

RECOGNISING THE PEOPLE WHO MATTER MOST

A Student-Led QI Project to Strengthen Person-Centered Dementia Care

Amelia Williams
Ulster University



Background

DEMENTIA → IMPAIRED CAPACITY

NEXT OF KIN DETAILS ARE ESSENTIAL FOR

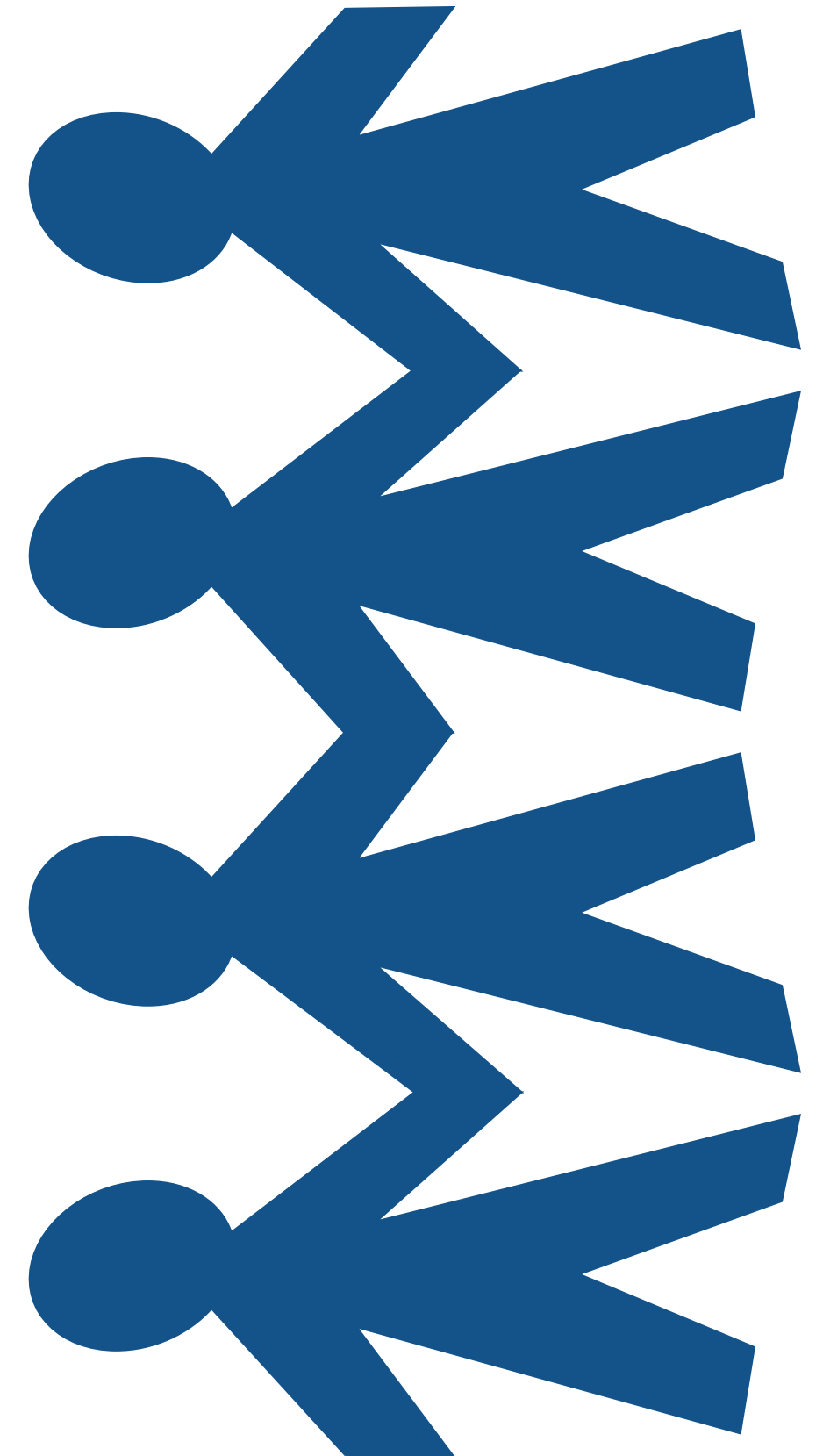
Communication – the right person can be contacted promptly

Decision-making - Consent, preferences and best interests remain visible

Continuity of care – Locums and unfamiliar clinicians can act confidently

NATIONAL GUIDANCE SUPPORTS CARER INVOLVEMENT

(NICE, 2018; NICE, 2019)



