Wiltshire Clinical Commissioning Group

Clinical Commissioning Group
Governing Body
Paper Summary Sheet
Date of Meeting: 28 May 2013

For: Decision ☒

Agenda Item and title:	**GOV/13/05/09 Update on the Dementia LES/ SLA and the NES**
Author:	Susan Dark, Dementia and Mental Health Acute Liaison Services Wiltshire CCG
Lead Director/GP from CCG:	Simon Truelove/ Dr Celia Grummitt
Executive summary:	This paper is being presented due to a potential overlap of Assessment payments in both the Dementia Local Enhanced Service (LES/SLA) and the recent release of the Dementia National Enhanced Service (NES) by the NHS Commissioning Board. The CCG recognise this and have reworked the Dementia LES/SLA pathway to ensure there is no duplication of payments and both pathways remain complementary to each other. As a result of the potential overlap between the two services in the assessment of patients, it is envisaged that the GP time attributed to assessments should be removed from the LES/SLA payment to erase any potential duplication of payments. The £139 LES payment which incorporates the potential overlap covers a payment per patient that is newly assessed, diagnosed, medication prescribed within specific guidelines and disease managed within the patients GP practice. Therefore the proposal is to extract £31.00 (GP time for undertaking assessments) from the £139 payment, resulting in a £108.00 per patient payment to GP's. The £31.00 will be retained within primary care and will support the outcome of the review of enhanced services. The effect of the change is to eliminate the overlap in payments while ensuring that both pathways maintain the Department of Health's prioritisation concerning the improvement of the diagnosis and care of patients with dementia. Both enhanced services are focussed on getting dementia identified, assessed with a timely diagnosis especially in 'at risk' patient groups, followed by appropriate treatment, signposting, care and support for patients and carers.

	The Clinical Commissioning Group Governing Body is requested to endorse the change in payment in the LES/SLA from £139 to £108 per patient and to acknowledge that both pathways are complementary to each other. In support of this, this paper summarises the process the LES has previously undergone. The Governing Body on 22/01/13 was supportive of the rollout of the Dementia LES, subject to an update which was provided on 19/03/13. This received a positive response. The Clinical Executive Team approved an updated document on 02/04/13 and the Governing Body on 23/04/13.
Evidence in support of arguments:	The LES is designed to take action to improve the 10/12 month wait for Dementia Assessments and the additional 3/4 month wait for Diagnosis and Prescribing. Independent research through the Alzheimer's Society 2012 ranked Wiltshire PCT 161st out of 169 PCTs with a diagnosis rate of 33% in 2010/11.
Who has been involved/contributed:	Mental Health GP Leads, CCG groups, Lynn Talbot, Simon Truelove
Cross Reference to Strategic Objectives:	Wiltshire CCG's vision, entitled 'The right healthcare for you, with you, near you' (2013) has outlined seven strategic priorities in the 3 year Strategy; one of which - Priority 5, covers long term conditions (including dementia) and identifies the principle outcome: Improve diagnosis and treatment of dementia in primary care.
Engagement and Involvement:	Presented at Wiltshire PCT/CCG Stakeholder Assembly's.
Communications Issues:	The revised LES/SLA is positioned to avoid any duplication of payments with the Dementia NES. Any communication needs to be clear that the Assessments are being undertaken as part of the NES and that the corresponding LES/SLA payment has been withdrawn. The GP's have been told of the potential duplication of payments and a Process, Read Codes and Remuneration document (attached) has been sent to each to ensure the two independent pathways – the LES/SLA and the NES are understood and the measures and corresponding remuneration is identified. Sign up forms have been sent to the GP's for them to indicate their agreement and buy in to the LES/SLA process. This issue is not deemed confidential or exempt under FOI.
Financial Implications:	The financial cost to the CCG is £2,118.00 per average sized practice in Year 1. The cost per practice is £3,405.00 per average sized practice in Year 2. Take up of the LES is currently being assessed and looks promising. Should the full quota of 59 practices sign up, the anticipated cost in Year 1 would be £124,962 and in Year 2 £200,895. The LES runs from April 2013 – 2014 when it is subject to review. If the

