity through the Quality and Outcomes Framework, for example on clinical reviews. But this incentive structure does not, of course, apply to diagnosis itself. An accurate diagnosis of dementia can be difficult in the early stages of the illness and GPs will often refer the patient on to a specialist diagnosis team or memory clinic in those instances.

Building on this work on diagnosis, as I mentioned before we have in place what has been described as a world-leading post-diagnostic guarantee for everyone newly diagnosed with dementia, of a minimum of a year's worth of dedicated support, provided by a named and trained Link Worker. This service helps people adjust to a diagnosis – both emotionally and practically – connect better with services, keep connected to family, friends and the community and plan early future care options. For those under 65 has an additional benefit around areas such as accessing age-appropriate support and issues around employment. The aforementioned *Focus on Dementia* programme is also tasked with supporting local areas to make the necessary changes and improvements in order to ensure that the post-diagnostic HEAT target is achieved nationally by 2016.

ALEX NEIL