Primary Care Needs Assessment tool: indicator review

Google Chrome is advised to ensure this page displays/ functions as intended.

ⓘ You are now reviewing the PCNA indicator(s) for: **Prevalence of dementia**

ⓘ **Caution**: The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

STEP A Strategic context

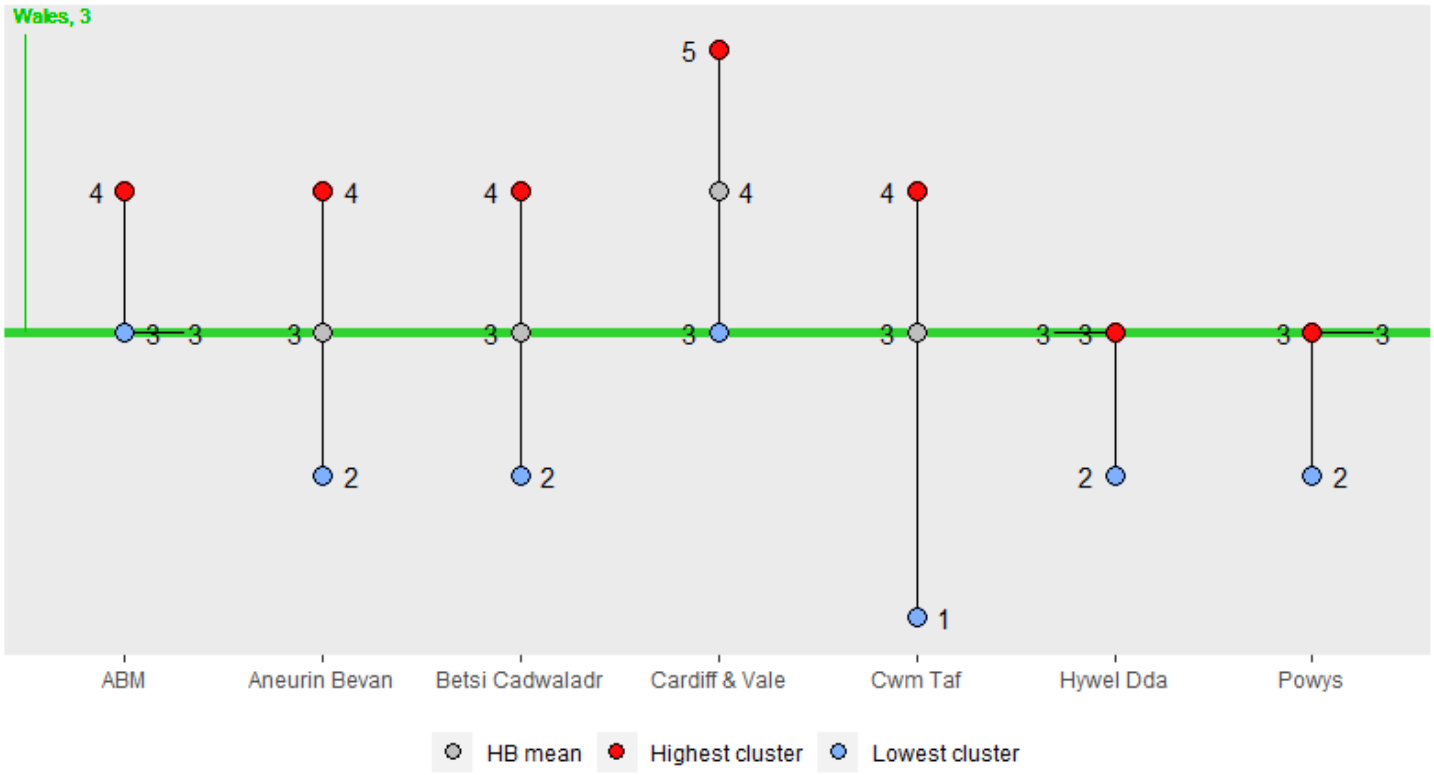
ⓘ Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

- Alzheimer's disease and other dementias account for nearly half (45%) of neurological disorder DALYs; about 12% of the DALYs due to neurological disorders overall are attributable to known risk factors (*Health and its determinants in Wales*; PHW 2018; link).
- Key policy on dementia is set out in the *Dementia action plan for Wales 2018–2022* (WG 2018; link).
- Indicators for this topic are reported via Primary Care Measures.

