

NOTES: Searches 5 onwards are less specific. If you are from a large practice you may need to apply an age range (e.g. age over 65 only) to the search to make it manageable for step 4.

If you work with care or nursing homes you may wish to also review the notes of these patients, as it is likely that many will have dementia.

Step 4 – Compare search results with QOF dementia register

Compare the results of the searches with your practice QOF dementia register. Where discrepancies occur, review the notes to find out whether the patient has a diagnosis of dementia (in which case they can be coded as dementia using the codes in Appendix 1), whether they would benefit from an assessment, or whether they clearly do not have dementia.

Record the results on the form in Appendix 3.

NOTE: If you find cases where dementia has been diagnosed but not coded, then it is best to date the diagnosis to the time it was made. This avoids QOF targets inappropriately requesting screening bloods etc.

Step 5 – Discuss patients for further review

At the next practice meeting discuss the list of patients you have identified who might benefit from a memory assessment and consider how best to offer this e.g. visit by usual doctor or letter inviting them to come in for a review.

Appendix 1 – READ codes

Dementia Read Codes
Dementia in disease EC (Eu02.%)
Senile / presenile organic psych (E00..%)
Vascular dementia (Eu01.%)
Drug-induced dementia (Eu02y1)
Other alcoholic dementia (E012.%)
Dementia in Alzheimer's disease (Eu00.%)
Dementia in conditions EC (E041.)
Delirium superimp dementia (Eu041)
Alzheimer's disease (F110.)
Alzheimer's disease with early onset (F1100)
Alzheimer's disease with late onset (F1101)
Pick's disease (F111.)
Senile degeneration of brain (F112.)
Lewy body disease (F116.)

Appendix 2 - List of anti dementia medications

Anti-Dementia drugs
Donepezil (Aricept [®] , Aricept Evess [®])
Galantamine (Reminyl [®] , Reminyl [®] XL)
Rivastigmine (Exelon [®])
Memantine hydrochloride (Ebixa [®])

Appendix 3 – Results submission form

Please return to when completed

Dementia “Coding-clean up” Exercise**Practice Name:****Dementia Champion Name and Contact details:****General**

Before start of exercise - number on QOF dementia register	
After exercise - number on QOF dementia register	
Number of patients who would benefit from assessment	

Detail

Please note, the numbers in the below table may not add up to totals entered in the table above, as there may be more than one coding issue identified per patient.

Search	Total no of patients with this code	Note – the figures in these three columns should add up to the figure in the total column on the left			
		Number with this code, with confirmed dementia, who were on the QOF dementia register at the start of the exercise	Number with this code, with confirmed dementia , who were not on the QOF dementia register at the start of the exercise	Number with this code without confirmed dementia	Number with this code without confirmed dementia that would benefit from an assessment
Anti-dementia Drugs					
h/o dementia					
Dementia Monitoring					
Dementia Annual Review					
Cognitive Decline					
Confusion					
Memory loss symptom					
Memory Impairment					
Short term memory problems					
Local codes (please specify)					
i					
ii					
iii					
iv					

Appendix 4 – London Dementia Coding Guidance



Guidance on Dementia Coding

What is the big issue for London GPs in coding dementia?

There is a dementia diagnosis gap of 52% in London, which means that only 48% of those who we would expect to have dementia, based on population prevalence rates, are recorded on GP practice dementia registers¹. We believe one of the reasons behind this apparently low diagnosis rate is a lack of accurate coding due to there being confusion with the available codes. This note for GPs contains guidance to help with this.

Why is it so important diagnose and accurately code dementia?

1. It means the patient's care can be planned, managed and monitored, so that they can be signposted to supportive services and prescribed appropriate medication.
2. Diagnosis gives power to the patient and their families, as it brings clarity in terms of what is happening to them, and provides them with the ability to make choices themselves (National Dementia Strategy, 2009).
3. The coding of dementia and putting the patient on the dementia register means we can develop an accurate picture of London dementia rates to inform commissioning of high quality, cost effective services in response.
4. It means that GPs can see their own practice performance rise, and give patients confidence as they can see the identification rates on www.myhealthlondon.nhs.uk

Making dementia coding simple

The coding of dementia can be less than straightforward, so a team of GPs working to improve dementia care in London, with support from specialist experts, has put together this GP dementia coding guideline.

