

Enhanced Service Specification

Dementia Identification Scheme



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Medical	Commissioning Operations	Patients and Information
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Finance		

Publications Gateway Reference: 02374

Document Purpose	Guidance
Document Name	Dementia Identification Scheme
Author	NHS England
Publication Date	10 October 2014
Target Audience	NHS England Area Directors
Additional Circulation List	
Description	This enhanced service is designed to reward GP practices for undertaking a proactive approach to identify patients with dementia and work with their CCGs to develop services and care packages for patients on their dementia register.
Cross Reference	N/A
Superseded Docs (if applicable)	N/A
Action Required	Offer Enhanced Service to all GP Practices.
Timing / Deadlines (if applicable)	By 13 October 2014
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Document Status	
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Version number: 1

First published: 10-10-14

Prepared by: NHS England

Classification: Official

Gateway reference: 02374

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1 Introduction

This enhanced service is designed to reward GP practices¹ for undertaking a proactive approach to identify patients with dementia and work with their CCGs to develop services and care packages for patients on their dementia register. This enhanced service supports and complements the Facilitating Timely Diagnosis and Support for people with Dementia enhanced service. It is intended that these two services are provided in tandem and support practices in delivering care to their patients. It is not a requirement for practices to sign up for both services but NHS England would encourage them to do so. Where there are parallel requirements within both enhanced services it is not expected that a practice will duplicate the work.

2 Aims

- 2.1 Improve dementia detection amongst registered patients and improve recording of dementia
- 2.2 Ensure that all patients diagnosed with dementia have their primary care patient record updated.

3 Benefits for patients

- 3.1 Improve dementia detection and improve recording of dementia
- 3.2 Provide improved care and support for patients and their families.
- 3.3 For most patients with dementia, their carer(s) and families, timely identification and referral will enable them to plan their lives better, to provide timely treatment as appropriate, to enable timely access to other forms of support, and to enhance their quality of life.

Improved detection and recording of patients who have dementia is an essential baseline on which to build the appropriate care and services these patients need. This leads to better care for patients as part of their routine care.

¹ Reference to 'GP practice' in this specification refers to a provider of essential primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract.

4 Anticipated actions

In order to deliver this enhanced service to maximum effect practices will particularly be expected to:

- 4.1 Identify potential dementia sufferers from their registered list and offer a dementia assessment.
- 4.2 Who needs to make this diagnosis will depend upon the degree of difficulty in identifying dementia in a patient. This will not necessarily mean referral in straightforward cases to secondary care services. Where a GP does consider that they need an external opinion to make a diagnosis of dementia, they should offer a referral.
- 4.3 Ensure that all patients with a diagnosis of dementia are appropriately recorded on the practice system.
- 4.4 Work with nursing and care homes to identify patients in their care who may have symptoms of dementia and similarly offer a dementia assessment.
- 4.5 Work with their CCG to improve local services to patients with dementia.

5 Background

Improving the identification and care of patients with dementia has been prioritised by the Department of Health through its mandate to NHS England and by NHS England through its planning guidance for clinical commissioning groups (CCGs). The commitment to improving patient care and early diagnosis in primary care is in the NHS England business plan "Putting Patients first."²

A system-wide, integrated approach is required to enable patients with dementia and their families to be identified and to access appropriate treatment, care and support. National tools and levers to support local system-wide improvements include:

² <http://www.england.nhs.uk/wp-content/uploads/2013/04/ppf-1314-1516.pdf>

- 5.1 A national dementia calculator, which has been made available to support GP practices to understand the prevalence of dementia in their registered population.
- 5.2 The national Commissioning for Quality and Innovation (CQUIN) scheme, which provides incentives for providers of healthcare services commissioned through the NHS Standard Contract (including hospital, community and mental health services) to incentivise case-finding, prompt referral on to specialist services for diagnosis and support, and improved dementia care.
- 5.3 Commissioning guidance for memory assessment services produced by the Royal College of General Practitioners.³
- 5.4 The Royal College of Psychiatrists' Memory Services National Accreditation Programme.⁴

This enhanced service is designed to support GP practices in contributing to these system wide improvements by supporting timely diagnosis.

