# IMPROVING PROVISION OF ANNUAL REVIEWS AND CARE PLANNING FOR PEOPLE LIVING WITH DEMENTIA

## LEARNING FROM THE PRIDEM IMPLEMENTATION STUDY

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# Background

In England and Wales, everyone with dementia should have access to an **annual review of their care and support needs**[1]

Despite high reported compliance, content of care plans are not well defined, with evidence suggesting that the **quality of reviews is lacking**[2]

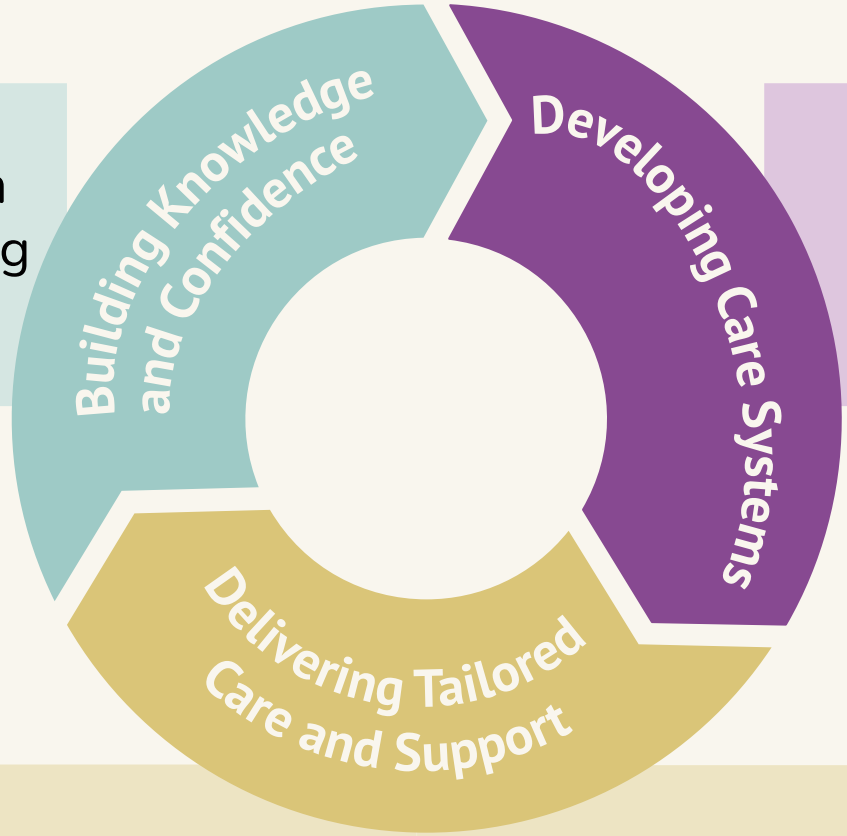
The **PriDem programme** developed and delivered a new model of primary care-led post-diagnostic dementia care[3]

→ Feasibility and implementation study aimed to **increase adoption of personalised care planning** for people with dementia

# The PriDem intervention

**Clinical Dementia Leads** (CDLs) supported general practice staff to deliver three intervention strands:

Upskill the workforce through delivering training and forming practice dementia teams




Review referral and transition processes to develop care systems

Develop tailored approaches and resources to optimise annual dementia reviews and personalised care planning

# Methods

**Seven general practices** across **four Primary Care Networks** in Northeast and Southeast England

Two **CDLs** delivered the intervention over **12 months**

Mixed methods: changes to care planning evaluated through an **audit of electronic care records** and a **qualitative study**

- **Care plan audit** of 215 patients pre-intervention (2018-9) and during the intervention year (2022-3)
- **Eligibility:** Diagnosis of dementia; registered at participating practice; living at home at beginning of audit period

# Methods

**Qualitative study:**

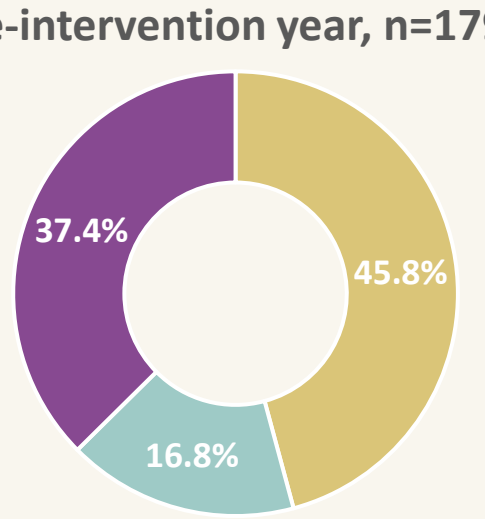
- Semi-structured interviews with healthcare professionals (n=26)
- Semi-structured interviews with people with dementia (n=14) and carers (n=16)
- Observations (n=14)

