

Data and Business Rules – Dementia Indicator Set					
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## **New GMS Contract QOF Implementation**

### **Dataset and Business Rules**

#### **Dementia Indicator Set (DEM)**

#### **Northern Ireland**

## Amendment History:

Version	Date	Amendment History
25.0NI	13-May-2013	V25 Department of Health QOF ruleset (28/03/13) used as a base and adapted to reflect the NI 2013/13 agreement - NI indicators IDs updated; 15 mth rules accepted; indicator wording checked
26.0NI	13-Sept-2013	April 2013 Read Code Release following review
27.0NI	12-Nov-2013	November 2013 Read Code Release
28.0NI	17-Apr-2014	2014/15 Business rules update
	14-May-2014	DRAFT – Reformatting and rule check
28.1NI	18-Jun-2014	Version change to bring in line with other rulesets. Minor formatting
28.2NI	27-Jun-2014	New cluster BLOODEXC_COD requested. Removal of FLU text
29.0NI	24-Oct-2014	April 2014 Read Code Updates
30.0NI	24-Oct-2014	October 2014 Read Code Updates
32.0NI	30-June-2015	April 2015 Read Code Updates
32.1NI	28-Sep-2015	Post review changes 2015/16
33.0NI	07-Jan -2016	October Read Code Updates and V32.1 fixes
34.0NI	06-Sep-2016	Read code changes.
35.0NI	19 Oct 2017	Business rules update  DEM003 timeframe change: Time of new diagnosis changed from 6 months before entering the register to 12 months Qualifying criteria updated
36.0NI	07 Aug 2018	Business rules updated for 2018/2019

## New GMS contract Q&O framework implementation

### Dataset and business rules – Dementia indicator set

#### Notes

- 1) The specified dataset and rulesets are to support analysis of extracted data to reflect the status at a specified point in time of patient records held by the practice. In the context of this document that specified time point is designated the “Reference date” and identified by the abbreviation “REF\_DAT”. In interpreting the specification REF\_DAT should be taken to mean midnight of the preceding day (i.e. a REF\_DAT of 01.04.2003 equates to midnight on 31.03.2003).
- 2) To support accurate determination of the population of patients to which the indicators should relate (the denominator population) these rulesets have been compiled with a prior assumption that the reference date is specified prior to extraction of data and is available for computation in the data extraction routine. The reference date will also be required to be included in the data extraction to support processing of rules that are dependent upon it. It is possible that an alternative approach could be adopted in which rules to determine the denominator population by registration status would be applied as a component of rule processing. If this second approach were to be adopted it would be essential to specify default time criteria for determining the registration characteristics of the denominator population during the data extraction process. Additionally there would be a requirement to supplement the dataset and rulesets to support identification of the appropriate denominator population.
- 3) Clinical codes quoted are (where known) from the October 2015 release of Read codes version 2 and clinical terms version 3 (CTV3). The codes are shown within the document as a 5 character value to show that the Read Code is for a 5-Byte system.
  - i) Where a “%” wildcard is displayed, the Read Code is filled to 5 characters with full stops. When implementing a search for the Read Code, only the non full-stop values should be used in the search, For example, a displayed Read Code of c1...% should be implemented as a search for c1%, i.e. should find c1 and any of its children.
  - ii) Where a range of read codes are displayed, the Read Code is filled to 5 characters with full-stops. When implementing the search, only the non full-stop values should be used in the search, For example, a displayed Read Code range of G342. – G3z.. should find all codes between G342 and G3z (including any children where applicable).

The version number starts at 7.1 in order to coincide with existing datasets and business rules.

- 4) Datasets comprise a specification of two elements:
  - a) Patient selection criteria. These are the criteria used to determine the patient population against whom the indicators are to be applied.
    - i) Registration status. This determines the current patient population at the practice.
    - ii) Diagnostic code status. This determines the current patient population (register size) for a given clinical condition.

There are three scenarios within the diagnostic code status, these are where

- There is a single morbidity patient population (disease register) required (e.g. within CHD). Where this occurs, a single set of rules for identifying the patient population is provided.
- There is a single co-morbidity patient population (disease register) required (e.g. within Smoking). Where this occurs, a set of rules for each morbidity is provided. A patient must only be included in the patient population (register size) once.
- There are multiple patient populations (disease registers) required (e.g. within Heart Failure). Where this occurs, a single set of rules for each patient population is provided.  
N.B. where there are multiple patient populations (disease registers), it is possible that one or more will also be a co-morbidity patient population (e.g. within Depression).

