NHS
East Lancashire
Clinical Commissioning Group

Local Improvement Scheme (LIS) 2016/17
Local Service for Dementia Care in East Lancashire GP Practices

Appendix 2

1. INTRODUCTION

National Strategy

In 2009 The Department of Health launched the first ever National Dementia Strategy for England. Alzheimer's Society worked closely with the government to develop the Strategy.

What is the National Dementia Strategy?

The Strategy is the government's plan which explains what needs to happen to radically transform the quality of life for people with dementia and their carers in the next five years.

The Dementia Strategy sets out 17 recommendations that the government wants the NHS, local authorities and others to take to improve dementia care services. The recommendations are focused on three key themes of:

- Raising awareness and understanding
- Early diagnosis and support
- Living well with dementia

The government announced an extra investment of £150 million to support local services deliver the Strategy.

Local

This Local Improvement Scheme (LIS) is designed to reward GP Practices for undertaking a proactive approach to the timely assessment of patients who may be at risk of dementia and for improvements in services for patients diagnosed with dementia and for their carers.

Practices have continued to increase diagnosis, within 2015/16 and East Lancashire Clinical Commissioning Group are looking to increase the overall diagnosis to 68% this will mean an increase of 1% approximately 44 patients across East Lancashire, for 2016/17.

2. There are 5 key elements of the Dementia LIS

- **Practice Awareness**
- **Practice Planning**
- **Newly Diagnosed Support Meeting**
- **Enhanced Dementia Annual Review**
- **Update Practice Dementia Registers**

Additionally the practice will be expected to maintain current standards and practices as identified below:

1. Sign up to the East Lancashire Clinical Commissioning Groups Dementia LIS (**Appendix 1**)

2. Maintain the identification of the CCG's 67% Target of the projected population with dementia; therefore it is very important that **ALL** identified new patients are added accurately to the practice register and that data quality is maintained.

3. Take a pro-active approach to delivering enhanced support to people with dementia and their carers, through standardised review processes and systematic follow up following diagnosis.

4. It remains a requirement to continue to identify carers of people with Dementia.

5. Follow the local dementia Shared Care Pathway – Dementia Drugs (regarding medication monitoring) **(Appendix 2 and 2a)**

6. Support any audits agreed in year to address specific shortfalls in diagnosis levels. If audits are used, they will focus on care settings in 2016-17 and practices would be expected to work collaboratively with Memory Assessment Service (MAS), who would undertake this work**.**

7. Identify any training and/or information needs the practice might have regarding dementia care on this service

8. Keep a register of all patients who acknowledge having had memory concerns, but who do not consent to further screening/diagnostics.

9. The Data Quality team will provide up to date Practice Dementia Registers at regular intervals and a final register as at 31.3.17.

3. Practice Awareness

Develop a practice dementia team and provide a:-

Named Lead GP and Practice Nurse who will be responsible for the implementation of the service and who will cascade dementia related information to other colleagues in the practice. A named **Administration Dementia Lead** will support data input.

The practice dementia team will raise awareness of dementia amongst their colleagues. They will encourage them to be Dementia aware and to make the practice environment dementia friendly.

The practice will participate in any national and local awareness campaigns, displaying information posters and leaflets.

The practice will identify staff who wish to become 'Dementia Friends' and support them through the training. Practices may wish to run in-house training sessions when the dementia training is disseminated.

The practice will be expected to participate actively in their Dementia Alliance.

There will be an opportunity for each practice to nominate an individual member of staff to become a 'Dementia Champion'. They will attend a training session and be expected to provide evidence of attendance and dissemination of this information to their colleagues within the practice.

Practices will receive a fee of **£100** for displaying posters and leaflets in prominent places in the practice, to maximise the visibility for patients. This will be the role of the **Practice Dementia Administrator.**

- **For identifying and developing a Dementia Champion within the Practice there will be an additional £50**
- **For provision of peer education sessions within the practice there will be an additional £50**

Evidence of the above to be submitted with the Action plan as stated on the Timeline

4. Practice Planning

The Practice Dementia Team to include the **Named Lead GP, named Practice Nurse and the named Dementia Administration Lead** will schedule a meeting (**1 Clinical Session**) within 2 months of signing up to the Dementia LIS to discuss how to improve and implement:-

- Reviewing 'at risk' patients

  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.

- Diagnosis
- Support Meetings
- Enhanced Annual Reviews
- Data Quality – Coding correctly on the EMIS System
- Registers updated
- Carers Questionnaire

Notes from the meeting and an Action plan (**Appendix 3)** to be submitted by **Friday 29th July 2016.** This will be the responsibility of the **Dementia Administrator**.

The Action Plan will be a live document and updated regularly to ensure milestones are met and recorded.

