

Message from our Chief Investigator, Professor Greta Rait

Welcome to our final newsletter. The PriDem evaluation started three years ago and it has been a privilege to have led this important work. I am a GP and know how difficult it can be to access high quality support when you have memory and thinking difficulties. I would like to acknowledge the huge contribution of the people with memory and thinking difficulties, carers and practice staff who took part in the research.



We appreciate the time and commitment it takes to do this and are very grateful for your participation and support. We have learnt an enormous amount from you. This informed our current research but is also feeding into future work in this area.

Our fantastic team based in London at UCL and in Newcastle has been led by the brilliant Sarah Griffiths. They have worked exceptionally hard to complete the evaluation before the end of September, including collecting data, analysing and reporting it. Without them the evaluation would not have been possible. We are delighted that the people who have worked on PriDem have been very successful and are continuing their work in this area of research, aiming to improve the lives of all those affected.

Our newsletter will cover some of the key findings and how we are getting these out to the people who matter. We aim to influence future plans for improving care and support.

Summary of Study Findings

Our Clinical Dementia Leads (CDLs), Robyn Barker in the Southeast and Rachel Watson in the Northeast, worked with **seven GP practices, over 12 months** to deliver the PriDem intervention. This meant working with GP practice staff to develop and/or strengthen systems for providing care and support. Both the CDLs and the staff found this challenging in the context of an already stretched service. Despite this, all practices engaged with the intervention to varying extents.



This engagement was very much driven by what we have called **'The power of people.'** Staff and patients who met the CDLs viewed them as confident, knowledgeable and adaptable. Also, some very motivated and inspiring practice staff championed the intervention, spreading the word and getting other staff enthusiastic and interested in creating change.

The CDLs delivered **formal and informal training and awareness** to a range of staff groups across the seven practices e.g., receptionists, care coordinators, social prescribers and GPs. Sometimes this involved the CDL doing joint visits with other professionals so that learning could happen through discussion of a person's unique situation and care plan.

With support from CDLs, **practices innovated in various ways.** Some examples were: setting up information stands in waiting areas signposting to local and national sources of support and adding 'care alerts' to electronic notes so that staff accessing the notes know immediately that the person has memory and thinking difficulties and might benefit from some extra support. Most practices adapted their approach to delivering **annual reviews and care planning.** Some practices involved social prescribers more in supporting GPs. Others delivered 'One stop shop reviews', whereby several people (and their carers) were invited to a review on the same day and had opportunities to speak with a range of staff including the GP, nurse, social prescriber and staff from Age UK. This was well received by patients, carers and staff and meant that a number of health and care needs could be addressed in one day, rather than people having to attend several different appointments.

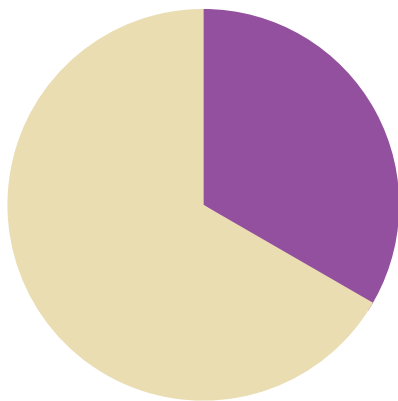
Care Plan Audit Findings

In the last two newsletters we introduced you to the **Care Plan Audit**. We were looking at the quantity and quality of personalised care plans for people with memory and thinking difficulties in participating practices.

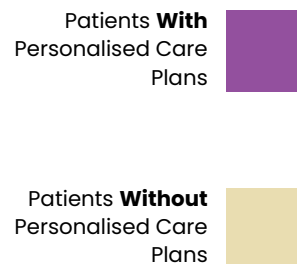
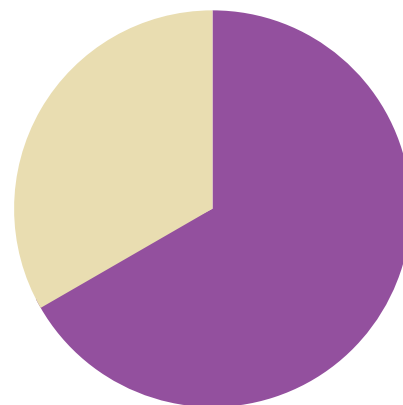
We can now report that **there was a significant change**. In the pre-intervention (and pre-Covid) year we looked at (2018-2019), only a third of patients audited had personalised care plans. During the intervention year (2022-2023), this increased to two thirds of patients.

We have also found that the range of care covered in the care plan has broadened. More attention has been given to areas such as the person's home environment, activities and interests, for instance, rather than focusing only on physical health and medication needs.

Personalised Care Plans Pre-Intervention (2018-2019)



Personalised Care Plans Post-Intervention (2022-2023)



What's Next?

We know that there are some really exciting things happening in some of the practices, to continue and expand on these positive changes into the future. We are currently writing up our detailed findings, including the findings from our interviews with professionals, people with memory and thinking difficulties and carers, which we will share with participants, NHS staff groups, our funders the Alzheimer's Society and an academic audience. Our aim is that findings will help commissioning decisions and will inform future guidelines for delivering personalised care.

THANKYOU to everyone who took part in this study.
A special thanks to Robyn and Rachel for their enthusiasm and dedication.



Opportunity to join our Lived Experience Network

Your involvement in the PriDem project might have come to an end, but at the department of 'Primary Care and Population Health' at University College London (UCL) are looking for people who would like to work with us on a range of projects aiming to improve care and support for people living with memory and thinking difficulties.

We have a '**Lived Experience Network**' for our department made up of people affected by memory and thinking difficulties and their carers. Joining this group means that **you will be added to our mailing list and sent opportunities** to work with us on specific projects. This is different to taking part in research. It is more about providing **valuable advice to researchers**.



Opportunities may include taking part in **online zoom meetings** to discuss research projects and give your point of view about how they should be run. People are reimbursed for their time up to £25 per hour depending on the specific project. **There is no obligation to accept opportunities that we send you.**

Interested in finding out more?

Contact Sarah Griffiths: s.a.griffiths@ucl.ac.uk / Tel: 020 3108 6699 for an initial chat.