



Allied Health Professionals Dementia Champions: Agents of Change





Unless indicated otherwise, the photographs of AHPs do not show the people who have been interviewed for this review.

Foreword: Henry Simmons, Alzheimer Scotland

Henry Simmons has been the Chief Executive of Alzheimer Scotland since 2008. He is also a board member of Alzheimer Europe and chair of the NHS NES/SSSC Dementia Programme Board supporting the national implementation of Promoting Excellence.

For many years Alzheimer Scotland has campaigned to improve outcomes for people with dementia and their carers within acute general hospitals. We have worked very closely with our partners and invested substantially to help support change and improvement in this area, as outlined in Scotland's Dementia Strategy. The recently published 10 key actions for acute care will go a long way to consolidate and build on the excellent work that has been done in recent years to ensure we achieve our shared aim of first class dementia care in all our hospitals. Dementia Champions have led the way in this since the programme was commissioned by NHS NES and the SSSC in 2011 and delivered to such a high standard by the University of the West of Scotland. We have much to learn from the work of the champions, and much to celebrate from their achievements.

We know that with the right support, Dementia Champions can be agents of change to improve the care, treatment and outcomes for people with dementia, their

families and carers in general hospitals and at the interface between hospital and community settings.

In every cohort of Dementia Champions we have had great commitment from our allied health professional colleagues. This publication shares some of their achievements, and the impact of a much needed and valued workforce who we know are critical in preventing admissions, as well as enabling a supportive and successful discharge.

This publication features practice examples provided by some of the AHP Dementia Champions, illustrating how they are implementing new ideas and developing innovations in practice. There are accounts that describe the impact that AHP Dementia Champions are having as they work in partnership with healthcare support workers, paid carers in care homes, home care services, relatives, students, GPs and Alzheimer Scotland.

As an organisation we have been delighted to work alongside the allied health professions, hosting our own AHP Consultant post. This has enabled us to directly integrate the values and principles of our organisation with the values and principles of this group of professionals. We know AHPs can have a measurable and meaningful impact on the delivery of care for people with dementia in an acute setting, and this report clearly illustrates the vital work they are doing. ■



Foreword: Jacqui Lunday Johnstone, Scottish Government

Jacqui Lunday Johnstone is the Chief Health Professions Officer, Scottish Government. Jacqui has a professional leadership and policy lead for the 10 AHP groups and 51 healthcare science professions.

Allied health professionals (AHPs) are a distinct group of practitioners who apply their expertise to diagnose, treat and rehabilitate people of all ages across health, education and social care. They work with a range of technical and support staff to deliver direct care and provide rehabilitation, self-management, 'enabling' and health improvement interventions. In Scotland, the AHP group includes arts therapists, dietitians, occupational therapists, orthoptists, paramedics, podiatrists, prosthetists and orthotists, physiotherapists, radiographers (diagnostic and therapeutic) and speech and language therapists.

We recently published The National Delivery Plan for the Allied Health Professions in Scotland where we describe how AHPs can be 'agents of change'. A key part of our delivery plan advocates for AHP leadership at strategic and practice levels to enable transforming service-level change to take place. We can see this service-level change being implemented in action in this publication.

I am delighted to support this publication, Allied Health Professionals

Dementia Champions: Agents of Change, which shares with you examples of the fabulous work being implemented by nine of our current 69 AHP champions and the supporting and leadership role of the four AHP Dementia Consultants and Alzheimer Scotland Nurse Consultants.

Within this publication five of the AHP professions' experiences are shared from dietitians, occupational therapy, paramedics, physiotherapy, speech and language therapy in six NHS boards, one specialist board and two local authorities. We could have included more but space did not allow, so we will work with the other 60 to see how we can share this great work and cascade the keys to success nationally.

When you read their stories you can hear the enthusiasm, dedication and commitment they have given to their roles as Dementia Champions and the real difference they are making to people with dementia they connect with on a day to day basis.

In my role as the Chief Health Professions Officer I will continue to support the Dementia Champion programme and the work of all the AHPs to enable dementia to be viewed as a priority for all AHPs, regardless of where they practice, and the implementation of the 10 key improvement actions for improving care for people with dementia in an acute setting. ■



Foreword: Katherine Sutton and Billy McClean, Scotland's AHP Directors' Group

Katherine Sutton (AHP Director NHS Highland) and Billy McClean (AHP Director, NHS Ayrshire & Arran) are the chair and co-chair of Scotland's AHP Directors' group. The group includes representation from the 14 health boards and four specialist boards. Many of its members have dual professional accountability for AHP colleagues in local authority.

