

## Governing Body meeting (held in public)

**DATE: 26 May 2016**

<b>Title</b>	<b>Dementia Diagnosis Rate : CCG Improving Identification Action Plan</b>	
This paper is for <b>Information</b>		
<b>Recommended action for the Governing Body</b>	That the Governing Body:  <b>Note</b> the background and proposal for a Dementia action plan.	
<b>Potential areas for Conflicts of interest</b>	None.	
<b>Executive summary</b>	<p>This report sets out the background to and proposals for a Dementia Action Plan designed to improve the CCG's dementia diagnosis rate. The reason for concentrating on the diagnosis rate is to facilitate the provision of post diagnostic support to people with dementia and their carers which can be put in place following a timely diagnosis.</p> <p>The report explains the national, and local position regarding dementia diagnosis and our comparative position to Bromley CCG.</p> <p>Improving the diagnosis rate is incentivised in Bexley through the Primary Care Improvement Fund (PCIF) for two years commencing 1<sup>st</sup> April 2015.</p> <p>The dementia diagnosis has been chosen as one of the local measures for 2016-17 Quality Premium.</p> <p>This report sets out a plan of action to encourage practices in further efforts to identify dementia patients.</p>	
<b>How does this paper support the CCGs objectives?</b>	<b>Patients:</b>	Improving the diagnosis rates facilitates the provision of post-diagnostic support to people with Dementia and their carers which can be put in place following a timely diagnosis.
	<b>People:</b>	N/A
	<b>Pounds:</b>	N/A

## Clinical Commissioning Group

	<b>Process:</b>	Key priority for the CCG.	
What are the Organisational implications	Key risks	Improving the diagnosis rate will allow us to achieve the quality premium stretch target.	
	Equality	The identification process must meet the requirements of equality and diversity.	
	Financial	N/A	
	Data	None.	
	Legal issues	None.	
	NHS constitution	The dementia diagnosis rate is an NHS constitutional standard.	
Engagement	N/A		
Audit trail	Meetings with Clinical Lead and Director of Commissioning		
Comms plan	In development – available from 16 <sup>th</sup> May		
Author: Lindsey Coeur-Belle Deputy Director of Commissioning	Clinical lead: Dr Sid Deshmukh	Executive sponsor: Sarah Valentine Director of Commissioning	
Date	13 May 2016		

# Clinical Commissioning Group

## Dementia Diagnosis Rate: CCG Improving Identification Action Plan

### Introduction

This report sets out the background to and proposals for a Dementia Action Plan designed to improve the CCG's dementia diagnosis rate. The reason for concentrating on the diagnosis rate is to facilitate the provision of post diagnostic support to people with dementia and their carers which can be put in place following a timely diagnosis.

This report also provides an update on the developments that have been made that have led to real improvements for our population. Key to the above has been our investment in General Practice through the Primary Care Improvement Fund (PCIF).

### Dementia Diagnosis Rates

Dementia Diagnosis Rates are provided to the CCG monthly by the Health and Social Care Information Centre (HSCIC). The collection of monthly dementia diagnosis QOF data is subject to a direction and therefore mandatory. The most recent data provides the position between the end of December 2015 to end March 2016 and shows that of the national estimated number of people, the following percentage have a dementia diagnosis:

- At end December        67.2%
- At end January         59%
- At end February        67.4%
- At end March            67.5%

At the end of the 2015/16 financial year Bexley CCG exceeded the national average in terms of having identified at least two thirds of the estimated number of the population with dementia. This reflects the hard work undertaken in General Practice which results in improved quality of life for those with, and living with, dementia.

### Diagnosis Rates in Bexley

The table below sets out the following information for Bexley between December 2015 and March 2016:

- estimated prevalence for people over 65 with dementia
- the actual dementia diagnosis rate
- the estimated gap in terms of numbers of people (including under 65s) who may benefit from access to support by way of a dementia diagnosis.

Month	Estimated prevalence	Actual diagnosis rate	Estimated gap
December	2701	66.3%	1014
January	2949	53.6%	1367
February	2701	66.8%	998
March	2701	67.9%	967

The underlying trend for Bexley is one of positive incremental progression apart from the unexplained dip for January which is consistently low nationally and locally.

