

Executive Summary Document

How to become a Dementia Friendly Practice

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Introduction:

All of us want to be treated compassionately and with respect. Patients who have dementia want exactly the same. Achieving this in a primary setting is not complicated. It simply requires a team that can champion a culture of compassionate care – supported by a few organizational adjustments. This can have a huge impact on the patient with dementia and on their carers. In 2011 the **Royal College of Nursing** articulated the **SPACE** principles for Dementia Care in hospital settings. A survey of over 700 practitioners and 1480 people with dementia, family and carers identified five elements:

- Staff who are skilled and have time to care
- Partnership working with carers
- Assessment and early identification of dementia
- Care plans which are person-centred and individualised
- Environments that are dementia friendly.

My practice, the **Oakley and Overton Partnership**, is a semi-rural practice in Hampshire with a list size of over 11 000 patients and a large proportion of elderly patients (20% older than 65yrs). With the help of my team, our patients who have dementia and their carers we have applied these elements to a primary care setting. The **SPACE** acronym with the addition an **“i” to identify** a Dementia Champion as a first step mean that this can be implemented in a primary care setting. My hope is that every GP surgery can apply the **iSPACE** principles to their surgery so that together we can make a difference to the way we deliver care. The benefits could be:

- Improved **patient and carer experience**
- Improved **teamwork**
- Improved **clinical consultations** – better prescribing and improved referrals
- Improved **care planning** for the future
- Improved **quality of life** for our patients

Six steps to become a Dementia Friendly Practice

1. Identify a Dementia Champion in your practice

- Identify a **Dementia Champion** (with admin support) who will ensure the implementation of the **iSPACE** plan.
- Start a spreadsheet of all patients who have Dementia (example attached)
- Sign up to the **Dementia Action Alliance**
- Read the **NICE guideline** for Dementia Care

2. Staff who are skilled and have time to care

- Arrange a clinical meeting for all GPs with your local Older Peoples Mental Health consultant and ensure everybody is aware of the **local dementia pathway** and resources.
- Review the practice Dementia QOF (Quality and Outcomes Framework) template together to ensure that it covers all the areas our patients would want us to cover in a review appointment e.g. DVLA, weight, pain, power of attorney, need for dosette box, consent to share information with carer?
- Arrange a 1-hour training session for the whole team, which focuses on the experience of someone with Dementia. Invite a trainer from your local Dementia Action Alliance (free of charge)
- Give each member of staff the booklet **“customer facing staff guide- Dementia”** from the Alzheimer’s society. (Costs £5 for 25 booklets)
- Encourage staff to watch the on line video **“insights on living with and caring for those with dementia”** by Dr Jennifer Bute (a GP who has dementia and shares sensitively what she has learned from her experience in 3 min modules)
- Encourage continuity of care with one GP or nurse. It really helps.
- Discourage use of antipsychotics when managing Dementia in a primary care setting. Monitor and audit this. The Alzheimer’s society website has some **useful templates** for audits.

3. Partnership working with carers, family and friends

- Identify carers for all patients with Dementia by sending them a letter (example attached)
- Code the carers and ensure they are included and invited at all stages in the patient’s journey.
- Refer the carers to your local Carer Support Agencies (these are area-dependent). In our area we use the **Princess Royal Trust for Carers**.

- Ensure that carers are copied in on hospital referral letters so that they are aware of appointment dates.
- Discuss hospital processes with your local trust to encourage them to write to the carer if appropriate (with consent), rather than the patient when they send the appointment date out.
- Give the carer and patient a list of helpful contacts in your area. We have printed out some business cards with the helpful information on it. This needs to be local.
- Ensure the carer is offered a health check, flu jab and that we remind them that they can have a respite break if needed.
- Encourage carers to look at the [Alzheimer's society website](#) for some excellent resources for patients with all types of dementia.

4. Assessment and early identification of dementia

- Encourage a culture where Dementia is not stigmatised. Raise awareness of the memory problems and hand out useful leaflets such as ["worried about your memory?"](#) Ask people about their memory if they have other vascular risk factors or chronic neurological conditions by partaking in the National Dementia Enhances Service.
- When someone is concerned, an assessment will be carried out using 6CIT (Six Item Cognitive Impairment Test) or GPCOG (The General Practitioner Assessment of Cognition) and after doing baseline blood tests a referral to a memory service can be made.
- Offer early support after diagnosis – inviting patients back for a review in primary care and directing them to the resources available on the [Alzheimer's society website](#) and to the local support services in your area. Our memory service runs an excellent "memory matters" course for patients and their carers. This has been highly recommended.
- Identifying patients who have Dementia is the first step to unlocking the support they need. Most patients can be coded as having one of the following main diagnoses: Dementia in Alzheimer's disease Eu00, atypical or mixed type (mixed Dementia) Eu002, Vascular Dementia Eu01 or Unspecified Dementia EU02z.
- Ensure all codes such as "h/o dementia, cognitive decline, mild memory disturbance, memory impairment" are checked and converted to the most appropriate code once a formal diagnosis is made.
- Once accurately coded add a "major alert" to the patients notes so that everyone is aware that they have Dementia and can make allowances for this, just as we would for someone who is deaf or blind.

- Book double appointments to allow enough time for the patient and their carer to make the most of their review) appointment with their GP.
- When a patient with Dementia has a GP/ nurse/ health care assistant appointment add a note on the appointment page to prompt the practice to remind them 1 hour before the appointment to come.

5. Care plans which are person-centred and individualised

- Encourage patients who have Dementia to complete **“This is me”** document in advance of their review appointment. This document can then be scanned on to their notes and a copy sent in with them if they are admitted acutely.
- Encourage patients and their carers to express their care needs at an early stage so that we make best use of the window of opportunity. Anticipatory Care Plans are very helpful. Discuss these at the earliest opportunity.
- Once an Anticipatory Care Plan has been set up - share this document with your Out of Hours and Ambulance Services.
- Be aware of the stages of Dementia (e.g. **FAST stages**) and the impact it may have on other symptoms such as pain or weight loss and on other medical problems.
- Identify progression of Dementia and ensure we link up with social care and add patients to the Multi-Disciplinary Team meeting list (e.g. Gold Standards Framework) when their needs are greater.

6. Environments that are dementia friendly.

- Going to the GP surgery can be frightening for someone with Dementia. The check-in process, the surroundings and noise can all be confusing. Good light, uncluttered floors, clear signage and a welcoming face make all the difference.
- **Kings Fund tips** making an area dementia friendly
- Order **clear signage** for the toilets and exits.

Next Steps

Having taken some time to listen to our patients, train our team and implement the organisational changes needed we are now in a better position to offer the compassionate, personal care that our patients with dementia and their carers deserve. We will be looking to our patients to hold us to account.