As the chair and co-chair of Scotland's AHP Directors' group we are delighted to support this publication outlining the contribution of some of our allied health professional Dementia Champions. We also welcome the launch of the 10 key improvement actions for acute settings that will focus improvement work around dementia and ensure that teams and AHP Dementia Champions can work strategically and effectively to improve outcomes for people with dementia.

As a group of AHP Directors, we can offer strategic leadership to raise the profile of dementia at a local and national level. We recently supported our AHP Dementia Consultants to conduct a survey of the AHP Dementia Champions exploring the keys to being an agent of change in the area of dementia. This demonstrated the effectiveness of an approach that combines AHP leadership alongside Alzheimer Scotland Dementia Nurses, with the work of the AHP Dementia Champions integrated into the wider strategic and board objectives. These are principles that we will continue to drive in our roles as chair and vice chair of Scotland's AHP Directors' group. ■



'The AHP Directors' group offers strategic leadership to raise the profile of dementia at a local and national level.'

Building new networks to deliver change

Emma McDonald is an occupational therapist who has worked in a variety of roles including care of the elderly and stroke rehabilitation. Her Dementia Champion training has enabled her to build new networks with colleagues from across NHS Ayrshire & Arran to deliver better dementia care.

Before doing the Dementia Champion training, I'd completed a course at the Dementia Services Development Centre (DSDC) in Stirling to train as a facilitator, enabling me to deliver their best practice in dementia care programme to colleagues here in Ayrshire. This was a great experience and I asked my line manager if I could follow it up with the Dementia Champion training. As part of this I spent time with South Ayrshire Dementia Support Association (SADSA), a local charity which provides home care services. This gave me a chance to see specialist dementia care in action. One of my assignments afterwards was to evaluate an area of practice in my own role and see how it measured up to the Dementia Standards. This was a really useful process, and enabled me to see what was working and what could be improved. I then drew up an action plan with goals for supporting change and introducing improvements.

One of the most valuable aspects of the Dementia Champion training was the

networks it has helped me build. I feel like I'm very much linked in to a Scotland-wide network, while locally we have a fantastic Dementia Nurse Consultant, Janice McAlister, who leads meetings every two months and has drawn up a very detailed action plan for change. A physiotherapy colleague and I are the only two AHP representatives on that network and being able to sit with 35 nurses and other colleagues is really beneficial. It means we can really get the voices of AHPs heard. Being part of the group makes such a difference, as previously changes tended to just 'happen' whereas now we're actively involved.

'As a group, the AHPs now have a more defined role within the dementia care pathway – as well as much more knowledge and confidence.'

The network is a supportive and proactive environment for delivering change. We make sure we pass any information from the meetings back through the channels to our colleagues, and other AHP support staff who have also completed the DSDC training are an important part of this network. As a group, the AHPs now have a more defined role within the dementia care pathway – as well as much more knowledge and confidence – which is undoubtedly a benefit for patients.

We've also got much better structures for ensuring best practice now. For instance, initial screening of patients always includes looking for cognitive impairment and referring people to the Elderly Mental Health Team if appropriate. We are sharing information more effectively and can make sure that people are placed in the most appropriate beds on admission. There is also the possibility of avoiding admission altogether if the mental health team can support the person in the community.

As a result of both the Dementia Champion training and the course at the DSDC, we have established far better links with community resources. We're in touch with some of the teams at Alzheimer Scotland, and in areas like telecare we're up to speed with what options are available locally. The Carers Trust came in to give a presentation to the occupational therapy team and this has helped make everyone aware of the community resources available.

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Within the hospital I've supported relatives to come in outside traditional visiting hours, particularly during mealtimes. These can be a time of pressure for staff and anxiety for people with dementia. Enabling relatives to participate means we can benefit from their knowledge and help maintain familiar routines. ■

AHP support workers who completed University of Stirling Best practice in dementia care training, facilitated by Emma McDonald.



