

The PriDem Project

IMPROVING ACCESS TO PERSONALISED CARE PLANNING FOR PEOPLE LIVING WITH DEMENTIA

Emily Spencer and Sarah Griffiths

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Twitter: @PriDemProject



Background

Over 900,000 people living with dementia in UK. Traditional models of secondary care provision inequitable, unaffordable, inadequate, unsustainable (Alzheimer's Society, 2022)

Research and policy call for **task-shifted, task-shared approach led by primary care** – could lead to more personalised and timely care and be up to 40% cheaper (Alzheimer's Disease international, 2016; Wheatley et al, 2021)



PriDem Programme (2018-2023)

The PriDem Model

Clinical Dementia Lead - **three interlinked intervention strands**

Key focus = improving annual dementia reviews, addressing commitment to **personalised care planning** (NHS England, 2017)

Annual dementia reviews inconsistent/lack quality (Wheatley et al, 2022)

Mixed methods feasibility and implementation study (2022-2023): **Main implementation outcome** - **adoption of personalised care planning**



Methods

Seven general practices across four primary care networks in Northeast and Southeast England

Two CDLs delivered PriDem intervention over 12 months

Worked with practice staff to **develop resources and improve systems** for annual dementia reviews and care planning



Methods

Care Plan Audit of 215 patients – with NHS Confidentiality Advisory Group (CAG) support

Pre-intervention QOF year (**April 2018-March 2019**) compared with intervention QOF year (**April 2022-March 2023**)

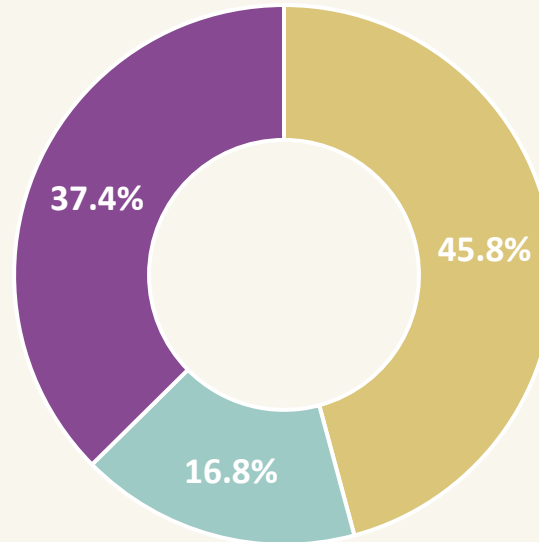
Eligibility: Diagnosis of dementia; registered at participating practice; living at home at beginning of audit period

Preliminary audit findings

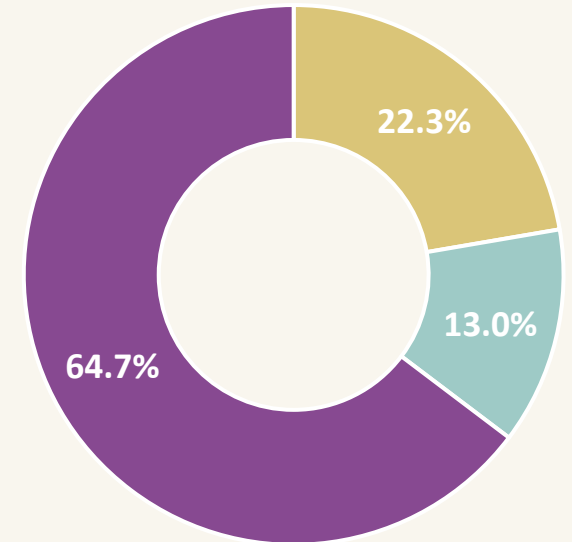
Primary outcome: presence or absence of **personalised care plans**

