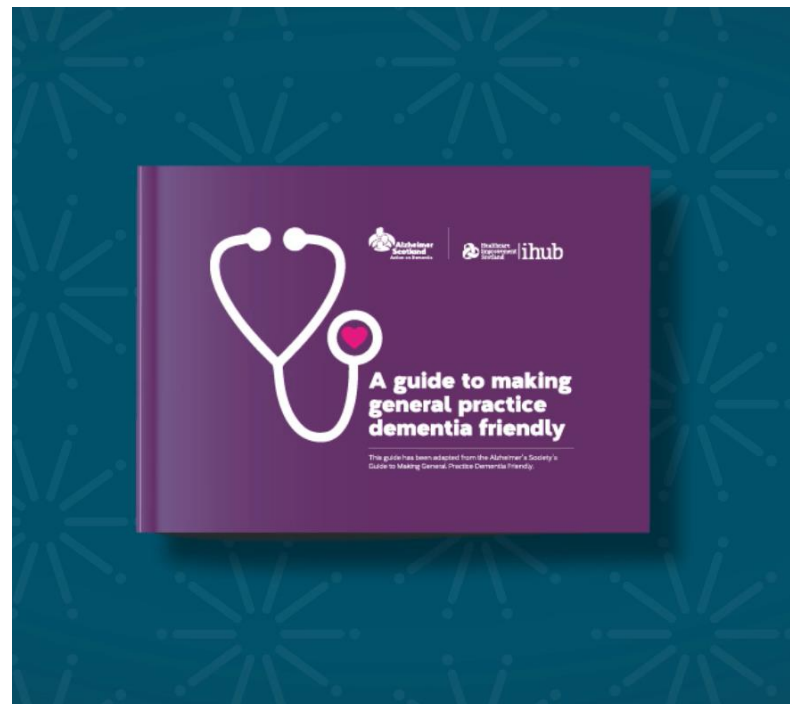# Using "A guide to making general practice dementia friendly"

Experience of Benbecula Medical Practice

"A guide to making general practice dementia friendly" is a self-assessment tool to enable GP practices to become dementia friendly.

Benbecula Medical Practice were interested in using the guide and checklist to facilitate a structured approach to improving the way they work to support the patients in their practice who live with dementia. In this case study, Benbecula Medical Practice share their experience of using the guide.

"The biggest impact was engaging all the staff in thinking about how they could improve care for our patients who have dementia"

Benbecula Medical Practice

"[A guide to making general practice dementia friendly](#)" is a self-assessment tool to enable GP practices to become dementia friendly.

The guide was produced by Alzheimer Scotland and Focus on Dementia (part of Healthcare Improvement Scotland's improvement hub). It was adapted for Scotland from the Alzheimer Society's guide of the same name with their kind permission. The guide includes a checklist for GP practices to help people with dementia and their carers access high quality care and support.

The guide was first published in February 2020. It was updated in 2021 to reflect changes in practice due to the COVID-19 pandemic.

Benbecula Medical Practice experience

Benbecula Medical Practice were interested in using the guide and checklist to facilitate a structured approach to improve the way they work to support their patients who have dementia. They highlighted several reasons why they felt the guide would be relevant to them.

- The practice has an aging population and they anticipate that an increasing number of their patients will have dementia.

- COVID-19 has changed the way that the practice works, with more telephone consulting, reliance on the practice website and social media to inform their patients, which is not accessible to all.

- Proactive intervention allows individuals to be supported in the community for longer, and with a better quality of life. This requires the practice to be effective at identifying their patients who have dementia, and linking them with sources of help early in their diagnosis.