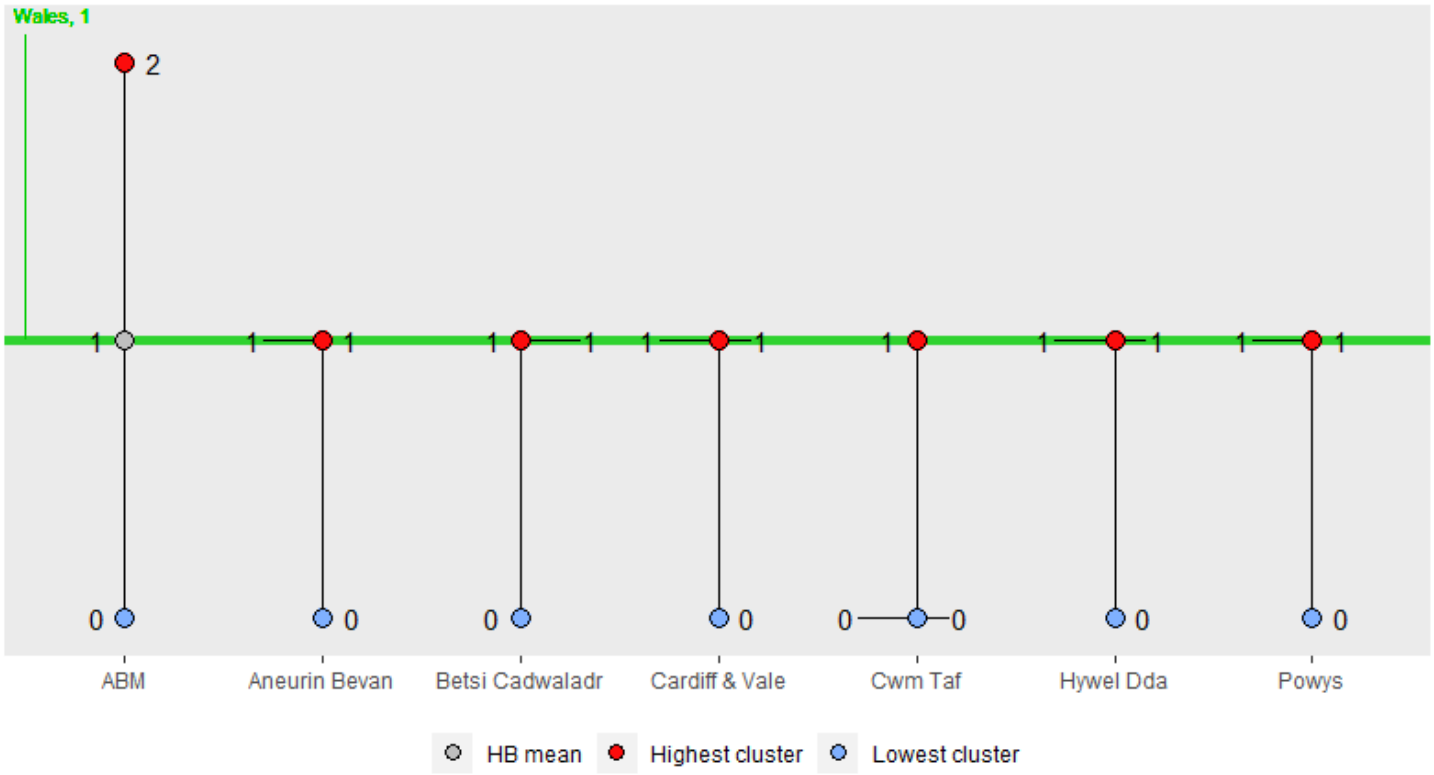
▼ PCM national variation

ⓘ Primary Care Measures (PCM) are a set of care quality indicators for primary care in Wales. The charts below emphasise variation between and within health boards; for further information see here. Beneath the charts are improvement action options that may inform cluster IMTPs. Variation is a natural phenomenon and can be healthy e.g. it can be a deliberate result of innovation in primary care settings that seeks to test improvements in processes or deliver better care outcomes. Variation that is observed in a healthcare context may be referred to as *inequality*; inequality that is judged to be both avoidable and socially unjust is termed *inequity* (sometimes alternatively described as *unwarranted variation*).