Helping people with dementia remain part of their community

Lindsay Hearn is an occupational therapist working in the complex supported discharge team within intermediate care in a joint local authority and NHS team. She supports clients with complex needs to make the transition from hospital or care home back to their own homes. The majority of the people she works with have dementia or cognitive impairment.

Our team's role is to provide supported discharge for clients with complex needs from any hospital in Edinburgh. We provide intensive assessments and interventions over the person's initial 72 hour period at home. Before that we carefully plan their discharge with the hospital multidisciplinary team and any other stakeholders who will be involved in their ongoing support. Once we've completed the assessment, we brief the relevant care agencies on the person's strengths and needs. The majority of our clients have had dementia for a number of years, and we take pride in the fact that 87% are maintained at home following discharge (70% of them for more than a year).

I was part of cohort 2 of the Dementia Champions and found the training very interesting and relevant to my practice. For my placement I visited a day care centre for people with dementia. Even though I have recommended day centres

to many clients, I hadn't experienced one first-hand and was very impressed by the quality of support it provided.

Completing the training has been the springboard for several changes in my practice. Following discussions with my senior, we took steps to share more information with GPs as a way of avoiding unnecessary hospital admissions. This has achieved a level of almost anticipatory care. Our home assessment reports are very detailed and GPs can use these to

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get an accurate picture of what a person's capabilities are, sometimes enabling them to avoid admitting the person to hospital. We were linked in with GPs before but the system didn't always work. We tried to work out how we could better ensure our clients could remain at home and the new measures have been successful.

I have been providing training to other staff in partnership with fellow intermediate care colleagues. We've been using NES's Promoting Excellence skilled level modules. A fellow Dementia Champion, Jackie Sloan, has developed slides to go alongside these for use in care homes. We are working on the basis

.....Helping people with dementia remain part of their community

that 100% of therapists should be at the skilled level, plus as many therapy assistants as possible.

There is a team effort within the department to increase everyone's understanding of dementia. My senior in complex discharge, Helen Wolpert, plus two therapists in intermediate care, Alex Moss and Charlotte Hornby, have helped to plan the sessions, then we take it in turns to do drop-in sessions to encourage people to keep up with the modules and keep the momentum going. We have split the five modules into ten sessions and have just reached the final one. We plan to repeat them again next year.

Prior to becoming a Dementia Champion I already worked closely with people with dementia. Despite this, I found the practical elements of the training very useful, and it was particularly helpful learning about how to share knowledge with others.

The multidisciplinary team are often very uncertain about the potential for most of our clients to return home. Our success rate is linked to several factors, including identifying each client's strengths and needs, then providing clinical interventions that enable them to remain at home on a sustainable basis. My training as a Dementia Champion has contributed to this. ■



Sharing best practice with staff and students

Karen Duncan is a physiotherapist specialising in amputee rehabilitation, based at Aberdeen Royal Infirmary. She was part of the first cohort of Dementia Champions who graduated in March 2012.

Although I don't work in a specialist dementia unit, I'm based in an acute hospital and come into contact with people with dementia on almost every ward. This means there are numerous opportunities to support staff and put what I've learned into practice. My gran has dementia which is how I got involved when they were first looking for volunteers to become Dementia Champions in 2011.

'I've helped develop a course which we deliver to physiotherapy students from Robert Gordon University as part of their induction training.'

My role as a Dementia Champion has mainly focused on sharing the knowledge I've gained with my colleagues. We have organised two study days with guest speakers to give staff an opportunity to learn more about dementia. Along

with my colleague Lianne Campbell, I've helped develop a course which we deliver to physiotherapy students from Robert Gordon University as part of their induction training. This involves introducing them to the National



Dementia Strategy and giving them advice on best practice, as well as informing them about Getting to Know Me documentation. We also give them some background about their future role in supporting people with dementia and their carers. Part of the training involves encouraging them to change their

Karen Duncan (right), photographed with Carole Ledingham and 'Molly'.

perspective a bit as they've been trained to be very professional, and for this role we need to take a softer approach and avoid jargon. The training also covers delirium and we try to discuss how it presents and how to recognise it. We've been delivering this course for some time now and four cohorts of students have completed it.

Within the hospital I've just started rolling out informed practice level dementia training to physiotherapy healthcare support workers. This uses the DVD developed by NHS Education for Scotland, and during the sessions we stop and discuss the scenarios in more detail. These are really super and get a great reaction as they illustrate a range of alternative approaches that can be effective when working with a person with dementia. Training isn't limited to healthcare staff and one of our admin teams recently asked to be trained. This is helping to improve awareness and best practice about dementia right across the organisation.