### Bexley Diagnosis rates comparative to Bromley

The information set out in the 3 tables below is extracted from HSCIC data published monthly and shows the comparative position with Bromley CCG in terms of the diagnosis rate and the number of dementia diagnoses.

Table 1: Comparative position for Diagnosis rate aged 65+ (%) EAS1 January –March 2016

<b>CCG</b>	<b>Jan 16</b>	<b>Feb 16</b>	<b>March 16</b>
Bexley	66.9%	66.8%	67.9%
Bromley	69.3%	69.1%	69.1%

In the 4<sup>th</sup> quarter of 1015/16 Bexley have been approaching the national diagnosis rate target of 66.7%. In comparison Bromley CCG are slightly ahead but stable as Bexley continues to improve.

Table 2: Comparative position for Dementia Diagnosis aged 65+(number) January – March 16

<b>CCG</b>	<b>Jan 16</b>	<b>Feb 16</b>	<b>March 16</b>
Bexley	1807	1805	1835
Bromley	2670	2662	2663

In the 4<sup>th</sup> quarter the same improving trend is observed in Bexley whereas the position is beginning to decline in Bromley.

Table 3: Comparative position for Dementia Diagnoses (all ages) February-March 16

<b>CCG</b>	<b>Feb 16</b>	<b>March 16</b>
Bexley	1848	1879
Bromley	2746	2745

Similar to Table 2 above the Bexley trend is an improving one whereas Bromley is static. The data shows a snapshot however a consistently improving trend in Bexley is supported by the data overall.

### Dementia Indicator

The diagnosis rate is expressed as “the number of patients with dementia on GP registers as a percentage of estimated prevalence”. This indicator is one of the NHS Constitutional rights and pledges contained and monitored through the for CCGs annual Operating Plan. This indicator (EAS1) has a target of 67.7% which equated to 1834 patients during 2015/16. The indicator is also one of the 201 used in the Right Care Commissioning for Value (CfV) datasets.

Timely dementia diagnosis is intended to support both care planning and carers. Although dementia cannot be cured, the NHS can lead in delivering and supporting care with compassion for individuals with a condition that frequently impacts on carers.

### Primary Care Improvement Fund (PCIF)

Recognising the benefit that timely dementia diagnosis provides for our population the CCG has agreed a 2 year scheme, commencing 1 April 2015, using PCIF to incentivise primary care to support this initiative. Appendix 1 is the PCIF reporting template for 2015/16 which sets out the elements of the scheme and the framework for payment.

### Dementia Action Plan

This report sets out a plan of action to encourage practices in further efforts to identify dementia patients within primary care.

A quick guide has been produced by HSCIC which explains how to use the monthly dementia data to calculate the monthly dementia prevalence, and the age profile of the population aged 65 and over, in England, CCG and practice level.

The Dementia Quality Toolkit (DQT) consists of a series of reports and queries run directly on GP systems to identify patients who may have dementia, but who are not coded as such within the practice.

Other searches: this involves reviewing lists of people:

- Who have **EVER** been prescribed cholinesterase inhibitors (donepezil, galantamine, rivastigmine), or memantine.
- 65 years and over **AND ALL** those in Care homes who have been prescribed antipsychotic medication.
- Previously coded with local dementia codes, that is codes that are not part of the QOF Dementia Indicator Set.
- Coded with conditions suggestive of dementia.
- Resident in Care / Nursing homes. This review includes review of patient notes especially letters where text may refer to the possibility or diagnosis of dementia.

The action plan is as follows:

May 16 <sup>th</sup>	Dr Deshmukh, as clinical lead, to provide a briefing on relevant Data Quality Audits and how to undertake them (including screenshots)
May 16 <sup>th</sup>	Communications plan to be developed and circulated including information on PCIF template 2016/17
June 27 <sup>th</sup>	1 <sup>st</sup> quarterly PCIF submission

### Quality Premium (QP)

The 2016/17 scheme has been designed to support the delivery of the major priorities for the NHS as set out in the Five Year Forward View and in the NHS Mandate. The CCG Improvement and Assessment Framework is the mechanism by which progress will be monitored and therefore the national QP indicators are aligned with those in the CCG



Improvement and Assessment Framework. By taking this approach, the QP scheme focuses on those things already identified as critical to delivering the vision.