Where this occurs, details of which register population applies to which indicator(s) are provided. Where the register size applies to an indicator, this is the base denominator population for that indicator.

- b) Clinical data extraction criteria. These are the data items to be exported from the clinical system for subsequent processing to calculate points allocations. They are expressed in the form of a MIQUEST "Report-style" extract of data.

The record of each patient that satisfies the appropriate selection criteria for a given indicator will be interrogated against the clinical data criteria (also appropriate to that indicator). A report of the data contained in the selected records will be exported in the form of a fixed-format tabular report. Each selected patient will be represented by a single row in the report, unless the operator "ALL" is used.

The "ALL" statement is used within the Qualifying Criteria for the Clinical data extraction criteria. Typically the selection for a READCODE\_COD cluster field is based on a date of "LATEST" or "EARLIEST". The "ALL" statement is used to select all occurrences of any of the codes within the READCODE\_COD cluster. It selects an array of instances, of which there may be more than one for each patient.

Rows will contain a fixed number of fields each containing a single data item. The number of fields in each row and their data content will be determined by the clinical data criteria. Data items that match the clinical data criteria will be exported in the relevant field of the report. Where there is no data to match a specific clinical criterion a null field will be exported.

- 5) Rulesets are specified as multiple rules to be processed sequentially. Processing of rules should terminate as soon as a "Reject" or "Select" condition is encountered.
- 6) Rules are expressed as logical statements that evaluate as either "true" or "false" The following operators are required to be supported:
- |                     |        |
|---------------------|--------|
| a) > (greater than) | e) AND |
| b) < (less than)    | f) OR  |
| c) = (equal to)     | g) NOT |
| d) ≠ (not equal to) |        |

- 7) Where date criteria are specified with intervals of multiples of months or years these should be interpreted as calendar months or calendar years.

Dataset Specification

1) Patient selection criteria:

a) Registration status

<u>Current registration status</u>	<u>Qualifying criteria</u>
Currently registered for GMS	Most recent registration date < (REF_DAT)
Previously registered for GMS	Any sequential pairing of registration date and deregistration date where both of the following conditions are met: registration date < (REF_DAT); and deregistration date >= (REF_DAT)

b) Diagnostic code status

Code criteria	Qualifying diagnostic codes		Time criteria
Included	Read codes v2	CTV3	Earliest < (REF_DAT)
	Eu02.% E00..% Eu01.% E02y1 E012.% Eu00.% E041. Eu041 F110. – F112. F116. F118. F21y2 A410. A411.%	X002w% Xa1GB%(excluding X003E%, X001T) Eu02.% XE1Xt E00z. E02y1 X003G	
	(Dementia codes)		

2) Clinical data extraction criteria

<u>Field Number</u>	<u>Field name</u>	<u>Data item</u>		<u>Qualifying criteria</u>
1	PAT_ID	Patient ID number		Unconditional
2	REG_DAT	Date of patient registration		Latest < (REF_DAT)
3	DEMEXC_COD	Read codes v2	CTV3	Latest < (REF_DAT)
		9hD0. 9hD1.	XaLFo XaLFp	
		(Dementia exception reporting codes)		
4	DEMEXC_DAT	Date of DEMEXC_COD		Chosen record
5	DEM_COD	Read codes v2	CTV3	Earliest < (REF_DAT)
		Eu02.% E00..% Eu01.% E02y1 E012.% Eu00.% E041. Eu041 F110. – F112. F116. F118. F21y2 A410. A411.%	X002w% Xa1GB% (excluding X003E%, X001T) Eu02.% XE1Xt E00z. E02y1 X003G	
		(Codes for Dementia)		
6	DEM_DAT	Date of DEM_COD		Chosen record