	LES is not continued beyond 31st March 2014, there is still likely to be a final payment required for all patients on caseload with a forecast cost of £77,880 (this is included in the £200,895 payment specified above).
Review arrangements:	The arrangements will be reviewed on 1st April 2014 by the Dementia lead in Wiltshire CCG.
Risk Management:	A primary risk is that there could be a greater than expected increase in the numbers of people requiring Assessments, Diagnosing and Prescribing as a result of the GP training and the general education and signposting for families, carers and patients. This is of course a positive risk but could cause the budget to be exceeded and could require additional resource in the form of memory nurses and access to Consultant Psychiatrists. Numbers will be carefully measured throughout the first year and will indicate whether there is a requirement to readjust the payment mechanism and potentially maintain the LES/SLA to a single year of operation. An allied risk is that Memory Nurses are difficult to find and in the event that GP's require additional support or numbers are larger than anticipated, AWP may struggle to provide the required resource. Careful monitoring will allow us to anticipate such a requirement and if necessary, advertise for additional people in good time. The attached Process, Read codes and Compensation document stipulates a number of measures which will be reviewed at the AWP Performance meetings and the Dementia Delivery Board and will allow for timely mitigation as required. The risk of duplicated LES/SLA and NES payments has been eliminated.
National Policy/ Legislation:	Living well with dementia: a National Dementia Strategy (2009), Quality Outcomes for people with dementia (2010), has a priority objective of having good quality early diagnosis and intervention for all. The Operating Framework for the NHS in England 2012/13 identifies dementia as an area requiring particular attention: 'Improving diagnosis rates, particularly in the areas with the lowest current performance'. The recent ' Prime Minister's challenge on dementia – 'Delivering major improvements in dementia care and research by 2015' (2012) has key commitments of driving improvements in health and care with quantified ambition for diagnosis rates across the country from April 2013.
Equality & Diversity:	Equality impact assessments (EIA) will be undertaken through the Wiltshire Dementia Delivery Board (WBBB) who will assess how the new service affects families, carers and service users. Alzheimer's Support, Alzheimer's Society, Wiltshire Council and other stakeholders will provide useful input to the WDDB and will allow us to assess the impact of the service.
Other External Assessment:	Area Team reviewed and commented on the LES on 30 April. Changes have been made as a result and a review agreed in 6 months to assess

	effectiveness and to ensure there are no overlaps in payments.
Next steps:	• Conclusion of GP Dementia training by Consultant Psychiatrists • Memory nurses to complete localised practice training • GP's to submit an action plan by 1st June 2013 on how the practice is going to improve early detection of dementia, establish the practice's diagnosis gap and local trajectory for improvement and how to keep the practice's dementia and carers registers up to date. • Sign up to the LES • Training payment of £450 per practice

NHS Wiltshire

Local Enhanced Service (LES) for

Dementia Diagnosis & Disease Management in Primary Care.

Service Level Agreement (SLA) 1st April 2013 to 31st March 2014

Contents:

[redacted]

The agreement is to cover the 12 months commencing April 2013.
The practice will receive:

£450	One off payment per practice to attend dementia training. Payment due once practice sign-up sheet) is completed and returned electronically to WCCG.DementiaLES@nhs.net
£108	Payment per patient that is newly diagnosed, medication prescribed within attached guidelines and the disease managed in the patient's GP practice. Evidenced by practice register of specified measures and audit.
£40	Payment for each dementia patient on the caseload, per annum, commencing the year after initial prescribing has taken place.

[redacted]

As part of the Older People's Mental Health Services redesign for Wiltshire, the Dementia Delivery Board conceived a pilot to trial prescribing Donepezil in primary care and for initiating diagnosis and treatment of late onset Alzheimer's disease in primary care settings.

This was considered appropriate as it would:

- Free up specialist time for complex cases and thereby reduce waiting list times in secondary care;
- Provide care nearer to home with known staff for people whose memories were failing; and
- Return GPs and their teams to a position of involvement and knowledge about this condition in advance of the expected increase in prevalence.

The pilot was a joint enterprise between Avon & Wiltshire Partnership Mental Health Trust (AWP), Wiltshire Council, NHS Wiltshire, the emerging Wiltshire Clinical Commissioning Group and the Alzheimer's Society. The partners agreed a pathway of care which has been presented widely to all Stakeholders. The purpose of the pilot was to try out the pathway in practice with the above as aims.

The pilot practices were supported by:

- Teaching for all staff members, including GPs. This was provided by Avon & Wiltshire Partnership (AWP) staff;
- Memory Service nurse easy access and support; and
- Alzheimer's society staff for advising those who were newly diagnosed

All participants, patients, carers and health care professionals liked the new service. GPs have shown themselves more than capable of prescribing safely for this group of patients with late onset Alzheimer's who make up approximately 50% of all cases of dementia.