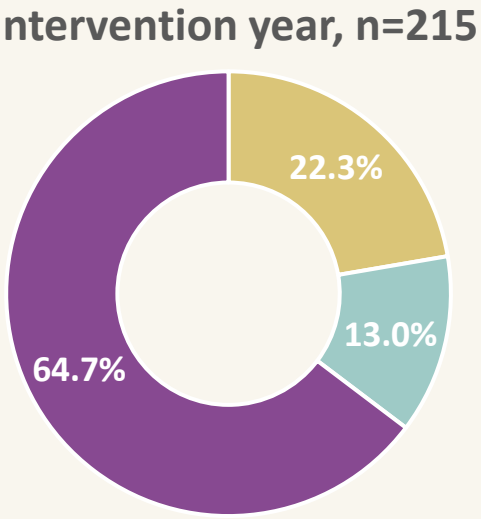
Data analysed using codebook thematic analysis

# Care plan audit results

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

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




| QOF Year | Patients with personalised care plan | 95% confidence interval | p-value |
|---|---|---|---|
| Pre-intervention (2018-9) | 37.4% | [31.4%, 100%] | 0.759 |
| Intervention (2022-3) | 64.7% | [59.1%, 100%] | < 0.0001 |

# Qualitative findings

**Challenging the status quo: Reimagining care planning**

Early in the intervention, practices had varying **attitudes towards care planning.** Some considered this to be little more than a tick box exercise, which acted as a barrier to change.

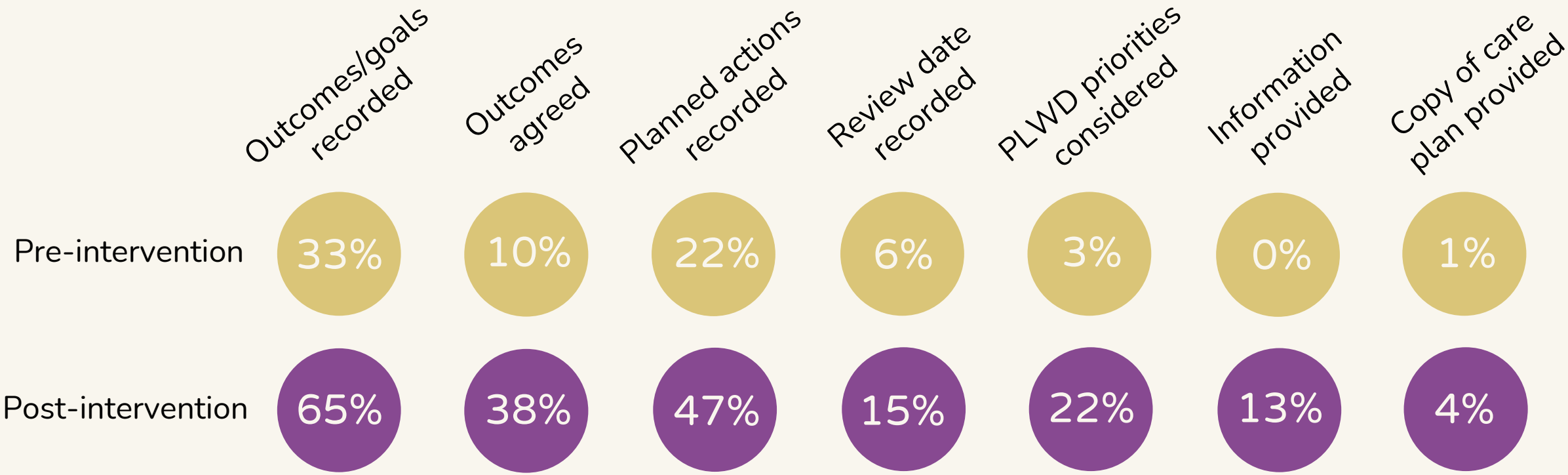
*One practice, it was a real struggle to get them to buy into why a dementia review was really important and why it was necessary, and the benefits to patients and families. – PROF-04 (CDL)*

People with dementia and carers were often unaware of their entitlement to an annual review. Being offered a review through the intervention represented a **new opportunity**.