6 Process

This enhanced service starts on 1 October 2014 and ends on 31 March 2015. NHS England will invite all GP practices to participate in this enhanced service. Practices wishing to participate in the enhanced service will be required to sign up to this and provide an achievement plan to their area team and their CCG by 17 November 2014

7 Specification

The requirements for GP practices participating in this enhanced service are as follows:

- 7.1 The practice will work with its NHS England area team to agree the practice register and current achievement as at 30 September 2014.

³<http://www.rcgp.org.uk/clinical-and-research/clinical-resources/dementia.aspx>

⁴<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/memoryservices/memoryservicesaccreditation.aspx>

- 7.2 The practice will provide and agreement plan with its area team that includes the expectation of an increase in patients identified on the dementia register.
- 7.3 The practice will share its achievement plan with its CCG.
- 7.4 The practice will utilise the dementia quality toolkit to identify potential dementia sufferers from its registered list.
- 7.5 The practice will make an offer of assessment for dementia to 'at-risk' patients on the practice's registered list, where the practitioner considers it clinically appropriate to make such an offer. For the purpose of this enhanced service, an offer could be made during a routine consultation with a patient identified as 'at risk' and where there is clinical evidence to support making such an offer. Once an offer has been made, there is no requirement to make a further offer during any future attendance, but it is expected that practitioners will use their clinical judgement for any concerns raised by the patient or their carer.

For the purposes of this enhanced service, 'at-risk' patients are:

- 7.5.1 Patients aged 60 or over with cardiovascular disease, stroke, peripheral vascular disease or diabetes;
- 7.5.2 Patients who are over 60 and have a 'high risk' of cardiovascular disease, for instance because of smoking, alcohol consumption, or obesity;
- 7.5.3 Patients over the age of 60 with a COPD diagnosis;
- 7.5.4 Patients aged 40 or over with Down's syndrome;
- 7.5.5 Other patients aged 50 or over with learning disabilities;

7.5.6 Patients with long-term neurological conditions which have a known neurodegenerative element, for example Parkinson's disease.

These assessments will be in addition to other opportunistic investigations carried out by practices where the practitioner considers there to be a need for such investigations (i.e. anyone presenting raising a memory concern). The assessment for dementia offered to at-risk patients shall be undertaken only following the establishment of patient consent to an enquiry about their memory.

The assessment for dementia offered to consenting at-risk patients shall be undertaken following initial questioning (through appropriate means) to establish whether there are any concerns about the patient's memory (GP, family member, patients themselves).

The further requirements of the enhanced service are as follows:

7.5.7 The practice will work with nursing and care homes to identify patients in their care who may have symptoms of dementia and offer a dementia assessment.

7.5.8 The practice will ensure that all patients diagnosed with dementia in a hospital or memory clinic have their primary care patient record updated. NHS England has commissioned support from CSUs to provide reports to practices identifying patients on their register who have received a confirmed diagnosis of dementia in a secondary care setting. Details of the support available will be published in a separate document.

7.5.9 The assessment of the results, for the test to detect dementia, is to be carried out by healthcare professionals with appropriate skills, and knowledge of the patient's current medical history and social circumstances.

7.5.10 Where the GP feels unable to make the diagnosis and believes it is necessary to refer the patient for a specialist memory clinic assessment to confirm the diagnosis of suspected dementia, the practice should offer a referral, where this is agreed with the patient or their carer, to specialist services such as a Memory Assessment Service or Memory Clinic for a further assessment and diagnosis of dementia.

7.5.11 Where the GP determines that it is not necessary to refer a patient with suspected dementia to a specialist memory clinic for the diagnosis, practices are able to record the diagnosis on the patient record, which will automatically include the patient on the dementia register. Guidance on the assessment and diagnosis of dementia is availableⁱ⁵⁶⁷

7.6 The practice should record in the patient record relevant entries, including the required Read2 or CTV3 Codes⁸, to identify where an assessment for dementia was undertaken, where a referral was made and diagnosed presumptive diagnosis made, and whether an advance care planning discussion was given or declined. The practice should record in the carer record relevant entries including the required Read2 or CTV3 Codes.

7.7 Practices that sign up for this enhanced service will be required to sign up for the HSCIC practice prevalence reporting service.