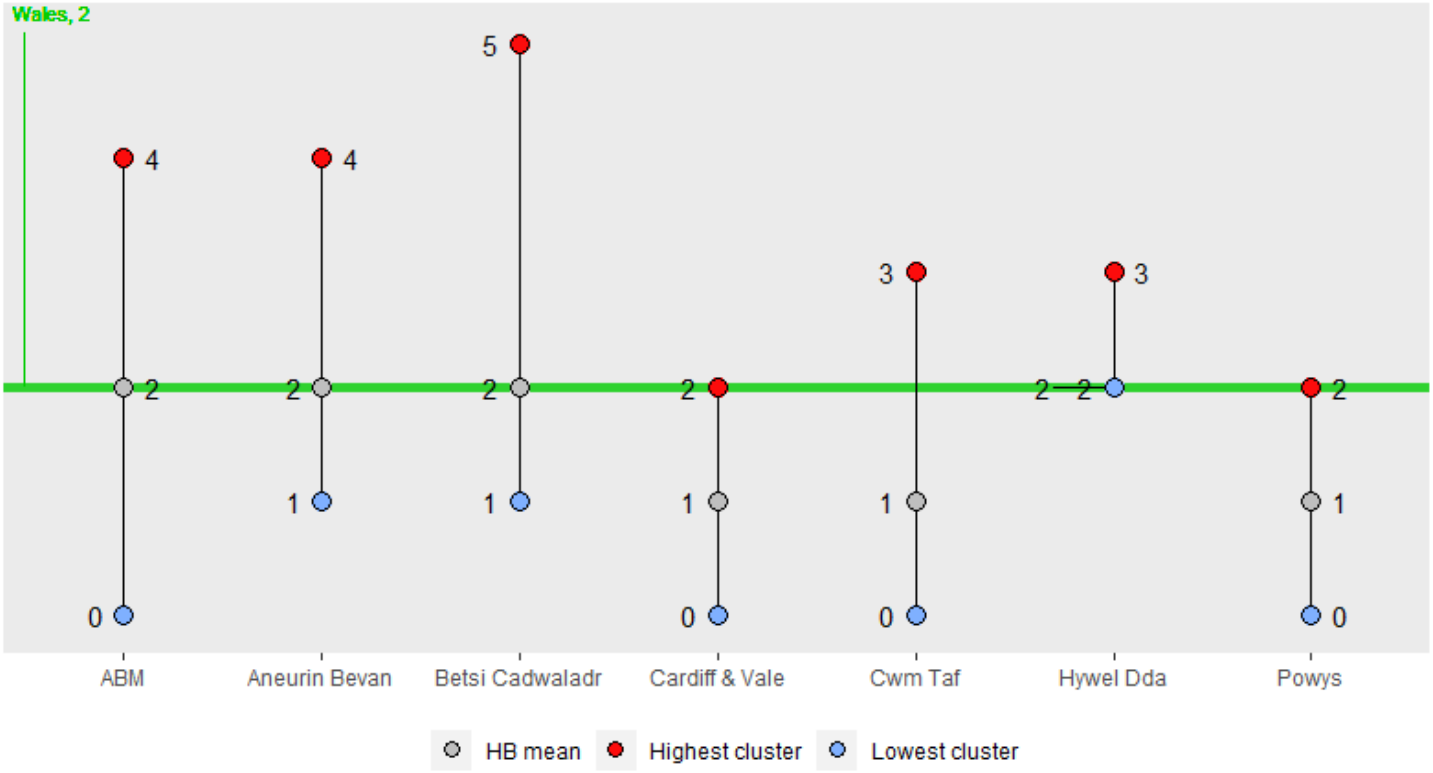
Variation in proportion of people over 65 registered as having dementia with their GP practice, by cluster within each health board, Q3 2017/18 (*Source*: PCIP, Nov 2019):



Variation in proportion of people over 65 registered as having memory impairment with their GP practice, by cluster within each health board, Q3 2017/18 (*Source*: PCIP, Nov 2019):



Variation in proportion of people with dementia prescribed anti-psychotic medication, by cluster within each health board, Q3 2017/18 (*Source*: PCIP, Nov 2019):



▼ ⓘ Tell me about: DALYs

What are DALYs?

- Disability-adjusted life years (DALYs) are a combined measure of early deaths (i.e. premature mortality) and disability-weighted impact on quality of live from living with poor health.
- Because DALYs capture both what kills us and what makes us ill, they describe the overall 'burden of disease' (reported by risk or condition) more effectively than mortality or disability prevalence does alone.

▼ ⓘ Tell me about: Prevention

Definitions:

- Zola's river analogy is a useful way of thinking about prevention of ill health (Zola 1970). It describes **primary** prevention (stopping everyone from falling into a river and coming to harm e.g. never smoking), **secondary** prevention (ensuring any individuals at risk who do fall in get to safety quickly; minimising the chance of complications through early identification and intervention e.g. screening) and **tertiary** prevention (search-and-rescue for those taken downstream; mitigating the worst consequences of established disease e.g. vascular surgery).
- The Welsh Government definition of prevention is broader: working in **partnership** to co-produce the best outcomes possible, utilising the strengths and **assets** people and places have to contribute.

