Dementia care in primary care: a priority for 21st century GPs

Louise Robinson, RCGP Clinical Champion for Dementia and Julia Cook, GP and Sunderland CCG clinical lead for dementia.

With life expectancy increasing by 2 years every decade, our rapidly aging population presents interesting dilemmas for primary care; the challenges of multi-morbidity, polypharmacy, and combinations of functional, sensory and cognitive impairment, lead to a complexity of care that requires close communication with family carers, risk assessment and pragmatic “best interests” decision making with all those involved. Caring for people with dementia brings together most of these issues. The RCGP is committed to improving the quality of dementia care through initiatives like the Clinical Champion post for dementia, initiated in 2012, and more recently the creation of a college policy document on dementia.

Many of us working in the community will have been aware of these issues for many years and primary care has adapted its structure and organisation to meet these needs. The role of the practice nurse has expanded considerably with nurse practitioners dealing with many common acute medical problems, nurse specialists leading on chronic illness care and our community nursing teams providing incredible support to the house bound and those needing palliative care. The question remains though ‘Have we as GPs responded to the challenge of 21st century ageing populations?’

In 2011, the Royal College of General Practitioners recommended the need for longer consultations, suggesting 15 minutes as the norm, to meet the demands of our ageing societies. However the pressures of demand make such a way of working a luxury and few GPs have adopted this model. The College has also suggested increasing the length of GP training from 3 years to 4 years, but this is yet to be formalised in practice. What is apparent is that GPs will need to be both more skilled in the care of older people (a ‘GP-geriatrician’) especially those who are more vulnerable i.e. those with dementia (a ‘GP-old age psychiatrist’) and also develop closer collaboration with secondary care colleagues.

The RCGP Dementia Clinical Champions recognise these educational needs and have been working with key national organisations such as the Alzheimer’s Society and BMJ Learning to produce a range of e-learning modules to help raise GPs and nurses’ knowledge and skills in caring for people with dementia. Examples of these are shown in Box 1. In addition, the RCGP One Day Essentials Course on Dementia focuses on both raising professional knowledge but also new ways of working, including the model of a GP with Specialist Interest (GPwSI) in dementia. The College has recently produced a comprehensive competency framework for a GPwSI in dementia (www.rcgp.org.uk/clinical-and-
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Box 1: E-learning resources on caring for people with dementia in primary care

- RCGP e-learning (www.e-lfh.org.uk/projects/egp)
  - Care of older people section: 2 dementia modules
    - Good introduction to the basics of dementia care:
      - Appropriate for GP registrars, nurses and GPs who lack confidence in this area.
- BMJ Learning (http://learning.bmj.com/learning/home.html)
  - E-learning module on Behavioural problems in dementia and the use of anti-psychotic drugs.
- Quality Improvement Projects (QIPs) (http://learning.bmj.com/learning/home.html)
  - 5 QIPs on a range of aspects of dementia care including
    - diagnosis and early intervention
    - supporting carers
    - managing co-morbidity
    - end of life care

  Combine individual professional learning with practice audit/service improvement projects; excellent for appraisal.

The Memory Protection Service model is a modified GPwSI model – employing and training GPs to diagnose patients with dementia, co-ordinated by an old age psychiatrist, and supported by a mental health team (Community Psychiatric Nurses, clinical psychologists and Occupational Therapy). The service is embedded in the community, away from the mental health hospital to de-stigmatise dementia, and patients are assessed in 4 community
clinicals located mainly in primary care centres. Referrals are ageless, can be from any health professional and patients can also self-referral. The main criterion is that patients are in the early stages of dementia and don’t have significant mental health or physical co-morbidity. It provides access to drug therapies and a range of psychological therapies. Post diagnostic support is a key element, patients receive personalised information packs and the Memory Protection Service operates as a “membership model” allowing patients to dip in and out of services. It has strong links to voluntary and carer support organisations which are invaluable to patients with dementia and their carers. The major role played by GPs currently is sharing and explaining the diagnosis (including neuroimaging results) and initiating treatment with Cholinesterase inhibitors.

The most significant challenge has been around the GP recruitment and training. Can GPs really diagnosis dementia? The answer is yes with the right training and support. In the initial phase of recruitment, only 40% of the GPSI sessions were filled. In house training was time consuming but the Memory Protection Service now supplements it’s on the job training with accredited RCGP GPSI training modules. There have been great rewards by having the Memory Protection Service so strongly embedded in primary care as local GPs were able to shape the service from the start. GPs understand what really matters to their patients. We have seen closer collaboration with primary care, secondary care and the commissioners and through this enhanced working we have used protected GP educational time to jointly deliver educational sessions to the wider primary care team and developed a GP dementia toolkit to help quality improvement activities for GP appraisal/revalidation. Has the new service been successful? The figures speak for themselves. The Memory Protection Service operates in South Tyneside, Sunderland and Gateshead and the recently published state of the nation report shows these 3 CCGs are in the top 15 CCGs for dementia diagnosis rates of between 60 and 70%.

Such new models are springing up around the country with Dr Ian Greaves model in Gnosall Cheshire recently winning an NHS Innovation Award. However whilst not all CCGs will want to commission new ways of working, it is clear that all GPs have a responsibility to have core knowledge in the care of older people and especially those with dementia, If we lack experience in such areas, then it is partly our individual responsibility to seek formal postgraduate training opportunities to improve our skills; however it is also imperative that the College provide us with opportunities too. Notwithstanding it would also appear essential that we look at more integrated ways of working in the future to care for this very special group of our population.

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