Frequently asked questions – Dementia QOF toolkit for SystmOne practices

August 2015

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1. What is the dementia quality outcome framework (QOF) for 2015/16?

The QOF includes three dementia indicators for 2015/16.

<table>
<thead>
<tr>
<th>No</th>
<th>Indicator</th>
<th>Points</th>
<th>Payment stages</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEM001</td>
<td>The contractor establishes and maintains a register of patients diagnosed with dementia</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>DEM004</td>
<td>The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months</td>
<td>39</td>
<td>35-70%</td>
</tr>
</tbody>
</table>
The percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12, and folate levels recorded between 12 months before or 6 months after entering on to the register.

| DEM005 | 6 | 45-80% |

There have been several changes for 2015/16:

- Practices now need to produce a care plan which is reviewed at least annually at a face-to-face review appointment.
- The points available for DEM 2 have more than doubled (from 15 to 39) so there is more money available for this indicator to reflect the additional workload required.
- Bloods can now be done up to 12 months before or 6 months after entering onto the register. This will remove the need for bloods to be redone where a diagnosis takes some time to confirm.

You can access the full specification for the QOF here.

2. How does the toolkit support practices to deliver the requirements for QOF?

The toolkit includes a range of linked templates and reports available to download to your practice system.

The QOF reports will be similar to those made available by your system supplier, but are slightly more refined to enable practices to manage the workload and target their resource appropriately.

The reports have an associated patient status alert which is represented as a head in the patient demographic box for a patient with dementia. Users can click on this to launch the Dementia - Resource Gateway YHCS template. The ‘work to do’ for this patient group can be monitored under ‘Clinical Reports’.

If you decide to use these reports, templates and associated status alert it is recommended that you switch off the equivalent resources from your system supplier to avoid confusion. Please see the technical implementation guide for information about how to do this.

3. What templates are available to support practices?

The following templates are available to support SystmOne practices via the main ‘Dementia –Resource Gateway YHCS’ (see question 11 for further information about accessing these resources):

- Dementia Annual Review Care Planning (QOF) YHCS
- Dementia Care Planning (QOF) Light YHCS

Linked to the Dementia QOF templates are the following additional templates:

- Dementia staging/deterioration tools
- Antipsychotics in older people YHCS
- Carers Assessment YHCS
- Advance Care Planning YHCS
4. **Tell me about the two available QOF templates**

There **two** QOF templates which practices can choose from:

- Dementia Annual Review Care Planning (QOF) YHCS
- Dementia Care Planning (QOF) Light YHCS.

Both templates guide the clinicians through the actions and recorded information required to meet QOF requirements.

Sections on both templates include: residence, care and support; carers information; cognition and medication; physical health check; risks, behavioural and psychological needs; end of life care and links to the unplanned admissions ES where appropriate.

5. **So what is the difference between the two available QOF templates?**

The Dementia Annual Review Care Planning (QOF) template is a comprehensive template in which the majority of items are coded. This template is particularly suited to those practices and CCGs who intend to audit their care provision. A recorded webinar including screen shots of this template is available [here](#).

The Dementia Care Planning (QOF) Light template also includes the full range of items which practices would be expected to cover within a dementia annual review, in line with the QOF specification. Those items required for payment are coded in line with QOF business rules, but a higher proportion of other items are free text boxes to enable a more flexible approach. Screen shots of this template are available [here](#).

It is suggested that each GP practice chooses the template most appropriate to your needs.

6. **Who should be undertaking the QOF reviews and how long is it likely to take?**

The QOF review can be done in stages by anyone with the appropriate skills and knowledge in the team. In a similar manner to other long term condition annual reviews (e.g. asthma) it could be carried out jointly between the GP and practice nurse.

7. **Who should be doing the Carer’s Assessment and how does the practice code this?**

The dementia QOF template includes a question about whether the person with dementia has a carer. Where that carer is registered with your practice, it is important that they are identified and coded as ‘Carer of Person with Dementia.’ Carers should be offered a health check to identify any physical, mental health or social impacts so that they can be signposted to relevant services to support their continued health and wellbeing.
This health check should be completed within the carer’s record, using the Carers Assessment template which will code all items appropriately, to meet DES requirements. The carer may prefer this assessment to be done at a separate appointment. The Carer Assessment can be done by anyone with the appropriate skills and knowledge in the team (e.g. GP or practice nurse).

If the carer is registered with a different GP practice, please advise them to approach their own practice to request a Carer’s Assessment.

8. **Is there any support available for nursing staff who are interested?**

We will be running a series of webinars targeted at nursing staff. The first of these is on Friday 25th September, 11 to 12. Joining details are:

To join the visual component of the webinar, go to: [www.webjoin.com](http://www.webjoin.com).