Building a healthier Wales (Feb 2019) sets out six key principles for implementing prevention in Wales:

- Adhere to the **five ways** of working (as outlined in the Well-being of Future Generation Act).

- Commit to investing in **evidence-based** interventions (where available or evaluate small and scale up if appropriate).
- Ensure evidence-based interventions have sufficient **scale** and **reach** to make a measurable population impact and to reduce inequalities.
- Ensure services are provided to a sufficient **quality** to achieve the best possible **outcomes** for each intervention; continually improve by drawing upon quality improvement techniques.
- Balance intervention benefits for **short and long-term** outcomes (including investing in one sector to realise a return in another).
- Optimise **value** by taking an agile approach to evaluating interventions and approaches and disinvesting in those that do not yield benefit/ value.

Improvement actions for GP practice cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ Modify behavioural risk factors to prevent dementia or delay onset

- Optimise primary/ secondary preventive actions for smoking (BRF-001), unhealthy diet (BRF-002), physical inactivity (BRF-003) and alcohol misuse (BRF-004).
- The *Dementia action plan for Wales 2018–2022* (WG 2018; link) promotes smoking cessation and reducing alcohol consumption; it also notes that the behaviours of mental stimulation and socialising may be protective.

▼ Modify clinical risk factors to prevent dementia or delay onset

- Optimise primary/ secondary preventive actions for hypertension (CRF-001), high body mass index (childhood [CRF-002] and adult [CRF-003] obesity), and other clinical risk factors (e.g. high total cholesterol; high fasting plasma glucose).
- The *Dementia action plan for Wales 2018–2022* (WG 2018; link) promotes maintaining a healthy weight.
- In addition to obesity, coronary heart disease [LTC-001], heart failure [LTC-002], atrial fibrillation, hypertension, diabetes [LTC-004], and hypercholesterolemia may contribute to the onset of dementia (*Clin Epidemiol*. 2013; 5: 135–145.).

▼ Focus on improving detection of dementia

- Increased ascertainment of those at risk, with confirmation of a diagnosis of dementia, will affect prevalence proportion. Higher cluster prevalence may reflect one or more of higher population disease prevalence; opportunity to improve delivery of behaviour change interventions; opportunity to improve identification and/ or management of clinical risk factors; access to health care; or the effectiveness of case finding.

- QOF guidance for 2017/18 identified dementia as a national clinical priority and proposed quality improvement action focussed on using one or more of three quality improvement toolkits (see here); one of these was *Recognition, assessment and referral of suspected dementia in primary care*.

- For signposting to relevant NICE guidelines/ quality standards relating to detection of dementia as a source of potential improvement actions, see below.

▼ Focus on improving management of dementia

- Improving the quality of dementia care will not lower prevalence, however, it may reduce the risk of complications/ future events; improve quality of life for the patient and their carers/ families; reduce inequity in health outcomes; or reduce (or increase) health and social care utilisation and costs.

- Indicator review for condition management (e.g. anti-psychotic prescribing) is not included in the initial release of the PCNA tool; this is subject to improvements in PHW access to primary care data that would inform actionable intelligence.

- The *Dementia action plan for Wales 2018–2022* (WG 2018; link) requires that primary care practices are able to evidence that they are "dementia supportive".

- QOF guidance for 2017/18 identified dementia as a national clinical priority and proposed quality improvement action focussed on using one or more of three quality improvement toolkits (see here); one of these was *Dementia management in primary care*.

- For signposting to relevant NICE guidelines/ quality standards relating to management of dementia as a source of potential improvement actions, see below.

▼ Ensure awareness and implementation of NICE guidance/ quality standards

- *Dementia: assessment, management and support for people living with dementia and their carers*. NICE guideline [NG97] (Published date: June 2018) includes recommendations suitable for adoption by healthcare professionals. This guideline covers diagnosing and managing dementia (including Alzheimerâ€™s disease). It aims to improve care by making recommendations on training staff and helping carers to support people living with dementia.

- *Dementia: support in health and social care*. Quality standard [QS1] (Published date: June 2010) sets out 10 quality statements, any of which could form a focus for collective local improvement action. This quality standard covers care for people with dementia provided by health and social care staff in hospital, community and specialist care settings. It includes diagnosis, assessment and care planning, and respite services for carers of people with dementia. It describes high-quality care in priority areas for improvement.

STEP C Improvement actions for wider cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ Modify behavioural risk factors to prevent dementia or delay onset

- Optimise primary/ secondary preventive actions for smoking (BRF-001), unhealthy diet (BRF-002), physical inactivity (BRF-003) and alcohol misuse (BRF-004).
- The *Dementia action plan for Wales 2018–2022* (WG 2018; link) promotes smoking cessation and reducing alcohol consumption; it also notes that the behaviours of mental stimulation and socialising may be protective.