Tommy Whitelaw was here recently as part of Tommy on Tour and that was a really positive experience which has helped reignite interest in dementia awareness more widely again. Sometimes we struggle with an information overload and it can be a challenge trying to keep people engaged. Tommy on Tour really had an impact.

'The training also covers delirium and we try to discuss how it presents and how to recognise it.'

The first cohort of champions from Grampian included a unit operational manager, and that was fascinating as we all went to board-level meetings where we were looking at making changes across the whole hospital environment, like signage and policies relating to the movement of people within the hospital.

I work as part of a group with our Alzheimer Scotland Dementia Nurse Consultant, Lyn Irvine-Brinklow and we meet every second month with the best practice nurses and other Dementia Champions. It's good to meet up and look at what projects we are going to take forward, as well as having a chance to discuss our own work and hear about what other people have been doing.

In terms of impact, I think we've seen a gentle but sustained increase in awareness about dementia and it's moving further up people's agendas. There's definitely an increasing awareness of best practice and what this involves. Delirium is also something people are more and more aware of, particularly in acute surgical settings. Within the multidisciplinary teams everyone is much more attuned to it.

An exciting recent development has been working with the Alzheimer Scotland Link Workers. They are just starting in their posts and are now starting to attend the AHP Dementia Action Group meetings. ■

Taking training into the community

Liz Watt is a senior occupational therapist in a local authority. She manages the community equipment and telecare service in Aberdeen on behalf of Bon Accord Care. She has shared her knowledge of telecare with community groups and carers to ensure people with dementia get the maximum benefit from the technology that is available.

I graduated as a Dementia Champion last May as part of the third cohort. I have both a personal and professional interest in dementia, and when the opportunity arose I put myself forward for the course. Having been out of education for some time I thought it would be a good way to get back into it and do some more training.

Bon Accord Care provides occupational therapy, day care and home care services, and also runs care homes in Aberdeen. I did my Dementia Champion training with two colleagues and we've since been working with the learning and development team to look at ways of rolling out Promoting Excellence training. In addition, we've developed some specific training for our own occupational therapy assistants that has a particular practical focus around subjects like communication and eating and drinking.

One of my actions from the training was to establish closer links with home care services and that's just beginning to

'The Dementia Champion training has made me more confident in the information I'm passing on and the way I'm passing it on to people.'



Liz Watt with her Dementia Champions graduation certificate

take shape. The home care section are keen to offer modular training to both their staff in sheltered housing and care home settings. The idea is to deliver this on-site in short sessions to avoid the need for staff to be away from their workplace. I'm in regular touch with our Alzheimer Scotland Dementia Advisor for

Aberdeen, Sarah Geoghegan, who had a request from family carers for a similar type of training, so we are looking at developing this together.

I've also been working to promote telecare, as it has a lot of potential benefits for people with dementia. During Dementia Awareness Week 2014 my team promoted the benefits of telecare across Aberdeen, in partnership with NHS staff and Alzheimer Scotland. Sarah has also come along to some of our staff training sessions to talk about dementia from the perspective of people with dementia and their carers.

We run regular telecare sessions for people with dementia and their carers at the local rehabilitation centre. These are promoted through Alzheimer Scotland's local newsletter and are delivered by myself and three colleagues from Bon Accord Care. They're an opportunity to demonstrate different types of equipment and describe the scenarios that each can be helpful in. We try to show that if one item doesn't work, there's very often an alternative. It's about matching the technology to each person's own situation and needs.

We've had a really good response to these sessions. People are generally enthusiastic and can see the potential benefits. Members of the public can refer themselves to the service, and we make sure everyone has a copy of our information sheet and knows they can phone us afterwards with any questions.

The Dementia Champion training has made me more confident in the information I'm passing on and the way I'm passing it on to people. The networking has been great and I've since been on two training days for social services dementia champions run by the Scottish Social Services Council. The other key link I've built has been with our Dementia Nurse Consultant. That has been really useful as she is a key contact within the NHS and now goes along to the meetings she organises. This gives me a chance to see what's happening from the acute perspective as well as in the community. ■

'During Dementia Awareness Week 2014 my team promoted the benefits of telecare across Aberdeen, in partnership with NHS staff and Alzheimer Scotland.'