Guideline

1. We propose the use of four codes in primary care, which are listed below.
2. If the specific type of dementia is unknown, for whatever reason, please use the code **Eu02z** "Unspecified dementia". This can always be changed later when more information is available. Please do not use 1461.00 "h/o dementia", 28E.00 "cognitive decline" or similar codes for this purpose – these do not allow aggregation.
3. Where some diagnostic data are available the codes **Eu00.** can be used for Alzheimer's disease, **Eu002** for mixed dementia, and **Eu01.** for vascular dementia. All others can be given **Eu02z**.
4. A full list dementia codes can be found below. This matches ICD10 codes to recognised general practice dementia READ codes. Where detailed information on subtype of dementia is available, then these can be used.

The main codes which General Practitioners should use to code for dementia in primary care are:

ICD		Read
F00	Dementia in Alzheimer's disease	Eu00.
F00.2	Dementia in Alzheimer's disease, atypical or mixed type ("Mixed Dementia")	Eu002
F01	Vascular dementia	Eu01.
F03	Unspecified dementia	Eu02z

¹ QOF data, 2010/11

Dr Paul Russell, GP, London Dementia Clinical Team & Professor Sube Banejee, London Clinical Director for Dementia Feb, 2012

APPENDIX

ICD10		READ	ICD10		READ
F00	Dementia in Alzheimer's disease	Eu00.	F05.1	Delirium superimposed on dementia Senile dementia with delirium	Eu041 E003
F00.0	Dementia in Alzheimer's disease with early onset	Eu000	F05.9	Delirium, unspecified	Eu04z
F00.1	Dementia in Alzheimer's disease with late onset	Eu001	F08.0	Organic hallucinosis Other senile and presenile organic psychoses Senile or presenile psychoses	Eu050 E00y E00z
F00.2	Dementia in Alzheimer's disease, atypical or mixed type	Eu002	F06.7	Mild cognitive disorder	Eu057
F00.9	Dementia in Alzheimer's disease, unspecified	Eu00z	F10.7	Residual and late onset psychotic disorder due to alcohol. Including: - Alcoholic dementia - Other alcoholic dementia - Chronic alcoholic brain syndrome	Eu107 Eu107 11 E012 E0120
F01	Vascular dementia Arteriosclerotic dementia	Eu01. E004	G30	Alzheimer's disease	F110.
F01.1	Multi-infarct dementia	Eu011	G30.8	Other Alzheimer's disease	
F01.2	Subcortical vascular dementia	Eu012	G30.9	Alzheimer's disease, unspecified	
F01.3	Mixed cortical and subcortical vascular dementia	Eu013	G30.0	Alzheimer's disease with early onset	F1100
F01.8	Other vascular dementia	Eu01y	G30.1	Alzheimer's disease with late onset	F1101
F01.9	Vascular dementia, unspecified Uncomplicated arteriosclerotic dementia Arteriosclerotic dementia with delirium Arteriosclerotic dementia with paranoia Arteriosclerotic dementia with depression Arteriosclerotic dementia NOS	Eu01z E0040 E0041 E0042 E0043 E004z	G31.0	Circumscribed brain atrophy Including: - Fronto-temporal dementia - Pick's disease - Progressive isolated aphasia	No Code F111.
F02	Dementia in other diseases classified elsewhere	Eu02	G31.1	Senile degeneration of the brain, not elsewhere classified	F112.
F02.0	Dementia in Pick's disease	Eu020	G31.8	Other specified degenerative disease of the nervous system Including - Grey matter degeneration - Lewybody disease - Lewybody dementia - Subacute necrotizing encephalopathy	F118 Eu025
F02.1	Dementia in Creutzfeldt-Jakob disease	Eu021			
F02.2	Dementia in Huntington's disease	Eu022			
F02.3	Dementia in Parkinson's disease	Eu023			
F02.4	Dementia in HIV disease	Eu024			
F02.8	Dementia in other disease classified elsewhere Dementia in conditions	Eu02y E041			
F03	Unspecified dementia Presenile dementia Uncomplicated presenile dementia Presenile dementia with delirium Presenile dementia with paranoia Presenile dementia with depression Presenile dementia NOS Uncomplicated senile dementia Senile dementia with depressive or paranoid features Senile dementia with paranoia Senile dementia with depression Senile dementia with depressive or paranoid features NOS	Eu02z E001. E0010 E0011 E0012 E0013 E001z E000 E002. E0020 E0021 E002z			

“Knowledge is power with respect to diagnosis, giving those affected and their families an understanding of what is happening and the ability to make choices themselves”

National Dementia Strategy, 2009

For a copy of the London Dementia Needs Assessment or any queries about dementia diagnosis and care, please get in touch with Jen.Watt@london.nhs.uk ; 020 7932 2646

Dr Paul Russell, GP, London Dementia Clinical Team & Professor Sube Banerjee, London Clinical Director for Dementia Feb, 2012