

ENHANCED SERVICE SPECIFICATION

FACILITATING TIMELY DIAGNOSIS AND SUPPORT FOR PEOPLE WITH DEMENTIA

Introduction

1. This enhanced service has been designed by the NHS Commissioning Board (NHS CB) to reward GP practices¹ for undertaking a proactive approach to the timely assessment of patients who may be at risk of dementia.

Aims

2. The aims of this enhanced service in 2013/14 are to encourage GP practices to:
 - a) identify patients at clinical risk of dementia;
 - b) offer an assessment to detect for possible signs of dementia in those at risk;
 - c) offer a referral for diagnosis where dementia is suspected; and,
 - d) support the health and wellbeing of carers for patients diagnosed with dementia.
3. For patients with dementia and their carers and families, the benefits of timely diagnosis and referral will be to enable them to plan their lives better, to provide timely treatment if appropriate, to enable timely access to other forms of support, and to enhance the quality of life.
4. This enhanced service will be reviewed for 2014/15 in light of possible changes to the Quality and Outcomes Framework (QOF) for 2014/15. In January 2013, the National Institute for Health and Clinical Excellence (NICE) consulted on potential new indicators for developing a register of carers of patients with dementia and providing them with an annual assessment, and for referring patients with suspected dementia to a memory clinic prior to diagnosis. NICE's independent QOF Advisory Committee will decide in Summer 2013 whether to recommend such indicators.

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.

Background

5. Following changes to the GP contract for 2013/14, the Secretary of State for Health has directed the NHS CB to establish an enhanced service to provide timely diagnosis and support for patients known to be at risk of dementia.
6. Improving the diagnosis and care of patients with dementia has been prioritised by the Department of Health through its mandate to the NHS CB and by the NHS CB through its planning guidance for clinical commissioning groups (CCGs).
7. A system wide integrated approach is required to enable patients with dementia and their families to receive a timely diagnosis and to access appropriate treatment, care and support. National action to support local system wide improvements include:
 - a national dementia calculator, which has been made available to support GP practices to understand prevalence of dementia in their registered population;
 - 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 improve identification, prompt referral on to specialist services for diagnosis and support, and improved dementia care; and,
 - commissioning guidance for memory assessment services currently being produced by the Royal College of Physicians.
8. This enhanced service is designed to support GP practices in contributing to these system wide improvements by supporting timely diagnosis, supporting individuals and their carer's, and integrated working with health and social care partners.

Process

9. The NHS CB will seek to invite and sign up GP practices to participate in this enhanced service by 30 June 2013.
10. The NHS CB will record GP practices' participation on the Calculating Quality Reporting Service (CQRS). CQRS is replacing manual systems for calculating and reporting quality and outcomes for many GP services, including some enhanced services, where achievement data can be obtained from GP clinical systems via the GP Extraction Service (GPES). CQRS is more efficient and cost effective as it automates the returns process, saving time for GP practices, CCGs and the NHS CB.

11. GP practices signing up to this enhanced service by 30 June 2013 will qualify for the component 1 payment set out in the Payments section.

Specification

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

- a) The GP practice undertakes to make an opportunistic offer of assessment for dementia to 'at-risk' patients and, where agreed with the patient, to provide that assessment.
- b) For the purposes of this enhanced service, an opportunistic offer means an offer made during a routine consultation with a patient identified as at-risk and where the attending practitioner considers it appropriate to make such an offer. Once an offer has been made there is no requirement to make a further offer during any future attendance.
- c) For the purposes of this enhanced service, 'at-risk' patients are:
 - patients aged 60 and over with cardiovascular disease (CVD), stroke, peripheral vascular disease or diabetes;
 - patients aged 40 and over with Down's syndrome;
 - other patients aged 50 and over with learning disabilities;
 - 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 the GP practice (for example, anyone presenting raising a memory concern).

- d) The assessment for dementia offered to at-risk patients shall be undertaken only following establishing patient consent to an enquiry about their memory.
- e) 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 attending patient's memory (GP, family member, the person themselves).
- f) The assessment for dementia offered to consenting at-risk patients for whom there is concern about memory (as prompted from initial questioning) shall comprise administering a more specific test (where

clinically appropriate²) to detect if the patient's cognitive and mental state is symptomatic of any signs of dementia, for example, GPCog (the General Practitioner assessment of Cognition) or other standardised instrument validated in primary care.