Dementia Awareness Week 2014 focused on the theme 'Let's talk about dementia'.

Improving nutrition for people with dementia in hospital

Shubha Moses is a dietitian based at Liberton Hospital, in Edinburgh. The hospital provides care of the elderly rehabilitation services, and has some acute beds as well. She was part of the first cohort of Dementia Champions to graduate.

I heard about the Dementia Champions programme through Jenny Reid, our local AHP Dementia Consultant. Completing the programme gave me the confidence to deliver appropriate person-centred care to people with dementia, and has also helped me work more effectively with carers and relatives.

During the course we were asked what changes we'd like to make, and I focused on increasing staff awareness and knowledge through training. I wanted to pass on what I'd learned to my colleagues.

Two other Dementia Champions from Liberton did the course at the same time as me and we work as a group to deliver training. Initially our main focus was on Liberton Hospital, and we introduced regular dementia awareness training for ward staff and colleagues (roughly 300 people in total). These focus on the Promoting Excellence website and the Dementia Managed Clinical Network website. We also flag up NHS Lothian's in-house and online e-learning resources.

I think the biggest impact I've had is in helping improve the mealtime experience

for patients with dementia. For example, we have protected mealtimes, and nursing staff are now much more aware of issues around nutrition. This means they can offer patients things to help like adapted cutlery and non-slip place mats, where appropriate.



As a team we managed to arrange for Alzheimer Scotland do an environmental assessment which gave us ideas on how to improve the environment at Liberton. This has led to the introduction of coloured crockery, clocks that are suitable for people with dementia, and menus with verbal descriptions and pictures of

.....Improving nutrition for people with dementia in hospital

the meal choices. All wards now also have red place mats and red jugs which staff can use to help identify patients who are malnourished (i.e. those with a Malnutrition Universal Screening Tool score of more than two).

As well as working with colleagues at Liberton, I've been able to provide training on nutrition across the health board area, initially focusing on NHS Lothian's dietetic staff. There are around 100 of them.

Last June, AHPs at Liberton Hospital supported Dementia Awareness Week by running an information stand in partnership with telecare services from Edinburgh to raise awareness of how AHPs can contribute to helping people live well with dementia.

At Liberton we've got a local Dementia Champion care group which is multidisciplinary. We've got a consultant on board and meet three to four times a year. We're hoping to identify a dementia link nurse on each ward who can attend these meetings too. In May 2013 we shared what we have achieved at the NHS Lothian best practice conference, Delivering Better Care. We gave a poster presentation and had a session for nursing colleagues from across NHS Lothian. This February we were invited to participate in a cognitive impairment dementia seminar for all grades of staff in NHS Lothian. That took place at the Western General.

'Completing the Dementia Champions programme gave me the confidence to deliver appropriate person-centred care to people with dementia.'

Make Every Moment Count is a guide to increasing opportunities for people to be involved in everyday activities. We were involved in trialling this from June to October last year, and it's since been rolled out here. It involves making small activities important – things like hand massage and music to reminisce with.

There is a lot more work still to do, and future projects including evaluating Make Every Moment Count to demonstrate its effectiveness, and looking at recruiting volunteers at mealtimes to be mealtime buddies. ■

Shubha Moses
(sixth from left) with
fellow NHS Lothian
Dementia Champions.



Helping increase awareness of dementia and person-centred care

Susan Maxwell is Team Lead Physiotherapist at Dumfries & Galloway Royal Infirmary. She works with acute stroke and acute elderly patients and helps ensure that all patients with cognitive impairments are appropriately assessed.

I was part of the second cohort of Dementia Champions and thoroughly enjoyed the training. The course included doing a placement in a dementia care setting and I chose Alzheimer Scotland's day care service in Thornhill.

Before training to be a Dementia Champion I'd had quite a lot of experience of working with people with dementia in acute care, but no experience of community care. I thoroughly enjoyed my community care placement and was very impressed by how well the care workers knew their clients and their families. The care was very relevant and staff knew how to respond to all the different personalities. I thought it was superb and found the experience quite inspirational.

The course has made me aware of how different approaches and different carers can get completely different outcomes with the same patient. What I have learned has changed the way I and my team of physiotherapists and support workers approach people with dementia – and to a certain extent nursing staff on the ward too.