Dementia is currently under-diagnosed nationally because the lack of available treatment until recently and the negative connotations for families and sufferers. With the support, as needed, of the memory service nurse from AWP, treatments are now available and, as dementia becomes better understood, all agree that early diagnosis is important to:

- Rule out other causes or conditions;
- Give access to information, advice and support services;
- Enable persons with dementia to plan for future; and
- Give the best possible quality to remaining life by treating early where appropriate.

As part of the local dementia strategy, a local dementia care pathway has been developed to describe partnership working between GPs and secondary care providers. The tasks and responsibilities for both primary and secondary care providers have been captured in a care pathway and through medication guidelines.

Some of the GP pilot practices already deliver care according to this protocol, others not yet. This LES is meant to support all GP practices in Wiltshire to implement the care protocol and to ensure

every dementia patient in Wiltshire will receive the same level of care regarding diagnosis, medication management and disease management from their GP practice or memory clinic as appropriate.

3. Criteria

By signing up for the dementia LES the Practice agrees:

- to follow the Wiltshire dementia care pathway regarding diagnosis, disease management & medication monitoring;
- to provide, via the attached sign-up sheet, a named lead GP and practice nurse who will be responsible for the implementation of the LES and who will cascade dementia related information to other colleagues in the practice;
- to conduct dementia patient monitoring according to the patient's condition;
- to submit an action plan by 1st June 2013 on how the practice is going to improve early detection of dementia, establish the Practice's 'diagnosis gap', and local trajectory for improvement and to keep the practice's dementia and carers registers up to date. A brief report on achievements will be submitted by 31 March 2014;
- to undertake a diagnosis of dementia where possible. Complex and unstable patients may be referred to specialist memory nurses or to the memory clinic;
- to prescribe dementia drugs within attached guidelines, add patient/carer to QOF registers, give post diagnostic information, advice and emotional support;
- to refer to secondary care, Mental Health Services or Community Learning Disabilities Teams where specialist assessment is appropriate and in line with the care pathway;
- to repatriate non-complex & stable patients in a managed and agreed way with the memory clinic. These will be previously diagnosed patients who have been stabilised on the medication in secondary care. The primary care team will take responsibility for the on-going prescribing of the acetyl-cholinesterase inhibitor, Donepezil;
- to make effective use of Memory Nurses to support Practice skill development and prescribing; and
- to signpost patients and work closely with the Dementia Advisors for the benefit of patients, carers and families.

Note that as part of the April 2013 Dementia National Enhanced Service (NES), GP Practices are likely to sign up to the NES to undertake dementia assessments in primary care which will include basic dementia screening, cognitive & mental state examination including consideration and assessment of social situation circumstances and a carers assessment. This LES is designed to be complimentary to the NES.

4. High Level Quality Indicators

An integrated approach to provision of services is fundamental to the delivery of high quality Care to people with dementia. The following table represents the high level quality indicators as developed by the National institute for Clinical Excellence, NICE –SCIE Clinical Guidelines 42 (CG42)

Number	Quality Statements
1	People with dementia receive care from staff appropriately trained in dementia care.
2	People with complexities are referred, where appropriate, to a memory assessment service specialising in the diagnosis and initial management of dementia.
3	People newly diagnosed with dementia and/or their carers receive written and verbal information about their condition, treatment and the support options in their local area.
4	People with dementia who have been assessed will have an ongoing personalised care plan agreed across health and social care which identifies a named care coordinator and addresses their individual needs.
5	People with dementia, while they have capacity, have the opportunity to discuss and make decisions, together with their carer(s), about the use of: • advance statements; • advance decisions to refuse treatment; • Lasting Power of Attorney; and • Preferred Priorities of Care.
6	Carers of people with dementia are offered an assessment of emotional, psychological and social needs and, if accepted, receive tailored interventions identified by a care plan to address those needs.
7	People with suspected or known dementia using acute and general hospital inpatient services or emergency departments have access to a liaison service that specialises in the diagnosis and management of dementia and older people's mental health.
8	People in the later stages of dementia are assessed by primary care teams to identify and plan their palliative care needs.
9	Carers of people with dementia have access to a comprehensive range of respite/short-break services that meet the needs of both the carer and the person with dementia.

