

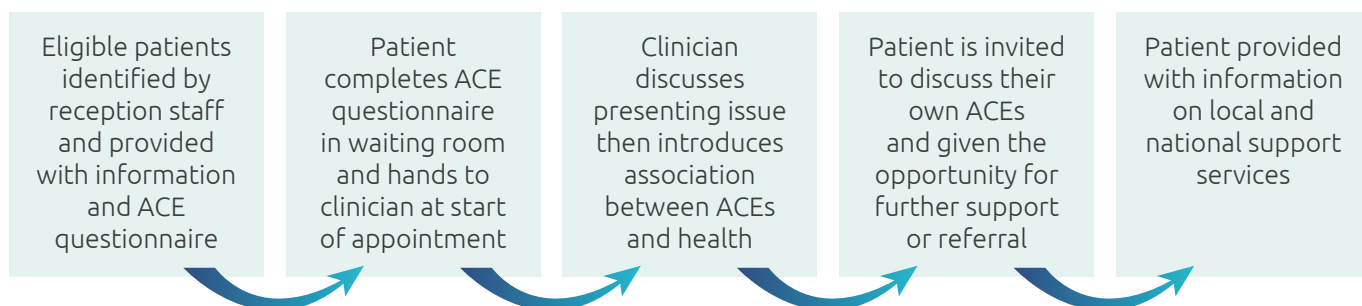
Asking about adverse childhood experiences (ACEs) in general practice

Findings from a pilot study in Anglesey

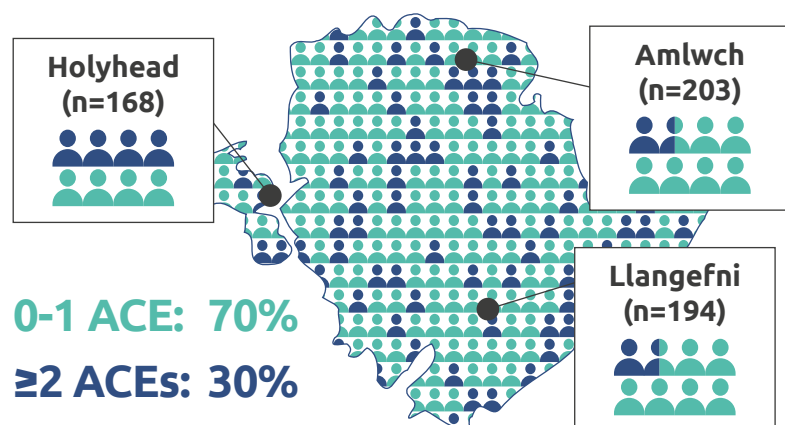
ACE enquiry was piloted during consultations with a general practitioner (GP) or nurse practitioner across three practices in 2017/18 with patients aged 18 years and over.

Process of ACE enquiry

91% of those patients asked agreed to take part in ACE enquiry (n=565)

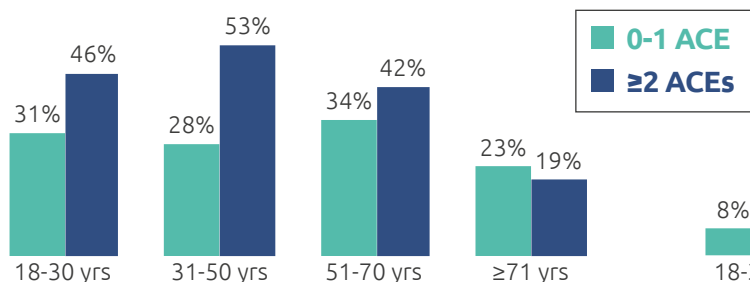


Prevalence of ACEs

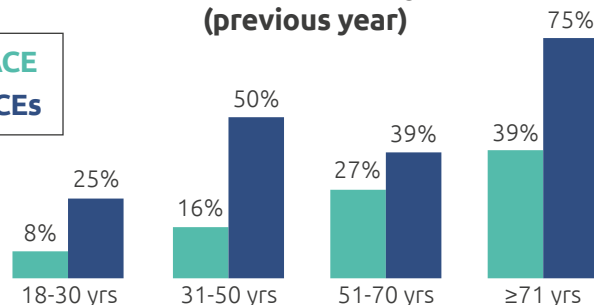


ACEs, health and service use^b

Experiencing current mental health issues



Referral to secondary care (previous year)



The process of ACE enquiry was designed and delivered by Betsi Cadwaladr University Health Board with the support of a consultant facilitator appointed by Cymru Well Wales Adverse Childhood Experiences (ACE) Support Hub. Public Health Wales were commissioned to independently evaluate this pilot. ^an=137 patients disclosed at least one ACE; ^bData extracted from patient records for n=549 patients.

What did patients say?^c

ACE questionnaires were...

Understandable & clear 96%

The GP surgery is...

A suitable place to ask 87%

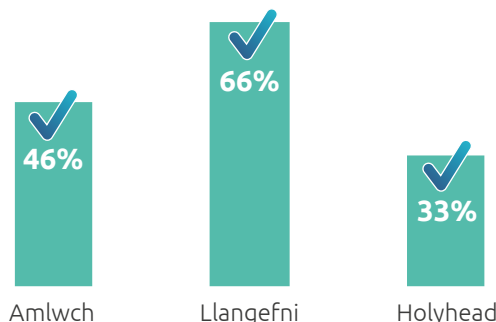
ACE enquiry is...

Important 81%

Acceptable 85%

Agreed/strongly agreed that...

My appointment was improved because the doctor/nurse understood my childhood better



What did practitioners say?^d

The use of a **structured tool** to enquire about ACEs was welcomed for **lessening the cognitive and emotional demand** on patients.

ACE enquiry resulted in largely **negligible impacts** on individual **consultation time**. However, some inherent features of general practice, such as patients arriving late for appointments, created **barriers to the completion of ACE questionnaires**.

Concerns about overall **service demand** and increased need for **specialist support** were **not realised during the pilot**. **No patient was upset or distressed** by delivery of agreed models of ACE enquiry.

Although **flexible** models of delivery allowed the ACE enquiry pilot to be adapted to other competing demands, **diversion from standard processes** (e.g. for booking in) resulted in some additional **burden for administrative staff and confusion for patients**.



Having knowledge of ACEs **improved understanding** of and **empathy** towards patients, allowing practitioners to provide a **more holistic approach** to patient care.

ACE enquiry provided **novel information** that countered prior assumptions about patients and was considered **important for informing future diagnoses and treatment**.

Conclusions

- ▶ This pilot evaluation finds considerable support for the acceptability of ACE enquiry in general practice to patients and practitioners, both of whom understand its relevance and added value in supporting individuals' health and wellbeing.
- ▶ Whilst ACEs are clearly associated with poor mental health outcomes, and findings provide tentative support to the notion of a therapeutic universal benefit derived from ACE enquiry, how practitioners may use an understanding of ACEs to inform the treatment and support provided to patients remains unclear.
- ▶ Although this pilot provides some encouraging insights into the feasibility of asking about ACEs, there continue to be complexities in this health setting that present challenges for engagement and the delivery of a sustained approach.
- ▶ Further research and evaluation is needed to build on these initial findings and explore the utility of scaled and sustainable approaches to ACE enquiry in general practice.

^cService user feedback questions completed by 333 patients (58.9% of those receiving ACE enquiry); response options on a likert scale (strongly agree; agree; not sure; disagree; strongly disagree); ^dQualitative findings from practitioner feedback interviews following implementation (n=12 participants).