People with dementia make up a huge part of our caseload. When I started my shift this morning and read the handover notes, I could see that 12 out of the 25 people on the ward had a diagnosis of dementia. I know from experience that some of the other 13 patients are also likely to have dementia, but won't have been diagnosed.

'I've definitely noticed an increased awareness of dementia and how to provide person-centred care among the staff I work with.'

All the care of the elderly units I cover have a weekly multidisciplinary team meeting that discusses every patient. If I or a colleague has concerns that someone has undiagnosed dementia, we will always flag this up. They will then be referred to the psychiatric liaison nurse and the next step is for them to be assessed at a memory clinic where they will receive a full assessment and a definitive diagnosis. In the past a patient could be admitted and discharged without anyone assessing their cognitive function.

When I finished my Dementia Champion training, NHS Dumfries &



..... **Helping increase awareness of dementia and person-centred care**



Galloway didn't have an Alzheimer Scotland Dementia Nurse Consultant. Now that Gladys Haining is in post, we have a more formal support structure to promote dementia awareness, and the champions meet as a group four times a year. Having this back-up has made it easier to spread knowledge among AHPs in both hospitals and community settings. This is a big rural area so it's really important that the knowledge gets out into the community.

We have AHP students here on six-week study placements from Glasgow and Edinburgh and this is a great opportunity to do some work on dementia with them. Some are first-year students while others are doing an elective placement at the end of their fourth year, so their knowledge of dementia varies. Whatever level they are at, there are opportunities to increase their awareness and practical understanding of dementia.

I've definitely noticed an increased awareness of dementia and how to provide person-centred care among the staff I work with. Going forward it's my ambition that everyone who comes into contact with people with dementia has some degree of training, whether they're in a support role like porters or are providing frontline care. ■

Improving emergency care responses for people with dementia

Fiona McConnell is a Clinical Advisor, Paramedic and Practice Placement Mentor working for the Scottish Ambulance Service in Inverness. She is helping develop new pathways for people with dementia that are helping avoid unnecessary admissions to A&E. Paramedical staff joined the AHP group in Scotland in April 2014.

I was approached by my manager about doing the Dementia Champion training last year. It was one of the most interesting courses I think I've ever done, and I absolutely loved it. The tutors were excellent, as were the people who came in to give presentations. Implementing changes back in the workplace has been a challenge because the ambulance service is such a huge service. Despite this we're in the process of putting some new measures in place and getting people more aware about issues relating to dementia.

In the past paramedics didn't receive any dementia training before joining the service, but this is starting to change. We have a training department here and students now also spend a day at a care home in Inverness and work with a dementia team. This means they are starting to get hands-on experience in dementia care which I think is going to make a huge difference.

One of the biggest things I became aware of as a result of doing the course

is that the ambulance service often takes people with dementia into hospital (which means an A&E department) in the absence of other alternatives. I've been able to influence that on a local basis to improve outcomes for people with dementia. I'm based in a control room and have clinical oversight for the calls that come in. If a family member or carer describes a crisis that seems to be dementia led, we can look at getting a GP or nurse to attend at home rather than whisking the person off to A&E automatically. If the GP



decides hospital admission is necessary, the person can be sent straight to a medical ward or a care home, rather than experiencing multiple transfers from A&E to other departments.

At the moment it's only myself who can do this, but we're aiming to raise awareness to help colleagues understand that alternative options to A&E are available and may be appropriate.

However, before that can happen the service needs to be able to support crews to make these decisions and feel confident making them.

We are also in discussions with a medical ward at Raigmore Hospital to see if we can open up a direct admission route for people with dementia presenting with common problems such as a urinary tract infection or chest infection, rather than simply taking them to A&E. There was previously an agreement in place that patients could be taken directly to wards, but it wasn't widely used. Now we're going back and reinforcing that link to make

sure it's used appropriately. It's about getting agreements in place on either side and having crews comfortable about bypassing A&E.

'We have a training department here and students now also spend a day at a care home in Inverness and work with a dementia team. This means they are starting to get hands-on experience in dementia care.'

A colleague has just started the Dementia Champion course and this will make it easier to roll measures out more widely. One of the things we're doing at the moment is collating packs of training DVDs and other information which will then be available at every work station. Although training will be self-led, I'm confident a lot of staff will read the materials. We're currently also looking at a way of trialling the use of 4AT forms locally to screen people for delirium or cognitive impairment.

