

# Advance care planning in memory services

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## Background:

In 2013/14, UCLPartners delivered a pilot project to engage memory services across 4 trusts in shared decision making and advance care planning (ACP) for those newly diagnosed with dementia. The pilot identified major barriers to implementing ACP in memory services. Concurrently, memory services in Tower Hamlets were commissioned to trial ACP.

An estimated 800, 000 people have dementia in the UK, 10% of them in London. The majority have no opportunity to engage in planning for their future care. ACP can potentially support people to access the treatment they wish in the last years of life.





## Aims of the project:

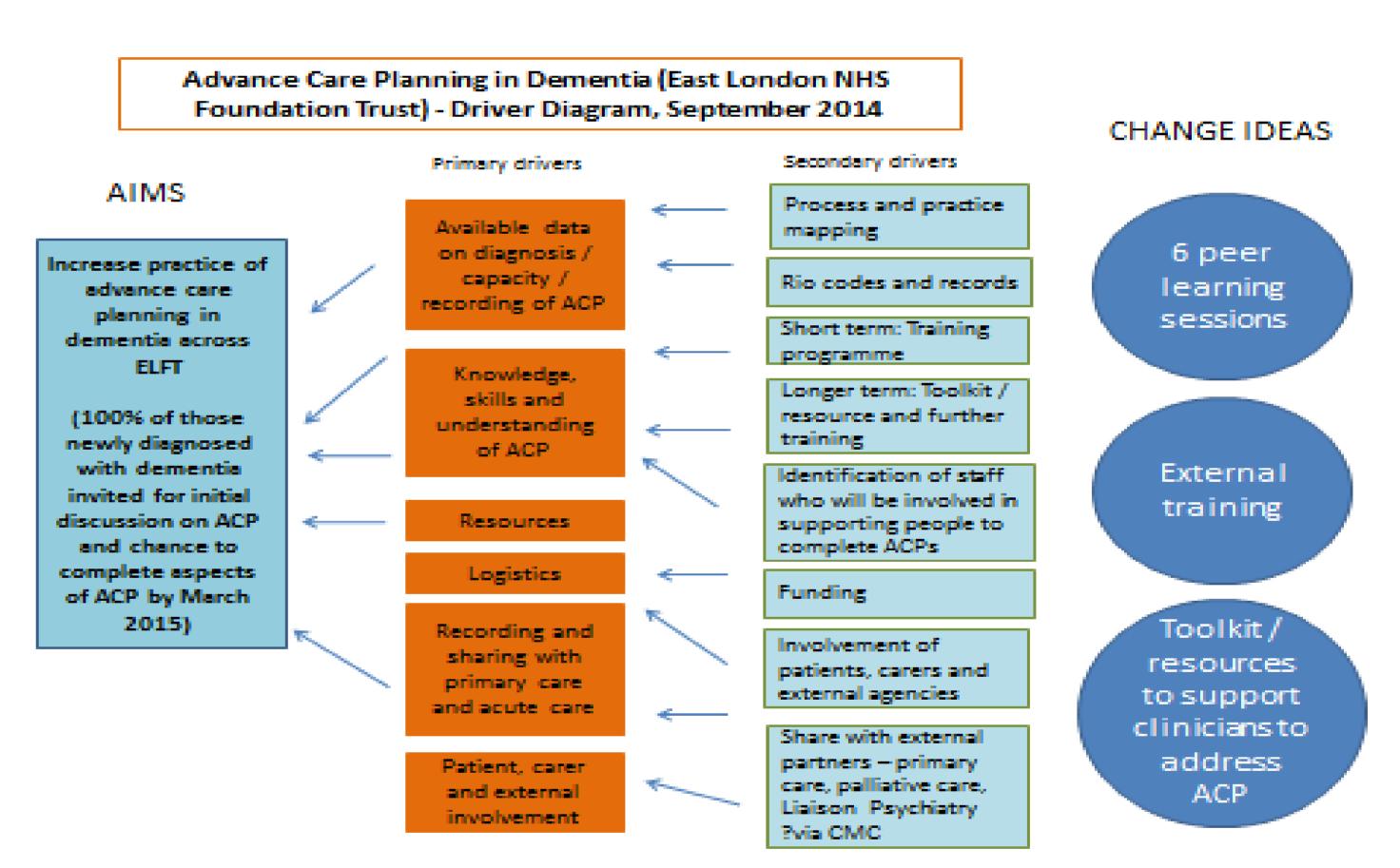
- Design an improvement project to address some of the identified barriers to ACP in memory services: lack of confidence, skills and knowledge in staff, anxiety about discussing end of life care, lack of tools and resources to generate the necessary conversations.
- Offer an initial discussion on 'thinking ahead' to 100% of those newly diagnosed with dementia, excluding only the few without capacity to express preferences.
- Offer follow up, more detailed information and the opportunity to document a care plan to those who wish to do so.



### Methods:

We worked across 3 services in City and Hackney, Tower Hamlets and Newham, offering specialised training aimed at increasing motivation and confidence of our highly skilled staff in starting difficult conversations on future care. We ran a set of reflective learning sets in each team, supporting staff to share barriers to ACP, both psychological and practical, and address issues through PDSA cycles. Carers advised the project team.

Working with service managers and administrators, we adapted systems to reflect and record the additional work. Each team established their local needs in terms of resources, and we agreed a trust-wide template for recording care preferences. We have shared our work with commissioners, and with partner trusts and achieved funding to spread the work to NELFT.



## Learning:

The model we used has increased the skills, knowledge and confidence of clinicians to work with ACP. We have offered an initial discussion on care planning to 80% of newly diagnosed patients. Quality improvement methods have helped us to focus our attention across the whole system.

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