When prompted, please enter the following participant passcode: 68452436

Please note that as well as joining the webinar online (which gives you access to the visual component), you also need to dial in so that you can hear the discussion.

Once you’ve joined the webinar, you will be asked to enter a phone number for the system to call you back on. However if for any reason you’re having trouble with accessing the audioconference in this way, you can phone in by dialling 0800 9171950 and entering passcode 68452436# when prompted.

A recorded version of this webinar will also be made available on our website, [www.yhscn.nhs.uk/dementia](http://www.yhscn.nhs.uk/dementia).

9. **Who needs an Advance Care Plan (ACP)?**

The dementia DES states that all patients who receive a new diagnosis of dementia from 1st April 2014 should have an Advance Care Plan (ACP) to qualify for payment under the DES. As a minimum, this ACP should be reviewed annually as part of the QOF annual review.

10. **What is the difference between the Advance Care Plan required for DES and the care plan required as part of QOF?**

The Advance Care Plan (ACP) referred to within the DES relates to future decision making. There is a link from the DES template to an ACP template which includes preferred place of care/death, lasting power of attorney, DNACPR and Advance Decisions to Refuse Treatment. The ACP is available to look at future decision making with any patient (not exclusively patients with dementia) and it has therefore been developed as a standalone document with a link from the dementia DES template.

The care plan for QOF has been specifically designed to cover the issues commonly encountered by people living with dementia and their carers. The QOF care plan identifies individual’s current care needs, helping practices to plan with the patient and carer what support can be put in place to meet these needs on an ongoing basis to help prevent crises arising.

These two care plans have been designed to work together to address today’s issues and to help planning for the future. The ACP should be reviewed alongside the QOF care plan, as part of the face to face annual review meeting.
11. Where can I find out more about the dementia DES resources?
Frequently Asked Questions for the dementia DES resources for SystmOne is available here.

12. I’ve recently diagnosed a patient with advanced dementia who is living in a care home. It was decided that it was not in the patient’s best interest to refer them to memory services or to take bloods. How do I except them for bloods on our practice system?
Where blood tests are felt to be clinically appropriate, the decision to carry out testing must be made with the patient’s informed consent. If the patient declines, this should be recorded and if the patient lacks capacity to consent, then a best interest decision must be made and recorded.

By adding the code for blood test declined (XaZOq), this will except the patient from blood tests during the QOF year when this code was added, but will not exempt them from other QOF indicators (care plan and care plan review). If the decision to except a patient from bloods has been made on the grounds of best interest, this should be clearly documented in the clinical system.

The full QOF business rules are available to access here.

13. How do I access these resources??
To access the dementia resources, practices must join an organisational group in SystmOne.

A System Administrator can request to join the group by following the steps below:

- Click on Setup and Users & Policy
- Choose Organisation Groups
- Click on the + YHCS Data Quality to expand the tree
- (R) click on YH CSU (WY) - NHS England Shared resources
- Join Group

A task will be sent to the Data Quality team to action. Once actioned, you will have access to the dementia QOF resources and other items within the Dementia toolkit.

You can access the SystmOne technical implementation guide here.

N.B. Practices within Bradford and Airedale will automatically have access to these resources through the usual channels and do NOT need to sign up to the organisational group.

14. How do I know how well the practice is doing at QOF workload?
The reports within the DES toolkit include both ‘achievement’ and ‘work to do’ reports which are all available to download from the same organisational group (see above).

15. What is the purpose of the ’What could really make a Difference’ document’ and when should I give this to the patient?
This document has been designed to help the patient and any family carer(s) to think about the issues that matter most to them. Ideally this should be sent or
given out to the patient/carer ahead of the care planning consultation so that they have time to consider the questions in advance and can bring the completed document to the appointment with them. The aim is to help the care planning process to be as productive as possible and to ensure that it meets the needs of the patient, supported by their carer.

If the review is being done in stages, it could be given out at an earlier appointment which may be with another member of the GP practice team e.g. practice nurse or HCA.

Please note that it may take a minute or two to download the document when using the link from the patient record.

16. Is there a patient-held document available for the patient to take away?
   We are currently working on creating care plans (patient held output documents) to support both integrated and non-integrated word users. In the meantime, reviews can be carried out and where appropriate printed at a later date.

17. Where can I get help?
   For technical support and guidance, please contact paula.woodrow@nhs.net
   For any clinical issues, please contact sara.humphrey@bradford.nhs.uk
   For advice or support to implement these resources across a locality, please contact penny.kirk@nhs.net