7	DEMR_COD	Read codes v2	CTV3	Latest < (REF_DAT)
		6AB..	XaMG	
		(Code for Dementia health review)		
8	DEMR_DAT	Date of DEMR_COD		Chosen record
9	FBC_COD	Read codes v2	CTV	Earliest ((>= DEM_DAT -12 months) AND (<= DEM_DAT + 6 months) AND <(REF_DAT))
		423..	Xa96	
		426..	v	
		42A..	426..	
		42H..	42A..	
		(Full blood count test recording)		
10	FBC_DAT	Date of FBC_COD		Chosen record
11	CALC_COD	Read codes v2	CTV3	Earliest ((>= DEM_DAT -12 months) AND (<= DEM_DAT + 6 months) AND <(REF_DAT))
		44h4.	XaDv	
		44I8.	d	
		44h7.	XE2q	
		44IE.	3	
		44ID.	XaIR	
		44IC.	k	
		44h9.	Xald	
		44hD.	R	
		4Q721	XaIU	
44h90	0			
44IC0	44IC			
		(Calcium test recording)		
12	CALC_DAT	Date of CALC_COD		Chosen record
13	GLUC_COD	Read codes v2	CTV	Earliest ((>= DEM_DAT -12 months) AND (<= DEM_DAT + 6 months) AND <(REF_DAT))
		44TM.	XaJmX	
		44f..%	X772z% (excluding Xa974%, XE2mr,	
		44g..%	XE2ms, XE2mt, XaXcx, XaXdZ, XaXda,	



		<p>44T1. - 44T3.                  44TA.                  44TE. - 44TK. (Excluding 44TJ0, 44TJ1,                  44TJ2, 44TJ3, 44TJ4, 44TJ5, 44TJ6,                  44TJ7,                  44TJ9,                  44TJA)                  44U..% (Excluding 44Uz.)                  44V.. - 44V3.                  44V6.                  R102.                  R10D.                  R1057                  7P172</p>	<p>XaXdX, XaXdW, XaXdY, XaXee, XaXcf,                  XaaFu, XaaFo, XaaFq, XaaFn, XaaFs,                  XaaFp,                  Xabmv,                  Xabmw)                  44f..%                  XM0ly%                  44T10                  44T11                  44T12                  44U8.                  44U9.                  XE25Z                  44V1.                  44V2.                  44V3.                  XaMLQ                  R102.                  XaFxf                  XS7Nb</p>	<p>+ 6 months) AND                  &lt; (REF_DAT))</p>
		(Glucose testrecording)		
14	GLUC_DAT	Date of GLUC_COD		Chosen record
15	RENAL_COD	Read codes v2	CTV3	<p>Earliest ((&gt;=                  DEM_DAT -                  12                  months)                  AND (&lt;= DEM_DAT                  + 6 months) AND                  &lt; (REF_DAT))</p>
		<p>44J9.                  44JA.                  44J3.                  44JF.                  44JC.                  44JD.</p>	<p>XM0lt                  XaDvl                  XE2q5                  XaETQ                  XaERX                  XaERc</p>	
		(Renal test recording)		
16	RENAL_DAT	Date of RENAL_COD		Chosen record

17	LIVER_COD	Read codes v2	CTV3	Earliest ((>= DEM_DAT -12 months) AND (<= DEM_DAT + 6 months) AND <(REF_DAT))
		44GA. 44GB. 44E.. 44EC. 44E9. 44G7. 44G9.	XaLJx XaIRi 44E.. XaERu XaETf XaES4 XaES3	
		(Liver test recording)		
18	LIVER_DAT	Date of LIVER_COD		Chosen record
19	DEMTFT_COD	Read codes v2	CTV3	Earliest ((>= DEM_DAT -12 months) AND (<= DEM_DAT + 6 months) AND <(REF_DAT))
		442A. 442W. 442X.	XaELV XaELW XE2wy	
		(Thyroid function tests for dementia screening)		
20	DEMTFT_DAT	Date of DEMTFT_COD		Chosen record
21	VITB12_COD	Read codes v2	CTV3	Earliest ((>= DEM_DAT -12 months) AND (<= DEM_DAT + 6 months) AND <(REF_DAT))
		42T.. 44Le.	XE2pf XaJ27	
		(B12 level tests)		
22	VITB12_DAT	Date of VITB12_COD		Chosen record
23	FOL_COD	Read codes v2	CTV3	Earliest ((>= DEM_DAT -12 months) AND (<= DEM_DAT + 6 months)
		42U5. 42U4. 42UE.	42U5. 42U4. X76tC	

