



The Scottish
Government

The Forth Valley Dementia Project



The Dementia Services
Development Centre



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Abbreviations used in this document

A&E	Accident & Emergency
ADSW	Association of Directors of Social Work
ARBD	Alcohol related brain damage
AHP	Allied Healthcare Professional
CMHT	Community Mental Health Team
CPN	Community Psychiatric Nurse
CREATE	Community Resource for Education, Audit and Teamwork
DCPL	Dementia Care Practice Licence
DSDC	Dementia Services Development Centre
EPASS	Educational Providers Accreditation Scheme Scotland
FV	Forth Valley
GP	General Practitioner (Family Doctor)
HCPL	Home Care Practice Licence
HEAT	Health improvement, Efficiency and governance, Access and Treatment
ICP	Integrated Care Pathway
IHI	Institute for Healthcare Improvement
IMB	Iris Murdoch Building
MAISOP	Multi Agency Inspection of Services for Older People
MIPS	Memory Improvement Prompting Service
MWC	Mental Welfare Commission for Scotland
MSP	Member of the Scottish Parliament
NHS	National Health Service
NHS FV	Forth Valley NHS Board
NHS QIS	NHS Quality Improvement Scotland
SVQ	Scottish Vocational Qualification

Change in action

A selection of practical suggestions that came out of the Forth Valley Dementia Project – and which have been put into practice – are featured throughout this report. These include pre-existing initiatives that the project has promoted, along with new ideas which developed from it.

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“I know so many people who are struggling with looking after somebody with dementia at home and it’s so lovely to think that all this work is being done to help them in practical ways.”

Feedback from church group

Foreword

The Forth Valley Dementia Project was a ground-breaking initiative designed to improve standards of care for people with dementia, as well as providing better support for their families and carers. It took place across the Clackmannanshire, Falkirk and Stirling Council areas, and involved a huge range of people working for a wide variety of organisations. The voluntary sector and members of the public also made an important contribution.

During the project, participants learned more about dementia and used change techniques to evaluate their existing practice, introducing improvements based on the knowledge they had acquired.

We are fortunate in having such a committed and professional group of health and social care staff working in Forth Valley. Evidence gathered during the project suggests that through their determination and energy we successfully raised awareness of dementia-related issues, and improved standards of care for people with dementia.

This report describes what the project involved and what was achieved. It also provides some pointers for work that still remains to be done. We hope that this model of education and service redesign will have applications both elsewhere in Scotland and further afield.

Professor June Andrews
Project Leader

March 2008



Change in action

Creating a register of nursing skills

People with dementia may need tests or investigations. This may result in increased distress and discomfort due to delays in waiting for a doctor, or through having to go to another hospital.

A nurse at Bonnybridge hospital realised that some of her colleagues already had some 'specialist' skills in carrying out these procedures. She made up a register so that everybody knew who these nurses were and when they were on duty. This allowed patients to be treated more promptly and in an environment they were familiar with. The register was created as part of the nurse's leadership development through the project.

For further information contact Aileen McEleney, Ward 3, Bonnybridge Hospital. Tel: 01324 811140

Change in action

Improving patient information

The relevance and consistency of information about memory loss and dementia is often poor. *Finding your way through the maze* was developed for the person with dementia and their carers. It provides clear and simple information, key contact numbers and details of the services that are available. Importantly, all the information is local and up to date.

Finding your way through the maze was originally developed as a joint initiative between Falkirk Council and Alzheimer Scotland. The problem was finding the time to update and redistribute it, and this was done with some support from the project. In addition, the information provided for Alzheimer Scotland call handlers was checked to make sure it was accurate and up to date.

The Forth Valley Project also stimulated NHS Health Scotland to reprint *Coping with dementia* and review its distribution throughout Scotland.

For further information on Finding your way through the maze contact Fay Godfrey/Susan Nixon, Alzheimer Scotland (Falkirk office). Tel: 01324 564270 /559480



Introduction

In April 2007, 120 staff involved in dementia care in the Forth Valley area were briefed on the demographics of dementia locally, along with related national standards and targets. They were also introduced to some examples of good practice. Through a recognised change process, they themselves suggested nearly two hundred change ideas to help achieve local and national objectives. These ideas were collated into a plan, implementation of which started immediately¹. A group of around 60 staff subsequently ranked the ideas into easy, medium or difficult to refine the implementation process.

The project lasted for 12 months, and was supported by a financial commitment of £200,000 from the Health Directorate at the Scottish Government. The contribution of partner organisations mainly involved staff time.

Some of the ideas had no cost implications and some were paid for through project funds, while others were subsidised by participating partners or from other sources. At the end of the twelve months considerable change had taken place in the care of people with dementia, and staff confidence had soared².

The Forth Valley Project was based on change techniques that had been tried and tested through the Centre for Change and Innovation in Scotland³. Those ideas were shaped by work done by the Modernisation Agency⁴ in England and the Institute for Healthcare Improvement in the United States⁵.

The design of the project avoided certain elements that tend to typify initiatives such as this:

- there were no additional targets – the project was designed to help meet targets that already existed⁶
- there were no imported ideas – an action plan was created using ideas generated by local people, that they knew would make a difference
- there were no external experts – the people involved lived and work in the local area, and their expertise already existed
- there were no new partnerships or relationships – the partnerships were there, the relationships were long-standing

As outlined above, implementation of the action plan started within a matter of days of the ideas being generated. Staff who were already involved in making things better for people with dementia and their carers shared ideas that they knew from experience would help. The immediate implementation of these ideas had a rapid and significant effect.

After seven to nine months, staff in Forth Valley were asked whether they were more confident in their capacity to provide dementia-related services, and the answer was a very convincing “Yes”². An online and postal survey was sent to over 400 people. This generated a response rate of 41% – considerably higher than the 10–15% usually associated with such surveys. 47% of respondents said they felt more confident in caring for people with dementia, and a further 51% said they felt confident. We can therefore be confident that the wellbeing of people with dementia and their carers has improved.

The project was limited to a twelve-month period, and the investment was modest compared with the total Scottish spend on dementia (estimated to be between £1.5 and £1.7 billion in 2007)⁸. And yet some of the improvements were implemented at a national level⁷, in addition to those that took place at a local and individual level. Participants commented on how they had both learned, and shared their learning with others.

The Forth Valley Project has resulted in examples of good practice being implemented more widely. Resources that were either not available at all, or only available in limited ways, have become more widely accessible in ways that are sustainable. System changes have taken place, and there is an indication that more partnership working is taking place across organisations. Examples of all of these points are detailed in Sections 4, 5 and 6.

In addition to these measurable changes, personal testimonies from organisations other than health and local authorities have been positive. Representatives from the police, churches, libraries and voluntary organisations, as well as members of the public, feel that their knowledge of how to support people with dementia in Forth Valley has improved. They have indicated that they will continue to put what they have learned into practice after the end of the project.

The processes and techniques demonstrated through the Forth Valley Project have helped services deliver what they have been asked to do. They are adaptable and reliable enough to make change happen for the better, irrespective of specific targets. If the culture of public service organisations is to change, techniques such as the ones described here will always be needed to support what we do for the people in our care and their families.

¹ The full list of change ideas and outcomes – Sections 4–6

² Summary of the impact on staff – Section 7

³ The CCI was set up in 2002 by the Scottish Executive Health Department to make change happen in the NHS. It provided the platform for much of the current success in meeting Government targets

⁴ Between 1998 and 2006 the Modernisation Agency introduced a range of improvement techniques, including leadership and management development, designed to improve the NHS in England

⁵ The Institute for Healthcare Improvement (IHI) is a not-for-profit organisation leading the improvement of healthcare throughout the world. It was founded in 1991 and is based in Cambridge, Massachusetts (www.ihl.org)

⁶ The policy context – Section 8

⁷ The project stimulated discussion with NHS Health Scotland about the availability of *Coping with dementia*, as a result of which a huge reprint was ordered. Discussion was also stimulated with NHS 24 about end-of-life issues in care homes. Participants proposed the creation of a dementia HEAT target, and this was implemented at a national level. A checklist for dementia-friendly design has been produced.