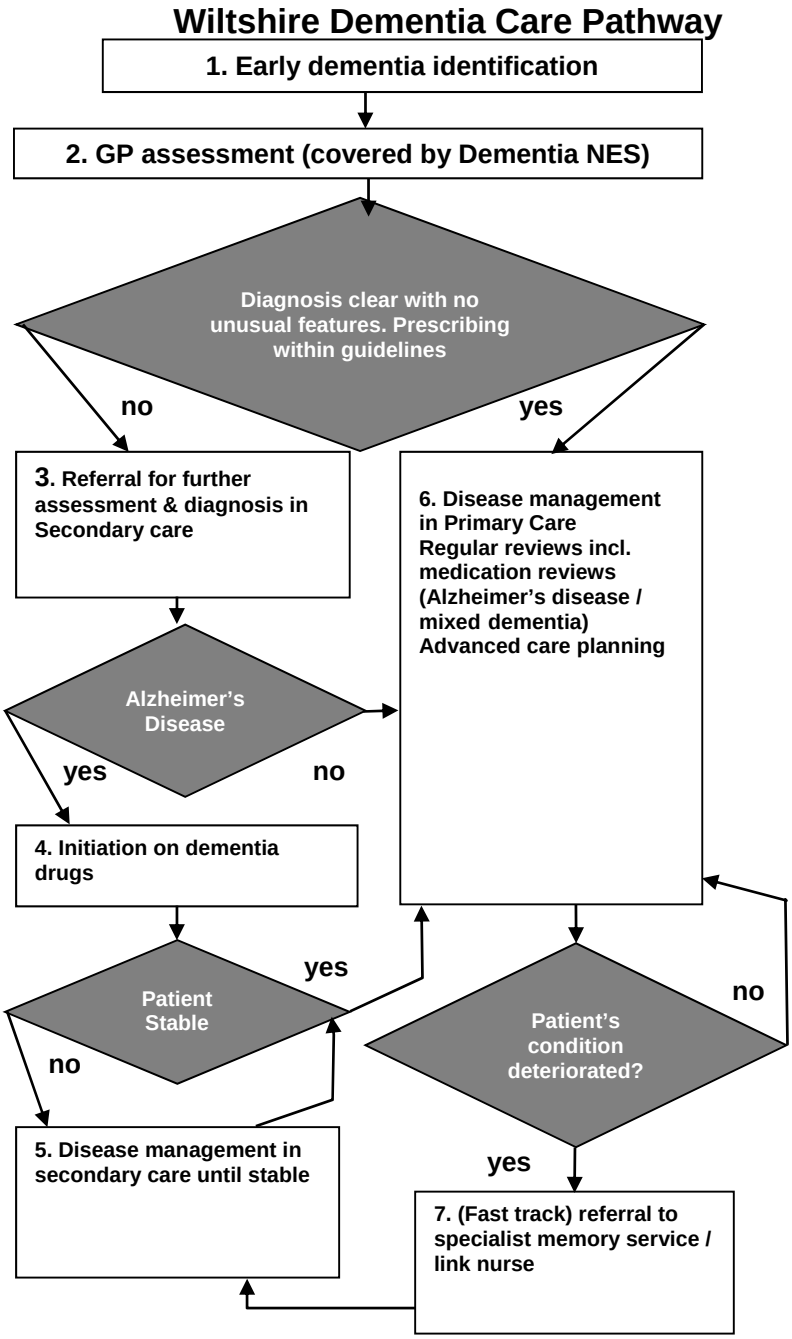
5. Care Medication Guideline

Donepezil Prescribing Information

Introduction	This provides prescribing information for practices participating in the Dementia LES. **The LES is for Donepezil 5mg and 10mg tablets ONLY** and not for any other formulation (orodispersible tablets) or any other acetylcholinesterase inhibitors. If a product other than donepezil tablets is required please refer the patient to the Memory Service.
Indication	Diagnosis of mild to moderate Alzheimer's Dementia.
Dose & Administration	Prescribe as generic to ensure that drug of lowest acquisition cost is used **Donepezil tablets.** Initially 5mg each evening, just before going to bed. This can be increased after four weeks to the maximum daily dose of 10mg.
Monitoring Required in Primary Care	No specific monitoring is required. If routine consultations give rise to concerns about tolerability or the appropriateness of on-going treatment then this would prompt a secondary care review.
Adverse Effects	Most Common (Incidence > 10%) Diarrhoea, muscle cramps, fatigue, nausea, vomiting, insomnia Common (Incidence 1- 10%) Headache, pain, common cold, dizziness, anorexia, syncope, rash, pruritis, urinary incontinence, fatigue Uncommon (Incidence 0.1 – 1%) Seizures, bradycardia, gastrointestinal haemorrhage, gastric and duodenal ulcers. Rare (Incidence 0.01- 0.1%) Sinoatrial and atrioventricular block, Extrapyramidal symptoms Liver Dysfunction including hepatitis There have also been reports of psychiatric disturbances, including hallucinations, agitation and aggressive behaviour, which resolved on dose reduction or discontinuation of treatment. No notable abnormalities in laboratory values were observed, except for minor increases in serum concentrations of muscle creatinine kinase.
Drug Interactions	• Should not be prescribed with other acetylcholinesterase inhibitors, anticholinergics or cholinergic agonists. • NSAID's- Monitor for symptoms of ulcerative disease. In clinical trials, however, there was no increase compared with placebo in the incidence of either peptic ulcer disease or gastrointestinal bleeding • Inhibitors of Cytochrome P450 3A4 and 2D6 may increase plasma levels. o Examples include erythromycin, ketoconazole, itraconazole, fluoxetine, quinidine. • Enzyme inducers may decrease plasma levels. Examples include rifampicin, phenytoin, carbamazepine and alcohol • Potential to interfere with drugs having anticholinergic activity • Potential for additive effects with beta- blockers • Additive effects with succinylcholine and other neuromuscular blockers Please refer to the BNF and SPC for full list.
Contraindications	Hypersensitivity to the active ingredients or excipients used in the formulation

