

Indicator	Query	Response	Date
DEP 1	If a patient on the CHD/Diabetes Register has had a full screen for depression in the last year, do Practices also need to ask them the screening questions to achieve points against this indicator.	Clearly a patient who has had a full screen has had a more thorough assessment for Depression than through the 2 screening questions. So it is clinically not necessary to administer the questions in this situation. This should be taken up locally with your PCO to clarify how the necessary adjustment to the QMAS output can be made.	29.12.06
DEP 1	In the event of the standard screening questions being asked by post, what evidence does the Practice have to show that screening has been conducted?	In the event of the standard screening questions being asked by post, what evidence does the Practice have to show that screening has been conducted?	2.4.07
DEP 1	If a patient with Diabetes/CHD has an existing diagnosis of Depression, do they still need to be asked the screening questions?	According to the rule sets, target patients diagnosed with depression in the previous 15 months are excluded by QMAS from the denominator. Patients diagnosed before that should be screened unless there is a good reason not to, and this could be done as part of the regular review of their depression. The code for screening could then be entered. It is a matter for clinical judgement in each case and exception reporting should be used where appropriate but not as a routine.	27.2.07
DEP 1	Can patients with Diabetes/CHD who attend Secondary Care Clinics exclusively be exception reported for screening under this indicator?	No. If there is evidence that the screening questions have been asked at the Secondary Care Clinic, the patient can be coded as having been screened. Otherwise, the Practice must arrange the screening as they would for any other indicator under the Diabetes/CHD indicator sets. See Exception Reporting Guidance October 2006 4.4.3.	25.3.07
DEP 2	If a patient has been diagnosed with Depression in Secondary Care, is it	As the patient has already been assessed in Secondary Care, there is no need for further assessment by the Practice and the patient should be exception reported. However, if the consultant letter says they have	25.1.07

	necessary for the Practice to administer an assessment tool?	had the assessment tool administered, they could be coded appropriately as such as an alternative.	
DEP 2	Could you explain which patients to include in the target group for this indicator?	The Guidance includes adults aged 18 and over with a new diagnosis of Depression after 1 April 2006. Women with Postnatal Depression are specifically excluded. Thus, patients with a first diagnosis of Depression and those with new episodes even if they have a previous history should be included, if these diagnoses are made in the target year. The rationale is that a severity assessment close to onset of Depression will ascertain the best treatment whether a first episode or a recurrence.	12.2.07
DEP1	Can the screening questions for Depression 1 be asked over the phone or must they be face to face?	<p>The QOF guidance from April 2008 is clear that the questions should not be administered by post:</p> <p><i>Depression 1.2 Reporting and Verification Practices report the percentage of patients on their diabetes and CHD registers whose records show that they have been screened for depression using the two standard questions. This screening will have been recorded in the previous 15 months. These questions should be asked as part of a consultation and should not be posted to patients.</i></p> <p>The query dated April 2007 on the Paymodernisation web site is now out of date and will be amended.</p> <p>However, the guidance is unclear as to whether the questions can be administered in a telephone consultation.</p> <p>The screening questions were designed to be asked face to face and are not considered suitable for telephone consultations by the expert panel.</p> <p>However, currently, there is nothing in the guidance to preclude telephone administration of the questions for the purposes of</p>	25.03.09

		<p>QOF achievement.</p> <p>This is subject to review at a UK level in due course.</p>	
DEP3	<p>Can the further assessment of severity 5-12 weeks after initial recording be carried out by phone or post or does it need to be face to face?</p>	<p>The acceptable assessment questionnaires (PHQ-9, HADS, Beck depression inventory) Dep 3 are designed for self administration but the method of administration is not specified in the guidance for each of the assessment tools.</p> <p>Either face to face (ie associated with a face to face consultation) or postal completion would be acceptable. The tools are not designed for telephone administration but if a practice was able to show that telephone administration was appropriate on clinical grounds, there is nothing in the guidance to preclude this method as fulfilling the requirement of Dep 3.</p> <p>Please note that postal administration is not acceptable for the screening questions for Dep1.</p>	22.05.09
DEP3 Exception Reporting	<p>/ A patient is assessed under Dep2 using PHQ9 and is prescribed anti-depressants. They return after 2 weeks saying they are much better and intend stopping medication. This is too soon for a second PHQ9 under the indicator Dep3. It is deemed clinically inappropriate to call them back for further assessment at 5-12 weeks (they are well known to the</p>	<p>This patient has improved 2-3 weeks after initial diagnosis but the indicator Dep3 requires an assessment between 5 and 12 weeks after diagnosis. Without assessing the patient, there is no way of knowing if this improvement has been maintained. The rationale for the indicator is that 5-12 weeks is a good interval to assess sustained improvement and/ or non-improvement and that PHQ9 scores help to make this assessment.</p> <p>In this case, the patient has not had a second PHQ9 questionnaire, even at 2 weeks and contact has not been made after 5 weeks.</p> <p>To fulfil the indicator requirement, the practice should attempt to assess the patient between 5 and 12 weeks after diagnosis. A PHQ9 could be sent by post for completion or a telephone call could be made.</p> <p>If the patient does not respond, under these circumstances</p>	22.09.09

	<p>GP). Given they have been re-assessed after diagnosis, should they be exception reported as not clinically suitable for Dep3?</p> <p>A secondary question is, if they are invited for followup by letter, in this scenario where they have been seen after the initial diagnosis, do they need 3 letters before they can be exception reported on the grounds of not attending?</p>	<p>where a second visit has already been made after diagnosis, the patient might be deemed clinically unsuitable for further followup and exception reported on those grounds (criterion B). Exception reporting on the grounds of DNA (criterion A) requires 3 invitations.</p> <p>The difficulties in fulfilling this indicator in common clinical scenarios have been raised at UK level.</p>	
<p>DEP 2 / CVD PP1 / Cancer 2</p>	<p>For CVD PP1 and Dep 3, the requirement has to be completed within a set period of the diagnosis being made. If a patient moves practice after diagnosis but this requirement has not been met by the previous practice, what can the new practice do?</p> <p>NB This also applies to</p>	<p>In each of these situations, there is a concession for the first 3 months after registration where the patient is not included in the denominator. However, because the indicators look back over 12/15 months, there will be a few cases where the new practice is unable to fulfil the requirement because of the timescales. This will only apply to a small number of patients and this is reflected in the thresholds and range for the indicators.</p> <p>This is balanced by the reverse situation where a practice benefits from the activities of the previous practice in fulfilling the indicator requirements.</p>	<p>01/10/09</p>

	Indicator Cancer 2		
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