This year, the local element of the QP focuses on the Right Care programme providing an opportunity to engage partners in driving improvements that will help maximise the value for patients and the whole population and is worth 30% of the QP. CCGs were asked to identify three measures from Commissioning for Value packs; each worth 10%. The CCG worked with the NHS England regional team to agree the local proposals and the levels of improvement needed to trigger the reward.

The 3 Commissioning for Value indicators were chosen by the CCG for the following reasons:

- Tied to the operating plan
- Support CCG key priorities
- Supported by project work and/or
- Supported by investment/incentivisation

The Dementia diagnosis indicator is one of the three chosen by the CCG. The CCG did not achieve the target of 67% before March 2016, but did achieve an overall average of 66% between August 2015 to February 2016 inclusive. As set out in the Tables above, in March 2016 the target was exceeded for the first time and the CCG achieved a 67.9% diagnosis rate.

The recent QP submission includes a 1% stretch to the indicator taking our QP target to 67.7% while we endeavour to consolidate the improvement and maintain a level of performance above the standard.

## Recommendation

The BCCG Governing Body is asked to **note** the background and proposal for a Dementia action plan.

Lindsey Coeur-Belle  
Deputy Director of Commissioning  
12 May 2016

APPENDIX 1

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# PCIF Template - 2015/16



	SCHEME	Q1	Q2	Q3	Q4	Total	payment	Payment Awarded	Notes/Tips
7	<b>1 DEMENTIA</b>								
8	<b>Element one</b>								
9	Number of patients (aged 65 & Over) on the QoF Dementia Register as at 31/03/16					0	£25	0	Benchmark Report of patients identified and diagnosed as at 31/03/16 - sent to CCG no later than <b>FRIDAY 27th MAY 2016</b>
10	<b>Payment</b>	payment made after end of June 2016				<b>Payment Due 30th JUNE 2016</b>			Invoice to be submitted to Wakefield and PCIF template to kitemark@nhs.net. Invoice will not be paid if completed Template not received
11	<b>Element two</b>								
12	<b>stage 1</b>	Clinical system search / Clinical Review completed by 31/05/16				1,634	£0.57		Please see accompanying notes on Dementia Tab.
13	<b>Element 2 - Stage one</b>							Evidence submitted	
14	No. of patients identified via search					0			Evidence of searches to be submitted to CCG along with completed Template to ensure prompt payment.
15	No. of patients' clinical records reviewed					0			
16	No. of patients invited for assessment by 30/07/16					0			
17	No. of patients assessments undertaken by 30/09/16					0			
18	No of patients declined					0			
19	No of patients no further action					0			
20	No. of patients offered referral to Memory Clinic					0			
21	<b>Payment</b>	payment made 30 September 2016				<b>Payment Due 30th SEPTEMBER 2016</b>			Invoice to be submitted to Wakefield and PCIF template to kitemark@nhs.net. Invoice will not be paid if completed Template not received
22	<b>stage 2</b>	Repeat Clinical system search / Clinical Review by 31/10/16				1,634	£0.24		
23	<b>Element 2 - Stage two</b>							Evidence submitted	
24	No. of patients identified via repeat search					0			Evidence of searches to be submitted to CCG along with completed Template to ensure prompt payment.
25	No. of patients' clinical records reviewed					0			
26	No. of patients invited for assessment by 28/02/16					0			
27	No. of patients assessments undertaken by 31/03/16					0			
28	No. of patients referred on to Memory Clinic					0			
29	Number of patients (aged 65 & Over) on the QoF Dementia Register as at 31/03/17								
30	<b>Payment</b>	payment made after end of March 2017				<b>Payment Due 31st MARCH 2017</b>			Invoice to be submitted to Wakefield and PCIF template to kitemark@nhs.net. Invoice will not be paid if completed Template not received