Identifying the issue

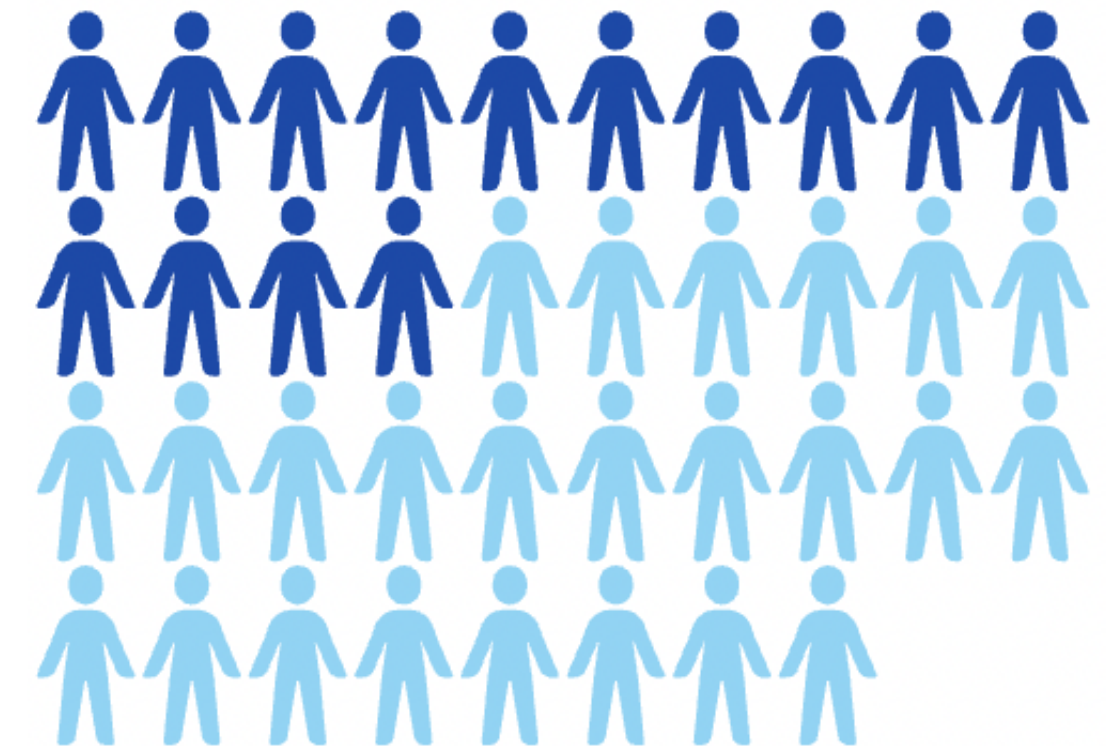
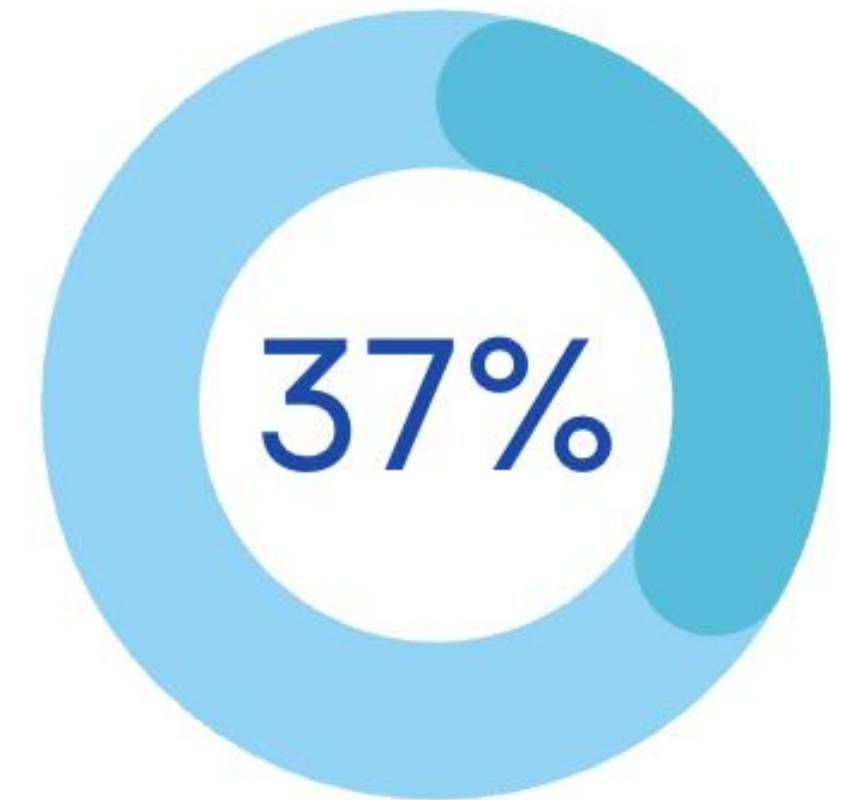
GREEN ROAD MEDICAL