*I had a phone call recently, a month or so back from the GP to say he was due for his annual dementia review. We've never had one before [laughs]. So that's something new. – C-08 (wife of person with dementia)*

# Care plan audit results

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



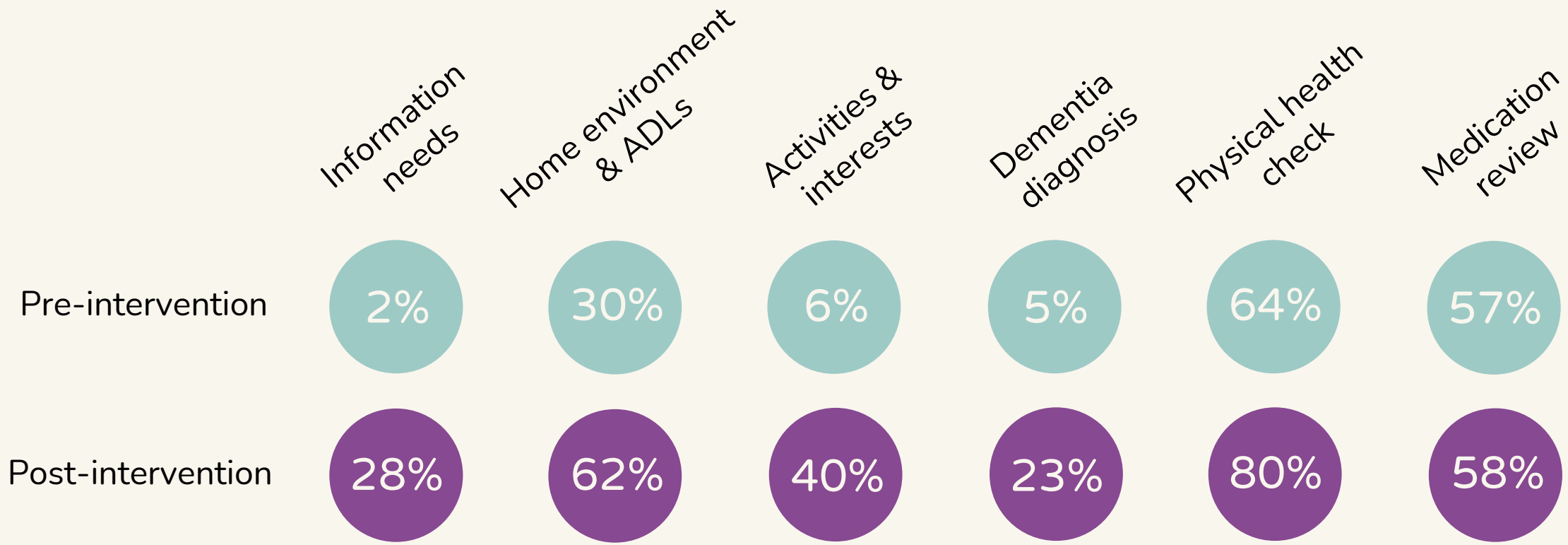
# Qualitative findings

Many practices innovated **MDT approaches** to care planning. For some this was designed to free up GP time, however using the wider staff often led to a more holistic approach.

*So, we got all their physical QOFs done, not just their dementia review. But like their COPD review, their asthma review, because for people with dementia their physical needs get really neglected, everything gets overshadowed, oh, it's just dementia. […] So, it was really good to get that physical, mental health, as well as their social needs by using an MDT approach with the social prescriber, the dementia advisor. – PROF-01 (CDL)*

# Care plan audit results

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



# Qualitative findings

For people with dementia, carers and professionals, the enhanced, holistic care planning process was perceived to be **mutually beneficial**.

*D-02 It was very enterprising I thought.*
*C-02 And the staff were wonderful.*
*D-02 Because it was pretty different from anything I'd had at [GP practice] before […] I went away very, very well satisfied. – D-02 and C-02 (person with dementia and friend)*

*Do you know it's a softer thing it's like a lot of patients have felt a bit neglected and lost to general practice in the last two years, and these are our most vulnerable patients but they're also the ones that we find most difficult to access because they're not the loud ones that get the emergency appointments, they're the ones that just, you know, things get worse and worse and they have crisis and so actually proactively reaching them and offering them such a comprehensive review I think has regained some of their trust in us. And so I think that's been the overriding real benefit. – PROF-09 (GP)*

# Qualitative findings

Despite workload and time barriers, invested healthcare professionals viewed this approach as feasible and sustainable – as well as transferable to other patient groups.

*I would definitely carry this forward for any elderly person or any frail person […] not necessarily just […] patients with dementia. So I think there would be a knock-on effect to other patient groups with chronic illnesses, to have kind of an annual holistic care plan. – PROF-05 (GP)*

# Implications

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

People with dementia and carers benefitted from a **holistic, multidisciplinary approach** to annual reviews

Evidence of **sustainability** and **impact**

Implications for future **commissioning**

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# References


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# Thank You

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