- g) The assessment of the results of the test to detect for signs of dementia is to be carried out by healthcare professionals with knowledge of the patient's current medical history and social circumstances.
- h) If as a consequence of the assessment the patient is suspected as having dementia the GP practice shall:
 - i. offer to refer where this is agreed with the patient (or carer) to specialist services such as a memory assessment service or memory clinic for a further assessment and diagnosis of dementia;
 - ii. respond to any other identified needs arising from the assessment that relate to the patient's symptoms;
 - iii. provide any treatment that relates to the patient's symptoms of memory loss.
- i) Patients diagnosed as having dementia will be offered a care planning discussion focusing on their physical, mental health and social needs and including referral/signposting to local support services.
- j) The GP practice will seek to identify any carer (but not including professional carers) of a person with dementia identified in this way (where that carer is registered with the practice) and offer a health check to those carers to address any physical and mental impacts, including signposting to any other relevant services to support their health and wellbeing.
- k) The GP practice will record in the patient record relevant entries including the Read codes notified in this specification to identify where an assessment for dementia has been undertaken, where a referral has been made, and for diagnosed patients, where a health check has been offered or provided to a carer.

² It is recognised that in some cases (eg for people with severe learning disabilities) such a test may not always be appropriate. Further guidance on the assessment of dementia in people with learning disabilities has been produced by the Royal College of Psychiatrists and the British Psychological Society ('Dementia and People with Learning Disabilities'), www.rcpsych.ac.uk/files/pdfversion/cr155.pdf

Monitoring

13. The NHS CB will monitor services and calculate payments under this enhanced service using CQRS, wherever possible. This will minimise the reporting requirements for GP practices. GPES can provide information, using the notified Read codes, on the number of patients identified at risk of dementia and receiving an assessment, those referred to a memory clinic for formal diagnosis where dementia is suspected, and the offer and provision of health checks for carers.
14. All participating GP practices will be required to provide this information either by opting in to the relevant GPES extracts or, where GPES is not currently supported by their clinical system supplier, to provide an end of year return based on a manual report of the required patient counts within 28 days following the end of the financial year.
15. CQRS will support calculation of the relevant payments due under this enhanced service from 1 October 2013. The following Read codes **must** be used to record activity under this enhanced service:

	Read v2	Read CTV3	Snowmed CT
To assist in identifying any patient in an at risk group:			
At risk of dementia	14Od.	XaQyJ	516651000000105
To record initial questioning for memory concern (or offer):			
Initial questioning for memory concern (new code request for October 2013)	tbc	tbc	tbc
Initial questioning for memory concern – declined (new code request for October 2013)	tbc	tbc	tbc
To record an assessment (or offer) for dementia in patients with a memory concern:			
Assessment for dementia	38C10	XaaBD	869561000000101
Assessment for dementia – declined (new code request for October 2013)	tbc	tbc	Tbc

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	Read v2	Read CTV3	Snowmed CT
To record any referral (or offer) for a diagnosis of dementia			
Referral to memory clinic	8HTY.	XaJua	415276009
Referral to memory clinic declined	8IEn.	Xaa9t	868751000000100
To record, for diagnosed patients, any identified carer and offer of a health check			
Carer of person with dementia	918y.	XaZ4h	824401000000105
Carer annual health check	69DC.	XaX4N	754731000000108
Carer annual health check declined	8IEP.	XaZkp	837271000000107

Payments

16. Payment available to participating GP practices under this enhanced service in 2013/14 will comprise two components, with each allocated approximately half of the total funding available under this enhanced service:

- **Component 1** – This will be an upfront payment of £0.37 per registered patient, which represents a payment of £2,587 to an average-sized GP practice (registered population 6,911). This is paid in recognition of upfront costs in preparing for participation in this enhanced service and the GP practice's commitment to support assessment for dementia in at-risk patients. This will be payable by the NHS CB following the practice's agreement to participate.
- **Component 2** – The remaining funding will be distributed as an end of year payment based on the number of completed assessments carried out by the GP practice during the financial year as a proportion of the total number of assessments carried out nationally under this enhanced service in 2013/14. This is paid to recognise the relative workload involved in carrying out assessments.

