

ENHANCED SERVICE SPECIFICATION

FACILITATING TIMELY DIAGNOSIS AND SUPPORT FOR PEOPLE WITH DEMENTIA

NHS England gateway reference: 01409

Introduction

1. This enhanced service is designed to reward GP practices¹ for undertaking a proactive approach to the timely assessment of patients who may be at risk of dementia. This amended specification for 2014/15 aims to build on last year's enhanced service by putting in place additional arrangements to improve services for patients diagnosed with dementia and their carers..

Aims

2. The aims of this enhanced service in 2014/15 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, in the case of a diagnosis, provide advanced care planning in line with the patient's wishes
 - d) increase the health and wellbeing support offered to carers of patients diagnosed with dementia
3. For patients with dementia, their carer(s) and families, the benefits of timely diagnosis and referral will 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.

Background

4. Improving the diagnosis 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).
5. A system-wide integrated approach is required to enable patients with dementia and their families to receive a timely diagnosis and to access appropriate

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.

treatment, care and support. National tools and levers 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 incentivise case-finding, prompt referral on to specialist services for diagnosis and support, and improved dementia care
 - commissioning guidance for memory assessment services produced by the Royal College of General Practitioners²
 - the Royal College of Psychiatrists' Memory Services National Accreditation Programme³
6. This enhanced service is designed to support GP practices in contributing to these system wide improvements by supporting timely diagnosis, supporting individuals diagnosed with dementia and their carers and integrated working with health and social care partners.

Process

7. This enhanced service commences on 1 April 2014 for one year.
8. NHS England will seek to invite GP practices to participate in this enhanced service before 30 April 2014. Practices wishing to participate will be required to sign up by no later than 30 June 2014.
9. NHS England will record GP practices' participation on the Calculating Quality Reporting Service (CQRS).
10. GP practices signing up to this enhanced service by 30 June 2014 will qualify for the component 1 payment set out in the Payments section.

Specification

11. The requirements for GP practices participating in this enhanced service are as follows:
- a. The practice undertakes to make an opportunistic offer of assessment for dementia to 'at-risk' patients on the practice's registered list, where the attending practitioner considers it clinically appropriate to make such an offer.

²<http://www.rcgp.org.uk/clinical-and-research/clinical-resources/dementia.aspx>

³<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/memoryservices/memoryservicesaccreditation.aspx>

Where an offer of assessment has been agreed by a patient then the practice is to provide that assessment. For the purpose of this ES, an opportunistic offer means an offer 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 attending practitioners will use their clinical judgement for any concerns raised by the patient or their carer.

- b. For the purposes of this enhanced service, 'at-risk' patients are:
- patients aged 60 or over with cardiovascular disease, stroke, peripheral vascular disease or diabetes
 - patients aged 40 or over with Down's syndrome
 - other patients aged 50 or 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 practices for whom the attending practitioner considers to have a need for such investigations (i.e. anyone presenting raising a memory concern).
- c. 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.
- d. 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).
- e. 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 appropriate⁴) to detect if the patient's cognitive and mental state is symptomatic of any signs of dementia, for example the General Practitioner assessment of Cognition (GPCOG) or other standardised instrument validated in primary care.
- f. The assessment of the results, for the test to detect dementia, is to be carried out by healthcare professionals with knowledge of the patient's current medical history and social circumstances.
- g. If as a result of the assessment the patient is suspected as having 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

⁴ It is recognised that in some cases (i.e. 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 at <http://www.rcpsych.ac.uk/files/pdfversion/cr155.pdf>

- respond to any other identified needs arising from the assessment that relate to the patient's symptoms
 - provide any treatment that relates to the patient's symptoms of memory loss
- h. Patients diagnosed as having dementia will be offered an advanced care planning discussion focussing on their physical, mental health and social needs and, where appropriate, including referral/signposting to local support services.
 - i. The care plan should, where possible and through encouragement from the attending practitioner, include a recording of the patient's wishes for the future. It should identify the carer(s) and give appropriate permissions to authorise the practice to speak directly to the nominated carer(s) and provide details of support services available to the patient and their family. For the purpose of this service, 'carer' will apply to a person - usually a family member, friend or acquaintance who takes responsibility for the patient's care needs - but will not include professional carers who have been employed for this purpose by the patient or their representative.
 - j. The care plan should be shared with the patient and their carer(s), being reviewed on an appropriate basis.
 - k. The practice will seek to identify any carer (as defined above) of a person diagnosed with dementia and where that carer is registered with the practice offer a health check to address any physical and mental health impacts, including signposting to any other relevant services to support their health and well-being.
 - l. Where the carer of a patient, on a practice's register, who is diagnosed with dementia is registered with another practice, the patient's practice will inform the patient's carer that they can seek advice from their own practice.
 - m. The practice should record in the patient record relevant entries including the required Read2 or CTV3 Codes⁵ to identify where an assessment for dementia was undertaken, where applicable, that a referral was made and patients diagnosed as well as whether or not 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.