A further update of the Action Plan will be submitted by:- **Friday 25th November 2016**
and a final submission by **Friday 3rd March 2017**

5. Newly Diagnosed Support Meeting

Following notification of a new dementia diagnosis practices must code the patient using codes as per QOF Register. The patient's record should contain all the relevant information provided by the diagnosis letter. Practices should consider individual patients situations to identify if there are any immediate concerns. If a patient is identified as needing additional or immediate intervention, care etc the practice should take steps to ensure these needs are met. (Cognitive Impairment, learning disabilities, living alone)

Within 3 months of a dementia diagnosis a patient, with their carer if appropriate, should be seen at the practice for an initial support meeting. The invite letter should include a Carers questionnaire (**Appendix 4)** which aims to gather information on the situation. This has been developed in conjunction with Alzheimer's Society, East Lancs CCG Mental Health Clinical Lead. The list of local support services (**Appendix 5)** should also be provided at this point. This will ensure that even if the patient and carers do not engage with the practice they have received some relevant information. A telephone call to the patient could also be utilised to schedule the meeting and the above information will be given at the appointment.

The support meeting may be with either the **GP Dementia Lead** or **Dementia Nurse Lead**. When then patient (and carer) attends the support meeting the discussion should be led by the **Data Quality Template** available on your EMIS System. Due to the nature of the condition, the interview will be adjusted to the needs of the patient and will cover medication. The Carers questionnaire should be completed at this meeting and will support the payment process. Practices should keep copies of all carers questionnaires for submission to the CCG at regular intervals and for audit purposes. If the carer takes the questionnaire home please state to be returned to the GP Practice

- Sept 2016
- January 2017
- April 2017
- Final Submission July 2017.

If either of these discussions raises areas of immediate concern or urgency these should be communicated to the CCG for further action.

In 2015-16, NHS England only provided each CCG with an estimate of the number of patients they have (aged over 65), who are likely to have Dementia. Formerly, NHS England split this estimate down to GP practice level. However, due to algorithm sensitivity, they have ceased to do this. NB. It is now argued that the algorithm being run against relatively small practice populations, can result in practices being set wildly inaccurate targets. As such, NHS England no longer deems it appropriate to set Dementia register size targets to **individual** practices.

Practices will be paid for contacting each newly diagnosed dementia patient, for each support meeting undertaken. The eligible patients are those with a dementia diagnosis **1st April 2016 and 31st March 2017**.

All patients will be expected to receive their review within 3 months of diagnosis. For patients diagnosed **January 1st 2017 to 31st March 2017** the final date for the follow up meeting will be **30th June 2017**.

For patients diagnosed between **April 2016 and 31st August 2016**, the period up to 30th November 2016 will be eligible for that meeting or if it has already taken place in year

6. Enhanced Dementia Annual Review

Conduct an Enhanced Dementia Annual Review **(Appendix 2b).** All patients on the practice's dementia register are entitled to an annual review. Practices must enhance the quality of this review by including **one** element from **each** of the **5 core areas –**

Payment will be based on patients having one code from each of the sections below:-

1 - 6AB Dementia annual review

and

2 - 8BM02 Dementia medication or
8BM01 Antipsychotic med review or
8B37 No drug therapy prescribed

AND one code from each of the core areas, The Data Quality Template is available on your EMIS System. If a patient does not have a code from all 7 areas within the year they **will not** be eligible for payment.

This will include 5 core areas:-

- Communication
- Mood
- Medication
- Care Plan
- GDS

Some health-care professionals use the Global Deterioration Scale, also called the Reisberg Scale, to measure the progression of Alzheimer's disease. This scale divides Alzheimer's disease into seven stages of ability.

Stage 1: No cognitive decline

- Experiences no problems in daily living.

Stage 2: Very mild cognitive decline

- Forgets names and locations of objects.
- May have trouble finding words.

Stage 3: Mild cognitive decline

- Has difficulty travelling to new locations.
- Has difficulty handling problems at work.

Stage 4: Moderate cognitive decline

- Has difficulty with complex tasks (finances, shopping, planning dinner for guests).

Stage 5: Moderately severe cognitive decline

- Needs help to choose clothing.
- Needs prompting to bathe.

Stage 6: Severe cognitive decline

- Loss of awareness of recent events and experiences.
- Requires assistance bathing; may have a fear of bathing.
- Has decreased ability to use the toilet or is incontinent.

Stage 7: Very severe cognitive decline

- Vocabulary becomes limited, eventually declining to single words.
- Loses ability to walk and sit.
- Requires help with eating.

The practice will record details of the Enhanced Annual Review on their EMIS system using specified Read Codes, using the Data Quality Template. Evidence should be provided including the date that the Enhanced Annual Reviews were conducted per patient.