The number of assessments carried out by GP practices individually and nationally will be based on returns to CQRS (automated via GPES or manual end of year entry) identifying assessments specified at paragraph 12(f) which are those Read coded as 'Assessment for dementia'.

For example, if GPES reports Practice A as completing 192 assessments for dementia during 2013/14 and nationally CQRS calculates that 1,197,408 assessments were carried out in 2013/14 (which represents approximately half of the estimated number of

people in the risk groups) then the end of year payment calculated by CQRS for Practice A will be:

$$\frac{192}{1,197,408} \times \text{£}21,000,000 = \text{£}3,367^*$$

17. Administrative provisions relating to payments under this enhanced service are set out in the Annex.

Annex

Administrative provisions relating to payments under the enhanced service for facilitating timely diagnosis and support for people with dementia.

1. Payments under the enhanced service for facilitating timely diagnosis and support for people with dementia are to be treated for accounting and superannuation purposes as gross income of the GP practice in the financial year.
2. The amount calculated as payment for the financial year as regards to:
 - a) **Component 1** - falls due on the last day of the month following the month during which the GP practice agrees to participate in this enhanced service.
 - b) **Component 2** - falls due on the last day of the month following the month during which the GP practices provides the information required following the end of the financial year.
3. Payments under this enhanced service, or any part thereof, will be made only if the GP practice satisfies the following conditions:
 - a) the GP practice must make available to the NHS CB any information which the NHS CB 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;
 - b) 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; and,
 - c) all information supplied pursuant to or in accordance with this paragraph must be accurate.
4. If the GP practice does not satisfy any of the above conditions, the NHS CB may, in appropriate circumstances, withhold payment of any, or any part of, an amount due under this enhance service that is otherwise payable.

Provisions relating to GP practices that terminate or withdraw from the enhanced service prior to 31 March 2014 (subject to the provisions below for termination attributable to a GP practice split or merger)

5. Where a GP practice has entered into the enhanced service facilitating timely diagnosis and support for people with dementia but its primary

medical care contract subsequently terminates or the GP practice withdraws from the enhanced service prior to 31 March 2014, 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 the NHS CB has all the information its needs to calculate such a payment.

6. In order to qualify for payment in respect of participation under the enhanced service, the GP practice must provide the NHS CB with the information under *paragraph 13 of the enhanced service specification* 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.
7. The payment due to GP practices who terminate or who withdraw from the enhanced service agreement prior to 31 March 2014 will be calculated as:
 - a) **Component 1** - £0.36 divided by 365 days, multiplied by the number of days the GP practice provided the services during the financial year, multiplied by the number of registered patients;
 - b) **Component 2** – as specified in *paragraph 16 of the enhanced service specification*.

Provisions relating to GP practices who merge or split.

8. Where two or more GP practices merge or are formed following a contractual split of 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 enhanced service for timely diagnosis and support for people with dementia.
9. 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 paragraph **Error! Reference source not found.** of this annex.
10. 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 the NHS CB will commence at the time the GP practice starts to provide such new arrangements.
11. 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 paragraph 12 of this annex.

12. The NHS CB 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. The adjustment may be calculated as follows:
- a) **Component 1** - calculated as £0.37 divided by 365 days, multiplied by the number of days remaining in the financial year from the date of the new arrangements, multiplied by the number of registered patients;
 - b) **Component 2** - the number of completed assessments carried out from the date of the new GP practice(s) being formed to the end of the financial year as a proportion of the total number of assessments carried out nationally under the enhanced service in 2013/14.

Provisions relating to non-standard splits and mergers

13. Where the GP practice participating in the enhanced service is subject to a split or a merger and—
- a) the application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of the NHS CB, lead to an inequitable result; or,
 - b) the circumstances of the split or merger are such that the provisions set out in this section cannot be applied,

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

[ENDS]