		(Folate level tests)		AND < (REF_DAT))
24	FOL_DAT	Date of FOL_COD		Chosen record
25	IFCCHBA_COD	Read codes v2	CTV3	Earliest ((>= DEM_DAT -12 months) AND (<= DEM_DAT + 6 months) AND < (REF_DAT))
		42W5.	XaPbt	
		(IFCC HbA1c codes)		
26	IFCCHBA_DAT	Date of IFCCHBA_COD		Chosen record
27	GLUCEXC_COD	Read codes v2	CTV3	Latest < (REF_DAT)
		8IEG.	XaYH6	
		(Glucose test exception codes)		
28	GLUCEXC_DAT	Date of GLUCEXC_COD		Chosen record
29	BLOODEXC_COD	Read codes v2	CTV3	Latest < (REF_DAT)
		41M..	XaZOq	
		(Codes for blood test declined)		
30	BLOODEXC_DAT	Date of BLOODEXC_COD		Chosen record

Indicator rulesets

IndicatorDEM001: The contractor establishes and maintains a register of patients diagnosed with dementia.

The terms of this indicator will be satisfied if the practice is able to produce a data extraction according to the above criteria.

No numerator or denominator determination is required.

IndicatorDEM002: The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 15 months.

a) Denominatorruleset

<u>Rule number</u>	<u>Rule</u>	<u>Action iftrue</u>	<u>Action iffalse</u>
1	If <u>DEMR_DAT</u> >= ( <u>REF_DAT</u> – 15months) AND If <u>DEMR_DAT</u> >= <u>DEM_DAT</u>	Select	Next rule
2	If <u>REG_DAT</u> >= ( <u>REF_DAT</u> – 3months)	Reject	Next rule
3	If <u>DEMEXC_DAT</u> >= ( <u>REF_DAT</u> – 15months)	Reject	Next rule
4	If <u>DEM_DAT</u> >= ( <u>REF_DAT</u> – 3months)	Reject	Select

b) Numerator ruleset: To be applied to the above denominator population

<u>Rule number</u>	<u>Rule</u>	<u>Action iftrue</u>	<u>Action iffalse</u>
1	If <u>DEMR_DAT</u> >= ( <u>REF_DAT</u> – 15months) AND If <u>DEMR_DAT</u> >= <u>DEM_DAT</u>	Select	Reject

**Indicator DEM003:** 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 and 6 months after entering on to the register.

#### Overview

This indicator has been developed to measure the effectiveness of the provision of a clinical care component for patients with dementia. The aspect that is being measured is that relating to the provision of a complete set of screening tests.

#### Disease register

The disease register is made up of patients who are eligible to receive the required care component. In this case, patients who have a diagnosis of dementia (i.e. there is evidence in the patients electronic health record of a dementia diagnosis code).

#### Numerator and Denominator

The success criteria for this indicator (numerator) are achieved for those patients in the denominator who have all of the tests recorded (not necessarily on the same day) between 6 months before and 6 months after entering on to the register.

The patients that make up the denominator for this indicator are those patients where it is appropriate for the care component to be carried out. This is the relevant disease register adjusted for exclusions and exceptions.

#### Exclusions

For this indicator there are three exclusions.

- The indicator is specifically looking at newly diagnosed patients within the QOF period. However, as the tests can be carried out 6 months before diagnosis any patient with a dementia diagnosis in the preceding 18 months needs to be checked. If a patient has a dementia diagnosis which falls outside this time span they will be excluded.
- Consideration has to be made for those patients diagnosed with dementia within 6 months of the end of the QOF period i.e. the 6 month "window" for the tests would then span 2 years. If at least one of the tests has not been carried out then it would be unreasonable for the patient to be considered unsuccessful until the full 6 months are checked which can only be done in the next QOF period. Such patients are excluded for this year.
- Consideration has to be made for those patients who have been diagnosed with dementia in the previous QOF financial year AND have successful recordings for all the tests in the previous QOF Financial Year because practices will have been rewarded for the indicator in that earlier year. This rule is in place to prevent duplicate payments.

#### Exceptions

Patients that don't achieve the success criteria of the indicator are checked for valid exceptions.

For this indicator the exceptions are:

- Any patient that has a relevant glucose test exception code recorded in the preceding 15 months.
- Any patient that has a relevant blood test exception code recorded in the preceding 15 months.
- Any patient who has been registered within the last 3 months of the qualifying year (new patient). New patients may be regarded as exceptions if they fulfil the criteria of the indicator but have not yet had all of the tests - maybe because there hasn't been an opportunity in the qualifying year to arrange them.