This guidance does not replace the SPC, which should be read in conjunction with this guidance.

6. Dementia Care Pathway



1.Identification - GP / Carer / Hospital / Other health & social care staff

- People who worry about their memory/relatives raising concerns
- People (including younger people) who are forgetful in last 12 months/confused/present with mood changes or changes in communication skills / having lost confidence
- Pro-active screening of people from underrepresented or at-risk-groups: people with learning disability/BME groups/people with HIV/patients who do not attend planned health appointments/ people with Parkinson's/people with vascular conditions/people with alcohol & substance misuse problems/those who regularly present with falls or delirium

2. Assessment Primary Care - GP (primarily covered by the National Enhanced Service)

-History taking (including relative's impression)
- Physical assessment; Assess medical and psychiatric co-morbidity
- Medication review
- Basic dementia screen: routine haematology, biochemistry tests, thyroid function tests, serum vitamin B12 and folate levels, midstream urine test if delirium is possibility, chest X-ray / ECG as determined by clinical presentation
- Cognitive and mental state examination (attention, concentration, short- and long term memory, praxis, language, executive function, conduct test e.g. 6-CIT, GPCOG
- Consider and assess social situation circumstances – carer's assessment

3. Further specialist assessment in secondary care - Memory Service/Specialist Learning Disability Services

- Memory assessment
- Diagnosis including diagnosis of subtype
- Post diagnostic information, advice and counselling information
- Health & wellbeing advice; referral to peer support and training

4. & 5. Initiating dementia drugs - Dementia Treatment

(for patients diagnosed with Alzheimer's / some mixed dementias)

- Initiating dementia medication
- Monitoring till patient is stable on medication