▼ Modify clinical risk factors to prevent dementia or delay onset

- Optimise primary/ secondary preventive actions for high body mass index (childhood [CRF-002] and adult [CRF-003] obesity).
- The *Dementia action plan for Wales 2018–2022* (WG 2018; link) promotes maintaining a healthy weight.

▼ Ensure awareness and implementation of NICE guidance/ quality standards

- *Dementia, disability and frailty in later lifeâ€”mid-life approaches to delay or prevent onset*. NICE guideline [NG16] (Published date: October 2015) includes recommendations suitable for adoption by a broad audience. This guideline covers mid-life approaches to delay or prevent the onset of dementia, disability and frailty in later life. The guideline aims to increase the amount of time that people can be independent, healthy and active in later life.
- *Dementia: support in health and social care*. Quality standard [QS1] (Published date: June 2010) sets out 10 quality statements, any of which could form a focus for collective local improvement action. This quality standard covers care for people with dementia provided by health and social care staff in hospital, community and specialist care settings. It includes diagnosis, assessment and care planning, and respite services for carers of people with dementia. It describes high-quality care in priority areas for improvement.
- *Dementia: independence and wellbeing*. Quality standard [QS30] (Published date: April 2013) sets out 10 quality statements, any of which could form a focus for collective local improvement action. This quality standard covers supporting people with dementia to live well and maintain their independence. It is for all social care settings and services working with and caring for people with dementia or suspected dementia. It describes high-quality care in priority areas for improvement.
- *Community pharmacies: promoting health and wellbeing*. NICE guideline [NG102] (Published date: August 2018) includes recommendations suitable for a broad audience. This guideline covers

how community pharmacies can help maintain and improve people's physical and mental health and wellbeing, including people with a long-term condition. It aims to encourage more people to use community pharmacies by integrating them within existing health and care pathways and ensuring they offer standard services and a consistent approach. It requires a collaborative approach from individual pharmacies and their representatives, local authorities and other commissioners.

What is happening in Wales?

ⓘ Consider whether shared learning/ local experience might guide your own implementation of the evidence:

▼ **Establishing Dementia Roadmap Wales (on-line resource)**

- *What problem was being addressed?* Need to provide information and signposting to dementia-related resources.
- *What was done to address it?* A concept initiated in South Monmouthshire to provide high quality information about the dementia journey alongside local information about services, support groups and care pathways to support people to live well with dementia. NCN funding continues to support this.
- *Who did it or who can be contacted in the event of queries?* Monmouthshire South cluster (Dr Annabelle Holtham) and Monmouthshire North cluster (Dr Brian Harries).
- *Source?* Primary Care Clusters 2019 (yearbook) [link].

▼ **Establishing a Dementia Support Project**

- *What problem was being addressed?* Need to improve support and participation opportunities for people with dementia.
- *What was done to address it?* The project provides the opportunity to harness the power of the wider community, combating social isolation and loneliness by supporting individuals to access activities and groups within their local community. This enables and empowers individuals to build resilience and confidence. Our approach through this project is to work alongside individuals to focus on what can be done rather than what can no longer be done. Working with local community groups and third sector organisation to encourage them to open their services so that people with dementia and their families can participate and live well with dementia. Work has included a Dementia week to allow patients and their carers to access and identify services available. As part of the awareness raising, training has been provided to front line workers from the practice; from the Police; Fire and Rescue; from the Local Authority. At the end of the training all those attending were asked to pledge something that they will do in relation to support for people with Dementia. This project has now received further funding to expand and become a joint programme with our neighbouring Cluster of Llwchwr.
- *Who did it or who can be contacted in the event of queries?* Cwm Tawe cluster (Dr Iestyn Davies).

- *Source?* Primary Care Clusters 2019 (yearbook) [link].

▼ **Placeholder project description**

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

ⓘ Have something to share? Please let us know here.

ⓘ **Caution**: Any text entered into the following sections will not be saved if you navigate away from this page, or close the browser window before selecting PRINT.

What do you know about community views on this?

ⓘ Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

Type here

What assets or partnership opportunities can you identify?

ⓘ Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

Type here

STEP G Do you need more data before making a decision?

ⓘ If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

Type here

STEP H What is your provisional decision?

ⓘ Having reviewed indicator data on local needs and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team (LPHT). Summarise your proposals for action into the following box:

Type here

ⓘ Now PRINT this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and return to the PCNA workbook to review another indicator.