⁸ Alzheimer Scotland, *The Dementia Epidemic* (2007)

Change in action

Preserving personal identity

At one care setting in Forth Valley (offering day and residential care) a small group of people with dementia and their relatives took part in a pilot to create life story books. This life story work emphasises the importance of the unique memories and individual identity of the person with dementia. As a result of this project, the Scottish Government is funding the creation of 1,000 life story books across Scotland. These will travel with the person with dementia for the rest of their lives, accompanying them to whatever care setting they live in.

For further information contact Colm Cunningham, Operations Director, Dementia Services Development Centre (Tel: 01786 467740; email: colm.cunningham@stir.ac.uk)

1: The background

There are currently around 60,000 people with dementia in Scotland, and this number is expected to almost double by 2031⁸. The costs of caring for this group have already been established as being greater than stroke, heart disease and cancer put together (between £1.5 and £1.7 billion in Scotland in 2007)⁸.

These stark statistics highlight the challenges facing services that care for and support people with dementia and their families. If they are to meet the needs of the increasing numbers of people with dementia, it is vital that they are efficient, effective, well integrated and of high quality.

When it was planned, the project aimed to build on existing policy directions in Scotland, which seek to:

- shift the balance of care from the hospital to the community
- improve the management of long-term conditions
- develop better integrated working across different services

Improving dementia care will also have a positive impact on other priority areas with specific targets for improvement. For example, it will:

- help the NHS reduce the number of delayed discharges from hospital
- reduce the proportion of older people who are admitted as emergency inpatients more than twice a year
- reduce the number of patients waiting more than four hours for accident and emergency treatment

Soon after the project's formal launch, the Government announced that it was making dementia a national priority. This gave extra impetus to the project as a realistic example of how change in dementia care can be made to happen.

Change in action

Helping with eating

People with dementia are at particular risk of malnutrition in hospital as they often require prompts or assistance to eat. In Forth Valley, hospital patients who require help with their meals have their menu cards marked with a colour-coded sticker (blue or grey). When their meal arrives it is on a coloured tray. As a result all staff are aware that this person requires assistance. Protected mealtimes have also been introduced in many of these ward areas. The Forth Valley Dementia Project helped raise awareness of this, and provided practical support and guidance at educational events.

For further information contact Sister Ann Myles, acute and community hospital areas. Tel: 01324 616092

2: The project

The Forth Valley Dementia Project provided a clear focus for service development, together with information, education and the tools and techniques to implement change. It began with a one-day convention at which a wide range of staff who routinely work with people with dementia were asked to identify their existing challenges and suggest actions to deal with them. That provided the basis of an action plan, and the development of a programme of activities throughout the year⁹. The aims of the programme included:

- developing dementia care protocols and strategies
- providing education and information
- increasing skills and capabilities
- sharing good practice
- improving joint working

Central to the improvement approach is achieving service improvement by spreading and adapting existing knowledge to multiple sites. This makes best use of current thinking, and places a heavy emphasis on integration within the wider local organisation. It is clear from experiences elsewhere that such an approach does deliver significant service improvements. However, success depends greatly on effective project management and excellent facilitation at a local level.

There is already evidence of what constitutes good dementia care. It involves:

- improving the recognition of dementia, thus aiding earlier diagnosis and improving care management
- ensuring dementia services are person-centred
- developing a co-ordinated approach that puts the person with dementia (who is often an older person) at the centre of service delivery and planning
- improving co-ordination between services to reduce delayed discharges and inappropriate acute hospital admissions
- shifting care away from hospital and closer to where people live

The project also addressed key issues identified by stakeholders as requiring action. These were:

- poor awareness of dementia among both the public and professionals
- a need for improved education and training for both staff and carers
- a lack of home support for people with dementia, especially out-of-hours
- a need to give dementia care greater priority
- a recognition that acute hospitals are a difficult environment for people with dementia
- a need to address current inequities in service provision

The project aimed to:

- optimise the overall experience and outcomes of care for people with dementia
- develop agreed dementia protocols, thereby increasing the recognition of dementia, aiding earlier diagnosis and improving care management
- improve detection rates of treatable conditions including depression and anxiety in older people, who may be misdiagnosed with dementia
- help co-ordinate dementia services between agencies
- give teams the skills and confidence to help deliver clinical governance and continue developing services

Forth Valley was chosen to host the project because it is fairly typical of dementia care throughout Scotland, in that it has many high-quality services, but they are not always evenly distributed. There are an estimated 3,000 people with dementia in Forth Valley, and 1,793 care home places. 239 of these are provided by local authorities/the NHS, and the remaining 1,554 by the private and voluntary sectors. The Scottish Government funded the Dementia Services Development Centre (DSDC) at the University of Stirling to run the project.

⁹ A journal of activities, training events, and meetings, Appendix 1

Change in action

Interaction training project

A training course has been developed to help relatives, carers and care support workers in the Falkirk area understand dementia better and improve their interaction with those affected.

The course is in four parts, and is the result of a partnership between the DSDC, the Princess Royal Trust for Carers and Falkirk Council. Caring for someone with dementia is challenging, and the course gives participants an opportunity to share experiences and consider practical ways of responding to the person with dementia. It helps participants understand what dementia is and what changes occur in the brains of those affected. Additionally, it focuses on ways of communicating and how to anticipate and deal with challenging forms of behaviour. It ends with a practical session that involves working with people with dementia to maximise communication, understand behaviours better and strengthen relationships.

For further information contact Alan Chapman, Dementia Service Development Centre. Tel: 01786 467740, email: a.j.chapman@stir.ac.uk

Change in action

Telecare services in Stirling Council area

Telecare services that monitor a person in their own home and help ensure they are safe are being expanded by Stirling Council. Such services can detect falls, smoke or floods, and ensure that help is summoned. They are a major aid in helping older people with dementia remain safely in their own homes.

The council has been successful in securing funding to expand its existing service, and is working with NHS Forth Valley in deciding how best to take it forward. This has the potential to prevent people with dementia being admitted to a care home or hospital. It should also reduce pressure on informal carers.

The Forth Valley Project helped disseminate information about local telecare services. In addition, as part of the project, around 500 local staff visited an exhibition of dementia-friendly design and assistive technology at the DSDC. This provided a practical opportunity to experience how design and technology can be used to support people with dementia in the community.

For further information contact Florence Miller, Planning and Commissioning Officer, Community Care Service Design Team, Stirling Council. Tel: 01786 443083, email: millerf@stirling.gov.uk

3: The outcomes

The project was evaluated by the Department of Marketing at the University of Stirling. This involved conducting surveys¹⁰ and in-depth interviews with a cross section of people involved in dementia care in Forth Valley. The research was carried out six months after the project started, providing time to make any necessary changes within its lifetime. The evaluation produced a number of significant findings around key objectives of the programme.

Improving care for people with dementia:

- 63% of staff planned to make changes as a direct result of the programme
- 51% felt some part of the experience of people with dementia had improved

Improving the confidence of staff:

- 47% were more confident in caring for people with dementia
- 67% felt the level of recognition of dementia had improved

Improving the skills of staff:

- 90% learned something new
- 87% shared that learning with someone else
- 92% said access to training had improved

The research, combined with feedback received by the DSDC, indicates that the programme has had a considerable measure of success. There is evidence that it has increased knowledge about dementia and empowered staff to make changes within services. This suggests that ongoing benefits will be seen for some time to come. Because the measurement was made six months after the start of the project and the variables that affect outcomes for people with dementia are so great, it has not been possible to evaluate significant effects on other outcomes such as length of stay or quality of life for people with dementia and their carers. Instead, the measure is whether staff feel better able to achieve the standards set for them. If they feel that they are achieving better standards, it is reasonable to assume that this will give rise to better outcomes, as the standards have been set with that aim.

