

# Enhanced Service Specification

Facilitating timely diagnosis and support for people  
with dementia 2015/16



**NHS England INFORMATION READER BOX****Directorate**

Medical	<b>Commissioning Operations</b>	Patients and Information
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<b>Document Purpose</b>	Guidance
<b>Document Name</b>	Enhanced Service Specification: Facilitating timely diagnosis and support for people with dementia 2015/16
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<b>Target Audience</b>	NHS England Regional Directors, NHS England Directors of Commissioning Operations, GPs

**Additional Circulation List**

<b>Description</b>	All GMS practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This Enhanced Service (ES) specification outlines more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.
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**Cross Reference****Superseded Docs**  
(if applicable)

<b>Action Required</b>	Regions, clinical commissioning groups (CCGs) and contractors taking part should ensure they have read and understood the document.
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**Timing / Deadlines**  
(if applicable)

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## **Enhanced Service Specification**

### **Facilitating timely diagnosis and support for people with dementia**

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#### **Equalities and health inequalities statement**

"Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities."

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## 1 Introduction

- 1.1 This enhanced service (ES) is designed to reward GP practices<sup>1</sup> 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.
- 1.2 This ES is agreed between NHS Employers (on behalf of NHS England<sup>2</sup>) and the British Medical Association (BMA) General Practitioners Committee (GPC).

## 2 Background

- 2.1 Improving diagnosis and care of patients with dementia has been prioritised by the Department of Health (DH) through its mandate to NHS England and by NHS England through its planning guidance for clinical commissioning groups (CCGs).
- 2.2 A system-wide integrated approach is needed to enable patients with dementia and their families to receive timely diagnosis and to access appropriate treatment, care and support. National tools and levers to support local system-wide improvements include:
  - a. a national dementia calculator to support GP practices to understand prevalence of dementia in their registered population
  - b. the national Commissioning for Quality and Innovation (CQUIN) scheme for all 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 in hospitals
  - c. commissioning guidance for memory assessment services produced by the Royal College of General Practitioners (RCGP)<sup>3</sup>
  - d. the Royal College of Psychiatrists' (RCP) Memory Services National

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<sup>1</sup> 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.

<sup>2</sup> From 1 April 2013 the NHS Commissioning Board (NHS CB) is the body legally responsible for the commissioning of primary care in England. However, the NHS CB operates under the name NHS England, therefore the name NHS England is used throughout this Specification.

<sup>3</sup> RCGP. Dementia. <http://www.rcgp.org.uk/clinical-and-research/clinical-resources/dementia.aspx>

Accreditation Programme<sup>4</sup>.

- 2.3 This ES 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.

### 3 Aims

- 3.1 The aims of this ES in 2015/16 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 where a referral is considered appropriate by the GP 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.
- 3.2 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 their quality of life.

### 4 Process

- 4.1 This ES commences on 1 April 2015 for one year.
- 4.2 Commissioners will seek to invite GP practices to participate in this ES before 30 April 2015. Practices who participate in this ES should respond to the commissioners offer within 42 days. The agreement should be recorded in writing with their commissioner by no later than 30 June 2015.
- 4.3 Participating practices are also required to sign up to CQRS and GPES<sup>5</sup>.

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<sup>4</sup> RCP Memory Services National Accreditation Programme.  
<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/memoryservices/memoryservicesaccreditation.aspx>

<sup>5</sup> Further guidance relating to CQRS and GPES will be provided by HSCIC when services are updated.

Commissioners will record GP practices' participation on the Calculating Quality Reporting Service (CQRS).

- 4.4 GP practices signing up to this ES by 30 June 2015 will qualify for the component 1 payment set out in the 'Payments' section.

## 5 Service specification

- 5.1 The requirements for GP practices participating in this ES are as follows in this section.
- 5.2 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. 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.
- 5.3 For the purposes of this ES, 'at-risk' patients are:
- a. patients aged 60 or over with cardiovascular disease, stroke, peripheral vascular disease or diabetes
  - b. patients who are over 60 and have a 'high-risk' of CVD, for instance because of smoking, alcohol consumption or obesity
  - c. patients who are over 60 with a COPD diagnosis
  - d. patients aged 40 or over with Down's syndrome
  - e. other patients aged 50 or over with learning disabilities
  - f. patients with long-term neurological conditions which have a known neurodegenerative element, for example Parkinson's disease.
- 5.4 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).