- Any patient that has a relevant dementia exception code recorded within the preceding 15 months.
- Any patient that has been diagnosed with dementia within the last 3 months of the year (new diagnosis of dementia). Newly diagnosed patients may be regarded as exceptions if they fulfil the criteria of the indicator but have not yet had the tests - maybe because there hasn't been an opportunity in the qualifying year to arrange them.

Note: For the "new" dementia patient exception, this is only applicable for the first "ever" diagnosis of dementia for the patient. For a subsequent diagnosis, this exception rule is not considered.

IndicatorDEM003: 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 and 6 months after entering on to the register.

## a) Denominatorruleset

<u>Rule number</u>	<u>Rule</u>	<u>Action if true</u>	<u>Action if false</u>
1	If <u>DEM_DAT</u> < ( <u>REF_DAT</u> – 18 months)	Reject	Next rule
2	If <u>DEM_DAT</u> >= ( <u>REF_DAT</u> – 6 months) AND (If <u>FBC_DAT</u> = Null OR <u>CALC_DAT</u> = Null OR ( <u>GLUC_DAT</u> = Null AND <u>FCCHBA_DAT</u> = Null) OR <u>RENAL_DAT</u> = Null OR <u>LIVER_DAT</u> = Null OR <u>DEMTFT_DAT</u> = Null OR <u>VITB12_DAT</u> Null OR <u>FOL_DAT</u> = Null)	Reject	Next Rule
3	If <u>FBC_DAT</u> < ( <u>REF_DAT</u> – 12 months) AND <u>CALC_DAT</u> < ( <u>REF_DAT</u> – 12 months) AND ( <u>GLUC_DAT</u> < ( <u>REF_DAT</u> – 12 months) OR <u>FCCHBA_DAT</u> < ( <u>REF_DAT</u> – 12 months)) AND <u>RENAL_DAT</u> < ( <u>REF_DAT</u> – 12 months) AND <u>LIVER_DAT</u> < ( <u>REF_DAT</u> – 12 months) AND <u>DEMTFT_DAT</u> < ( <u>REF_DAT</u> – 12 months) AND <u>VITB12_DAT</u> < ( <u>REF_DAT</u> – 12 months) AND <u>FOL_DAT</u> < ( <u>REF_DAT</u> – 12 months) AND <u>DEM_DAT</u> < ( <u>REF_DAT</u> – 12 months)	Reject	Next rule



4	<p>If <a href="#">FBC_DAT</a> ≠ Null  AND  <a href="#">CALC_DAT</a> ≠ Null  AND  (<a href="#">GLUC_DAT</a> ≠ Null OR <a href="#">IFCCHBA_DAT</a> ≠ Null)  AND  <a href="#">RENAL_DAT</a> ≠ Null  AND  <a href="#">LIVER_DAT</a> ≠ Null  AND  <a href="#">DEMTFT_DAT</a> ≠ Null  AND  <a href="#">VITB12_DAT</a> ≠ Null  AND  <a href="#">FOL_DAT</a> ≠ Null</p>	Select	Next rule
5	<p>If <a href="#">FBC_DAT</a> ≠ Null  AND  <a href="#">CALC_DAT</a> ≠ Null  AND  <a href="#">GLUCEXC_DAT</a> &gt;= (<a href="#">REF_DAT</a> - 12 months)  AND  <a href="#">RENAL_DAT</a> ≠ Null  AND  <a href="#">LIVER_DAT</a> ≠ Null  AND  <a href="#">DEMTFT_DAT</a> ≠ Null  AND  <a href="#">VITB12_DAT</a> ≠ Null  AND  <a href="#">FOL_DAT</a> ≠ Null</p>	Reject	Next rule
6	If <a href="#">BLOODEXC_DAT</a> > ( <a href="#">REF_DAT</a> - 12 months)	Reject	Next rule
7	If <a href="#">REG_DAT</a> >= ( <a href="#">REF_DAT</a> - 3 months)	Reject	Next rule
8	If <a href="#">DEMEXC_DAT</a> >= ( <a href="#">REF_DAT</a> - 12 months)	Reject	Next rule
9	If <a href="#">DEM_DAT</a> >= ( <a href="#">REF_DAT</a> - 3 months)	Reject	Select

