

GOVERNING BODY MEETING

Report to:	Governing Body	Agenda item:	
Date of Meeting:			

Title of Report:	Cantab Mobile
Status of report: (decision and approval, position statement, information, confidential discussion)	Discussion
Lead Officer:	Dr Miles Langdon
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Appendices:	

1.	Purpose of the Report (including link to objectives)
<p>The purpose of the report is to provide information on the pilot sites for Cantab Mobile. The Governing Body are asked to consider and approve the recommendation that Cantab Mobile is rolled out to the practices across South Lincolnshire.</p>	

2.	Recommendations
<ul style="list-style-type: none"> • Cantab Mobile to be rolled out across the practices within South Lincolnshire 	

3.	Background
<p>Alzheimer's disease and other dementias can be devastating not only for people who have dementia, but also their families and carers. Research shows that most people currently living with dementia have not received a formal diagnosis. The World Alzheimer Report 2011 have identified that lack of detection is a significant barrier to improving lives of people with Alzheimer's disease and other dementias, their families and carers.</p> <p>Early diagnosis has the potential to change the way society view and approach dementia. The main barriers to access to care is the stigma of dementia and the false belief that memory problems are a normal part of ageing.</p> <p>Early diagnosis allows people with dementia to plan ahead while they still have the capacity to make important decisions about their future care. In addition, they and their families can receive timely practical information, advice and support</p> <p>The CCG has agreed to national targets of achieving 70% diagnosis rates for dementia within 2 years.</p> <ul style="list-style-type: none"> • The CCG piloted with four practices the use of a mobile memory assessment, detecting the earliest signs of dementia. • Cantab is compliant with NICE Guidelines and DES • Encryption to protect patient data • Easy to use and quick to administer • Automatic scoring and instant reports • Time saving and accurate 	

4.	Summary of Key Issues for Discussion
<p>Case Studies:</p> <p>Long Sutton Medical Centre – Piloted cantab for one month.</p> <ul style="list-style-type: none"> • 52 patients were tested using cantab of which 22 were identified as high risk. • Patients were booked into a 20 minute slot to complete the test with HCA <p>Results:</p>	

- Increased accurate diagnosis rates
- GP time is freed up for other important tasks
- Cost of an appointment with an HCA is lower than with a GP

Gosberton Medical Centre

- 80 patients were tested, 38 declined
- 3 HCA's administered cantab
- Feedback positive

Results:

- Increased accurate diagnosis rates
- 3 HCA's increased testing potential
- Streamlined Care Pathway by reducing the number of potential appointments

St Mary's Health Centre – piloted for six months

- 83 patients were tested
- Patients booked for a 30 minute appointment with Nurse Practitioner

Results:

- Cantab quickly identified patients at high risk of MCI
- Increased accurate diagnosis rates
- Cantab mobile provided 'scientific proof' that reassured the 'worried well'
- Increased diagnosis rates for MCI/ depression

Abbeyview Surgery

- The practice attempted to use cantab within a routine consultation slot which failed as the assessment takes 15 – 20 minutes.
- Abbeyview left the pilot

Each practice can see its own data on the primary care tool including rates in residential and nursing homes.

5. Care Quality Commission Implications

All new developments will be subject to the CCG's processes for quality assurance and performance management and assurance outcomes.

6. Legal/NHS Constitution Considerations

Any newly commissioned services shall be procured in line with national mandatory procurement rules and regulations and constitution laws adhered to.

7. Analysis of Risk including the link to the Governing Body Assurance Framework and Risk Register

Risks concerning quality of commissioned services would be registered on both the CCG Risk Register and the Board Assurance Framework and would be regularly reviewed by the Governing Body.

8. Resource Implications (Financial and Staffing)

- Further Cantab Mobile required for roll out

9. Patient, Public and Stakeholder Involvement

10. Equality and Diversity Impact

To be identified and assessed for each area of work

11. Health Inequalities Impact

To be identified and assessed for each area of work

12. References to previous reports

13. Freedom of Information

Private

14. For further information or for any enquiries relating to this report, please contact

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