

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

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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.

East Lancashire Clinical Commissioning Group are looking to increase the target from 67% Target 75% (+8%) = 3090 (= additionally 229 patients)

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**

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.

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. Increasing the CCG's **67%** Target to **75%** 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 support 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 will provide in-house training sessions when the dementia training is disseminated. – This will be the role of the Dementia champion

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

Each practice will nominate an individual member of staff to become an In-House 'Dementia Champion'.

Specific Duties:

- Signpost people towards further information, for example Alzheimer's Society or Carers Centres.
- Provide dementia training to staff members (including new starters) as mandatory (Understanding Dementia)
- Peer Education Sessions, this will be an initial training session with an additional update within year e.g. staff trained in July 16 – followed up by a refresher January 17 – evidence of attendees to be collated.

Practices will receive a fee of **£300** for displaying posters and leaflets in prominent places in the practice, to maximise the visibility for patients. The Practice will actively Participate in National and local awareness campaigns. This will be the role of the **Practice Dementia Administrator**.

- **For identifying and developing an In-house Dementia Champion within the Practice there will be an additional £300**
- **For provision of peer education sessions within the practice there will be an additional £500 (based on a list size of 6,000)**

The **Dementia Champion** role will involve:-

- Attending a Dementia Friends training session.
- Attending a local Dementia Café
- Familiarise with the Alzheimer's Website.
- Familiarise with East Lancs CCG Dementia Website (which is currently under a review) and feedback on findings or discrepancies.
- Attend at least two Dementia Forums to learn and share.

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

There will also be a Dementia Workshop scheduled in October 2016, where Practices are expected to attend. There will be an additional **£450** per Practice and the Dementia Leads are **ALL** expected to attend:-

- **Named Dementia Lead GP**
- **Named Dementia Practice Nurse**
- **Named Dementia Administrator**
- **Dementia Champion (If different to the above)**

Evidence will via the registration at the event.

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, stroke, peripheral vascular disease or diabetes
- Patients who are over 60 and have a 'high-risk' of CVD, for instance because of smoking, alcohol consumption or obesity
- Patients who are over 60 with a COPD diagnosis
- 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

There will be an additional **£450** per Practice, for undertaking and Implementing Practice Planning.

Notes from the meeting and an Action plan (**Appendix 3**) to be submitted by **Wednesday 31st August 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. Practices will receive **£25.00 for each newly diagnosed support meeting (this will be paid in advance based on weighted list size)**. 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 **Dementia Lead GP** or **Dementia Practice Nurse**. When the 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 should at least cover medication. The Carers questionnaire could 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.

Submission of Carers Questionnaires:-

- 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.

Practices will be paid for each support meeting undertaken (this will be paid in advance based on weighted population). The eligible patients are those with an initial dementia diagnosis between **1st April 2016 and 31st March 2017**.

For patients diagnosed **between 1st April 2016 – 31st May 2016**, the period up to **31st August 2016** will be eligible for the newly diagnosed support meeting or if it has already taken place in year.

All patients will be expected to receive their review within 3 months of diagnosis. For patients diagnosed **January 1st 2017 to 31st March 2017** another extract will be taken on **30th June 2017**.

6. Enhanced Dementia Annual Review

Conduct an Enhanced Dementia Annual Review (Appendix 2b). A dementia annual review is for the patients that were on the practice's dementia register at the start of the 12 month period.

Practices will receive **£25.00 for each Enhanced Dementia Annual Review (this will be paid in advance based on weighted list size)**.

Practices must enhance the quality of this review by including **one** element from **each** of the **5 core areas** –

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 – **Appendix 6**

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
June 16	Support practices through sign up process providing details on finances	Sign-up to Quality Framework And Identify:- <ul style="list-style-type: none"> • GP Dementia Lead • Nurse Dementia Lead • Administrator Lead 	App 1
July16 (4 th)	EMIS Data Training to be provided for the Dementia Administrators At Walshaw House Evidence of attendance via CCG registers	Attendance from Practices at the training	App 3
August 2016		In-house meeting to be scheduled with the Dementia Team Develop Action plan with clear milestones Identify who will be the Practice Dementia Champion	App 3
August 16	Receive Action Plans and notes by 31st August 2016	Submit Notes from the Dementia Team Meeting and the Action Plan	App 3
September 16	Receive Carers Questionnaire	Submit Carers questionnaire ensuring copies are maintained at Practices	App 4
October 2016	Scheduled Dementia Workshop Evidence via CCG registration	Attendance per Practice from Dementia Named Lead GP Dementia Named Practice Nurse Dementia Named Administrator Dementia Champion (If different to the above)	