8 Monitoring

The area team will monitor services and calculate payments under this enhanced service using CQRS, wherever possible. GPES will provide information, using the notified Read2 and CTV3 codes, on the number of patients identified on their dementia register. Each GPES extraction will capture data that reports all patients on the practice dementia register. The increase in patients and the achievement against practice dementia prevalence will be calculated from this data extract.

GPES will provide the monthly counts from the relevant month.

Technical Requirements: this enhanced service will be published by the HSCIC which will contain the payment counts, management information counts and Read2 and CTV3 codes relevant for this service. These codes will be used as the basis for the GPES extraction, which will allow calculation of the payment and support the management information extractions, when available. Practices should use the relevant Read2 or CTV3 codes or re-code if necessary. Only those codes included in this document and the supporting business rules will be accepted. This is to allow CQRS to calculate achievement and payment and for area teams to audit payment and service delivery.

⁵ See NHS England dementia guide: <http://www.england.nhs.uk/2014/09/10/dementia-guide/>

⁶ See alzheimers guide to cognitive assessment: <https://www.alzheimers.org.uk/cognitiveassessment>

⁷ See alzheimers dementia guide: <http://www.alzheimers.org.uk/dementiaguide>

⁸ See supporting business rules for list of most recent codes <http://www.hscic.gov.uk/primary-care>

Supporting business rules will be published on the HSCIC website. Practices and area teams should refer to these for the most up to date information on management information counts, Read2 and CTV3 codes.

9 Payment and Validation

Payment to participating GP practices under this enhanced service in 2014/15 will be calculated as follows

9.1.1 The practice will work with its NHS England area team to agree practice register as at 30 September 2014.

9.1.2 The practice will work with its NHS England area team to agree practice register and final achievement as at 31 March 2015.

9.1.3 NHS England will calculate achievement and payment due to the practice based upon the agreed registers.

9.1.4 NHS England will pay GP practices an achievement payment of £55 per additional patient, based upon the differential between the agreed dementia registers of 30 September 2014 and 31 March 2015.

Annex 1 - Payments

Administrative provisions relating to payments under the enhanced service for Dementia identification Scheme.

Payments under the enhanced service are to be treated for accounting and superannuation purposes as gross income of the GP practice in the financial year.

The amount calculated as payment for the financial year for the Dementia Identification Scheme will be as follows:

1. NHS England will pay GP practices an achievement payment of £55 per additional patient, based upon the differential between the agreed dementia registers of 30 September 2014 and 31 March 2015.
2. The calculation will take into account the increase in patients on the register as at 31 March 2015 compared to the baseline number as at 30 September 2014, multiplied by £55.

Payments under this enhanced service, or any part thereof, will be made only if the GP practice satisfies the following conditions:

3. The GP practice must make available to NHS England any information which NHS England needs, and the GP practice either has or could be reasonably expected to obtain, in order to establish whether the GP practice has fulfilled its obligation under the enhanced service arrangements.
4. The GP practice must make any returns required of it (whether computerised or otherwise) to the Exeter Registration System or CQRS, and do so promptly and fully.
5. All information supplied pursuant to or in accordance with these requirements must be accurate.

If the GP practice does not satisfy any of the above conditions, NHS England may, in appropriate circumstances, withhold payment of any, or any part of, an amount due under this enhanced service that is otherwise payable.

6. If NHS England makes a payment to a GP practice under this service and—
7. The contractor was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment or because the payment was calculated incorrectly (including where a payment on account overestimates the amount that is to fall due), or
8. NHS England was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money has already been paid, or

NHS England is entitled to repayment of all or part of the money paid,

9. NHS England may recover the money paid by deducting an equivalent amount from any payment payable to the GP practice, and where no such deduction can be made, it is a condition of the payments made under this enhanced service that the contractor must pay to NHS England that equivalent amount.
10. Where NHS England is entitled under this enhanced service to withhold all or part of a payment because of a breach of a payment condition, and NHS England does so or recovers the money by deducting an equivalent amount from another payment in accordance with the provisions above, it may, where it sees fit to do so, reimburse the contractor the amount withheld or recovered, if the breach is cured.