- 5.5 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.
- 5.6 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).
- 5.7 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 assessment (where clinically appropriate<sup>6</sup>) 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.
- 5.8 The analysis of the results, for the assessment to detect dementia, is to be carried out by healthcare professionals with knowledge of the patient's current medical history and social circumstances.
- 5.9 If as a result of the completed assessment the patient is suspected as having dementia the practice should:
- a. offer a referral, where appropriate and 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,
  - b. respond to any other identified needs arising from the assessment that relate to the patient's symptoms,
  - c. provide any treatment that relates to the patient's symptoms of memory loss.
- 5.10 Patients diagnosed as having dementia will be offered an advanced care planning discussion focussing on their physical, mental health and social needs and including referral/signposting to local support services.

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<sup>6</sup> 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 RCP and the British Psychological Society. Dementia and people with learning disabilities. <http://www.rcpsych.ac.uk/files/pdfversion/cr155.pdf>

- 5.11 The advanced 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.
- 5.12 The advanced care plan should be shared with the patient and their carer(s), being reviewed on an appropriate basis.
- 5.13 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.
- 5.14 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.
- 5.15 The practice will record in the patient record relevant entries including the required Read2 or CTV3 Codes<sup>7</sup> to identify where an assessment for dementia was undertaken, where applicable that a referral was made and whether the patient was subsequently diagnosed as well as whether or not an advance care planning discussion was given or declined. The practice will record in the carer record relevant entries including the required Read2 or CTV3 Codes<sup>8</sup>.

## 6 Monitoring

- 6.1 The commissioner will monitor services and calculate payments under this ES using CQRS, wherever possible. GPES will provide information, using the

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<sup>7</sup> See supporting Business Rules for list of most recent codes.

<http://www.hscic.gov.uk/qofextractspecs>

<sup>8</sup> NHS Employers. Technical requirements for 2015/16 GMS contract changes.

<http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/enhanced-services/enhanced-services-2015-16>

defined Read2 and CTV3 codes, on the number of patients identified at risk of dementia and receiving a completed assessment, those referred to a memory clinic for formal diagnosis where dementia is suspected, those patients diagnosed being offered an advance care planning discussion and the offer and provision of health-checks for carers.

- 6.2 There are two payments for the service. The two payments are an upfront payment and an annual year-end payment. The upfront payment is not supported by CQRS. The year-end payment reflects the number of completed assessments for registered patients, carried out per practice up to the end of the financial year as a proportion of the total number of completed assessments (i.e. GPCOG) carried out nationally.
- 6.3 Practices will be required to manually input data into CQRS, on a quarterly basis, until such time as GPES<sup>9</sup> is available to conduct electronic data collections. 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, see the HSCIC website<sup>10</sup>.
- 6.4 When GPES is available, each GPES data collection will capture data for all payment and management information counts and report on activities from the start of the reporting period e.g. 1 April 2015 to the end of the relevant reporting quarter. The reporting quarter will be the quarter prior to the month in which the collection is run e.g. if the collection month is January 2016, the reporting quarter will be quarter three (October to December 2015).
- 6.5 When collections commence, GPES will provide to CQRS the quarterly counts from the relevant quarter they start in until the end of the relevant reporting quarter. Once CQRS has calculated the payment at the end of the year, no automated collection will be received as the payment and management information cannot be overwritten.
- 6.6 The 'Technical requirements document' contains the payment counts, management information counts and Read2 and CTV3 codes<sup>11</sup> which are

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<sup>9</sup> Details as to when GPES becomes available to support this service will be communicated via the HSCIC.

<sup>10</sup> HSCIC. <http://systems.hscic.gov.uk/cqrs/participation>

<sup>11</sup> Please note that the code descriptions in clinical systems may not exactly match the guidance text.

required for this service. The Read2 and CTV3 codes will be used as the basis for the GPES data collection, which will allow CQRS to calculate payment and support the management information collections, when available. Practices should use the relevant Read2 or CTV3 codes or re-code if necessary, only those included in this document and the supporting Business Rules will be acceptable to allow CQRS to calculate achievement and payment and for commissioners to audit payment and service delivery. Practices will therefore need to ensure that they use the relevant codes from the commencement of this service and re-code patients where necessary.