In this case study, Benbecula Medical Practice share their experiences using the guide and checklist over a six month period.
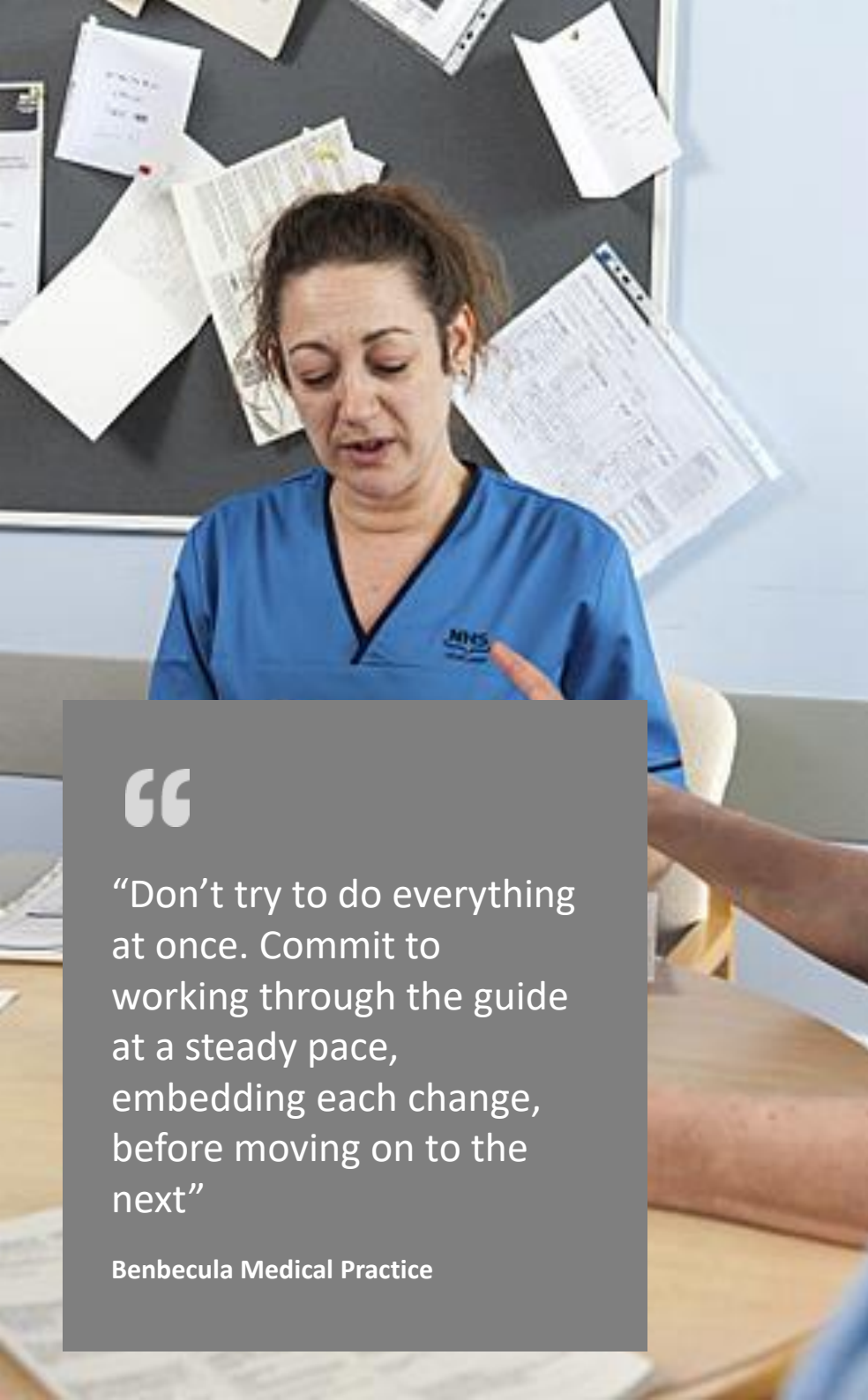
The term patient is used throughout in the context of people with dementia being patients of the GP practice.

> "
> "We would like to use a structured approach to improving the way we work to support (our) patients with dementia"
>
> **Benbecula Medical Practice**

> "Don't try to do everything at once. Commit to working through the guide at a steady pace, embedding each change, before moving on to the next"
>
> **Benbecula Medical Practice**

Overview

"We introduced the tool at one of our staff meetings. We agreed that we did not have an overarching approach to making the practice dementia friendly, above and beyond the individual efforts made by members of staff.