Provisions relating to GP practices that terminate or withdraw from the enhanced service prior to 31 March 2015 (subject to the provisions below for termination attributable to a GP practice split or merger)

11. Where a GP practice has entered into the Dementia Identification Scheme but its primary medical care contract subsequently terminates or the GP practice withdraws from the enhanced service prior to 31 March 2015, the GP practice is entitled to a payment in respect of its participation, calculated in accordance with the provisions set out below. Any payment calculated will fall due on the last day of the month following the month during which NHS England has all the information that it needs to calculate such a payment.
12. In order to qualify for payment in respect of participation under the enhanced service, the GP practice must provide NHS England with the information under section 10 before payment will be made. This information should be provided in writing, within 28 days following the termination of the contract or the withdrawal from the enhanced services agreement.

Provisions relating to GP practices who merge or split

13. Where two or more GP practices merge or are formed following a contractual split of a single GP practice and as a result the registered population is combined or divided between new GP practice(s), the new GP practice(s) may enter into a new or a varied agreement to provide the Dementia Identification Scheme.
14. The enhanced service agreements of the GP practices that formed following a contractual merger, or the GP practice prior to contractual split, will be treated as having terminated and the entitlement of the GP practice(s) to any payment(s) will be assessed on the basis of the provisions of section [11] of the annex.

15. The entitlement to any payment(s) of the GP practice(s) formed following a contractual merger or split, entering into the new or varied agreement for the enhanced service, will be assessed and any new arrangements that may be agreed in writing with NHS England will commence at the time the GP practice starts to provide such new arrangements.
16. Where that new or varied agreement is entered into and the new arrangements commence within 28 days of the new GP practice(s) being formed, the new arrangements are deemed to have commenced on the date of the new GP practice(s) being formed. Payment will be assessed in line with the enhanced service specification – subject to provisions of section [17] of this annex.
17. NHS England is entitled to make an adjustment to the payment, or any part thereof, if payment has already been made or is payable to the previous GP practice(s) for participating in the enhanced service.

Provisions relating to non-standard splits and mergers

Where the GP practice participating in the enhanced service is subject to a split or a merger and—

18. The application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of NHS England, lead to an inequitable result; or,
19. the circumstances of the split or merger are such that the provisions set out in this section cannot be applied,

NHS England may, in consultation with the GP practice or GP practices concerned, agree to such payments as in NHS England's opinion are reasonable in all circumstances.

Annex 2 – Dementia Narrative

Diagnosing dementia: any appropriately skilled clinician can make the diagnosis and brain scanning not always needed

Dementia is a clinical syndrome and at one level simply implies brain failure (analogous to heart failure or liver failure). The diagnosis is a two stage process. First, to make a diagnosis of dementia you need to differentiate it from: depression; delirium; the effect of drugs and; the changes in memory expected as part of normal ageing. Two key features for a diagnosis of dementia are that the patient's symptoms should affect daily living activities and be progressive. Second is to determine the cause of condition – the commoner causes are Alzheimer's disease, vascular dementia and Lewy body dementia.

Both stages are based on a comprehensive assessment including a history, including one from someone who knows the patient well, a physical and mental state examination, including a specific assessment of cognitive function and selected ancillary investigations (Dementia: NICE Clinical Guideline 42, www.nice.org). Any clinician who has the appropriate skills can recognise and make a diagnosis of dementia, once it is established. Specialist advice may be needed in the very early stages and in particular clinical situations such as when the presentation or course is atypical, where significant risks are identified and in groups such as people with learning disabilities.

Specialist advice may also be needed to establish the exact cause of the dementia. This may have clinical implications for the prescription of medication such as drugs for Alzheimer's disease, treatment of vascular risk factors in vascular dementia or avoidance of antipsychotics in Lewy body dementia.

In terms of brain scanning, the NICE Dementia Guideline states "Imaging may not always be needed in those presenting with moderate to severe dementia, if the diagnosis is already clear." This may particularly apply to older and frailer patients with established dementia.

Post diagnostic support which should be person centred goes hand in hand with the diagnosis (which does not necessarily have to result in the prescription of medication) and is largely independent of the cause of the dementia.

Alistair Burns, National Clinical Director for dementia, NHS England, October 2014

[ENDS]