Conlig, Bangor, Newtownards BT23 7PZ

Baseline Data showed a Reliability Gap

38 Patients were on the Dementia Register

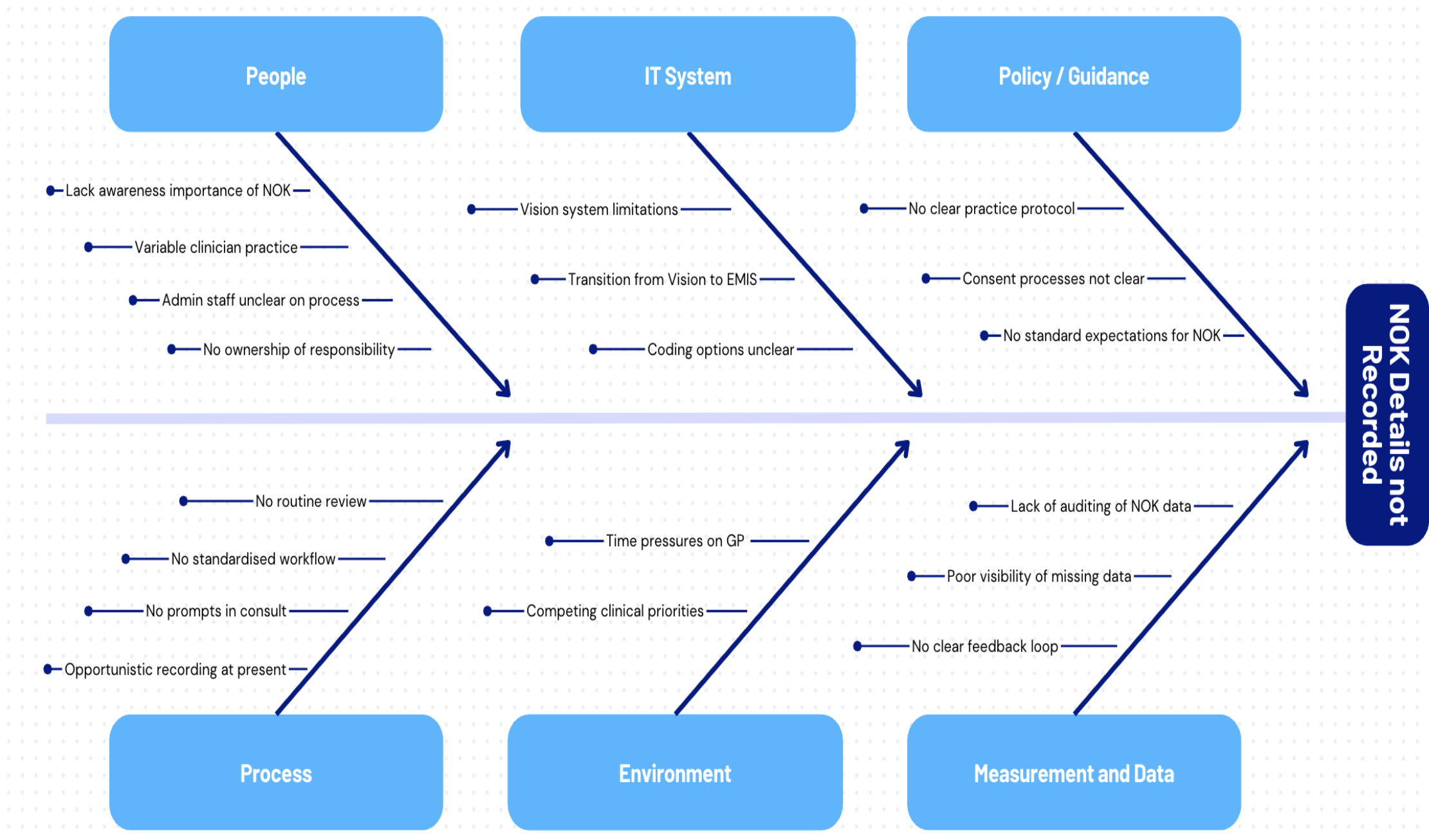
Only 37% had accurately documented and coded NOK



Aim

TO INCREASE THE PERCENTAGE OF DEMENTIA PATIENTS WHO HAD A NEXT OF KIN RECORDED ACCURATELY FROM 37% TO 90%.