Monitoring

12. 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 at risk of dementia and receiving an assessment, those referred to a memory clinic for formal diagnosis where dementia is suspected, those patients diagnosed being

⁵ See supporting business rules for list of most recent codes <http://www.hscic.gov.uk/primary-care>

offered an advance care planning discussion and the offer and provision of health checks for carers.

13. There are two payments and 16 management information counts for the service. The two payments are an upfront payment and an annual end year payment. The upfront payment is not supported by CQRS. The end year payment, is supported by CQRS and reflects the number of completed assessments carried out per practice up to the end of the financial year as a proportion of the total number of assessments carried out nationally.
14. Practices may be required to manually input data into CQRS, on a quarterly basis, until such time as GPES⁶ is available to conduct electronic data extractions. The data input will be in relation to the payment count only, with zeros being entered in the interim for the management information counts. For information on how to manually enter data into CQRS, please see the HSCIC website⁷.
15. Each GPES extraction will capture data for all 17 counts and report on activities from the start of the reporting period e.g. 1 April 2014 to the end of the relevant reporting quarter. The reporting quarter will be the quarter prior to the month in which the extraction is run e.g. if the extraction month is January 2015, the reporting quarter will be quarter three (October to December 2014). Counts will be cumulative for the year from the point the practice begins to deliver the service.
16. GPES will provide to CQRS the quarterly counts from the relevant quarter they start into the end of the relevant reporting quarter. Once CQRS has calculated the dementia payment at the end of the year, no automated extraction will be received as the payment and management information cannot be overwritten.
17. The document *Technical Requirements for 2014/15 GMS Contract Changes*⁸ contains the payment counts, management information counts and Read2 and CTV3 codes⁹ relevant for this service. These codes will be used as the basis for the GPES extraction, which will allow CQRS to calculate payment and support the management information extractions, when available. Practices should use the relevant Read2 or CTV3 codes or re-code if necessary, as only those included in this document and the supporting business rules. This is because only these codes will be acceptable to allow CQRS to calculate achievement and payment and for area teams to audit payment and service delivery.
18. Supporting business rules will be published on the HSCIC website¹⁰. Practices and area teams should refer to these for the most up to date information on management information counts, Read2 and CTV3 codes.

⁶Details as to when GPES becomes available to support this service will be communicated via the HSCIC.

⁷<http://systems.hscic.gov.uk/cqrs/participation>

⁸<http://www.nhsemployers.org/GMS2014-15>

⁹Please note that the code descriptions in clinical systems may not exactly match the guidance text.

¹⁰<http://www.hscic.gov.uk/primary-care>

Payment and validation

19. Payment available to participating GP practices under this enhanced service in 2014/15 will be made in 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 £2622.19 to an average-sized GP practice (registered population 7087). 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 area teams on the last day of the month following the month during which the practice agreed to participate in the enhanced service (i.e. by no later than 31 July 2014).

CQRS and GPES will not support payment of component 1 of this service. Area teams must make arrangements for payments locally.

- **Component 2** – The remaining funding will be distributed as an end of year payment based on the number of completed assessments (using the relevant codes relating to 'assessment for dementia') 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 2014/15.

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 year entry) identifying assessments offered to consenting at-risk patients using the Read2 or CTV3 codes 'assessment for dementia'.

For example, if GPES reports Practice A as completing 192 assessments for dementia during 2014/15 and nationally CQRS calculates that 1,197,408 assessments were carried out in 2014/15 (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:

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

20. 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 practice 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 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;
 - 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, 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.
5. If NHS England makes a payment to a GP practice under this service and—
 - a) 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
 - b) 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
 - c) NHS England is entitled to repayment of all or part of the money paid.

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.

6. Where the NHS England is entitled under this enhanced 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 paragraph 5, 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)

7. 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 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 its needs to calculate such a payment.
8. In order to qualify for payment in respect of participation under the enhanced service, the GP practice must provide the NHS England with the information under *paragraph 12 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.
9. The payment due to GP practices who terminate or who withdraw from the enhanced service agreement prior to 31 March 2015 will be calculated as:
 - a) **Component 1** - £0.37 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 18 of the enhanced service specification*.

Provisions relating to GP practices who merge or split

10. 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.

11. 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 7 of this annex.
12. 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.
13. 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 14 of this annex.
14. 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. 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 2014/15.

Provisions relating to non-standard splits and mergers

15. 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 NHS England, 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,

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.

[ENDS]