

## Dementia DES

Aim “to encourage practices to identify patients at clinical risk of dementia”

GMS Contract guidance and audit requirements for new and amended services    NHSE/ NHS  
Employers    Sept 2013

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### Overall GMS contract changes 2014/15

- Named GP for over 75s
- GPs to get more responsibility for out of hours (oversight not provision)
- Reduced emergency admissions to replace quality and productivity indicator in QOF
- £290m of QOF pay to be diverted to core GP contract
- Out of area registrations for all practices from October 2014
- Friends and family test mandatory
- Practices must offer access to patient records and other online services from April 2014
- GP seniority pay scheme to be phased out

## Specification: DES requirements (from NHS England)

- 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

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### ...Continued

- If clinically appropriate<sup>2</sup>) 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.

No substantive changes from the 2013 DES. However GPs will still be required to offer the assessments to the same 'at-risk' groups of patients on their list, but only if the GP feels it is 'clinically appropriate' and 'clinical evidence supports it'.

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## Comparison with S Glos LES

National DES 2014/15

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In addition to opportunistic screening (eg those presenting with a memory problem)

Use GP cog or similar tool (name and address, date, clock at 10 past 11, news item)

S Glos LES 2012/13

Screening to be targeted at the following groups within your patients:

- People who have reported problems with their memory
- People over 75 years of age;
- People with long term conditions over 50 years of age, eg Parkinsons Disease
- People with learning difficulties over 40 years of age eg Downs syndrome.

Use Mini cog (3 objects, clock at 10 past 11)

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## Payment in two stages:

- 37 pence per registered patient for signing up to the DES
- Share of national £21 million pot, driven by the numbers of 38C10 (Read code v2) or XaaBD (CT v3) 'assessments of dementia' recorded

## Issues:

- Chosen codes do not reflect breadth of work required
- Diagnosis of dementia by primary care not recognised in guidance
- CQRS system to extract the data able to do so yet
- No guidance on MCI

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