Understanding the Problem



MY ROLE

- Map the existing process
- Analyse root causes
- Engage Stakeholders (GPs, admin staff, Patients and Carers)
- Use findings to shape subsequent intervention
- Designed and lead a proactive Dementia Review Clinic

PDSA Cycles: From awareness to Workflow

Cycle	Intervention	What we learned
1	Staff education using baseline findings	Awareness improved, but education alone produced little change
2	Consultation template and visual prompts	Structure improved consistency at the point of care
3	Standardised EMIS coding, reminders and recoding	System prompts reduced variation and made missing data visible
4	Student-led dementia review clinic using UNLOCK	Proactive review embedded a sustainable person-centred process

DEMENTIA CARE QUALITY IMPROVEMENT PROJECT

ON REFERRAL TO MEMORY CLINIC		
• Memory bloods ordered • NOK details recorded on system → Discuss consent to share information if appropriate / time (UNLOCK protocol - see below) → Record in Vision as a new journal entry (Next of Kin + Change to Priority 2 Entry) • Confirm address and contact details so that the appointment letter reaches the appropriate place		
FOLLOWING A CONFIRMED DEMENTIA DIAGNOSIS		
• Code patient appropriately • Book review consultation to develop a personalised care and support plan • Invite NOK / Carer to attend also • Review according to the below		
NEW DEMENTIA DIAGNOSIS REVIEW		
D	Diagnosis Review	Check diagnosis given is correct and confirm the patient's (and family / carer) understanding of
E	Effective Support	• 'U' - Understanding: The aim is to understand who should receive communication from us by letters, email, texts e.g. invitation for annual dementia review whether patient or family/carer. If the patient is happy to receive their own letters then of course it is absolutely fine. Identify who should receive communication from the practice with patient consent. (name, relationship to patient) • 'N' - Nominated person: Does the patient have someone they want phone calls to go to directly e.g. a carer who calls us and who receives our calls on their behalf if they are unwell. Record name(s) and contact details. • 'L' - Locks: is their address up to date, do they want to share a code for access? • 'O' - Other Consent: Do we have consent from the named person / carer to include their contact details within the patient's record? • 'C' - Confidentiality: Who does the patient give consent to for discussing medical records – are they happy for us to talk to a named friend/relative/carer – who? Record names and contact details. • 'K' - Knowledge: Is the patient happy to talk about their dementia diagnosis. Do they have preferred terminology to use (e.g. "memory loss", "age related memory loss") <i>UNLOCK adapted from Frome Valley Medical Centre</i>
M	Medication Review	Physical - reduce polypharmacy, minimise use of drugs which impair cognition and stop unnecessary medications. Holistic review of nutrition, hydration and exercise. Mental - psychiatric meds, therapies, treatment of depression and anxiety.
E	Evaluate Risk	Assess any additional risk factors including safe-guarding, carer stress and comorbidities (important if early review required)
N	New Symptoms	Any new symptoms which require investigation or treatment
T	Treatments	Post-diagnostic support → any appropriate approaches and interventions to maximise abilities
I	Individuality	Unique to person and their family: interests / hobbies / social functioning / ADLs and how to maintain these
A	Advance Care Planning	Wishes regarding what happens if or when capacity is impaired → care and treatment in later stages

UNLOCK made communication preferences routine

U	Understanding	Who should receive letters, emails and texts?
N	Nominated person	Who should make and receive calls on the patient's behalf?
L	Locks	Is the address current, and is any access information needed?
O	Other consent	Does the carer consent to their details being recorded?
C	Confidentiality	Who may discuss the patient's medical information?
K	Knowledge	How does the patient prefer the diagnosis to be described?

Adapted from the approach developed by Frome Valley Medical Centre

Active MOUSE, Mickey (Mr)

» UNLOCK Template

New Section 1

Understanding: who should receive communication?

