Dementia Friendly GP Surgeries
implementing
iSPACE
Introduction

This brochure describes how to make your surgery dementia friendly. It details the steps that can be taken to bring about this quality improvement programme. It is not an exhaustive list and there may be other things you wish to do that will enhance the service you deliver to your patients.

Key steps to implementing iSPACE

- Identify and appoint a dementia champion
- Train Staff
- Promote partnership working with carers
- Make links to agencies outside the surgery that can provide ongoing support

Benefits*

- Patient and carer experience improved
- Diagnosis rates increased from 52% to 63% at Oakley and Overton practice*
- Staff attitudes to dementia are more positive
- Clinical consultations improved

This work was being done at the same time as other dementia initiatives to improve the care and diagnosis rates of people with dementia. This needs to be taken on board when reviewing the results of the work.

In addition the evaluation has shown encouraging signs of:

- Good fit with current best practice
- Low resource costs to implement
- Assistance with CQC inspections

Oakley and Overton surgery - Care planning for the future; Prescribing; Diagnosis/referrals; Emergency Admission*

Before = before April 2014 / After = 6 months after iSPACE began

This table illustrates some of the work undertaken in Oakley and Overton Practice.

* This information comes from the evaluation conducted by the Centre for Implementation Science, University of Southampton (2014)

The full evaluation report is located at www.southampton.ac.uk/wessexCIS

Background

The innovative iSPACE model of dementia friendly primary care was developed from a hospital based model. Dr Nicola Decker, funded by the Wessex Academic Health Science Network (AHSN) planned and piloted the iSPACE model in Oakley and Overton Partnership practice in North Hampshire.

The overall aim of the iSPACE model is to improve the patient experience for people with dementia and their carers.
What makes up iSPACE?

This is the full description of 'iSPACE: 6 Steps to becoming a Dementia Friendly Practice'. It has been revised following evaluation and input from Dr Michele Legg, GP at Tower House Surgery Isle of Wight.

Identify one or two Dementia Champions in the practice

Staff who are skilled and have time to care

Partnership working with carers, family and friends

Assessment and early identification of dementia

Care plans which are person centred

Environments that are dementia friendly

Identify one or two Dementia Champions in the practice

- Implement the iSPACE plan
- Sign up to the Dementia Action Alliance - www.dementiaaction.org.uk
- Start a spreadsheet of all patients who have dementia in your practice
- Read the NICE guidance on dementia https://www.nice.org.uk/guidance/cg42
**Staff**
who are skilled and have time to care

- Arrange a clinical meeting for GPs with your local Older Persons Mental Health Consultant
- Review your practice Dementia QOF template and make it meaningful to patients
- Arrange a training session for the team which focuses on the experience of the person with dementia. The Wessex Local Medical Committees Service (LMCS) and Alzheimer’s Society both provide tailored training
- Consider running staff specific training for GPs, administration and nursing staff
- Review use of antipsychotics - audit this
- Give each member of staff the booklet, “A Guide for Customer Facing Staff” from the Alzheimer’s Society (costs £5 for 25 booklets)

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**Partnership**
working with carers, family and friends

- Identify carers for all patients with dementia by sending them a letter via the patient to ask them to identify themselves.
- Record the status of the carer and ensure they are included and invited at all stages of the patient’s journey
- Involve the patient participation group in this work and ask patients with dementia and their carers what they feel will make the surgery dementia friendly
- Refer the carers to your local carer support agencies
- Ensure the carers are copied in to hospital appointment letters so that they are aware of appointment dates (this was the most common request from patients and carers)
- Give the carer and patient a list of helpful contacts in your area. Consider printing this information out on business cards – each area will have different information but this can be done in conjunction with your Clinical Commissioning Group
- Ensure the carer is offered a health check, flu jab and that you remind them of their entitlement to a respite break
- Encourage carers to look at the Alzheimer’s society website and other charity websites to make use of their excellent resources: www.alzheimers.org.uk, www.carersuk.org and www.dementiauk.org
A  Assessment and early identification of dementia

- Encourage a culture where dementia is not stigmatised
- When someone is concerned about their memory do a formal assessment and refer if needed
- Be aware of the need to offer early support after diagnosis
- Audit all codes such as ‘cognitive decline’ or ‘mild memory disturbance’
- Once coded add a ‘major alert’ to the patient notes so that everyone is aware of their diagnosis
- Consider if possible to book double appointments for them - they need more time!
- If people with dementia are consistently not attending appointments consider contacting them or their carer by phone to remind them of the appointment.