It is evident from the Forth Valley Project that there is a will to improve care for people with dementia. What is sometimes lacking is the time, support and clear focus to allow change to take place. This project has demonstrated that there is real value in providing dedicated resources and external support to facilitate change management. In this case a specialist organisation, the Dementia Services Development Centre, helped services to deliver change, improving the lives of people with dementia and their families.

Interest has been shown in replicating this process across other parts of Scotland. The experience in Forth Valley suggests there will be benefits in rolling the model out more widely.

¹⁰ A copy of the survey – Appendix 2

4: Change ideas – immediate / easy

Idea	What was done
Review current information provided to families and users	<ul style="list-style-type: none"> ■ local review of information by NHS FV was already underway, and we built on this ■ Falkirk Council guide <i>Finding your way through the maze</i> reviewed, reprinted and widely distributed ■ Alzheimer Scotland helpline service directories reviewed, and content updated ■ <i>Coping with dementia</i> distributed (a sustainable source has since been established nationally)
Conduct a survey of users and families to identify their needs	<ul style="list-style-type: none"> ■ national review of information now underway by NHS QIS* ■ Alzheimer Scotland also doing national survey and concerned about “Yet another local survey”, so we participated in national work*
Provide dementia information pack to users/carers at diagnosis	<ul style="list-style-type: none"> ■ local initiatives, e.g. multi-agency group in Clackmannanshire currently initiating a programme to offer additional education and information at diagnosis ■ national initiative to make this happen proposed by FV delegates at national dementia forum (now under development)
Organise a carer/service user event to find out what these groups want in Forth Valley	<ul style="list-style-type: none"> ■ carers/users visited DSDC to share experiences. A number of events were also held at local venues ■ people with dementia took part in nurse education programmes to communicate what they wanted directly
Some reality/honesty needed regarding what the public and carers expect	<ul style="list-style-type: none"> ■ project increased public and staff awareness about what is realistic and raised standards about what ought to be expected
What about individuals who do not want to engage in services?	<ul style="list-style-type: none"> ■ public awareness raised about availability of a wide variety of services to suit different needs ■ with the raised profile, people seemed less afraid to talk about dementia-related needs
Provide training for all new police officers or police call handlers	<ul style="list-style-type: none"> ■ DSDC prepared module for training ■ delivered to Central Scotland Police during basic training, and to local police call handlers (five sessions, around 80 staff)
Develop more effective leadership	<ul style="list-style-type: none"> ■ ‘Manage to Lead’ programme, designed to develop more effective leadership, underway. 25 health and social work staff have completed this, and a second group are being recruited ■ coaching for individual leaders ■ project leader took part in FV leadership programme, sharing skills and learning
Produce learning sets for nurses	<ul style="list-style-type: none"> ■ resource pack for a learning set under preparation covering dementia patient management from admission to discharge from hospital (completion due end June 2008) ■ Director of Nursing keen to explore further the use of learning sets

<p>Improve education and training (a considerable amount of work was done in this area, and details are spread throughout the report. Elements included on-site education in workplaces, as well as events)</p>	<ul style="list-style-type: none"> ■ over 500 staff took part in learning initiatives on themes raised both at the convention and subsequently ■ over 1,000 books, DVDs and CD-ROMs provided to staff members ■ acute sector training plan created specifically for nurses (with support of Director of Nursing) ■ free places on university degree modules for six staff
<p>Produce easy to understand literature to raise awareness of dementia</p>	<ul style="list-style-type: none"> ■ worked with Alzheimer Scotland and council staff to improve the literature they produce ■ produced new DSDC literature on topics including pain, skin care and responding to behaviour that challenges. Distributed copies free to staff
<p>Develop guidelines on communication</p>	<ul style="list-style-type: none"> ■ communication skills workshops offered (two on Talking Mats; one on Elderflowers¹¹, along with a ten-week programme; three on behaviour and communication; open day hosted on communication and assessment) ■ key communication tips now available on FV project website
<p>Use published audit tools</p>	<ul style="list-style-type: none"> ■ awareness of audit tools for pain and behaviour raised through publication on pain management ■ tool on screening for delirium and depression used in A&E initiative ■ new dementia-friendly design audit tool made available for care settings in Forth Valley and across Scotland
<p>Provide accurate, understandable, up-to-date information throughout the patient journey</p>	<ul style="list-style-type: none"> ■ pre-diagnosis information issues tackled in public arena through publications, public lectures and roadshow ■ more information (post-diagnosis) provided to staff through training and information audit ■ contributed to work being done nationally by NHS QIS*
<p>Encourage people to challenge the system</p>	<ul style="list-style-type: none"> ■ leadership development work provided real examples of staff being able to make change happen ■ public/patient awareness increased, e.g. through Public Partnership Forum work
<p>Publicity and awareness-raising campaigns for both the public and professionals</p>	<ul style="list-style-type: none"> ■ website used by 30% of those surveyed ■ books, DVDs, and CD-ROMs distributed free to staff ■ articles published in newspapers and professional journals (including <i>Scottish Primary Care</i>, <i>Mental Health Practice</i> and <i>Professional Social Work</i>) ■ meetings held with public and community groups around the region ■ joint working with NHS Forth Valley's health promotion department for two-day event in local shopping centre*
<p>Review the falls strategy and assessment of cognitive impairment</p>	<ul style="list-style-type: none"> ■ work underway led by NHS Forth Valley*
<p>Reduce inappropriate use of medication</p>	<ul style="list-style-type: none"> ■ medication and assessment seminar held for clinicians and social workers ■ much of the project's education work focused on non-pharmacological approaches to the management of care for people with dementia (technology, environment, behaviour and risk etc.) ■ book on pain looks at alternatives to neuroleptics ■ discussion with cross-party group for national work

¹¹ For more information on Elderflowers, see p34

Develop guidelines for vulnerable witnesses to help support people with dementia in reporting incidents to the police	<ul style="list-style-type: none"> ■ raised with cross-party group ■ no guidelines developed, but awareness raised with police through case studies and scenarios
Measure complaints, falls, length of stay, family and patient satisfaction	<ul style="list-style-type: none"> ■ raised with Chief Medical Officer and identified practical and legal issues ■ complaints and length of stay already measured, but not with reference to cognitive impairment ■ problem of identifying diagnostic category of the person who has a complaint or fall still unresolved because of patient confidentiality challenges
Improve nutrition for patients with dementia	<ul style="list-style-type: none"> ■ collaborative work carried out with dietitians. Local seminar for 40 staff raised awareness of nutritional standards and practical issues in applying these for people with dementia ■ good practice examples such as tray system and protected meal times publicised ■ nutrition featured in ongoing exhibition of design and technology at Iris Murdoch Building (viewed by hundreds of visitors)
Audit admissions and discharges to ensure they are appropriate	<ul style="list-style-type: none"> ■ clear evidence of reduction of inappropriate admissions when care homes were helped by community nursing (intervention based on a prior local study by consultant and CPN)* ■ audit of cognitive impairment carried out by mental health nurses in A&E as part of total audit ■ project underway to improve experience of people with dementia in A&E and prevent unnecessary hospital admissions
Measure the number of moves during patient stay in the acute sector	<ul style="list-style-type: none"> ■ dementia pathway work undertaken in full-day multidisciplinary, multi-agency meeting ■ recommendations for change taken forward in A&E pathways project¹² and elsewhere ■ awareness of dangers of moves highlighted at all educational events ■ exploration of types of 'registering' of cognitive impairment
Improve planned discharge arrangements in the acute sector	<ul style="list-style-type: none"> ■ AHP good practice group undertook seminar to look at how they could improve care of people with dementia ■ increased awareness of how assistive technology can support discharge planning
Provide more befriending services	<ul style="list-style-type: none"> ■ help and support provided to befriending services through Alzheimer Scotland, e.g. assistance with updating information materials ■ visits to and from befriending staff, e.g. Town Break, supported throughout Forth Valley
Establish annual checks for people over 75, carried out by nurses in the community	<ul style="list-style-type: none"> ■ this position still to be confirmed
Provide more aids at home	<ul style="list-style-type: none"> ■ four workshops held in Stirling to train partnership leads in critical issues in the delivery of assistive technologies ■ visitors to assistive technology exhibition at IMB able to see what aids are available ■ module on design and assistive technology (recognised by the University of Stirling) developed and available as a free-standing course

