



The barriers & solutions to providing good quality palliative care in dementia in the GP practice

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GPs' Perspectives of the Barriers and Solutions to Good Quality Palliative Care in Dementia

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BACKGROUND: Dementia is a significant worldwide health issue, however, it is often insidious in onset and difficult to diagnose, therefore GPs have expressed a limited confidence in their diagnostic skills, extending into their prognostication of the disease. As a result diagnosing the terminal phase of dementia has been identified as a significant challenge to delivering effective palliative care. Therefore, identifying the challenges faced by the GPs in this field will help to guide their training and support, and as a result could assist in the provision of sustained and effective palliative care for their dementia patients.

AIM: To investigate GPs' perceptions of the potential barriers and solutions to the provision of good quality palliative care in dementia in their GP practices

METHODS & ANALYSIS

- Cross-sectional postal survey of GPs located across Northern Ireland (Autumn 2013)
- Purposive, cluster sampling approach using Quality & Outcomes Framework data & Business Services Organisation's Practice and GP lists
- Inductive thematic analysis of barrier statements.

SURVEY INSTRUMENT

- "Care for Dementia Patients at the End of Life" – Section C
- Solicits respondents' suggestions of the three most significant barriers to the provision of palliative care in dementia and associated potential solutions.

CHARACTERISTICS OF RESPONDENTS

- **133** completed surveys – a response rate of **39.1% (133/340)**
- **60.9%** of surveyed practices (**106/174**) represented

RESULTS

BARRIER 1: Lack of knowledge & understanding - Level of family/carer, healthcare professional & public understanding; recognition of dementia as a palliative condition

Suggested solutions: Enhanced education & training; media dementia awareness campaigns

BARRIER 2: Limited availability of resources - GP resources – practice & time pressures; access to community staff & resources; funding

Suggested solutions: Increased funding from authorities; protected time for clinical assessments

BARRIER 3: Uncertainty of appropriate care - Inappropriate medical treatments, interventions & hospitalisations; difficulty of assessments, diagnosis & prognosis; Lack of standardised guidelines & information

Suggested solutions: Enhanced education & training; greater community specialist support; specific practice protocols; accurate prognosis algorithms

BARRIER 4: Poor interdisciplinary team approach - Team communication, integration & access to specialist support; continuity of care

Suggested solutions: Development of multidisciplinary team with one person coordinating dementia care; accessible community dementia teams; improvement of community links

BARRIER 5: Family - Family, carer & patient support; family resistance & disagreements

Suggested solutions: Optimising communication & relationships with families; increased funding for respite care; nominated family member to represent individual living with dementia

CONCLUSION

- Five main barriers to providing good quality palliative care in dementia were identified
 - Suggested solutions have a heavy emphasis on enhanced education & training
- The unequivocal importance of the family involvement and of full public dementia awareness were stressed to be crucial elements necessary to attain good quality palliative care in dementia.