☐ Patient's next of kin

Text

Locks: is the address up to date? Does the patient want to share an access code?

Text

Other Consent: does the NOK / carer consent to their details being included in the patient record?

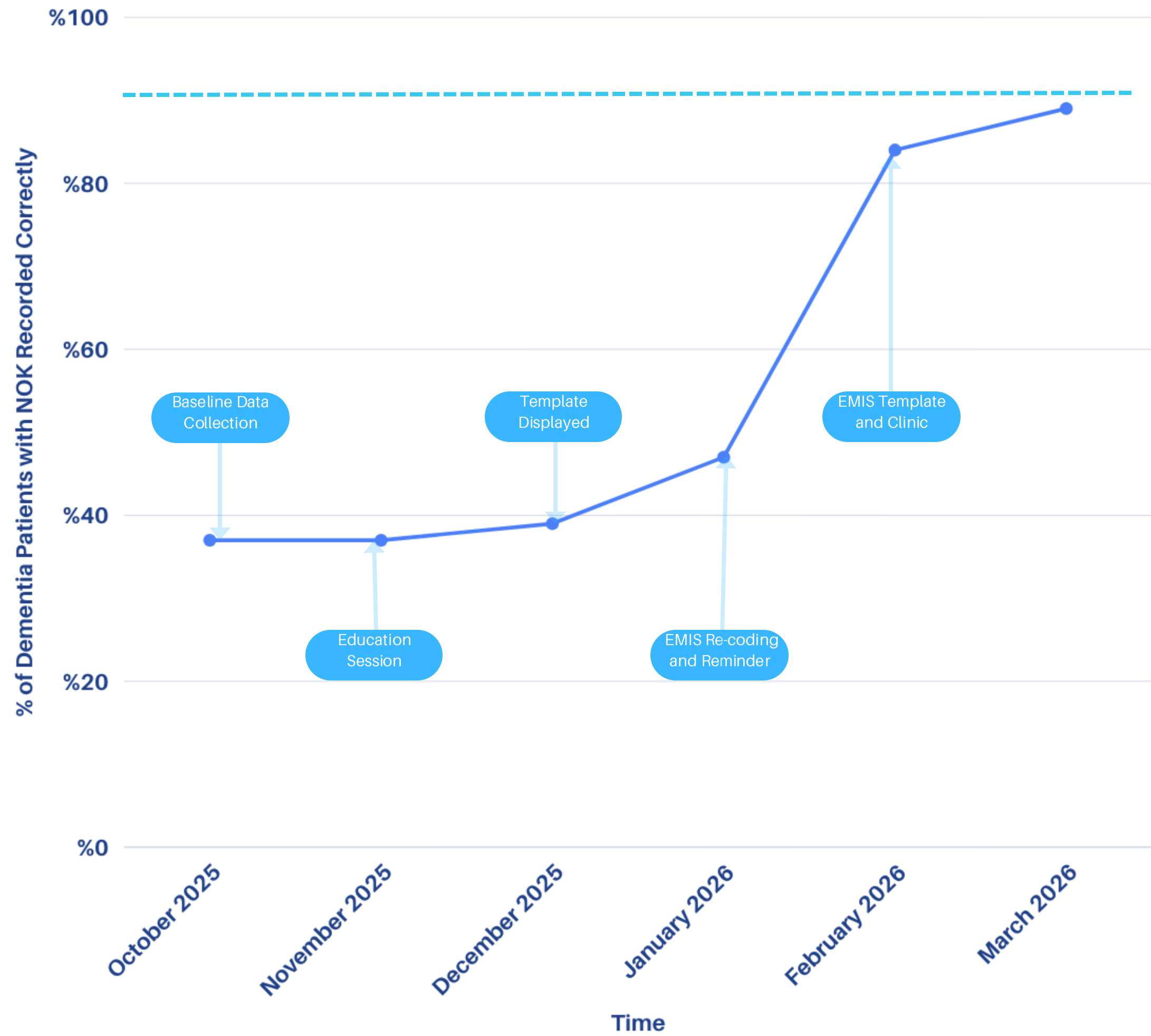
Confidentiality: who does the patient give consent to for discussing their medical records?

Knowledge: is the patient happy to talk about their dx + preferred terminology?

Shared data.)

The project integrated UNLOCK into the EMIS template and student-led dementia review clinic.