7. Timelines

Month	CCG Admin	Practice Activity	Returns
May 16	Support practices through sign up process providing details on finances	Sign-up to Quality Framework And Identify:- • GP Dementia Lead • Nurse Dementia Lead • Administrator Lead	App 1
June 16	EMIS Data Training to be provided for the Dementia Administrators At Walshaw House **Evidence of attendance via CCG registers**	Attendance from Pracitces at the training In-house meeting to be scheduled with the Dementia Team Develop Action plan with clear milestones	App 3
July 16	Receive Action Plans and notes by **Friday 29th July 2016**	Submit Notes from the Dementia Team Meeting and the Action Plan Identify who will be the Practice Dementia Champion	App 3
August 16 Sept 16		Continue to update Action Plan and implement actions to the practice	App 3
September 16	Receive Carers Questionnaire	Submit Carers questionnaire ensuring copies are maintained at Practices	App 4
October 16		Continue to update Action Plan and implement actions to the practice	App 3
November 16	Receive updated Action Plans by **Friday 25th November 2016**	Submit the Action Plan Evidence of the Dementia Champion attended training Evidence of Training being given in-house to practice staff	App 3
Dec 16 Jan 17		Continue to update Action Plan and implement actions to the practice	
Jan 17	Receive Carers Questionnaires	Submit Carers questionnaire ensuring copies are maintained at Practices	App 4
Feb 17		Continue to update Action Plan and	

		implement actions to the practice	
March 17	Receive final updated Action plans **Friday 3rd March 2017**	Submit the Action Plan Evidence of the Dementia Champion attended training (if this has not already been achieved)	
July 17	Receive Carers Questionnaires	Submit Carers questionnaire ensuring copies are maintained at Practices	App 4

8. Finances

Activity	Flat cost	Weighted cost	Total LIS cost
Dementia Administrators to attend the scheduled EMIS Data Training in June 16 (2 hours)	**£25,00**		£25,00 x 58 = **£1,450**
Practice Awareness displaying posters and leaflets in prominent places in the practice, to maximise the visibility for patients. This will be the role of the **Practice Dementia Administrator.**	**£100** for All Practices		£100 x 58 = **£5,800**
Identifying and developing a Dementia Champion within the Practice	**£50** for All Practices		£50 x 58 = **£2,900**
Provision of peer education sessions within the practice	**£50** for All Practices		£50 x 58 = **£2,900**
Practice Planning: to improve • Diagnosis • Support Meetings • Enhanced Annual Reviews • Data Quality – Coding correctly on the EMIS System • Registers updated • Carers Questionnaire	**£480** for All Practices		£480 x 58 = **£27,840**
Newly Diagnosed Support Meeting	**£25** per patient for the Support Meeting	Estimated as per **595 diagnosed Dementia patients within 2015/16**	**£14,875 - Estimated**
Enhanced Annual Review to include **ALL** correct Codes (as per item 6) to be eligible for payment	**£25** per patient on the Practice Dementia register	Estimated as per **2861 Dementia Register 2015/16**	**£70,825 – Estimated**
		Known Total to Practices	**£40,890**
		TOTAL Including Estimated Cost	**£126,590 - Estimated**

Practices will receive their payments for participating in line with CCG Quality Framework

Payment Schedule:

- 70% over 12 months with 30% retained to allow adjustment if necessary

The remaining 30% will be released in March 2017 dependent on Practices submitting the required documentation, and there will also be a further payment if Practices are eligible for payment if a patient is seen within 3 months of diagnosis from **–**

January 2017 and 31st March 2017, the period up to 30th June 2017 will be eligible for the follow up meeting

APPENDIX 2C: Data Quality – Emma-jane

Searches

The Data Quality team will provide searches that will:-

- Allow practices to Identify target groups (supporting searches)
- Assist practices with accurate coding (Data Quality searches)
- Supply the CCG with figures for claims on behalf of the practices (Claim Searches)

Templates

The Data Quality team will provide templates with pages for:-

- Screening
- 6CIT
- Bloods/Scans
- Review and Assessment
- Carer

Codes

The current codes recognised by the QOF dementia register are as follows; any changes to this version (v32) will be communicated to practices in the usual manner.

A4110	Sporadic Creutzfeldt-Jakob disease
E00%	Senile and presenile organic psychotic conditions
E012%	Other alcoholic dementia
E02y1	Drug induced dementia
E041	Dementia in conditions EC
Eu00%	Dementia in Alzheimer's disease
Eu01%	Vascular dementia
Eu02%	Dementia in other disease classified elsewhere
Eu041	Delirium superimposed on dementia
F110%	Alzheimer's disease
F111	Pick's disease
F112	Senile degeneration of brain
F116	Lewy body disease

Appendices

Just need to insert Emma-jane Searches

Appendix 1 GP Practice Dementia sign-up sheet	Dementia Sign Up sheet App 1.doc
Appendix 2 Dementia Shared Care Pathway (flow Chart)	Dementia Shared Care Pathway APP 2.
Appendix 2A Dementia Shared Care Pathway	Dementia Sgared Care Pathway APP 2A
Appendix 2B Suggestions to ask Enhanced annual review	Suggestions to ask Enhanced annual revi
Appendix 3 Dementia Action Plan	Dem Action Plan APP 3.xlsx
Appendix 4 Carers Questionnaire	Carers Questionaire of People with demen
Appendix 5 Dementia Local Support Services	Dementia Local Support Services App