We discussed how we might use the tool over the next 12 months. We agreed that:

- we would spend 10 minutes each month at our regular staff meetings, identifying any changes we could make, and

- (we would make) those changes over the month before the next meeting.

Our first action was to look at some of the suggestions about appointments and explore our awareness of how many of our patients had dementia. We realised that we could not make any changes to appointments and consultations without being aware of who was living with the condition."

Impact

"The biggest impact was engaging all the staff in thinking about how they could improve care for our patients who have dementia. This produced most of the ideas for change, especially:

- flagging memory loss in the dispensary

- creating a dementia information board in the waiting room

- reviewing coding, flags and Anticipatory Care Plans (ACP), and

- liaising with the psychiatry team for clarity around diagnosis, follow-up and medication."

We consider each of these impacts in turn on the next page.

1. Reviewing coding, flags and ACP

"We felt that most of the patients with dementia in our small practice were already known to us, but on discussion we realised that we had some patients that staff thought had been diagnosed, but who had no code on their records, and had possibly not accessed appropriate support.

As part of the coding review, we considered the following points.

- We agreed how to code early decline. We have been using 'memory loss symptom'. This allowed us to identify our patients who had this code, and then to see if they had subsequently been reviewed to see if they had been diagnosed or if the problem had settled.

- We agreed how to code "do not attend" attendances.

- As part of the coding review, we added alerts to patient records. The alert flag included reminders, including:

  o reminders for longer appointments,

  o where there is a low threshold for home visits

  o when to consider medication supervision (e.g. medication administration record etc.), and

  o information in referral letters.

We agreed that we would not flag patients who were already in residential care, as they were not able to make appointments at the surgery."

The team use a noticeboard to update their patients on their work to ensure their practice is dementia friendly.

2. Links to the dispensary

"As there is no pharmacy in the area, our practice has its own dispensary.

Through the process of reviewing codes, we discovered that dispensers were often aware of patients with cognitive decline before the rest of the team, because they noticed they were not coping with ordering their medication. We agreed that the dispensers would flag patients who were ordering chaotically, and pass this to the medical team for review."

3. Links to the psychiatry team

"The process of checking the notes for each patient (highlighted in point one) meant cross-referencing referrals and coding, uncovering and following up some patients lost to psychiatric review.

The team also agreed to audit all of our patients on anticholinesterase inhibitors to check when they were last seen by a psychiatrist or community psychiatric nurses to review their medication, and to check that they had appropriate diagnostic codes on their records."

4. Creating a dementia information board

"During one monthly review of the checklist, the team focused on carers. We considered the action we had already taken to support carers. We already keep a carers' register, and those on the register are automatically included in the health board's vaccination programmes and support. Our noticeboard has information for carers, but it is only one A4 poster in a sea of other information.

