

Please note:

When seeing someone with possible depression, do not code as depression until you have done their Beck Depression Inventory

Code as Low Mood first **1BT** and then code as depression afterwards.

NB don't use the Read Code after the first time for BDI scoring, the QOF software only looks for the last code, not the first and will give a wrong result

Don't use any of the codes below for coding depression unless you really think the patient has a psychotic illness. Easiest catchall code is our trusty "Anxiety with Depression" **E2003** or "neurotic depression **E2004**

MH8 Register of all psychotic illness has been sorted now, thank you Frances and Catherine.

"Psychotic" Read Codes are:

E2 (Neurosis and other mental disorder)

E21 (Personality Disorders) and anything below this

E22 (Sexual deviations and disorders) and anything below this except **E222** (paedophilia)

E23 (Alcohol Dependence), **E24** (Drug Dependence), **E2Z** (?), **E2ZZ** (?) and **E142** (?)

Also Schizophrenia, Psychosis and bipolar affective disease codes

MH9 23 points

Health Promotion **Read Code 8BM0**:

1. BP/Smoking
2. Alcohol/Drugs
3. BMI
4. Cholesterol/Statin as appropriate
5. Diabetes risk Olanzapine+Risperidone Se Glucose
6. Cx screening if appropriate

MH6 6 points

Primary care record **Read Code 8CR7**:

For QOF should have documented care plan with Key Worker

Involves:

1. Current health status and social care needs, how met and by whom.
2. How socially supported.
3. Coordination arrangements with 2° care and/or CMHT
4. Occupation Status.
5. Early warning signs
6. Patient's preferred course of action

MH7 3 points

Percentage of patients with psychoses who are identified and DNA primary care annual review who are identified and followed up within 14 days

DNA **Read Code 9N4t**

Follow up **Read Code 8HB8**

EXCEPTIONS

9h91 Patient unsuitable MH quality indicator

9h92 Informed Dissent MH quality indicator