Dementia Friendly GP Surgeries

implementing

i S P A C E
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.
Background

The dementia friendly primary care ‘iSPACE’ model was put into practice as a pilot initiative between January and April 2014 by Dr Nicola Decker at Oakley & Overton Practice, North Hampshire with funds awarded by the Wessex Academic Health Science Network (AHSN).

The overall aim of the iSPACE pilot was to improve the patient journey for people with dementia and their carers.

Key steps to implementing iSPACE

1. Identify and appoint a dementia champion
2. Staff training
3. Promotion of partnership working with carers
4. Links made 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
- Positive potential for spread across Wessex
- 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

* Emergency admissions to hospitals, before: 0/11-1/14 and after: 0/14-3/15
As my local CCG dementia lead I was asked to become involved in a pilot to make my local town dementia friendly and this started the journey for Tower House Surgery. Around the same time my HCA undertook a two day Dementia Awareness course by Dr Gemma Jones and came back with lots of simple yet effective ideas. Her attendance instigated the rest of my nursing team to attend these courses which are also run over a shorter timescale. Without my prompting, our receptionists approached me and asked for training, and a change of uniform to match the HCA’s dementia friendly pink uniform at the next update. The natural momentum and enthusiasm from a whole team approach was evident. I became involved a little later in the iSPACE project which included some of the actions I had already undertaken; however, it provided a more structured approach for me and other surgeries to follow, and gave me some additional areas to focus on. The changes implemented are modest in expenditure and time required, however the impact in providing a better quality of care to those with dementia and their carers is tremendous and wholly worthwhile.
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 organisational 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 and family and carers’ supporters 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.**

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.

By sharing the iSPACE toolkit we hope that other practices will reap the benefits of creating a culture change around 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.
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 Legg.

- **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 OPMH consultant to discuss your local dementia pathway and the resources available locally
- Review your practice Dementia QOF template and make it meaningful to patients
- Arrange a training session for whole team which focuses on the experience of someone with Dementia - LMCS put a ‘lunch and learn’ resource pack, Dementia Action Alliance and Alzheimer’s society are among providers of 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)
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.
- Code the carers 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 the CCG.
- Ensure the carer is offered a health check, flu jab and that we remind them that they can take a respite break if needed.
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.
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 so that we make best use of the window of opportunity. Anticipatory care plans are very helpful.
- 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 - a 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 (if one in place) does a walk around of the public spaces
Additional comments
from Dr Michele Legg, GP, Tower House Surgery

- 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
- It is useful to order and start to categorise areas where changes can be made
- It is important to inspire a couple of dementia champions within the practice,
- Tailor education according to need
- When any decorating or structural changes need to be made as these can be done with no additional costs to those already planned by following the Kings Fund advice on colour schemes which is easily accessible information.

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
- Dementia: 10 key steps to improving timely diagnosis third edition Jan 2014 Kate Schneider
- 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 BMJ 23 Dec 2013
  http://bmjopen.bmj.com/content/3/12/e004023.full
- Involving People Living with Dementia - making involvement count. Torbay Leadership Group 2011
- The Kings Fund “is your ward dementia friendly?” EHE environment assessment tool 2013
- NICE Dementia Quality Standards (QS1) issued June 2010
  www.nice.org.uk/guidance qs1
- Prime Minister’s challenge on dementia: Delivering major improvements in dementia care and research by 2015 (Department of Health)
- RCN: Commitment to the care of people with dementia in general hospitals; 2011
Next steps

If you’re interested in rolling this out to your surgery and have any further questions please contact the team below. Please let us know if you are doing this so we can map the spread of this work.

Thank you for your interest in this project and if you have any comments - both positive and negative - please feedback to Katherine Barbour.

1. Katherine Barbour, senior project manager, Wessex AHSN
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2. Michele Legg, GP and Wessex AHSN clinical lead
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3. Nicola Decker, GP and initiator of the dementia friendly work in her surgery
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4. The Clinical Commissioning Group in your area

* 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