

Dementia Element of NHS Health Check Evaluation Research 2016

Summary Presentation
Workshop 3C
9th February 2017



Summary Background

 The aim of this research was to qualitatively evaluate the impact of the current dementia awareness-raising component in the NHS Health Check for over 65s

Sample

- 16 depth interviews with patients who had had NHS Health Checks aged 65-74
- 16 HCPs interviewed in depth interviews mix of Health Trainers/Practice Nurses, Health Care Assistants and Pharmacists
- Research conducted between April and September 2016 across a range of Northern, Midlands and Southern locations







Attitudes to Dementia across both patient and HCP audiences

- Dementia is topical and a growing health concern
- Seen as a very frightening condition of the brain
- Patients and HCPs can lack confidence in knowledge and understanding
- Basic knowledge of common signs and symptoms is good
- But understanding of different types of dementia, why it develops, if it can be prevented and outlook may not be as good – many myths abound
- Self assessment also challenging hard to distinguish between natural memory loss and more worrying signs
- Few top of mind links to vascular health or ways to reduce risk

'I think I had the assumption that it just happens. Random chance. I had assumed that it just arrived and that there was nothing you could do about it. Like a lottery.' Male, North





Low patient recall of dementia element in NHS Health Check

- NHS Health Check very much appreciated by sample seen as a good Health MOT
- Dementia component not often spontaneously recalled although there was some recall on prompting
- Emphasis of the check feels dominated by lifestyle and common routine checks (blood pressure, cholesterol etc)
- Focus of check felt to be more around heart attacks/stroke

Patients report varied approaches in delivery of element

Indirect question

- Informal 'chat' with dementia raised
- Family history discussed
- Indirect 'assessment'
- May not even be recognised as part of the check

Direct question

- 'How is your memory?'
- Can be hard to answer and relies on honest reporting

Testing

Asked
 questions
 such as
 date/Prime
 Minister

Very low recall of any discussion around ways to reduce risk of dementia or link with cardio vascular health



Fits with HCP reported approaches

Direct and Simplistic....

- Have you heard of dementia'
 - if yes CLOSE

Diagnostic...

- 'Any problems with memory'?
- Some using memory tests

Risk reduction (small number)

 More open question about knowledge of risk reduction approaches



Greater focus on assessment or knowledge of signs/symptoms



Greater opportunity for discussion around risks and prevention



Style of delivery also varies – confident to apologetic

Awkwardness about raising dementia – at odds with other parts of check Concern about stigma and upset - dementia is frightening

Own confidence in discussing topic

'assessment' approach of other NHS Health Check elements

Factors influencing delivery

Time pressure during NHS Health Check



Patients open to element, although sensitivity needed

- Patients in our sample were happy to have dementia raised in this context even if not expected
- They do however appreciate a sensitive approach to the topic
- Can be fearful of diagnosis and signposting to memory services
- Occasionally concerns raised if you had genuine anxiety about potential symptoms

like the direct approach, but my wife with her it would have to be done with great tact and diplomacy... It needs to be explored with empathy and understanding' Male, South



Patients find risk reduction information interesting

- Most had not actively considered prevention or risk reduction
 - Mental 'exercise' and stimulation most often raised on consideration of prevention



- Link between vascular health and dementia not well known but makes sense on thought and discussion
- That there are lifestyle choices that could reduce risk of developing dementia can be very interesting news
- A credible inclusion within the NHS Health Check when linked to vascular health and lifestyle steps being discussed in this context

'We all know that smoking and drinking can cause a lot of illness. I don't think you're aware that it can cause dementia as well' Female, North



HCPs may benefit from further training on dementia element

- A small number in sample already delivering dementia element in context of risk reduction and behaviours that influence cardio vascular health
- For others linking vascular health and dementia and exploring idea of risk reduction in this context felt like new information or latent knowledge that could benefit from refreshing
- Exploration of the leaflet and discussion around topic can reframe the dementia element for them
- Many feel they could benefit from more training around dementia and how to approach the topic sensitively

'It's such a small part of the Health Check. The check is focused on CVD. Doing this research has made me think WOW! That link (between heart and head) is strong. You've made me think we should be flagging up, educating people' Health Checker



New leaflet well received by both audiences

- Seen as providing new, relevant and interesting information and advice
- Executed in a logical clear structure
- Positive tone of voice not patronising
- Interesting content
 - Information about signs and symptoms
 - Focus on myth busting
 - Clear information about risk reduction and lifestyle choices – not new in themselves, but can be new in this context

 'What's good for the heart is good for the brain' is a simple, memorable and catchy line



'I realise from this I absolutely didn't understand dementia' Male, Leeds



In summary this research suggests...

- Delivery of dementia element currently can feel more around memory assessment or knowledge of symptoms than risk reduction
- There is scope for greater impact of the dementia element
- There are challenges around delivery due to knowledge, confidence and stigma around dementia
- Patients do not consider a sensitive question around dementia or memory within NHS Health Check out of place due to their age
- The link between vascular health and dementia, and that some of the risk factors for dementia are the same as the risk factors for CVD is not well known by patients
- Strong interest in risk reduction information
- Consideration could be given to the style of introduction to be more
 of a conversation opener that frames the conversation around risk
 reduction, challenges perceptions of prevention and risk reduction
 and provides opportunity for concerns about own memory to also
 be expressed
- Could potentially flow well if introduced during discussion of ways to reduce risk of CVD making this link clearer