¹² See p31

Establish dedicated GPs for care homes	<ul style="list-style-type: none"> ■ idea of a care home consultant specialist explored and raised at a national level
Conduct a census in care homes to identify the number of people with dementia	<ul style="list-style-type: none"> ■ during the lifetime of the project the Government proposed a new HEAT target which will lead naturally to this sort of case finding
Develop a basic set of standards for dementia care in Forth Valley	<ul style="list-style-type: none"> ■ during the lifetime of the project NHS QIS introduced a national integrated care pathway for dementia*. Local implementation is now a requirement and will provide a basic set of standards
Develop a mission statement to guide staff in what they should be doing	<ul style="list-style-type: none"> ■ by increasing awareness of standards and confidence among staff it is hoped they will be better able to produce mission statements
Create a process map with clear protocols	<ul style="list-style-type: none"> ■ work underway for acute part of NHS journey ■ discussion with NHS 24 re alternatives to admission for out-of-hours emergencies ■ Older People's Mental Health redesign, looking at aspects of journey through primary care, took place concurrently with FV project ■ accident and emergency redesign
Identify lead individuals at local authority/NHS board level	<ul style="list-style-type: none"> ■ Older People's Mental Health Reference Group has led in this area and provided guidance and support throughout project
Map existing services	<ul style="list-style-type: none"> ■ MAISOP report published in 2008 recommended building on work of project to ensure FV-wide services. Outlined key areas for development, including joint financial planning and development of home care services
Improve joint working and communication across all agencies	<ul style="list-style-type: none"> ■ good examples of joint working achieved, e.g. production of information materials and joint working at time of diagnosis ■ joint seminars held, e.g. with dietitians and sensory centre ■ joint attendance at events by representatives from local authority, NHS and private sector ■ sharing of good practice on website and through events
Establish earlier diagnosis and appropriate treatment	<ul style="list-style-type: none"> ■ will be supported by proposed new HEAT target ■ education for professionals undertaken throughout lifetime of project ■ systems changes implemented through integrated care pathway ■ no evidence of earlier diagnosis yet, but some evidence of earlier awareness
Improve access to respite	<ul style="list-style-type: none"> ■ new commitment to respite announced in 2008 by Scottish Government* ■ good practice models of respite on project website
Establish minimum standards of service and more standardised protocols to ensure equitable service provision	<ul style="list-style-type: none"> ■ commitment made to address issues identified by MAISOP, with support from ICP*

*Over the course of the year, a number of national initiatives, such as the creation of ICPs, gave strength to the project. Items marked with an asterisk were not initiated by the project, but in all cases it made a significant contribution to their progress.

5: Change ideas – medium or quite difficult

Idea	What was done
Provide financial support for carers	<ul style="list-style-type: none"> ■ Stirling council employs income maximisation staff, and details of the services they offer were provided in information leaflets* ■ acknowledgement that system is required to assess benefits earlier and faster (as flagged up within MAISOP report)
Examine the feasibility of tagging patients who wander	<ul style="list-style-type: none"> ■ covered in repeated study days on management of behaviour ■ raised with architects of the new FV acute hospital ■ covered in tours of technology suite for dozens of staff, plus examination of individual cases
Establish an education programme to train the trainers and cascade it out from there	<ul style="list-style-type: none"> ■ training and teaching of dementia workers covered during three-day basic dementia care skills course ■ dementia degree modules made available free to staff
Provide trained activity organisers in hospital and care homes	<ul style="list-style-type: none"> ■ ran two-day workshop on meaningful activity ■ Hearts and Minds programme ran for ten weeks ■ support for Big Lottery bid for exercise and activity programme for care homes in Forth Valley ■ life story work pilot scheme underway in local authority care settings. National funding obtained to take this beyond Forth Valley
Provide joint training for staff from different agencies	<ul style="list-style-type: none"> ■ all training offered jointly to health, local authority and independent sector staff
Provide shadowing/ buddying opportunities for staff	<ul style="list-style-type: none"> ■ not formally achieved in time-frame of project for practical reasons ■ individual coaching provided to staff
Educate GPs	<ul style="list-style-type: none"> ■ seminar on diagnosis and medication attended by GPs ■ three CREATE sessions for general practice staff, including doctors ■ EPASS education accreditation obtained from Royal College of General Practitioners Scotland for appropriate events
Mandatory training for all grades of staff	<ul style="list-style-type: none"> ■ ensured inclusion of dementia training in existing unprofessional or organisational programmes, starting with nursing and social work undergraduates in Forth Valley ■ agreement secured with postgraduate tutor for induction training for new doctors in FV ■ this is a national issue and is also being considered at this level
Provide specific training on communication methods and skills	<ul style="list-style-type: none"> ■ seminars on communication and assessment provided (see 'Develop guidelines on communication' under 'Easy')
Add dementia care to the GP contract	<ul style="list-style-type: none"> ■ it was already there ■ new HEAT target proposed to encourage the rest of the health system to support this

Ring-fence money for older people's services	<ul style="list-style-type: none"> ■ project has established how much is currently being spent at a national level, but not yet at a local level ■ recommendation in MAISOP report for joint financial planning
Create a good pay structure for care staff	<ul style="list-style-type: none"> ■ issue brought to attention of director of HR for the NHS, with some non-pay rewards proposed to help with recruitment, retention and morale, particularly in the low-pay sector
Extension of MIPS for promoting medication	<ul style="list-style-type: none"> ■ support with medication and intensive prompting for people with dementia piloted in Grangemouth ■ MAISOP recommended increase of this
Develop a medication strategy targeted at GPs	<ul style="list-style-type: none"> ■ no action due to time constraints
Develop shared IT systems	<ul style="list-style-type: none"> ■ no action due to time constraints
Encourage local authorities to establish a dementia partnership to improve communication and equity of service provision	<ul style="list-style-type: none"> ■ will be achieved by implementation of the MAISOP recommendations, which are building on some aspects of the Forth Valley Dementia Project*
Create dedicated staff in A&E for dementia care	<ul style="list-style-type: none"> ■ Director of Nursing in NHS FV has committed to developments in this area ■ A&E project may offer specific recommendations around this ■ audit of mental health nursing in A&E started
Ensure that all new buildings are dementia-proofed	<ul style="list-style-type: none"> ■ during life of the project a national checklist for dementia friendly design was created, and will be used in Forth Valley¹³ ■ project director advised architects and builders of a number of new builds ■ education offered to staff on design teams
Establish care at home teams to prevent hospital admission	<ul style="list-style-type: none"> ■ good precedent in Falkirk ■ strong recommendations made to NHS FV to roll this out
Give more time to home carers to improve the quality of services	<ul style="list-style-type: none"> ■ project leader gave presentation at national conference for home care in Stirling ■ home care initiatives day held at IMB ■ offer of free and reduced price Home Care Practice Licenses in three local authority areas to help improve quality of services
Expand use of technology/telecare	See 'Provide more aids at home' under 'Easy'
Use taxis and private hire vehicles to improve transport arrangements	<ul style="list-style-type: none"> ■ brought to national attention via the cross-party Alzheimer's group ■ local action still pending due to time pressure
Fund effective community services that help people remain at home	<ul style="list-style-type: none"> ■ effectiveness of community staff improved by education initiatives including telecare ■ this issue also acknowledged in MAISOP report
Need community-based services which deal with challenging behaviour	<ul style="list-style-type: none"> ■ education on managing challenging behaviour provided in three dedicated sessions ■ Falkirk care home psychiatric liaison service a national example of good practice*

