



## NHS Health Check Top Tips: Talking About Dementia

In 2016 Public Health England commissioned Solutions to undertake qualitative research into patients and professionals experiences of talking about dementia in an NHS Health Check. These top tips for action and summary findings are based on the results from this work and are aimed at NHS Health Check commissioners and providers. The full report can be accessed [here](#).

### Do:

- **Recognise that service users may not be expecting a conversation about dementia** as part of their NHS Health Check. So this may come as a surprise to them but is not unwelcome [1].
- **Help service users understand the risk of developing dementia by linking brain health to heart health. Recognising that the risk factors are the same** makes sense to the service user as it highlights the connections between the two diseases [2,3].
- Use statements like **“What is good for your heart is good for your brain”** to help service users understand what can help them reduce the risk of dementia. This approach may improve service user motivation, it is also a positive message which can make it easier to talk about in an NHS Health Check [4].
- **Make sure you have enough time to talk about dementia risk reduction**, when it is rushed it makes the service user feel like it is a tick box exercise [5].
- **Use the NHS Health Check dementia leaflet** to support the conversation. Patients appreciate receiving the leaflet as they can read it in their own time and share it with family members [6].
- **Make prompts, tools and resources available** to help NHS Health Check practitioners talk about dementia risk reduction. Revised training products and resources, including a prompt sheet, leaflet and videos can be found on the NHS Health Check website: [NHS Health Check Dementia Training Resources](#) [7,8].
- **Ensure providers have access to and have completed dementia training** which will help build their confidence and expertise in raising and talking about dementia [7,8,9].

## Don't:

- **Use memory recall tests as part of the NHS Health Check dementia component**, they are not a validated diagnostic tool. Talk about reducing the risk of dementia, its signs and symptoms [10].
- **Assume that talking about dementia will distress or frighten the service user or that dementia is not relevant to them.** Service users welcome providers adopting a sensitive approach and using the opportunity to find out about the signs and symptoms of dementia and how to reduce their risk of developing the disease [11].
- **Assume that NHS Health Check providers or service users feel they know enough about dementia.** Knowledge of what dementia is and the different types can vary considerably. Misconceptions such as dementia being hereditary or a natural part of old age and so not preventable are common among both providers and service users [12].
- **Assume that providers are confident about talking about dementia.** Whether and how dementia is raised as part of a check can vary considerably [13, 14]. While many providers feel it is important to have a conversation about dementia [15], they can be less confident about doing so because they do not feel they have the expertise or, unlike other elements of the check, the discussion is not framed around specific measures or tests [7, 9].

## Study findings

1. Service users often expected the NHS Health Check to be a general health MOT. Dementia was considered to be an unexpected component, although not unwelcome.
2. Linking brain health to vascular health made sense to service users as dementia risk reduction messages entirely connect with cardiovascular disease messages.
3. Providers often considered the dementia component to be separate and unrelated to the conversation about cardiovascular disease, despite evidence showing risk factors are the same.
4. 'What's good for the heart is good for the brain' is a simple message that service users like and providers find easy to use. It is relevant to a wide audience and its positive focus could help providers feel more comfortable about raising the topic of dementia.
5. Some service users felt like the dementia conversations were rushed and seen as a box ticking exercise, unlike the conversations around cardiovascular health.
6. Service users appreciate receiving the dementia leaflet for different reasons: it gave them the opportunity to read the information in their own time at home; for those who did feel uncomfortable talking about dementia it removed the social pressure; it allowed the user to share the information with family members who may be in a better position to spot the signs and symptoms of dementia.
7. Providers reported a lack of confidence in raising the topic of dementia, feeling unable to field questions and lacking in expertise in this area. There was an appetite for further training on this and provision of prompts, tools and resources to support this.
8. A greater emphasis on the dementia component, along with cardiovascular health needs to be given in training sessions.

9. Both service users and NHS Health Check providers appreciate the tests (e.g. Blood pressure, HDL, LDL, glucose). They value the data and feel that it is not always easily accessible elsewhere. Practitioners are confident talking about test results and hard data. The absence of a dementia assessment measure can mean that some providers find it difficult to raise the topic.
10. Different approaches were taken by providers in relation to raising dementia within the NHS Health Check. Some would use indirect assessment, others direct questioning, and some would conduct short memory tests. A few did not mention dementia at all. Some providers judged whether to raise dementia or not depending on the person having the NHS Health Check.
11. Some providers felt uncomfortable with raising the topic of dementia with people, and tended to soften the approach. There was concern about causing distress or unnecessary worry. This perception was not reflected in the views of service users, who welcomed this topic being raised.
12. Both service users and NHS Health Check providers feel they do not know enough about dementia and felt that it was difficult to diagnose. The misconception that little can be done to prevent dementia was common and risk reduction messages are not well known.
13. Service users reported mixed views in terms of their experience of the dementia element of the NHS Health Check.
14. Service users had low recall of the dementia component when asked about this, and their experience was that it had not been an integral part of their NHS Health Check. They had very low recall of dementia risk reduction messages and the association between dementia and cardiovascular disease.
15. Providers felt that the dementia risk reduction messages were a worthwhile component, given the growing problem of dementia.

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