

# The PriDem Project

## IMPROVING ACCESS TO PERSONALISED CARE PLANNING FOR PEOPLE LIVING WITH DEMENTIA

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**UCL**

# 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

## Annual health review: what to expect



### DIAGNOSIS & PROGRESSION

- Do you have any difficulties with memory?
- Were you given a diagnosis at the memory clinic? Have you told others?
- What key changes if any have you noticed?
- Would you like to know more about services, therapy and courses available to support you?

### PHYSICAL HEALTH CHECK

Opportunity to check and raise any concerns about:

- your height, weight, BP,
- your sight and hearing
- your mobility, and if you've had falls
- your footcare
- your skin care
- your diet
- any continence issues
- any pain or distress
- any mouthcare, swallowing or salivation issues
- any communication difficulties
- your eligibility for any immunisations
- any outstanding investigations, reviews for other diagnoses, pending hospital appointments

### PSYCHOLOGICAL WELLBEING

- How are your daily planning, concentration, word finding, memory and multitasking abilities?
- How is your mood and sleep?
- Do you feel lonely?
- Do you see or hear things others cannot?
- How is your relationship with your carer? Do they need any support?
- Are you a carer for someone else?

### SAFEGUARDING & ADVOCACY

Are there any concerns about safety at home or outside (e.g. harassment, cold callers, burglaries in area)

### HOME ENVIRONMENT AND ADLS

- Are there any difficulties with your current living arrangements, managing household tasks & personal care
- Do you require for aids/adaptations or have any safety concerns
- How are you managing finances? Are you entitled to any benefits?
- Do you need any extra support or

### ACTIVITIES AND INTERESTS

- Are you maintaining your interests, getting out, coping at work?
- How do you +/- carer spend your days
- Are you interested in a break from routine and wanting to try something new?
- Are you interested in taking part in dementia research?

### MEDICATION REVIEW

- Do you need help or prompting to take your medication? Do you sometimes miss doses?
- Do you understand all your medications or have any concerns
- Do you wish to stop some medication?

### PLANNING AHEAD

- Do you know how to appoint an Lasting Power of Attorney for health/finance or deputyship
- Would you like information on extra help such as carers or emergency respite
- Would you like to make an emergency hospital admission care plan, discuss resuscitation or any existing plans
- Are there any religious or spiritual needs we need to be aware of?

# 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**)

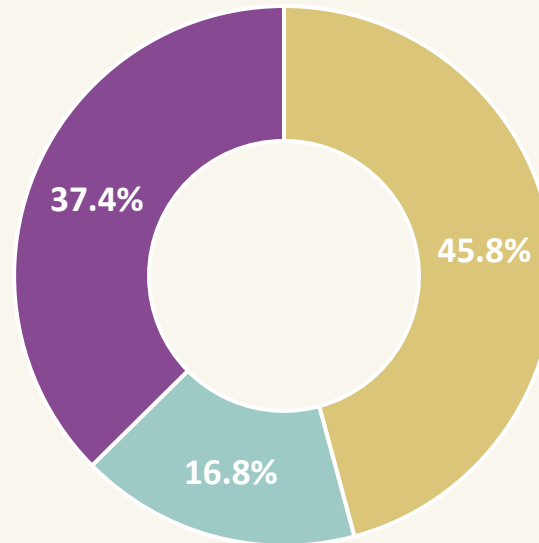
**Eligibility:** Diagnosis of dementia; registered at participating practice; living at home at beginning of audit period

# Preliminary audit findings

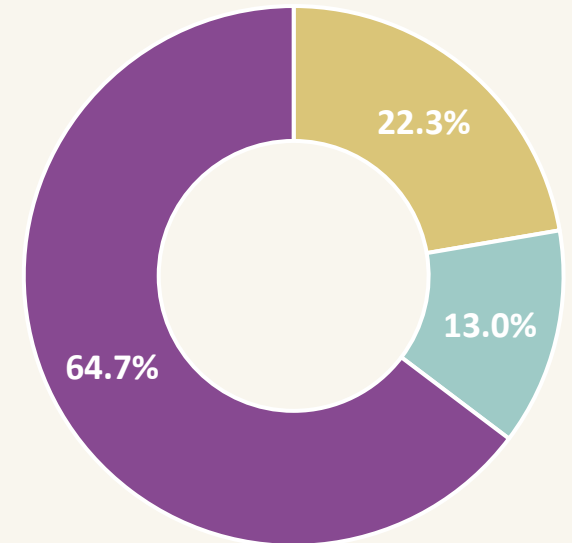
Primary outcome: presence or absence of **personalised care plans**

