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

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
• Solits respondents’ suggestions of the three most significant barriers to the provision of palliative care in dementia and associated potential solutions.

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.

CHARACTERISTICS OF RESPONDENTS
• 133 completed surveys – a response rate of 39.1% (133/340)
• 60.9% of surveyed practices (106/174) represented