¹³ For more details visit www.dementia.stir.ac.uk

Address daytime activity (some people are more active / may not respond to groups / don't believe they need the service)	<ul style="list-style-type: none"> ■ two-day workshop, open day, and a number of other events on activities held ■ life story work initiated ■ Big Lottery Fund bid led by University of Stirling aimed at funding training of exercise leaders in Forth Valley to work in care homes
Provide alternatives to traditional day care, such as evening care or follow-up after day care	<ul style="list-style-type: none"> ■ good practice examples which are already underway in Forth Valley (particularly Falkirk) were publicised during project*
Address areas where support is insufficient, e.g. overnight care (client refusing care)	<ul style="list-style-type: none"> ■ awareness of existing services increased, e.g. Clackmannanshire's emergency out-of-hours support service for older confused people
Home support services	<ul style="list-style-type: none"> ■ Home Care Practice Licence (HCPL) offered to three local authorities. A total of 117 HCPL tests purchased. 23 home care workers have now achieved their HCPL (certificates awarded). The remaining 94 are in the process of finishing the test process ■ free education offered to home care workers as part of programme
Roll out the care home psychiatric liaison nurse service across care homes in Forth Valley	<ul style="list-style-type: none"> ■ under discussion with NHS FV
Develop care pathways (redraft the dementia care pathway)	<ul style="list-style-type: none"> ■ care pathway now mapped and confirmation of actions required
Establish protocols to assist nurse-led diagnosis	<ul style="list-style-type: none"> ■ willingness to look at training for nurse-led diagnosis, but national issues to be addressed
Standardise processes between different local authorities	<ul style="list-style-type: none"> ■ MAISOP acknowledges need for common high-level standards, but accepts that operational details and practicalities will inevitably vary
Tackle the problem of providing the best services, with tighter criteria, and be explicit about what can be improved	<ul style="list-style-type: none"> ■ first step in agreeing care pathway to be undertaken by NHS QIS this year ■ taking this forward and challenging existing practice enhanced by increased awareness and confidence of staff
Produce a directory of available services	<ul style="list-style-type: none"> ■ Alzheimer Scotland's national helpline has been provided with updated information for Clackmannanshire, Falkirk and Stirling ■ a booklet covering services in Falkirk has been updated and reprinted
The following change ideas were deemed to be beyond the scope of project resources:	
<ul style="list-style-type: none"> ■ developing more flexible shared care ■ providing day care for people in care homes ■ providing rehabilitation assessment facilities in care homes ■ creating a home assessment team to assess people in their own homes ■ expanding day care 	

*Over the course of the year, a number of national initiatives, such as the creation of ICPs, gave strength to the project. Items marked with an asterisk were not initiated by the project, but in all cases it made a significant contribution to their progress.

Change in action

Dementia Care Practice Licence (DCPL)

The Dementia Care Practice Licence is used to test the skills and abilities of care staff working with people with dementia. It is loosely based on the car driving licence, and involves a theory test, practice observation and oral questions. The DCPL helps to identify any skills gaps that exist, and these can then be addressed through further training.

The DCPL is an extension of the Home Care Practice Licence (HCPL), also developed at the Dementia Services Development Centre and now available across the UK. The HCPL was designed principally for home care workers providing general domiciliary care at a basic level. By contrast, the DCPL is aimed at care workers in all settings (domiciliary, care homes, day care etc.) with a higher level of experience (around SVQ Level 3). Both aim to achieve a basic standard within the care sector, while recognising the skills of this often undervalued group of workers.

The questions used in the DCPL test are designed around a set of core materials. These are strongly tied to care standards, national occupational standards and the code of practice for social care workers. They take full account of the various physical, psychological, social, cultural and spiritual needs of people with dementia. In addition, they are grouped to address issues such as behaviour, communication, environment and meaningful activities.

For further information contact:

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Change in action

Creation of a Forth Valley Dementia Project website

People in Forth Valley expressed concerns about difficulties in accessing information and knowledge on dementia-related issues. Through the project website, sources of local information were made available, along with links to resources outside the local area. The impact survey indicated that only a third of those involved used the website. However, for those for whom the web is appropriate, it is a useful, flexible and accessible tool, and there were requests for more web-based learning. Information from the project website has now been transferred to the DSDC's main website under 'projects'.

www.dementia.stir.ac.uk

“Very informative. Challenged and set straight some preconceived notions that I had about dementia.”

Police constable

6: Change ideas – the most difficult

The most difficult	What was done
Provide holidays for users and carers (respite)	<ul style="list-style-type: none"> during project the Government agreed to increase respite care substantially and look at new ways of providing this some Forth Valley examples such as Home from Home cited as best practice
Make dementia care a HEAT target	<ul style="list-style-type: none"> project director and a Forth Valley consultant participated in the Government's Dementia Forum, chaired by the Minister. HEAT target suggested by the group and accepted as Government policy
Establish a unit for younger people with dementia	<ul style="list-style-type: none"> beyond the remit of the project, but letter sent to Mental Health Delivery Group at the Scottish Government to raise awareness of this need
Develop dedicated units in acute hospitals for people with dementia	<ul style="list-style-type: none"> provision for integrated unit for people with significant co-morbidities within planned new Forth Valley hospital* work underway to develop and agree operational policies, protocols and criteria
Examine the feasibility of 'touch screen' information points on dementia in supermarkets and other public places	<ul style="list-style-type: none"> cost seen as excessive, but other information resources introduced, including new leaflets and provision of materials to public libraries
Establish outpatient clinics in rural areas	<ul style="list-style-type: none"> need has been raised with NHS board
Develop rehab at home services	<ul style="list-style-type: none"> this exists for frail elderly (half of whom may have cognitive impairment) in all three areas* AHP best practice group currently looking at specialist skills needed for this
<p>The following change ideas were deemed to be beyond the scope of project resources:</p> <ul style="list-style-type: none"> development of 24/7 community-based support teams provision of specialist services seven days a week and outwith the hours of 9–5 24-hour assessment service in the person's home, carried out by staff who can observe and assess individuals 	

*Over the course of the year, a number of national initiatives, such as the creation of ICPs, gave strength to the project. Items marked with an asterisk were not initiated by the project, but in all cases it made a significant contribution to their progress.

7: Summary of the impact on staff

An impact analysis began after the project had been running for six months. This took place over a three-month period, and was conducted by staff and students at the University of Stirling's Marketing Department. It involved analysis and evaluation of the following key issues:

- the project's effectiveness in improving co-ordination, confidence, skills and knowledge within dementia care services in Forth Valley
- rates of use of project resources such as the website, workshops and training days
- measurement of the success of change ideas put forward
- the existence of any persistent gaps in service delivery
- identification of any potential further service improvements

The research involved both an online and a postal survey. This asked people from a variety of backgrounds (the NHS, local authorities, and the private and voluntary sectors) for their views on the project. A total of 405 surveys were sent out and 174 were returned, equating to a 41% response rate. However, some were incomplete and 43 were unusable. The survey was augmented by in-depth interviews with 12 respondents. These were designed to explore some of the issues in more detail.

Key findings

Participation. Just over 70% of those who completed the survey had attended at least one of the project's events. Just over a third (37.5%) had visited the project website.

Confidence. A total of 47% of respondents said they felt more confident in caring for people with dementia, and a further 51% said they felt confident.

Improving services. Just over half of respondents (51%) felt that some aspect of care had improved as a result of the project. Two thirds (67%) felt the level of recognition of dementia had improved. A further 42% thought co-operation between agencies had improved.

Access to training. Almost all respondents (92%) said that access to dementia-related training had improved, and a similar proportion said they had learned something new. Most people (87%) had shared that learning with someone else.

Making improvements. Just under two thirds of respondents (63%) said they had either made changes to services or were planning on doing so as a result of the project.

Areas requiring improvement. Respondents were asked to identify the areas they thought needed most improvement. The level of knowledge of frontline staff was identified as the top priority, followed by closing the gap between services and improving support for carers.

A number of issues were raised in the in-depth interviews. They were:

- development of an interactive training website. Some staff could not get time off to attend training events, and would welcome an online training resource to help them develop skills
- need for more day-care facilities
- improved communication between agencies
- better awareness of standards as a key building block towards service improvement

Overall, the research team concluded that the project had been a success on most fronts over the first six months, though there were still some areas with room for improvement.