6. Diagnosis confirmed: disease management in Primary Care

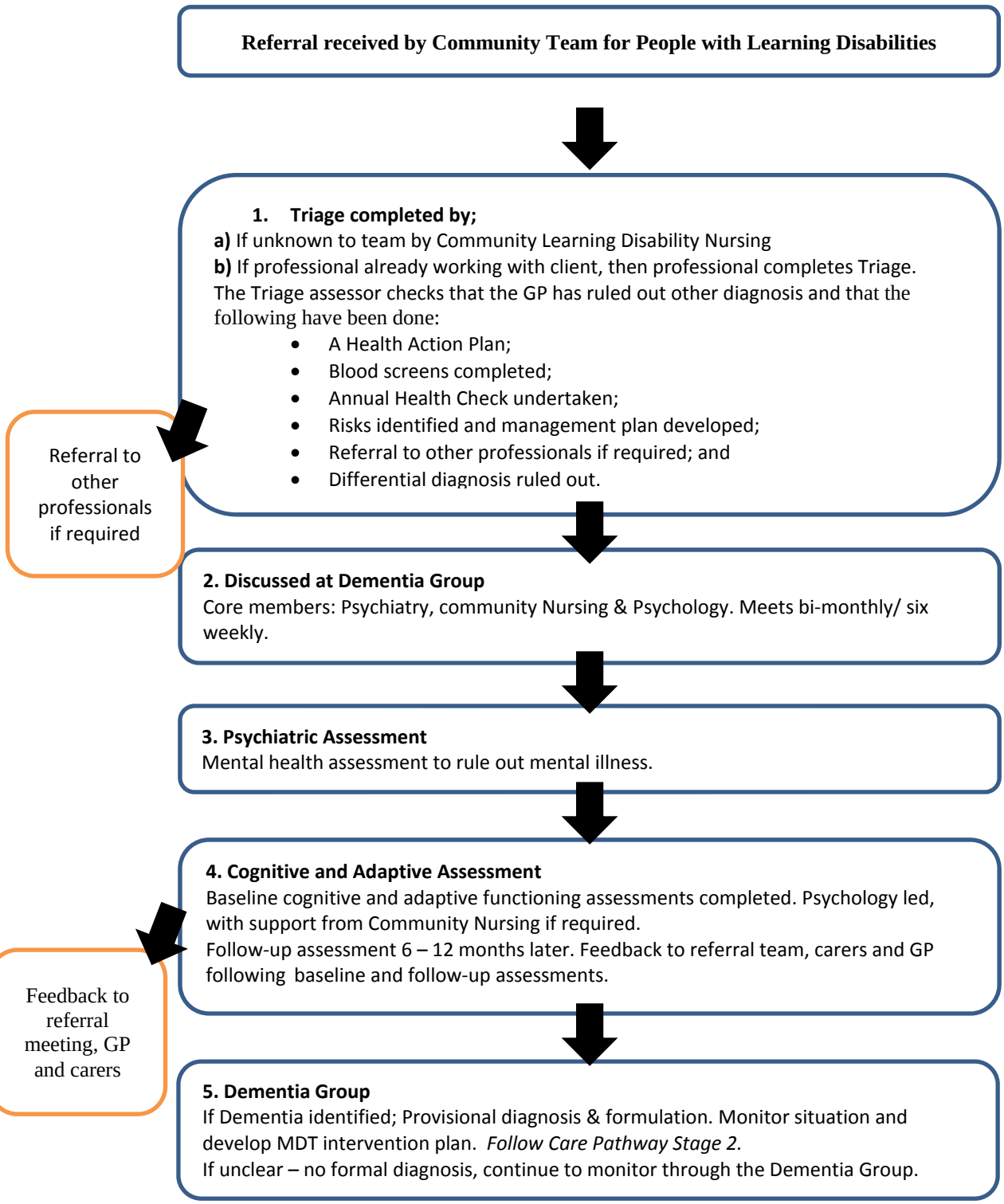
- Add patient to QOF dementia register and carer to QOF carer register
- Give post-diagnostic information, advice and emotional support
- Signpost person with dementia and carer services
- Prescribing dementia drugs
- Give healthy life style & wellbeing advice
- Set review date for person with dementia and their main carer
- Regular review / Anti-psychotic review (3 monthly)
- Global, mood, cognition, behaviour, function, medication, quality of Life, healthy life style, use of support services, advanced decision making, carers' assessment

7. Learning Disabilities Dementia Care Pathway

The assessment and diagnosis of individuals with Down's syndrome, if complex, is not covered by the LES/SLA and the following care pathway (shown below) should be used.

Key points:

- People with learning disabilities have a higher risk of developing dementia compared to the general population, with a significantly increased risk for people with Down's syndrome and at a much earlier age;
- Undertaking prospective screening for dementia for adults with Down's syndrome conducted at intervals from the age of 40 or 50 onwards;
- Life expectancy of people with Down's syndrome has increased significantly; and
- Early detection of dementia relies on a good baseline. Prompt diagnosis ensures that attention can be paid in a timely way to necessary changes to a care package, medication, preparing family carers and support staff for the inevitable changes and challenges that dementia will bring. This may help the person to access cognitive enhancers in line with NICE eligibility guidelines.


Referral received by Community Team for People with Learning Disabilities
1. Triage completed by;
a) If unknown to team by Community Learning Disability Nursing
b) If professional already working with client, then professional completes Triage.
The Triage assessor checks that the GP has ruled out other diagnosis and that the following have been done:
A Health Action Plan;
Blood screens completed;
Annual Health Check undertaken;
Risks identified and management plan developed;
Referral to other professionals if required; and
Differential diagnosis ruled out.
Referral to other professionals if required
2. Discussed at Dementia Group
Core members: Psychiatry, community Nursing & Psychology. Meets bi-monthly/ six weekly.
3. Psychiatric Assessment
Mental health assessment to rule out mental illness.
4. Cognitive and Adaptive Assessment
Baseline cognitive and adaptive functioning assessments completed. Psychology led, with support from Community Nursing if required.
Follow-up assessment 6 – 12 months later. Feedback to referral team, carers and GP following baseline and follow-up assessments.
Feedback to referral meeting, GP and carers
5. Dementia Group
If Dementia identified; Provisional diagnosis & formulation. Monitor situation and develop MDT intervention plan. Follow Care Pathway Stage 2.
If unclear – no formal diagnosis, continue to monitor through the Dementia Group.