Run Chart



Outcome and Impact

FOR PATIENTS

Communication preferences and chosen contacts remain visible when the patient cannot speak for themselves.

FOR FAMILIES AND CARERS

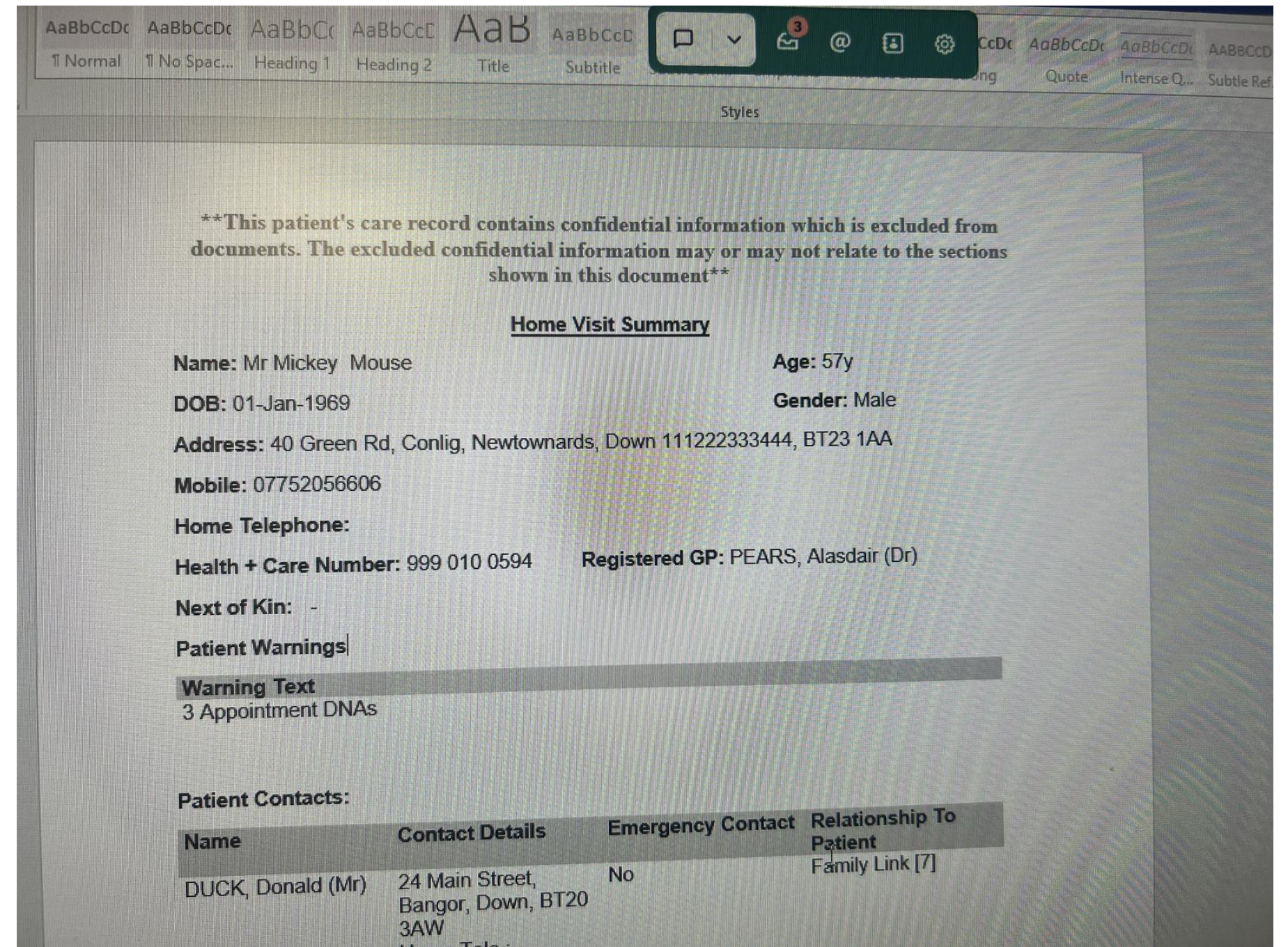
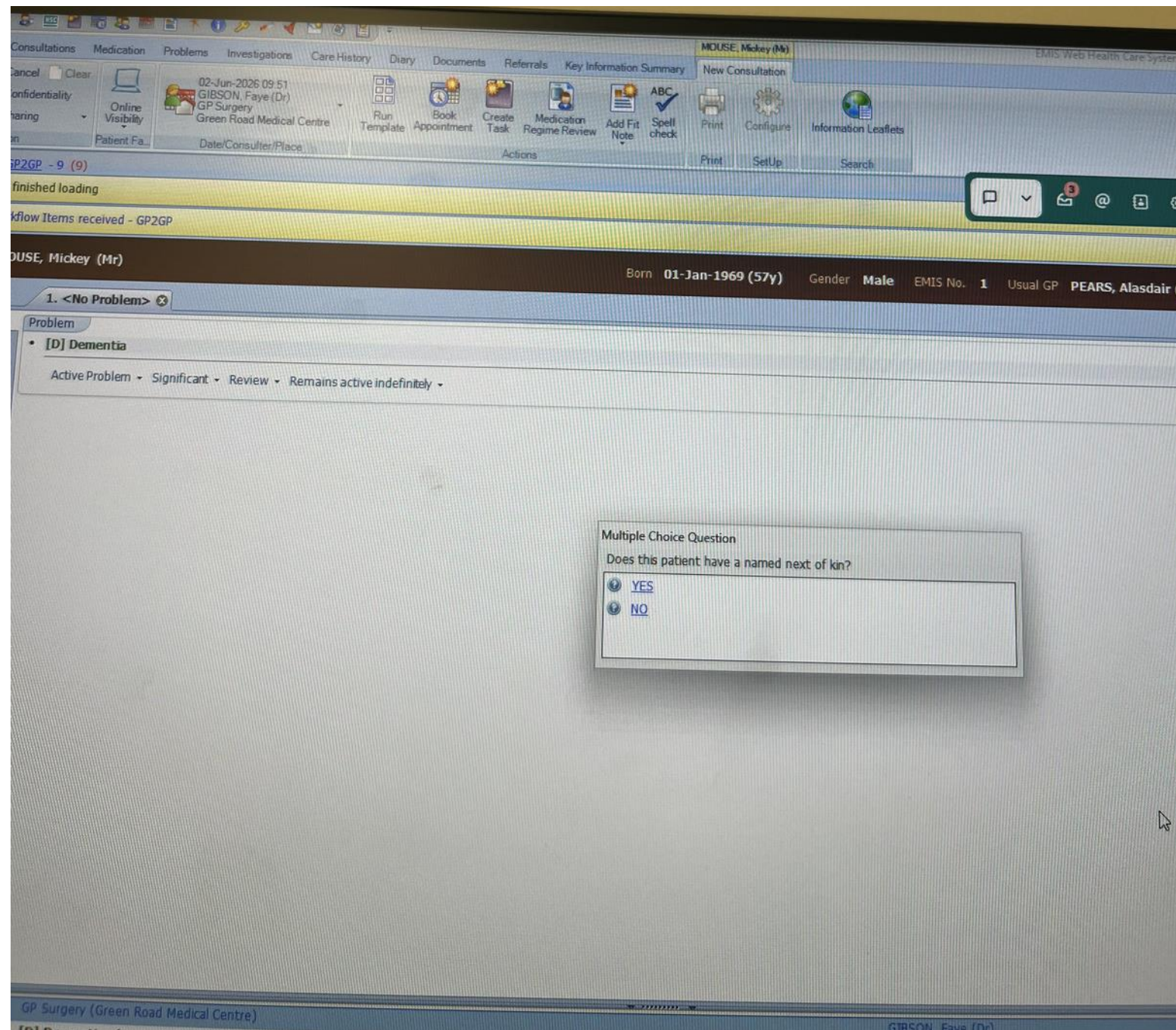
The right person can be contacted promptly and involved with appropriate consent.

FOR THE CLINICAL TEAM

Locums and unfamiliar clinicians can act confidently without relying on personal knowledge of a family.



Embedding the Change



Sustain and Spread

HOW?

≥80 + frailty patients targeted

Scalable

Inclusion of NOK details on home visit forms

Sharing templates with other GP practices



The people who matter most to the patient are now easier to identify when they are needed most.



References

National Institute for Health and Care Excellence (NICE) (2018) Dementia: assessment, management and support for people living with dementia and their carers (NG97).

National Institute for Health and Care Excellence (NICE) (2019) Dementia quality standard (QS184).

NHS England (2017) Dementia: Good care planning in primary care.

Alzheimer's Society (2024) Sharing information with carers.

NHS (2023) Dementia and end of life planning.