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 on 4 th July 16 (2 hours)	£50		£50 x 58 = £2,900
Participation in <u>national</u> and <u>local</u> awareness campaigns which includes 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 .	£300 for All Practices		£300 x 58 = £17,400
Identifying and developing a Dementia Champion within the Practice This role will involve:- <ul style="list-style-type: none"> • Attending a Dementia Friends training session. • Attending a local Dementia Café • Familiarise with the Alzheimer's Website. • Familiarise with East Lancs CCG Dementia Website (which is currently under a review) and feedback on findings or discrepancies. • Attend at least two Dementia Forums to learn and share. 	£200 Identify and Training £100 to attend at least two Dementia Forums within 2016/17 for All Practices		£200 x 58 = £11,600 £100 x 58 = £5,800 = Total £17,400
Provision of peer education sessions within the practice Taking into account staff time. e.g based on 7 staff members with a practice list size of 6,000	£500 based on a list size 6000	Weighted list size estimated 500/6000 x396000 2000 = £350 6000 = £500 10,000 = £700	£33,000
Practice Planning: to improve <ul style="list-style-type: none"> • 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

<p>Newly Diagnosed Support Meeting</p> <p>595 diagnosed patients 2015/16</p> <p>2016/17 to increase East Lancs CCG Target from 67% to 75% = 642 patients</p> <p>(= additionally 47 patients)</p> <p><i>For patients diagnosed between 1st April 2016 – 31st May 2016, the period up to 31st August 2016 will be eligible for the newly diagnosed support meeting or if it has already taken place in year</i></p>	<p>£25 per patient for the Support Meeting</p> <p>Weighted based on a list size 6000</p>	<p>Weighted Estimated as per</p> <p>595 diagnosed Dementia patients within 2015/16</p> <p>x6000 list =£243.18</p> <p>x10,000 list =£405.30</p>	<p>£16,050</p>
<p>Enhanced Annual Review is for the patients that were on the practice's dementia register at the start of the 12 month period.</p> <p>To include ALL correct Codes (as per item 6) to be eligible for payment</p> <p>2861 Dementia Register 2015/16 (67%)</p> <p>2016/17 to increase East Lancs CCG Target from 67% Target 75% (+8%) = 3090</p> <p>(= additionally 229 patients)</p>	<p>£25 per patient on the Practice Dementia register 3090 = £77,250</p> <p>based on a list size 6000</p>	<p>Weighted Estimated as per</p> <p>3090 Enhanced reviews within 2015/16</p> <p>x6000 list = £1,170.45</p> <p>x10,000 list =£1,950.75</p>	<p>£77,250</p>
<p>Attendance at CCG Event per Practice from</p> <p>Dementia Named Lead GP</p> <p>Dementia Named Practice Nurse</p> <p>Dementia Named Administrator</p>	<p>£450 for ALL Practices</p>		<p>58x £450 = £26,100</p>
<p>CCG Allocation to fund Educational Event</p>			<p>£8,060</p>
<p>CCG Dementia Website Coordinator Estimated</p>			<p>£5,000</p>
<p>Approx. Total to a Practice List Size of 6000</p>			<p>£3,500</p>
<p>TOTAL Including Estimated Cost</p>			<p>£231,000</p>

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 –

1st March to 31st March 2017, the period up to 30th June 2017 will be eligible for the follow up meeting.

The CCG is providing an up-front payment to GP Practices; therefore if GP Practices to not adhere to the objectives set out in the LIS and provide evidence as requested. The CCG has the right to claw back any unused monies.

Spot checks within surgeries will also be carried out to ensure that displays are adequately placed for patients and stocks are maintained.

9. Data Quality

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 (v33) 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

10. Appendices

<p>Appendix 1</p> <p>GP Practice Dementia sign-up sheet</p>	 <p>Dementia Sign Up sheet App 1.doc</p>
<p>Appendix 2</p> <p>Dementia Shared Care Pathway (flow Chart)</p>	 <p>Dementia Shared Care Pathway APP 2.</p>
<p>Appendix 2A</p> <p>Dementia Shared Care Pathway</p>	 <p>Dementia Sgared Care Pathway APP 2/</p>
<p>Appendix 2B</p> <p>Suggestions to ask Enhanced annual review</p>	 <p>Suggestions to ask Enhanced annual revi</p>
<p>Appendix 3</p> <p>Dementia Action Plan</p>	 <p>Dem Action Plan APP 3.xlsx</p>
<p>Appendix 4</p> <p>Carers Questionnaire</p>	 <p>Carers Questionnaire of People with demen</p>
<p>Appendix 5</p> <p>Dementia Local Support Services</p>	 <p>Dementia Local Support Services App</p>
<p>Appendix 6</p> <p>Global Deterioration Scale (GDS)</p>	 <p>Global Deterioration Scale App 6.docx</p>