C  Care plans which are person-centred

- Encourage patients to complete a personal care plan such as the Alzheimer’s Society ‘This is Me’ document in advance of their review appointment
- Encourage patients and their carers to express their care needs at an early stage. Anticipatory care plans are a useful way of recording these
- Be aware of the natural stages of dementia and the symptoms of advanced dementia
- Identify those patients who are progressing and ensure we link up with social care and add patients to the multi-disciplinary meeting list
- Refer on to dementia ‘post diagnosis support services’
- Complete the advanced care plan, this is Direct Enhanced Service (DES) requirement
Environments that are dementia friendly

- Good lighting, a welcoming face at reception and a sense of calm
- Use of bright colours for the staff uniforms - pink and red have been successful
- Consider making the surgery a safe haven for people who are found wandering in the area
- Uncluttered floor space and plain carpets
- Clear signage for toilets and exits - use symbols
- Suggest the patient participation group does a walk round of public spaces in the practice.

Dr Michele Legg, Tower House Surgery, Ryde
- The iSPACE concept is easy to follow and can be done without significant costs
- It links with DES and NICE guidelines
- It demonstrates to CQC a commitment to working with patients and a focus on dementia
- It is a quality initiative and can be adapted to local use
- The Kings Fund has developed advice on decorating and structural changes in buildings and the environment.

Dr Nicola Decker, Oakley and Overton Partnership Surgery, North Hampshire

With the help of my team, our patients who have dementia and their carers we have applied these elements to a primary care setting and added an "i" to identify a Dementia Champion as a first step. 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.

Comments from GPs who have implemented iSPACE

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Next steps

If you are interested in rolling this out to your surgery and have any further questions please contact the Project manager.

There is an insert to copy and paste onto your website once you have completed this set of quality improvements.

Thank you for your interest in this project and the team looks forward to hearing from you.

Contact:
Katherine Barbour, Senior Project Manager, Wessex AHSN
Katherine.barbour@wessexahsn.net
Case Study

Background

Mrs Smith* aged 78 had not attended for her last two appointments with her GP and had missed her flu jab with the nurse. The receptionist, who had had dementia awareness training, phoned her at home. Mrs Smith had not remembered she had booked them so the receptionist booked her another appointment and phoned one hour before to remind her to come in. She also put an alert on her records for the doctor.

GP actions

Her GP sensitively and carefully explored these issues and Mrs Smith was also concerned, so a referral was made to the memory service. The GP also asked permission to speak to her next of kin who was her daughter living locally.

HCA actions

During the same visit Mrs Smith saw the surgery’s Health Care Assistant who had undertaken a two day dementia awareness training course and was wearing a pink coloured dementia friendly uniform.

After doing Mrs Smith’s blood test and administering her flu injection, the HCA made arrangements to visit Mrs Smith at home to undertake a holistic assessment and look at her social network. This was recorded in a care plan.

Referrals to other agencies

Mrs Smith was referred for a home occupational therapy assessment, a visit from the local fire service as her fire alarm wasn’t working and was also referred to the local Age UK’s good neighbourhood scheme. The time for this could be claimed against our local Over 75s Risk Register scheme.

Next steps

The GP had asked for the hospital to send the hospital appointment to both Mrs Smith and her daughter so that she had support to attend. A few weeks later Mrs Smith attended hospital and was diagnosed with mild to moderate dementia. This triggered an alert being placed on her records within the practice. She attended post diagnostic counselling and attended a 24 week cognitive stimulation course.

Impact on the carer

The GP phoned the daughter to offer support, advice and information for local support services and explored her needs as a carer. The daughter found this helpful and an alert on her records proved useful when she came a few months later and saw a different GP when experiencing mild depression.

Some time later....

Several months later, Mrs Smith was found in town, unsure where she was. She was brought to the surgery which local residents knew was a safe haven for people with dementia. The same Health Care Assistant (HCA) looked after her but Mrs Smith didn’t remember her. She did, however, think that the pink uniform was nice and was able to find the toilet which had a picture to denote where it could be found.

Her daughter collected her and a review with her regular doctor was arranged. She was referred to a local Specialist Dementia Nurse for further support.

*not her real name
By sharing the iSPACE toolkit we hope that other practices will reap the benefits of changing the way we deliver care to patients who have dementia. We have found that it has improved patient and carer experience, teamwork and the quality of consultations. Above all it has raised awareness of dementia in a primary care setting.

Dr Nicola Decker

Information Sources:

- Dementia 2013: The hidden voice of loneliness is Alzheimer’s Society’s annual report examining the quality of life for people with dementia. www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=1056
- Improving the identification of people with dementia in primary care: evaluation of the impact of primary care dementia coding guidance on identified prevalence; Paul Russell BMI 23 Dec 2013 http://bmjopen.bmj.com/content/3/12/e004023.full
- NICE Dementia Quality Standards (QS1) issued June 2010 www.nice.org.uk/guidance/qs1