- 6.7 Supporting Business Rules will be published on the HSCIC website. Commissioners and practices should refer to these for the most up to date information on management information counts, Read2 and CTV3 codes.

## 7 Payment and validation

- 7.1 Payment available to participating GP practices under this ES in 2015/16 will be made in two components, with each allocated approximately half of the total funding available under this ES:

**a. Component 1**

An upfront payment of £0.37 per registered patient. For example, this represents a payment of £2,622.19 to an average-sized practice with a registered population of 7,087. This is paid in recognition of upfront costs in preparing for participation in this ES and the GP practice's commitment to support assessment for dementia in at-risk patients.

Payment will be made to practices by commissioners on the last day of the month following the month during which the practice agreed to participate in the ES (i.e. by no later than 31 July 2015).

**b. Component 2**

The remaining funding will be distributed as a year-end payment based on the number of completed assessments (using the relevant code relating to 'assessment for dementia') carried out by the GP practice during the financial year as a proportion of the total number of completed assessments carried out nationally under this ES in 2015/16.

The number of completed assessments carried out by GP practices individually and nationally will be based on returns to CQRS (automated via GPES or via a manual year end entry) identifying the

number of completed assessments for consenting at-risk patients, using the Read2 or CTV3 code 'assessment for dementia'.

For example, if GPES reports Practice A has completed 38 assessments for dementia during 2015/16 and nationally CQRS calculates that 250,000 assessments were carried out in 2015/16 then the end of year payment is calculated as follows:

$$\frac{38}{250,000} \quad \times \quad \pounds 21,000,000 \quad = \quad \pounds 3,192$$

7.2 Administrative provisions relating to payments under this ES are set out in the Annex.

## **Annex. Administrative provisions relating to payments under the ES for facilitating timely diagnosis and support for people with dementia**

1. Payments under this ES 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 in the period 1 April 2015 to 31 March 2016 falls due from July on the last day of the month following the month during which the GP practice provides the information specified in this ES.
3. Payment under this ES, or any part thereof, will be made only if the GP practice satisfies the following conditions:
  - a. the GP practice must make available to commissioners any information under this ES, which the commissioner needs and the GP practice either has or could be reasonably expected to obtain,
  - 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, commissioners may, in appropriate circumstances, withhold payment of any, or any part of, an amount due under this ES that is otherwise payable.
5. If a commissioner makes a payment to a GP practice under this ES 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);
  - b. the commissioner 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. the commissioner is entitled to repayment of all or part of the money paid,

commissioners 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 ES that the contractor must pay to the commissioner that equivalent amount.

6. Where the commissioner is entitled under this ES to withhold all or part of a payment because of a breach of a payment condition, and the commissioner does so or recovers the money by deducting an equivalent amount from another payment in accordance with paragraph 5 of this annex, 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 this ES prior to 31 March 2016 (subject to the provisions below for termination attributable to a GP practice split or merger)**

7. Where a GP practice has entered into this ES but its primary medical care contract subsequently terminates or the GP practice withdraws from the ES prior to 31 March 2016, the GP practice is entitled to a payment in respect of its participation if such a payment has not already been made, 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 GP practice provides the information required.
8. In order to qualify for payment in respect of participation under this ES, the GP practice must provide the commissioner with the information in this ES specification or as agreed with commissioners 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 ES agreement.
9. The payment due to GP practices that terminate or withdraw from the ES agreement prior to 31 March 2016 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 section 5 of the 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 a 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 agreement to provide this ES.

11. The ES 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 those GP practice(s) to any payment 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 agreement for this ES, will be assessed and any new arrangements that may be agreed in writing with the commissioner, will commence at the time the GP practice(s) starts to provide such arrangements.
13. Where that agreement is entered into and the 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 this ES specification as of this commencement date.
14. The commissioner 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 ES 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 commissioner, 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, commissioners may, in consultation with the GP practice or GP practices concerned, agree to such payments as in the commissioners opinion are reasonable in all circumstances.