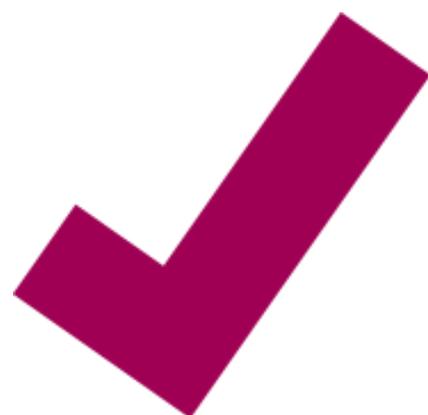


Dementia Identification Scheme:

Guidance and Frequently Asked Questions



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Executive summary

This guidance is intended to assist NHS England area teams administer the Dementia Identification Scheme Enhanced Service, which runs from October 2014 to 31 March 2015, as set out in the specification published here:

<http://www.england.nhs.uk/ourwork/commissioning/gp-contract/>

1.0 Background

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.

For these reasons, NHS England has developed this time-limited additional enhanced service (to complement the existing National Enhanced service and the actions taken by GPs through the Quality outcomes Framework) to deliver our mandate commitment to identify people who have dementia and to recognise the additional work this entails – especially where GPs are proactively checking patient records.

Frequently Asked Questions

Purpose

1. What is the benefit to patients?

National and local studies have shown that patients and carers want it to be confirmed if they have dementia. A diagnosis can open doors to: access to timely medication; other forms of support including social, therapeutic and financial; the opportunity to discuss wishes and plan ahead; access specialist palliative care in a timely manner. A diagnosis also helps services to adapt care and communication to meet the needs of the individual and to provide relevant information for the patient and carer.

2. Why is it important that people with dementia receive a diagnosis?

The benefits of a timely, high quality diagnosis of dementia for patients, their families and carers, are compelling. Diagnosis is not an end in itself, but a gateway to making informed personal life choices. It should provide access to a full range of treatment options (medical and psycho-social), and, importantly, appropriate post diagnostic support and services.

Currently just under half of the estimated number of people are living with dementia without being diagnosed with variations across the country. This is why NHS England has already committed to ensuring two thirds of the estimated number of people with dementia are identified and receive high quality post diagnostic support by 2015. GPs are critical to this and we need to ensure they have the resource and support to get the job done. We hope this extra investment will help to do that.

3. What is the purpose of this enhanced service? Is this a new enhanced service or replacement for the existing Timely Diagnosis of Patients with Dementia Enhanced Service?

NHS England has developed this time-limited additional enhanced service(which complements the existing enhanced service and the Quality and Outcomes Framework indicators) to deliver our mandate commitment to identify people who have dementia and to recognise the additional work this entails, especially where GPs are proactively checking patient records.

4. Why is it important to work with care homes?

We know that there are a high proportion of people in care homes with dementia that do not have a formal diagnosis. A diagnosis of dementia enables advanced care planning to be arranged and prompts discussion with family and carer about escalation planning to help prevent inappropriate admissions. It is well documented that hospital admissions for patients with dementia can be highly distressing for them and their families and can also be very challenging for acute hospital units. Length of stay tends to be longer and readmission rates are higher in patients with dementia.

It is also important to diagnose and code patients with dementia so that their risk of delirium may be understood should they do need to go into hospital. A diagnosis can also explain some behaviours and may help moderate use of antipsychotic drugs. Finally if care homes understand exactly how many residents they have with dementia they are more likely to upskill staff, create suitable environments and manage challenging behaviours better as a result.

Monitoring and Measurement

5. The enhanced service requires the practice and area team to agree an achievement plan. What does the plan entail?

We do not expect the achievement plan to be a complex document; it should show the number of patients with dementia that practices are likely to identify between now and the end of March 2015. We expect that it could include;

- the number of patients on the dementia register as at 30th September.
- the anticipated number as at 31st March.
- the steps the practice intends to take to achieve the increased diagnosis rate.
- a plan for assessing nursing home patients if they have not already received assessments.

6. Are there plans to create a template for practices to complete?

We will not be creating a template.

7. The enhanced service pays for an increase in patients on the register at 31st March 2015. Patients who die or deregister from the practice for whatever reason will not be included in the payment to practices. Is that correct?