Summary of Dementia LES/SLA, starting 1st April 2013 - contact is Wiltshire CCG. The LES/SLA is part of the NHS Standard Contract for 2013/14.
Summary of Dementia NES. GP's to sign up and participate by 30 June 2013 - contact is NHS Commissioning Board.
Summary of relevant QoF payments.

Process – Primary Care	LES/NES/ QoF	Read codes and Reporting	Measures	£ Remuneration	Payment Mechanism
Practice Training. This includes the GP Master Class and Local practice training with Memory Nurses.	**LES/SLA**	**Practice Training and Action Plan to be submitted to CCG by 1st June 2013.** **Sign up template attached to LES/SLA.**	Practice intention to sign up to the Dementia LES: • Provide a named lead GP and Practice nurse who will be responsible for the implementation of the LES. • Confirm master class training has taken place. • Confirm local training has taken place • Submit an action plan by 1st June 2013 on how the practice is going to improve early detection of dementia, establish the Practice's diagnosis gap and local trajectory for improvement and how to keep the Practice's dementia and carers registers up to date. • Confirm that the Practice is ready to diagnose and prescribe. **Measure: Number of Practices signing up to LES/SLA.**	£450 single payment.	**The Sign up template is attached to the LES. Once the Practice Training and Action Plan are electronically submitted to** WCCG.DementiaLES@nhs.net**, Practices are eligible for the £450.00 payment.**
Practice Set up. This is paid in recognition of upfront costs in preparing for participation in this enhanced service and the GP practices commitment to support assessment for dementia in at-risk patients.	**NES**	**GP report according to their preferred Read codes.**	Upfront payment. **Measure: Number of Practices signing up to NES.**	Payment of £0.37p Based upon an average Wiltshire practice of 7,796 patients = £2,884.52.	**Component 1 payment** will be made to practices by NHS CB/England on the last day of the month following the month during which the practice agreed to participate in the enhanced service (i.e. 31 July 2013).
GP early dementia Identification. GP identification of at risk groups /questioning of patients.	**NES**	**Read v2 Read CTV3** 140d. XaQyJ	**Measure: Number of identified 'at risk' patients.**	N/A	N/A
GP record of initial questioning for memory concern (or offer). Initial questioning for	**NES**	**Read v2 Read CTV3** tbc tbc	**Measure: Number of at risk patients**	N/A	N/A

memory concern (new codes requested for October 2013). Initial questioning for memory concern – patient declined (new codes requested for October 2013).		tbc tbc	**questioned for memory concern.** **Measure: Number declining questioning.**		
GP recording an assessment (or offer) for dementia in patients with a memory concern. GP's undertake non-complex dementia assessments in primary care including mental state examinations, consideration of social situation and carer's assessment. GP assessment for dementia. GP assessment for dementia declined.	**NES**	**Read v2 Read CTV3** 38C10 XaaBD tbc tbc	**Number of completed assessments carried out by the GP practice.** **Number of declined assessments.**	Example of payment : If GPES reports Practice A as completing 192 assessments for dementia during 2013/14 and nationally CQRS calculates that 1,197,40819 assessments were carried out in 2013/14, then the end year payment is calculated as follows: 192 1,197,408 X £21,000,000 = £3,367.	**Component 2 payment.** The remaining NES funding will be distributed as an end of year payment based on the number of completed assessments carried out by the practice during the financial year as a proportion of the total number of assessments carried out nationally under this enhanced service in 2013/14. This is paid to recognise the relative workload involved in carrying out assessments. NHS England will monitor services and calculate payments for this enhanced service using CQRS, wherever possible. This will minimise the reporting requirements for practices. The number of assessments carried out be 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 Read code 'assessment for dementia' (see table 10). This funding will be distributed as an end of year payment based on the number of completed assessments. CQRS will support the calculation of this payment from 1 October 2013. Details on how CQRS will calculate achievement are to follow shortly. NHS England will be responsible for post payment verification. This may include the audit of the number of patients who have been identified as at risk of dementia being offered an initial assessment and referral to memory clinic for formal diagnosis where the disease is suspected. NHS England will use anonymous data returned from the GPES (or equivalent data provided manually where necessary) to provide assurance on the proportion of the risk group population assessed.
Carrying out blood tests	QoF			5pts	
Primary Care Liaison (PCL) support and advice by memory nurses. Use of memory nurses to support Practice skill development	LES/SLA	AWP reports.	**Measure: Number of visits of Memory Nurses and reasons why.**	N/A	N/A

