

# Engaging primary care in the dementia pathway

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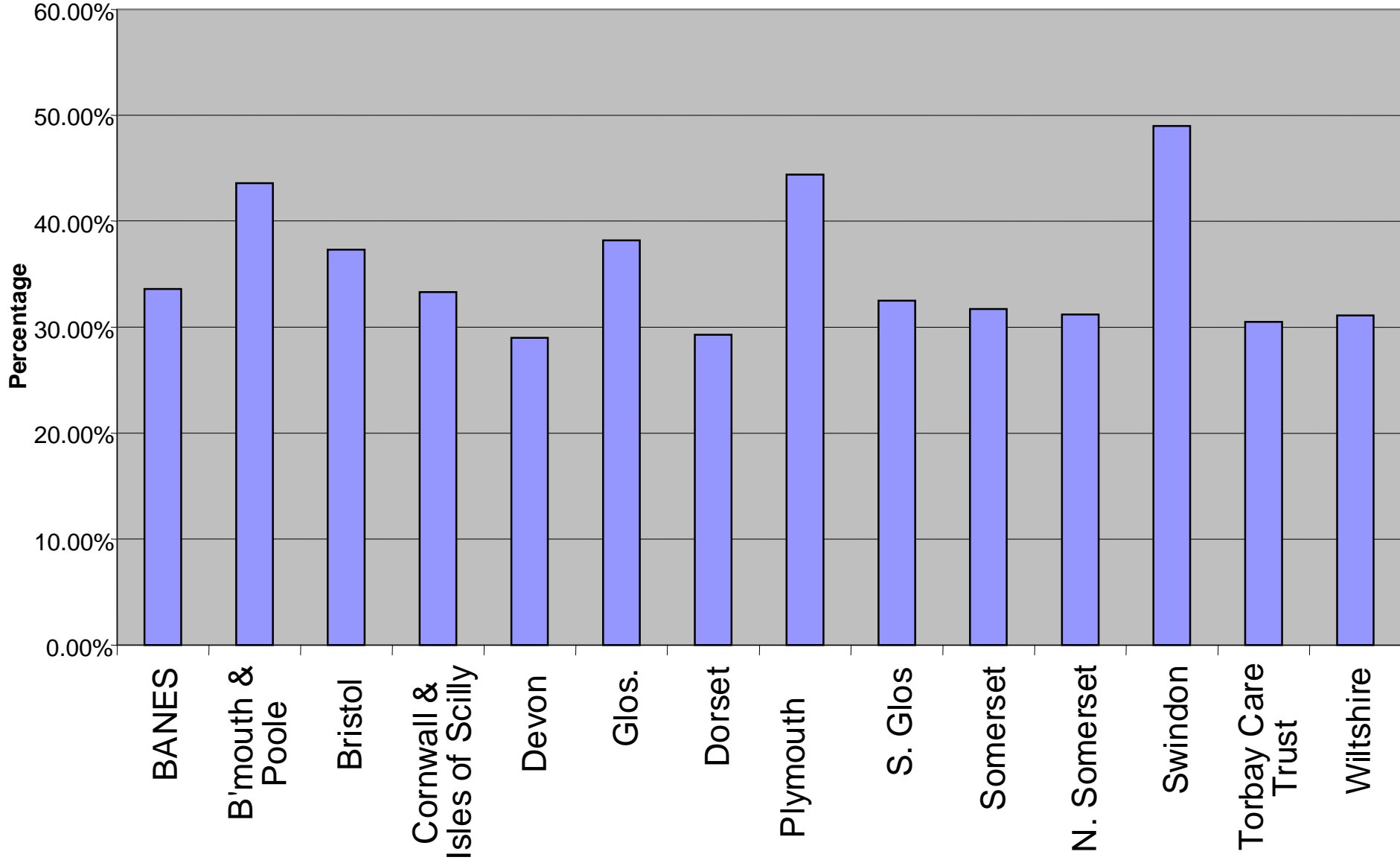


# Context

- “only 31% of GPs believe they have received sufficient basic & post-qualification training to diagnose & manage dementia, a decrease since survey 8 years ago (NAO report)
- “the primary care role should be that of identifying those with worrisome symptoms” [of possible dementia], and referring onto a specialist service to confirm a diagnosis and the type of dementia” National Dementia Strategy



# Percentage of people in the SW with dementia on the GP QOF register - 2007





# GP perceptions

- Some memory loss is age related
- Dementia is a social problem
- Negatives of making differences may appear to outweigh positives – so no point in making diagnosis
  - i.e. MCI/mild dementia – often receive no medical treatment – support/education etc not always readily available



# GP perceptions – cont...

- Diagnosis “not wanted” or patients “unready” for diagnosis
- Will tend to diagnosis “memory loss” and say come back to me if getting worse – no follow up attendance
- CMHT only do anything when a crisis occurs
- Memory clinics aren’t interested in mild dementia – they send them back home



# Data and incentives

- Better care for dementia sufferers and their carers
- QOF target/prevalence based QOF payments
- PBC – this will probably require additional service provider provision. GP's should want to influence what these look like



## Data and incentives – cont...

- Budgets – this new service will come at a cost – Community Provider Services will want to ensure that they are getting value for money
  - Improving dementia services will reduce admissions and length of stay in acute hospitals thus reduce secondary care costs
- Provision – Community Provider Services may want to provide this service in the community



# Key issues

- Awareness training/education in primary care
  - Case finding in primary care using GP's, Practice Nurses, District Nurses, pharmacists, social workers, care home staff etc.
- Thresholds for specialist referral



## Key issues – cont...

- Knowledge of other services – confidence in positive outcomes coming from early diagnosis
  - integrating primary and community services (including third sector services) that support dementia sufferers and their carers



## Key issues – cont...

- Dementia advisors
  - Developing peer support facilities
- Practice nurses
- Need to encourage regular review of MCI's/mild dementia “memory loss”




# Bournemouth Integrated Care pilot



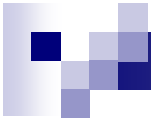
## Practical steps seen on review visits

- Appoint & pay GP dementia lead
- Run a GP education programme
- Review GP dementia register data by practice
- Develop pathway with clear referral thresholds
- Hold specialist clinics in surgery premises



# Metrics: measuring successful primary care engagement

- Primary care staff active on local dementia planning groups
- GP dementia diagnosis register: data by practice
- GPs & practice nurses using training/e-learning
- Development of local dementia advisors as key link for primary care



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Thank you