We discussed options to engage and support carers at a staff meeting. We chose to create a dementia information board in the waiting room which we have highlighted as one of our greatest impacts."
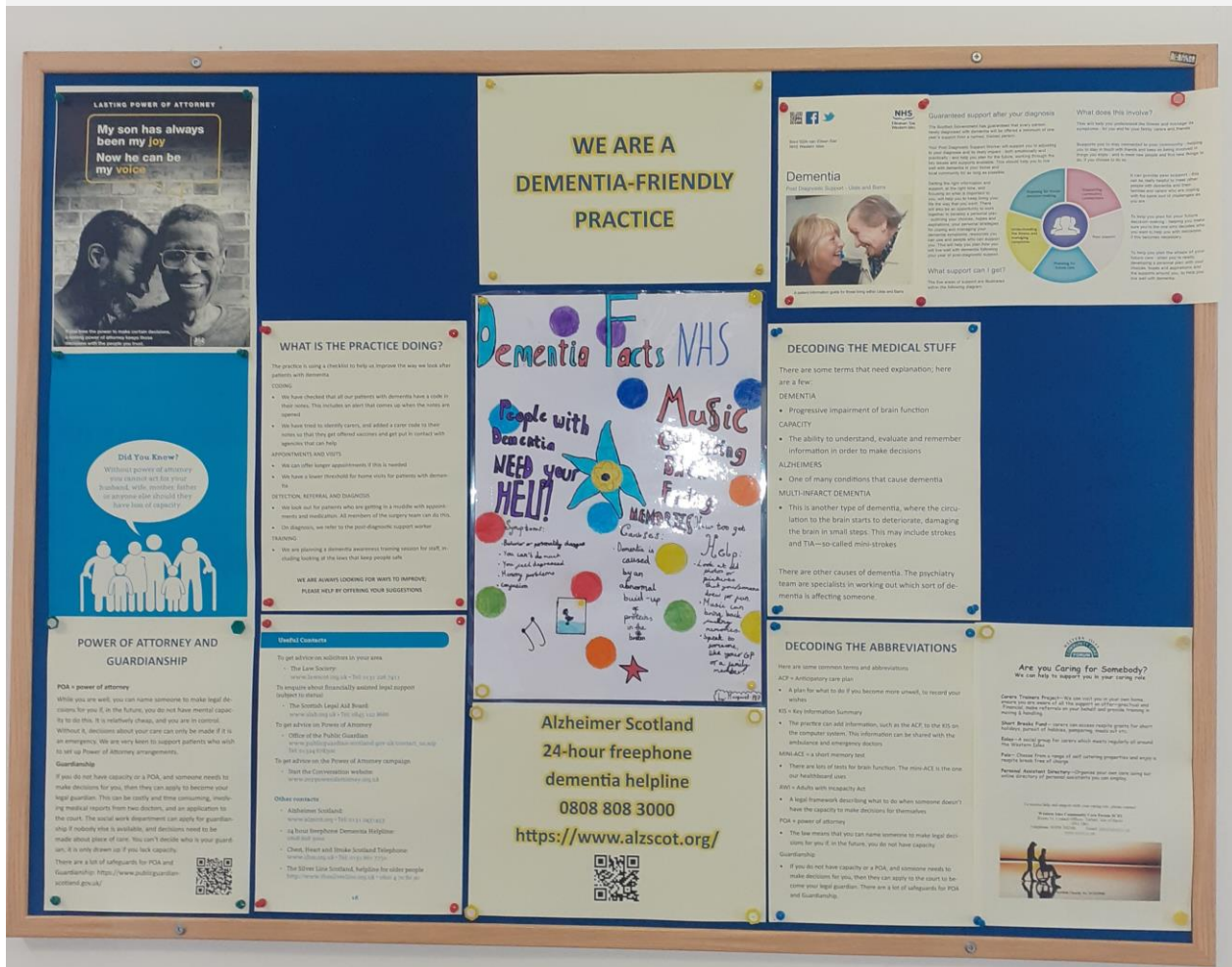
Conclusions

The practice identified five key learning points that the practice identified during the process of using the tool.

Next steps

The practice will continue to work through the guide over 2022. Their next steps are to ask families involved in caring for someone with dementia for their ideas.

For more information

To access the "A guide to making general practice dementia friendly" and learn more about Focus on Dementia, visit the ihub webpages.

1. Don't try to do everything at once

"Commit to working through the guide at a steady pace, embedding each change, before moving on to the next."

2. Begin with data and coding

"I would advise anyone starting on this guide to begin with data and coding, working out how many patients in the practice have dementia, and whether they are appropriately coded."

3. Get the whole team involved

"There is a lot of talent and commitment in GP surgery teams, and it makes their job more meaningful if they can shape the way care is provided."

4. Process for annual review

"The annual review of the practice's patients who have dementia should fit with other reviews. We would suggest birth month, to spread workload. Annual reviews should include review of diagnosis, treatment and medication, follow-up, update alerts and key information set, ACP and power of attorney data."

5. Repeat the process

"It is always worth running through the guide again – many of the items in the checklist can be done as a one off, but running through the guide on a regular basis will pick up any changes in practice."