- personalised care plan
- care plan not personalised
- no evidence of care plan

Pre-intervention, n=179

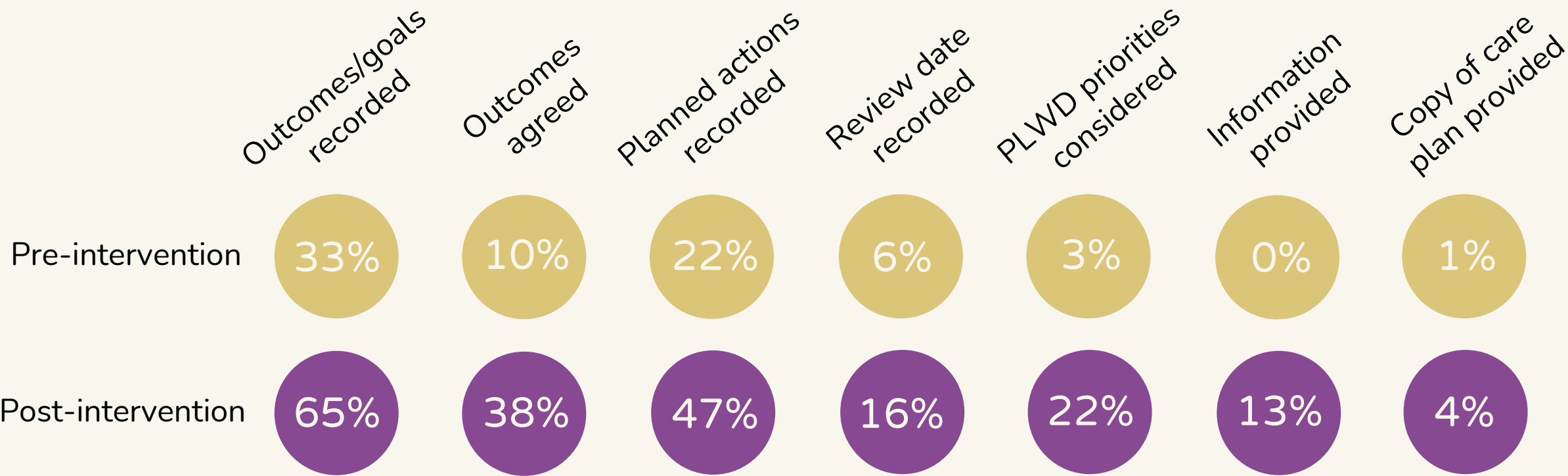


Post-intervention, n=215



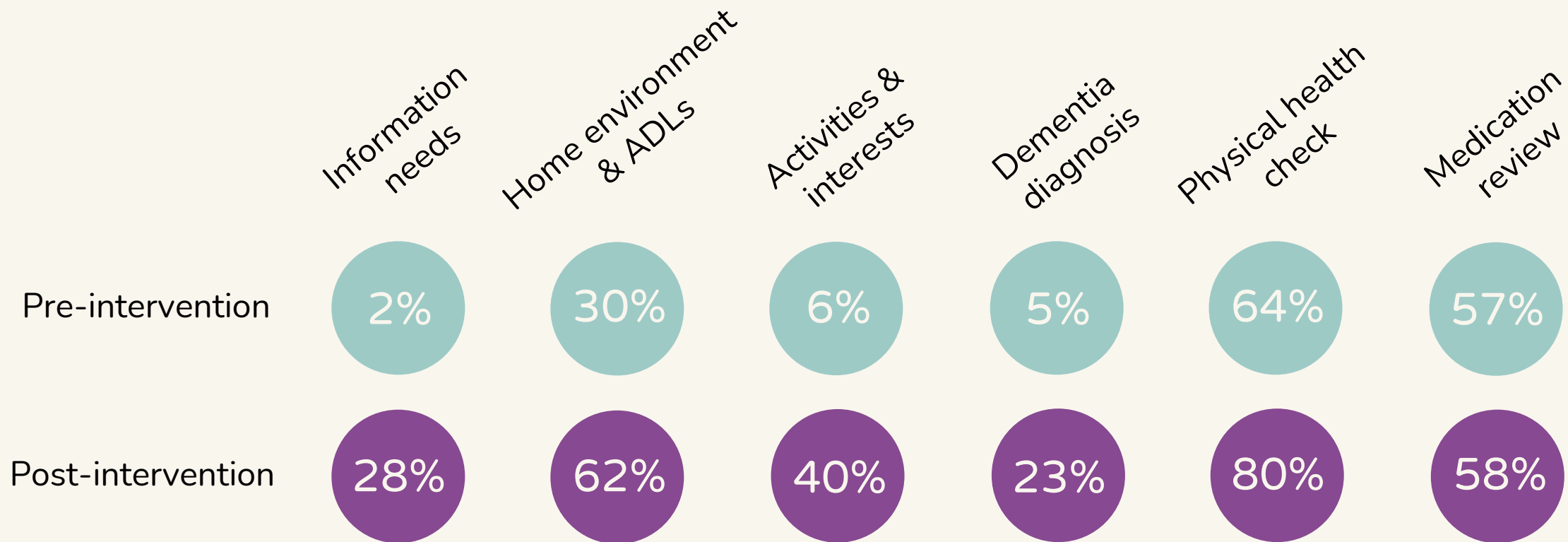
Preliminary Findings

Within completed care plans, increases in all **indicators of personalisation**



Preliminary Findings

Within completed care plans, changes in represented **domains of care**



Implications

The intervention succeeded in improving the **proportion, quality and consistency** of annual dementia reviews and **personalised care plans**

Evidence of sustainability and impact

Implications for future commissioning

To follow: Qualitative process evaluation and health economics analysis



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Thank You

Emily Spencer: emily.spencer@ucl.ac.uk

Sarah Griffiths: s.a.griffiths@ucl.ac.uk

Twitter: [@PriDemProject](https://twitter.com/PriDemProject)



UCL

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CARE PLAN AUDIT – CASE REPORT FORM

Date of completion: Baseline ☐ Follow-up ☐

Site code: Completed by (initials):

Patient ID: Signed: _____

PATIENT DEMOGRAPHICS

Age: IMD Quintile:

Gender: Male ☐ Female ☐ Other ☐

Place of residence: Private home ☐ Care / nursing home ☐ Other ☐ Unknown ☐

If private home: Lives alone ☐ Lives with others ☐ Unknown ☐

Ethnicity: White ☐ South Asian / East Asian / Asian British ☐

Black / African / Caribbean ☐ Mixed / multiple ethnic groups ☐

Other ethnic group Missing ☐

Dementia type: Alzheimer's type ☐ Vascular ☐ Lewy Body ☐

Mixed ☐ Unknown ☐ Other

Date entered onto practice dementia register: Date missing ☐

INFORMAL CARER

Does the patient have an informal carer: Yes ☐ No ☐ Unknown ☐

If YES

Is the name of the carer recorded: Yes ☐ No ☐

Is the relationship of the carer to the PLWD recorded: Yes ☐ No ☐

Are contact details of the carer recorded: Yes ☐ No ☐

NAMED PROFESSIONAL POINT OF CONTACT

Does the PLWD have a named point of contact: Yes ☐ No ☐ Unknown ☐

If YES

Is the name of the named point of contact recorded: Yes ☐ No ☐

Is the job role of the named point of contact recorded: Yes ☐ No ☐

Are contact details for the named point of contact recorded: Yes ☐ No ☐

CARE PLAN

Is there a care plan? Yes ☐ No ☐

Are outcomes, identified needs, or goals recorded? Yes ☐ No ☐

Is there evidence outcomes were agreed with the PLWD and/or carer? Yes ☐ No ☐

Is there a plan for how these outcomes will be achieved (actions)? Yes ☐ No ☐

Is there a clear date for when the care plan will be reviewed? Yes ☐ No ☐

Did the person living with dementia and/or carer attend the meeting? *(tick any that apply)*

PLWD attended ☐ Carer attended ☐ Neither attended ☐

Was the PLWD and/or carer invited to consider their priorities? Yes ☐ Unknown ☐

Was the PLWD and/or carer sent information on care planning in advance? Yes ☐ Unknown ☐

Has the PLWD / carer been provided with a copy of the care plan: Yes ☐ Unknown ☐

People who helped with the care plan *(tick all that apply):*

GP ☐ Practice nurse ☐ Social prescriber ☐

Dementia support worker/advisor ☐ Other

DOMAINS REVIEWED

	Addressed in care plan	Reviewed in last 12m		Addressed in care plan	Reviewed in last 12m
Services currently involved	<input type="checkbox"/>	<input type="checkbox"/>	Safeguarding & advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Information needs	<input type="checkbox"/>	<input type="checkbox"/>	Physical health check	<input type="checkbox"/>	<input type="checkbox"/>
Social & personal history	<input type="checkbox"/>	<input type="checkbox"/>	Communication	<input type="checkbox"/>	<input type="checkbox"/>
Social contact/isolation & relationships	<input type="checkbox"/>	<input type="checkbox"/>	Pain/distress	<input type="checkbox"/>	<input type="checkbox"/>
Home environment & ADLs	<input type="checkbox"/>	<input type="checkbox"/>	Swallowing	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>	Sialorrhoea	<input type="checkbox"/>	<input type="checkbox"/>
Activities and interests	<input type="checkbox"/>	<input type="checkbox"/>	BP/height/weight	<input type="checkbox"/>	<input type="checkbox"/>
Dementia diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	Smoking	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive, behavioural & emotional changes	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive changes	<input type="checkbox"/>	<input type="checkbox"/>	Food/diet	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural changes	<input type="checkbox"/>	<input type="checkbox"/>	Immunisation	<input type="checkbox"/>	<input type="checkbox"/>
Emotions & mood	<input type="checkbox"/>	<input type="checkbox"/>	Sensory issues	<input type="checkbox"/>	<input type="checkbox"/>
Planning for contingencies & changes	<input type="checkbox"/>	<input type="checkbox"/>	Sleep	<input type="checkbox"/>	<input type="checkbox"/>
Advance care planning	<input type="checkbox"/>	<input type="checkbox"/>	Mobility & physical activity	<input type="checkbox"/>	<input type="checkbox"/>
LPA	<input type="checkbox"/>	<input type="checkbox"/>	Footcare	<input type="checkbox"/>	<input type="checkbox"/>
DNACPR	<input type="checkbox"/>	<input type="checkbox"/>	Dental care	<input type="checkbox"/>	<input type="checkbox"/>
Carer back-up plan	<input type="checkbox"/>	<input type="checkbox"/>	Continence	<input type="checkbox"/>	<input type="checkbox"/>
Progression and end of life care	<input type="checkbox"/>	<input type="checkbox"/>	Medication	<input type="checkbox"/>	<input type="checkbox"/>
			General medication	<input type="checkbox"/>	<input type="checkbox"/>
			Dementia medication	<input type="checkbox"/>	<input type="checkbox"/>