Views from face-to-face interviews

Twelve face-to-face interviews were conducted with individuals from a variety of different backgrounds, including NHS and local authority staff, care home workers and representatives from voluntary organisations. The majority were very positive about the project, although a few thought it was too early to see lasting benefits. Only one interviewee thought there would be little value in rolling it out to other areas.

These are some of the comments that were made:

Improving services

“Yes I’d say that the services have definitely improved. Just the general knowledge which staff now have has had a marked improvement which is benefiting the patients. Staff now have more access to training and so are able to fill the gaps in their knowledge.”

“They [nursing staff] know more about dementia now, there is a better understanding of ways of dealing with patients now and also they are questioning traditional methods of care. For instance, they are questioning the sedation of patients, understanding ways of communicating with patients. New techniques are being used to care for the patients, using books with lots of pictures in them helps them an enormous amount. It’s simple things, but things which are terribly beneficial and effective.”

Improving knowledge and confidence

“When I went to that day at the centre [launch of project], my knowledge increased about the different aspects of dementia and how misdiagnosis can occur and it horrified me that I’ve been nursing for 22 years and I didn’t know these things. I think it should become much more prevalent in the mandatory education for everybody.”

“As well as gaining increased knowledge around the issues of dementia, [staff are] gaining knowledge about communication generally, which is helping communication with the families and the patients as well.”

“Knowing there is the backup here, the centre, information and resources has made me more confident.”

“I think a lot of it is about shared information, perhaps knowing where to go or ask for help. I think there is now more awareness, perhaps not support, but more awareness.”

Improving training

“They have been able to offer training which is free at the point of issue, so it’s attracted a lot of interest from the staff here. Generally training is expensive and therefore is often disregarded by departments as they simply don’t have the funding, but the dementia project has managed to take that element away to a considerable extent, something which needs to be seen across the board.”

“The fact that they have been free for us to access has been a key factor, unlike most training offered. But we do still struggle to find time to attend the programmes. I think that if more interactive training programmes and documents were on the website people would be able to increase their knowledge to a greater extent.”

“The staff who have been able to attend [training] are giving excellent feedback on these events.”

Improving joint working

“Communication between the different agencies has improved in terms of events that are going on between the different agencies.”

“We in the social work department have been crying out for something like what the dementia centre is doing for years.”

Other comments

“The work they have done so far has really been astonishing, the amount that they have achieved in such a short time, it’s really impressive.”

“The [best part] is the optimism it has brought. You go along to events and you think you have heard it all before, but there has been a positive take on it.”

“I don’t think this project has done anything about the big issues, the big issues were there before, they’re still there, they may have been identified a bit, but they have certainly not been tackled.”

“Yes. This should absolutely be rolled out. We all need to know and understand about it then we can address the issues.”

Change in action

Redesign of acute care services

Accident and emergency was highlighted from the outset as an area where the person with dementia is particularly vulnerable. A process mapping exercise was used to evaluate the experiences of people with dementia who used the local acute hospital. This involved AHPs, medical, nursing and social work staff, and led to the development of an action plan. A resource pack for nurses working in the acute hospital also was developed.

For further information contact Audrey Melrose, Nurse Specialist, Liaison Psychiatry (Elderly), Falkirk & District Royal Infirmary. Tel: 01324 624000 ext. 5043; email audrey.melrose@fopc.scot.nhs.uk



8: The policy context

Just as the programme was starting, a new Government was elected in Scotland. Among its policies was a determination to make dementia a national priority. The Government's continued interest in the Forth Valley Dementia Project is evidence of this determination, while what has been achieved demonstrates a practical approach to making the policy work. As well as contributing to a number of pre-existing targets, the project will help healthcare teams in Forth Valley meet the new HEAT target for dementia.

Targets

Improving dementia care impacts on a variety of targets. For instance, work done during the Forth Valley Project has contributed to the following HEAT (Health improvement, Efficiency and governance, Access and Treatment) targets:

- reducing the number of people waiting to be discharged from hospital into a more appropriate care setting by 20% year on year between 2005 and 2008
- ensuring that, by the end of 2007, no patient waits more than four hours from arrival at an accident and emergency department to discharge or transfer
- reducing the proportion of older people (aged 65 plus) who are admitted as emergency inpatients more than twice a year. The target is to achieve a 20% reduction by 2008–09, compared with 2004–05
- ensuring that NHS boards operate within their allocated budgets

The achievement of other HEAT targets depends on the availability of acute hospital services, which will benefit if dementia is managed better.

Dementia Quality and Outcomes Framework targets seek to:

- get every general practice to develop a register of patients who have been diagnosed with dementia
- measure and report on the proportion of dementia patients whose care has been reviewed in the previous 15 months

The Integrated Care Pathway for Dementia seeks to:

- develop process, care and treatment standards for dementia by the end of 2007

Policies

The principles of good dementia care have been described in a range of policy documents, which highlight the need to:

- improve the recognition of dementia, thus aiding earlier diagnosis and improving care management
- improve detection rates for depression and anxiety as a consequence of the better recognition of dementia
- ensure dementia services are person-centred
- improve co-ordination between agencies to reduce delayed discharges and inappropriate acute hospital admissions
- develop a whole-systems approach that puts the older person at the centre of service delivery and planning
- shift the balance of chronic disease management away from hospital

The NHS Forth Valley Local Health Plan (2006/07 to 2008/09) also sets out priorities in relation to:

- the need to develop and implement the model for primary care (community hospital model) and community services
- working with the Joint Improvement Team to plan capacity in care home and home care services
- developing other models of care to meet the needs of individuals with challenging behaviour resulting from acquired brain injury, Korsakoff's syndrome and early onset dementia
- rebalancing and redesigning old age psychiatry services from long-stay inpatient provision to more care within community settings
- developing the Carers Information Strategy, which highlights the need to work with and support carers

These local priorities will all impact on services for people with dementia.

Change in action

Introducing people with dementia to nursing students

Delegates at the Forth Valley Project's opening convention were concerned about a general lack of awareness about dementia. Through the project, local nurse educators were introduced to people with dementia who then took part in the nurse education programme. This gave rise to quotes from students and teachers including: "It was tremendous", "Changed my perspective", and "Inspiring, best lecture we have had since starting university". The tutor commented "This is the kind of learning that matters." There is now a standing commitment to ensuring that people with dementia have a voice in future courses.

For more information contact the Scottish Dementia Working Group. Tel: 0141 418 3939, email: sdwg@alzscot.org, web: www.alzscot.org/pages/sdwg/aboutus.htm

Change in action

Research project into alcohol related brain damage awareness

There is currently a poor understanding of the links between alcohol and dementia. This project looked at levels of awareness of alcohol related brain damage (ARBD) among publicans. An initial summary of the results has been completed, and a research report will be published during 2008.

It is clear that ARBD is not a topic that is often discussed, and although publicans had some experience of the condition their knowledge of it was limited. It is not currently covered in training programmes or health promotion materials. A project is currently being explored to create health education materials aimed at bar staff. This will be led by the DSDC.