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

Pre-intervention, n=179

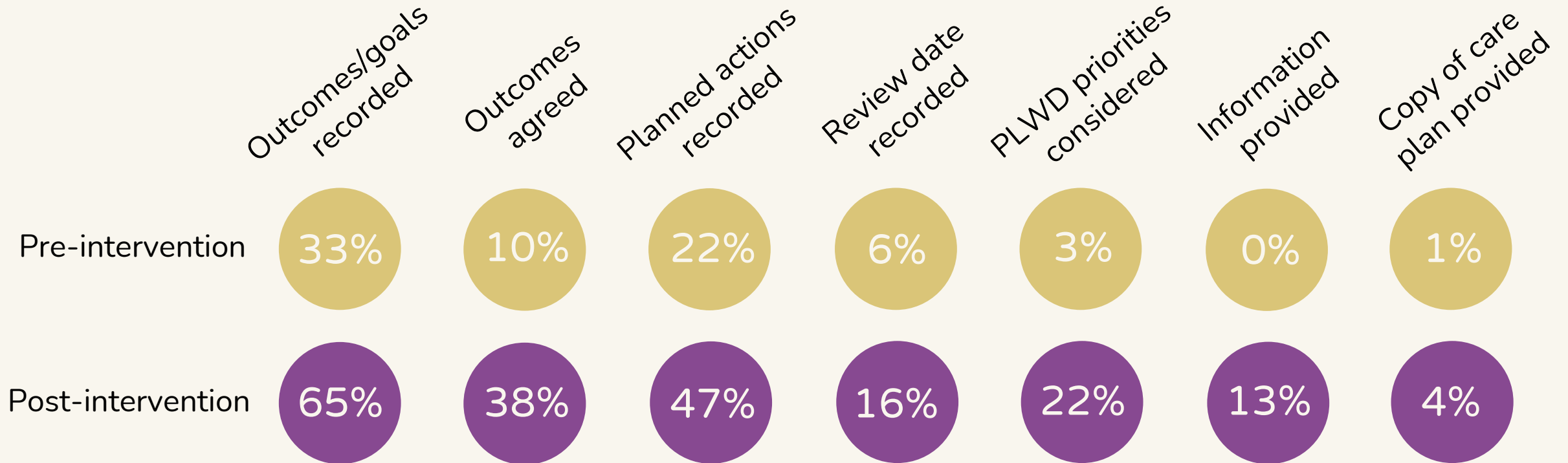


Post-intervention, n=215



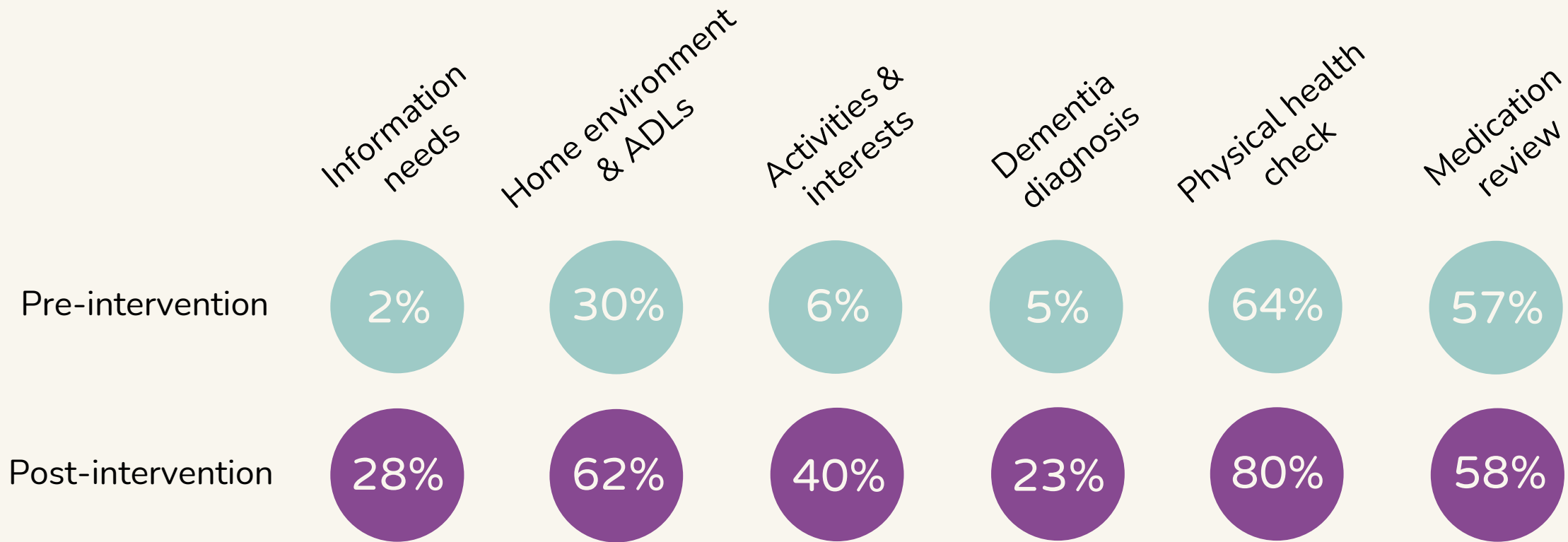
# Preliminary Findings

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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The University of Manchester



University of Exeter

# Thank You

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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"/>	<del>Sialorrhoea</del>	<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"/>