and prescribing.					
Primary care enhanced or additional assessment by PCL.	LES/SLA	AWP reports.	**Measure: Number of enhanced or additional Assessments by Memory Nurses.**	N/A	N/A
Referral to secondary care for assessment and diagnosis of unstable or complex cases. Offer a referral to specialist services such as Memory Assessment Service or Memory Clinic for a further assessment and diagnosis of dementia. Respond to other identified needs arising from the assessment that relate to patient symptoms and provide any treatment that relates to the patients symptoms of memory loss.	LES/SLA	AWP reports.	**Measure: Number of unstable or complex cases and reasons for referral.**	N/A	N/A
Repatriation to primary care of stable patients, following 6 months stability in secondary care or from waiting list. Repatriate non-complex and stable patients in a managed and agreed way with the memory clinic. These will be previously diagnosed patients who have been stabilised on medication in secondary care. The primary care team will take responsibility for the on-going prescribing of Donepezil.	LES/SLA	AWP reports.	**Measure: Additional repatriated patients on caseload.**	N/A	N/A

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Summary of relevant QoF payments.

Primary Care Diagnosis. Diagnosis of dementia in Primary GP care.	LES/SLA	GP report according to their preferred Read codes.	**Measure: Total number of patients diagnosed with dementia.**	£108 payment* includes diagnosis and prescribing of Donepezil.	**Please provide input to the Diagnosis and Donepezil Medication Measures requested, (with Practice contact details) and email to WCCG.DementiaLES@nhs.net in order to generate the £108 payment per patient. Dates covered are 1st April 13 – 1st July 2013, with 3 monthly returns due on 1st October 2013, 1st January 2014, 1st April 2014 covering:** • **Measure: Total number of patients diagnosed with dementia.** • **Measure: Numbers of patients prescribed Donepezil.** • **Measure: Numbers refusing medication.** • **Measure: Primary reasons for refusal of medication.**
Primary Care Medication prescribed (Donepezil). Prescribing of dementia drugs within LES guidelines.	LES/SLA	GP report according to their preferred Read codes.	**Measure: Numbers of patients prescribed Donepezil.** **Measure: Numbers refusing medication.** **Measure: Primary reasons for refusal of medication.**	*Included in the £108 payment above.	*** Covered above.**
Primary Care disease managed - give post diagnostic information, advice and emotional support.	LES/SLA	N/A	**No measure required.**	*Included in the £108 payment above.	N/A
Maintaining a register.	QoF			5 pts	
Primary Care caseload management.	LES/SLA	GP report according to their preferred Read codes.	**Measure: On-going numbers of patients on caseload.**	£40 for each dementia patient on the caseload per annum payable in second year.	**Please provide input to the Primary Care Caseload Management Measure requested, (with Practice contact details) and email to WCCG.DementiaLES@nhs.net in order to generate the £40 per patient on the caseload, as and when Donepezil is prescribed on an annual basis. Payment will take place the year after the diagnosis and initial prescription of Donepezil. First returns will be due 1st July 2014, 1st October 2014, 1st January 2015, 1st April 2016.** • **Measure: On-going numbers of patients on caseload.**
Reviewing the patient in 12 months.	QoF			15 pts	
Carer health checks. Record of identified carer (for diagnosed patients) and offer of a health check where the carer is registered with	NES	**Read v2 Read CTV3** 918y. XaZ4h 69DC. XaX4N 81EP. XaZKp	**Measure: Carer or person with dementia.** **Measure: Carer annual health check.** **Measure: Carer annual health check declined.**	Inc above	N/A

the practice.					
Third sector support and signposting – dementia advisors and volunteers. Signposting and Carer management. Signpost patients and work closely with the Dementia Advisors and Volunteers for the benefit of patients, carers and families. The practice will seek to identify any carer of a person diagnosed with dementia and where the carer is registered with the practice, offer a health check to address any physical and mental impacts including signposting to other relevant services.	LES/SLA	Reports from Dementia Advisors and Volunteers.	**Measure: Numbers seeking advice.** **Measure: Patient satisfaction and effectiveness of Advisors and Volunteers in signposting and answering questions.**	N/A	N/A