For more information contact Dr Louise McCabe, Lecturer in Dementia Studies, University of Stirling. Tel: 01786 467695, email: l.f.m.mccabe@stir.ac.uk

Appendix 1: A journal of activities, training events and meetings

December 2006 to March 2007

- the project was formally announced as part of the Scottish Government's Mental Health Delivery Plan and the outline was discussed at the plan's launch event in December 2006. This marked the culmination of six months of planning and briefing
- members of the Forth Valley Strategic Planning Group for Older People agreed to keep an overview of the project, and a series of local and national meetings followed
- the Forth Valley Public Partnership Forum had a meeting and briefing, which led to a number of other events being held through their local contacts. The social work briefings included one at the ADSW conference in Forth Valley and another to the Clackmannanshire adult team
- through the FV Strategic Leadership Programme, and personal meetings with the Chief Executive of NHS FV, there were opportunities to talk about the change methodology
- through the local university, 70 student nurses who live and work in the area attended a lecture on dementia and change management, and the key research departments in the university were informed of the project
- the project leader attended meetings held by senior medical and nursing staff in acute hospitals. She also held a series of workshops on change management, for example for a group of North CMHT staff. Central Scotland Police were involved at this early stage, as were public librarians
- meetings were held with MSPs, along with senior officials from the Scottish Government including the Chief Medical Officer, Chief Nursing Officer and health policy leads, to keep them informed of progress
- there was early engagement with voluntary organisations

April 2007

- the official launch convention for the project was held, attracting 120 delegates. During that month one-to-one meetings with consultant old age psychiatrists commenced
- most of the rest of the month was spent processing the change ideas generated at the convention. However, there was also a two-day international conference in Forth Valley, with free or subsidised places given to people with dementia and their carers, as well as to FV health and social care staff. This allowed them to network and experience a range of new dementia-related education opportunities. The theme was citizenship and speakers came from Africa, Australia, North America and Europe. A number of FV speakers either chaired or led sessions
- the conference coincided with an exhibition of works of art by people within FV who either had dementia or were carers. This took place in tandem with professional artists, and explored the theme of memory and dreams
- the website was launched and monthly reports commenced

May 2007

- May saw the start of the training programme, with a three-day workshop on leadership and management for 26 FV staff from across all sectors
- a communications workshop on using Talking Mats technology for people with dementia attracted 26 FV staff, including managers, registered and non-registered care staff
- a third training day looked at supporting people with dementia in the community
- people from FV working in the field of dementia were encouraged to hold their regular meetings at the DSDC so they could visit the library and assistive technology suite, as well as gaining access to

training materials, including books, DVDs, and CD-ROMs. Groups who took up the offer included the FV Joint Community Health Partnership and FV charge nurses

- the Royal College of Psychiatrists old age section held their regular meeting locally in Falkirk and received a presentation on the Forth Valley Project. This also featured details of care home support provided by a local CPN, which is an example of good practice and has transformed admissions. After this the group decided to hold their next meeting at the DSDC
- on International Nurses Day the project team did a walkabout in the acute hospital, handing out educational materials and information. They also took a stand at a conference and exhibition in Stirling Royal Infirmary
- the first report was printed and circulated, along with the action plan

June 2007

- training events were held on topics including dementia and the healthcare assistant; technology in healthcare; and supporting people with dementia in care environments
- the care environments event was attended by managers, nurses and social workers, illustrating the new networking opportunities facilitated by the project. Some events, such as the one on technology in healthcare, were organised by FV staff with DSDC support
- 140 student nurses got the opportunity to visit the DSDC. They received free educational materials, and were introduced to facilities that would be at their disposal both during their training and when they entered practice
- a good practice seminar attracted 60 staff, who also took part in an exercise to rank the good practice ideas from the April convention
- a 'Question Time' style event at Stirling Royal Infirmary provided opportunities to disseminate information to the public
- meetings were also held with senior executive staff from Stirling Council

July 2007

- the research project into alcohol related brain damage, which is the commonest preventable dementia, commenced. A project team-member issued questionnaires, and these were followed by personal visits to pubs and hotels throughout Forth Valley incorporating health awareness discussions
- a range of meetings took place to plan events later in the year, including one with the British Dental Association, reflecting considerable concerns about the lack of oral care for older people with dementia. Contact was made with Architecture and Design Scotland to organise a design meeting
- meetings with palliative care staff and policy leads on issues of ethnicity also took place to organise an event to promote best practice in these areas

August 2007

- an open day for people from Forth Valley attracted 29 delegates from health, local authority and private sector backgrounds. A training event on reducing aggression and the use of restraint proved popular, and was later repeated. There was also an event on how to train and teach dementia workers, which proved useful for the managers, AHPs and others who attended
- lessons were learned about the importance of piggybacking on pre-existing opportunities, such as the offer to lead a half-day session on older people and change management for a cross-cutting council staff group at the Albert Halls
- by this time teams such as dietitians, nurse tutors and acute sector managers were asking for support for their own ideas – both individually and in groups. This included discussions on standards, screening tools and guidance to help staff respond to a variety of issues, including nutrition and what happens in A&E
- commercial organisations, such as pharmacy companies, were eager to organise educational events in line with the programme and on site at the DSDC, thereby allowing visits to the library and the assistive technology suite

Change in action

Pathways project through the acute hospital

Both the Clinical Advisory Group and the Patients' Panel for the new acute hospital are focusing on developing smoother pathways of care through the hospital. This will expedite appropriate care, improve the patient experience and avoid unnecessary disability. The architects and planners for the hospital met with the DSDC team to get advice on dementia-friendly design and technology.

Change in action

Creation of primary care premises audit tool

Guidance on designing dementia-friendly primary care premises has been issued to the NHS in Scotland. A draft audit tool has been drawn up and is currently being tested. Training for three leads from each NHS board area will commence during 2008, and will ensure that they are competent to use this self-assessment tool to carry out audits.

For more information contact Colm Cunningham, Operations Director, Dementia Services Development Centre. Tel: 01786 467740, email: colm.cunningham@stir.ac.uk

“Receptionists, GPs and nurses are all saying how great the talk was. One receptionist said it was the best CREATE [event] she has been to in years. I even caught the practice manager watching the CD from the pack this morning.”

Practice nurse



September 2007

- public involvement was increasing by this time, and a stand was set up in the Thistle Shopping Centre for two days. This helped raise public awareness, and fielded general enquiries from local health staff. It also informed older people in the community about what was taking place. The Rotary Club in one of our rural communities asked for a presentation, along with church and other local groups
- a full day on dementia, how to spot it and what support is available was organised for 27 people from churches and faith communities across Forth Valley. Those present included Ministers and Elders who have pastoral responsibility for a largely ageing population. Advice on engaging and communicating with the person with dementia was valued
- by this time there was a stream of visits from MSPs, senior social work and health staff, along with other significant figures such as the local medical postgraduate tutor. Raising awareness and providing information was important, as was seeking out new ways of communicating with relevant staff, such as new doctors in the acute sector
- a project team-member started a series of sixteen training surgeries for staff in FV acute hospitals on two sites. These looked at how to manage confused patients in an acute ward
- a training event on rights, choice and risk was attended by around 20 health and social care staff, with input from the Mental Welfare Commission for Scotland
- free or subsidised places on certificate and diploma courses for key staff had started up by this time, and the project leader chaired a knowledge seminar sponsored by a pharmaceutical company in a local hotel

October 2007

- at the request of the police service, training for call handlers commenced and included regular support for new officers in training. The local young offenders institution asked for (and received) advice on alcohol and dementia
- voluntary organisations, local groups and drop-in services asked for (and received) short lectures on the subject of dementia
- advice on dementia-friendly design was given to the architects of the new local acute hospital. An advance briefing was provided on new national guidelines on dementia-friendly architecture for NHS buildings
- a visit from Minister for Public Health Shona Robison provided an opportunity for a briefing on the project to date
- 30 people attended the nutrition training day, which was organised with FV dietetics department
- Stirling residential and day care staff received a presentation on dementia, and the local Care Home Forum had an open day at the DSDC
- the impact analysis was commissioned, with 400 questionnaires sent out

November 2007

- 32 staff from a range of professions and organisations took part in a process mapping event looking at the pathway of the person with dementia through acute services
- there was an open day on dementia-friendly design and technology
- private briefings were provided for Falkirk Council community care managers and private care home managers in Falkirk. Additional meetings took place with local chaplains
- 20 staff, including social workers, attended a consultant-led medication and diagnosis seminar
- the challenging behaviour seminar was repeated for 21 staff from the private and public sector
- nineteen FV staff attended the start-up event for a ten-week programme working directly with residents in a long-stay hospital to improve their quality of life through communication, interaction and the use of humour. Participants included staff from the pilot ward
- 22 staff attended an event exploring how memory works and highlighting practical ways of improving memory