The ambition and associated payment for this enhanced service is to increase the number of patients on the register. This will support the aim of NHS England to achieve the goal that at least two-thirds of patients reported to be living with dementia are identified and provided with care and support. Therefore, it would not be appropriate to pay for patients who are no longer on the register for whatever reason. Patients identified as living with dementia who deregister with the practice and register with another provider will be added to their new practice's dementia register and the associated payment will be made. This position is consistent with QOF and most other enhanced services.

Funding

8. Is there enough funding available for this?

There is sufficient funding available to deliver the mandate commitment and area teams should work with finance colleagues on an ongoing basis to monitor progress.

Achievement levels

9. Are there any targets for practices to achieve?

Practices will not be set any targets in this area. Practices are encouraged to review their practice lists and identify patients who may have received a diagnosis (for example in a hospital setting) and ensure this is recorded in the primary care record. Practices are encouraged to identify any patients who may benefit from a dementia assessment and offer to deliver one.

10. You have said that achievement is currently 53% and it needs to be two-thirds, so how can you say you are not setting a target? Surely the Mandate has set the target at two-thirds of estimated dementia patients?

The mandate reflects clinical advice that at least two thirds of patients with dementia will benefit if identified. Currently patients with dementia are not being identified, which is why we have decided upon this course of action.

11. How do I find out what my practice dementia diagnosis rate is?

The Dementia Prevalence Calculator (DPC) at www.primarycare.nhs.uk sets out the dementia diagnosis rate for each practice. You will need to register to access the DPC if you haven't used it before. Instructions on registering and using the DPC can be found at: <http://dementiapartnerships.com/diagnosis/dementia-prevalence-calculator/>.

In addition, data is being extracted on a monthly basis from general practice (except in those practices who have opted out) to identify the number of patients on the QOF register. This data is being used to calculate dementia diagnosis rate for each practice and is being made available to CCGs on a monthly basis to support monitoring of progress.

Reporting arrangements

12. Can area teams provide details of the HSCIC practice reporting service?

This is an additional programme that extracts the number of patients identified as living with dementia, on the dementia QOF register. This was established in advance of the HSCIC 2014/2015 QOF quality service coming on line. This service will be used to measure the September baseline numbers to be agreed with the area team. Practices who accept this enhanced service are advised to sign up to this extract offer from the HSCIC. We expect that this service will be superseded by the 2014/20115 GPES QOF extract.

13. The Dementia Incentive Scheme enhanced service specification mentions CQRS will be used to monitor and calculate payments wherever possible. Will this be a new CQRS service?

It is not necessary to create a new CQRS service to support this enhanced service. The HSCIC will use existing QOF extracts to report the increase in practice dementia registers. The payment calculation will be managed by area teams.

14. Are practices who accept the enhanced service offer required to sign up to the data extracts offered by the HSCIC?

Yes, this data will be used to calculate practice achievement so it will be necessary to sign up to data extracts being made. Unless this data can be collected practices will not receive an achievement payment.

15. Will practices have to provide additional reports or information?

The report detailing patients on the register will be extracted by the HSCIC in line with standard procedures, Practices and area teams will be asked to validate the report and payment calculation before the payment is finalised.

Support

16. How can I find out more about the support available from the Commissioning Support Units?

Each region has been given funding to develop and roll out support to CCGs to help practices to update and harmonise their clinical records to ensure that all patients with a diagnosis of dementia are correctly recorded on practice registers. Further information about these plans and specific support from Commissioning Support Units will be shared with you in a separate document

17. What is the dementia data quality toolkit?

The dementia data quality toolkit incorporates system searches for the practice clinical system. These searches will generate a list of patients who have a coded entry on the practice system that may indicate a risk of dementia but who do NOT have a corresponding dementia diagnosis code on the QOF dementia register. A technical implementation guide is available which gives instructions for importing (where appropriate) and running the system searches and using the report generated.

Pilots have shown that the data quality toolkit helps practices to identify those patients who are living with dementia but are not currently on the practice dementia register. Contact your local strategic clinical network for more information and to access the toolkit and guidance

18. How do I access the toolkit?

The system searches will be made available to practices via your Commissioning Support Unit (CSU). Details of the support provided by CSU's will be published separately.

19. Are searches available for other GP practice systems?

Searches are being developed for Microtest, InPS Vision, EMIS LV and EMIS PCS practices. We expect these searches to be available in early November 2014.