b) Numerator ruleset: To be applied to the above denominator population

<u>Rule number</u>	<u>Rule</u>	<u>Action if true</u>	<u>Action if false</u>
1	If <a href="#">FBC_DAT</a> ≠ Null AND <a href="#">CALC_DAT</a> ≠ Null AND ( <a href="#">GLUC_DAT</a> ≠ Null OR <a href="#">IFCCHBA_DAT</a> ≠ Null) AND <a href="#">RENAL_DAT</a> ≠ Null AND <a href="#">LIVER_DAT</a> ≠ Null AND <a href="#">DEMTFT_DAT</a> ≠ Null AND <a href="#">VITB12_DAT</a> ≠ Null AND <a href="#">FOL_DAT</a> ≠ Null	Select	Reject

## Additional Notes:

### Denominator

### Exclusions

Rule 1: This indicator is looking at patients who are newly diagnosed with dementia in the preceding 18 months. So the objective of this rule is to exclude patients from the register whose first diagnosis was before this. If the patient is newly diagnosed within this 18 month time period they are passed on to the next rule.

Rule 2: The objective of this rule is to check that patients who have not achieved the full success criteria, but were diagnosed in the last 6 months of the QOF period, are not included in the denominator (or numerator). Subsequent rules ensure that this patient would be "checked" in the following QOF period to ensure whether or not the full set of tests were carried out.

If the patient has not been newly diagnosed in the last 6 months of the period they are passed on to the next rule.

If a patient has been newly diagnosed in the last 6 months of the period and all the tests have been carried out as intended they are also passed on to the next rule.

Rule 3: The objective of this rule is to identify patients who have a dementia diagnosis in the previous QOF Financial Year and have successful recordings for all the tests in the previous QOF Financial Year.

If the patient was diagnosed with dementia in the previous QOF Financial Year, has recordings of all the tests (FBC, calcium test, glucose test, renal test, liver test, thyroid function test, serum vitamin B12, folate levels test) in the previous QOF financial year and they are all within the appropriate timeframe from diagnosis they are rejected from the denominator. The practice will have been rewarded for this indicator in the previous QOF financial year.

If not they are passed on to the next rule.

### Success

Rule 4: The objective of this rule is to identify patients who have successful recordings for all the tests. The patient must have recordings of all the tests (FBC, calcium test, glucose test, renal test, liver test, thyroid function test, serum vitamin B12, folate levels test) within 6 months before a diagnosis or up to 6 months after a diagnosis.

If the patient does not have all tests recorded within the appropriate time frame ([as specified in the clinical data extraction criteria](#)) they are passed on to the next rule.

### Exceptions

It is worth remembering at this point that if a patient has a recording of all the tests within 6 months before a diagnosis or up to 6 months after a diagnosis then they will already have been selected into the denominator in Rule 4.

Rule 5: The aim of this rule is to identify any patient with a successful recording for the FBC, calcium test, renal test, liver test, thyroid function test, serum vitamin B12 and folate levels tests but with a relevant glucose test exception code also recorded. If this glucose test exception code has been recorded in the preceding 15 months, the patient can be excepted and is not included in the denominator. Otherwise they are passed on to the next rule.

Rule 6: The aim of this rule is to identify any patient that has a valid blood test exception code recorded. If this has been recorded in the preceding 15 months, the patient can be excepted and is not included in the denominator. Otherwise they are passed on to the next rule.

Rule 7: The aim of this rule is to identify any patient that has "recently registered" at the practice. If the patient has registered at the practice in the last 3 months, the patient should not

be included in the denominator. If the patient was not registered in the last 3 months they are passed on to the next rule.

Rule 8: The aim of this rule is to identify any patient that has a valid dementia exception code recorded. If this has been recorded in the preceding 15 months, the patient can be excepted and is not included in the denominator. Otherwise they are passed on to the next rule.

Rule 9: The aim of this rule is to identify any patient that has been “recently diagnosed” as a dementia patient. If the patient has been diagnosed with dementia in the last 3 months, the patient can be excepted and is not included in the denominator. Otherwise the patient is selected into the denominator.

#### Numerator

The success criterion for this indicator is as per Denominator Rule 4.