December 2007

- 80 dentists attended a full-day event led by a salaried dentist from Forth Valley on dementia, treatment, capacity and consent. Following on from this, the national training programme for salaried dentists included a full-day session at the DSDC
- 20 FV staff attended a training event on meaningful activity for people with dementia
- the final report of the impact analysis was received

January 2008

- the three-month Stirling A&E department project began, looking at ways of responding more effectively to people with dementia in this setting
- more training and awareness for police took place
- a CREATE session took place at Callander Health Centre
- a sensory impairment workshop was held
- three half-day sessions were held at Bo'ness hospital, providing training in the management of challenging behaviour
- an AHP good practice group was facilitated to raise awareness of common dementia-related issues

February 2008

- a life story pilot project commenced involving Stirling Council. This is the pilot phase of a national project to create life story books across Scotland
- a training event on day care activity initiatives was held
- a training event on pain and palliative care, planned jointly with the Managed Care Network on Palliative Care, was held
- the training event on behaviour and risk was repeated
- a two-day workshop on meaningful activity for people with dementia was held
- a training event on practical skills in dementia care was held, covering nutrition, communication, palliative care and managing challenging behaviour
- a CREATE session took place at Dollar Health Centre

“This is very user-friendly. I like that.”

Hospital doctor

“Very informative. More staff need to come to get the benefit of this information.”

Staff Nurse, acute hospital

Change in action

Elderflowers communication project

Many people involved with the Forth Valley Dementia Project were particularly concerned about the difficulty in providing meaningful activity for people with dementia, both in care homes and other settings. Additionally, hospitals were aware of a report by the Mental Welfare Commission for Scotland which flagged this up as a problem. The DSDC hosted a national meeting to look at creating an action plan around the MWC report. In addition, the project team offered extra support to Forth Valley staff in drawing up their own action plan. A pilot project was established using the communication training skills of the Elderflowers.

The Elderflowers programme is run by Hearts&Minds and is a participative arts-in-health project delivered by professional performing artists. Clowning is used as a conduit for communication and interaction with participants. Elderflowers practitioners aim to make a connection with the individual participant, leading to benefits including mental stimulation, sociability and wellbeing through laughter. A recent evaluation of Elderflowers found a very high level of support for, and confidence in, the programme among participants, family members and healthcare staff.

For more information on the Elderflowers programme visit www.heartsminds.org.uk



Collin Dickson

Appendix 2: The survey used to evaluate the project

1. Did you attend the Forth Valley Dementia Project convention on 19th April 2007?

- Yes
 No

2. How important were the following in your motivation to attend the convention?

	Very important	Important	Not important
Make things better for people with dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make my work easier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meet national standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Networking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify):

3. Have you attended any of the Forth Valley Dementia Project events?

- Yes
 No

4. If yes, please select

- Study day
 Conference
 Seminar
 Meeting
 Open day

Other (please specify)

5. Have you visited the project website?

- Yes
 No

6. If yes, what did you like/dislike about it?

7. Have you improved your skills and confidence in caring for people with dementia?

	Less confident	Confident	More confident
Level of confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. In Forth Valley as a result of this project, I believe

	True	False	I do not know
Level of recognition of dementia has changed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to training about dementia has improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some part of the experience for the client has improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperation between agencies has improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have learned something new	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have shared learning with someone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Misdiagnosis of dementia is less likely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Have you or are you planning to make any changes as a result of the Forth Valley Project?

Yes

No

If yes, can you provide some details

10. Please rate which of these areas requires the most improvement

Gaps between services

Support for carers

Level of knowledge of front line staff

11. How long have you been involved with people with dementia?

0–2 years

3–6 years

6–10 years

11 years or more

12. Which do you work in?

NHS

Local authority

Private sector

Voluntary sector

Other (please specify

13. What, if any, formal qualifications do you use at work?

14. Given the importance of the project, would you be willing to participate in a further interview to discuss the answers provided?

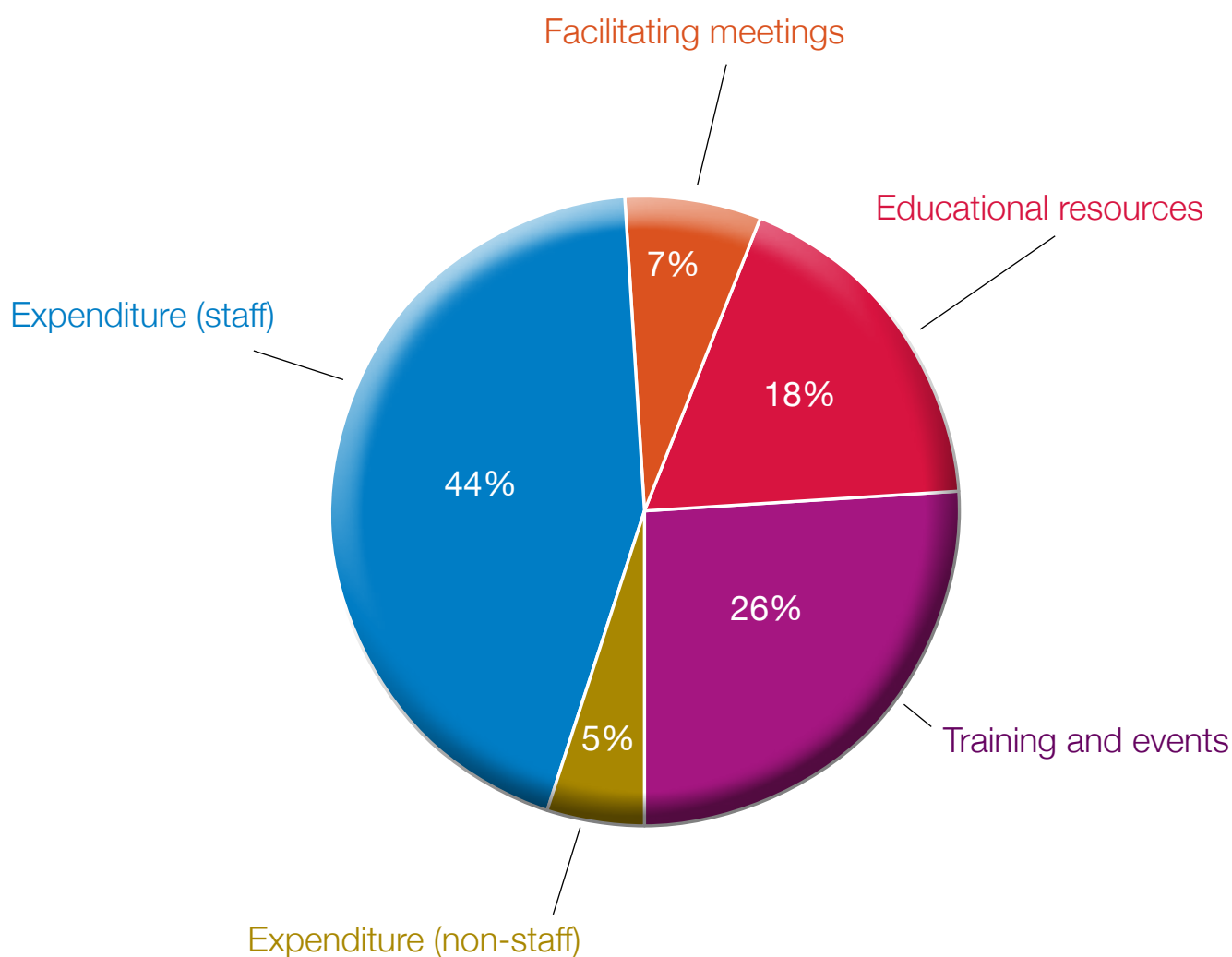
Yes

No

15. Do you have any further comments?



Appendix 3: How the resources were spent



“Lots to take back to the workplace – probably the best course I’ve attended.”

“Everyone caring for dementia patients should come.”

Feedback from two-day activities seminar

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