I'm in regular contact with two other Dementia Champions based in the ambulance service in the Central Belt. The champions course was such an eye-opener with so much good advice and good things we could be doing differently, it's been hard to decide which order to roll them out in. ■



Evidence-based training for healthcare support workers

Jennifer Marler is an advanced practitioner in occupational therapy working at Gartnavel Hospital in Glasgow. She has helped implement training for healthcare support workers (HCSWs) which she has since evaluated, demonstrating the improvements it is delivering for people with dementia.

I completed the Dementia Champion course as part of the fourth cohort, starting my training in April 2013 and graduating the following January. As part of the programme we were asked to evaluate our service, which in my case meant looking at occupational therapy and physiotherapy acute services. I explored potential changes we could make to bring about better quality of life and care experiences for people with dementia coming into hospital. It quickly became clear from meetings with staff that it was the healthcare support workers (HCSWs) who were spending that little bit of extra time with people in hospitals and had extra opportunities to improve their care experiences. As a result, I looked at ways this staff group could be upskilled to improve care for people with dementia.

At the same time I was carrying out the service evaluation, we had a member of staff join our team who was already trained as a facilitator in the best practice in dementia care for healthcare support workers programme developed by the

University of Stirling. Between September 2013 and April 2014 seven HCSWs working within acute medicine across NHS Greater Glasgow and Clyde completed the facilitator-led study course. I supported the facilitator in delivering the programme, and established and implemented evaluation methods to measure its effectiveness.

I worked with colleagues from Clinical Effectiveness to decide how we were going to measure any changes. We looked at four different criteria: the attitudes of

'I looked at ways healthcare support workers could be upskilled as they were the group who were spending that little bit of extra time with people with dementia.'

the HCSWs; their confidence levels; any changes within their own practice; and any changes within the teams working with them. We used a variety of methods to gather the data, including pre- and post-training questionnaires; a review of their reflective course essays; and semi-structured interviews with more senior colleagues from their departments.

It was really encouraging because after completing the programme, all participants showed more positive attitudes and increased confidence. What came through was that they were using a person's life

Evidence-based training for healthcare support workers

story to deliver therapy sessions more than they had before. They were using Getting to Know Me and also encouraging other multidisciplinary team members to do so. One of the HCSWs reported that since starting the programme her confidence had increased so much that she now spoke up to other professionals if she thought a person with dementia needed a voice and didn't have one.

The feedback we got from the more senior colleagues we interviewed revealed the HCSWs were showing increased skills and confidence in their roles and were more confident to change their approaches where required. Carrying out the work was really rewarding and we have since produced a video that is hosted on the NHS Scotland Quality Improvement Hub, titled Bringing about Change in Dementia Care.

We have successfully applied for funding for another member of staff to be trained as a facilitator, and they recently started facilitating a second cohort of HCSWs. Although my role is within acute medical specialties, we've opened the training to acute medical and the department for medicine of the elderly HCSW staff, which will ensure the knowledge gets more dispersed, with a good distribution of staff being trained across different sites, teams and grades. In the future we hope to open up the training to staff working in orthopaedics,

surgical and possibly other AHP professions who have HCSWs who would benefit from the programme. The aim is to continually keep widening the reach and to have a confident and capable staff group delivering quality care for people with dementia in hospitals. ■

Jennifer Marler (left) with healthcare support worker colleagues who completed University of Stirling best practice in dementia care training.



Taking dementia expertise into the community

Jenny Keir is a speech and language therapist working in medicine for the elderly at the Royal Victoria Hospital in Dundee. Her role takes her out into the community, where her Dementia Champion training provides opportunities to offer advice and support to people with dementia, their families and carers.

I've been working within medicine for the elderly as a speech and language therapist for over ten years, so there tend to be quite a large number of people with dementia on my caseload. I saw the Dementia Champions course advertised and liked the idea of developing deeper expertise in one area. It was good to take time out from my clinical work and really dive into something and focus on it.

NHS Tayside has a Dementia Champions forum where we meet regularly to share good practice. That's been really useful. Here at the Royal Victoria, in partnership with the other AHP Dementia Champions, we are about to start delivering Promoting Excellence training to on-site staff. This will focus on skilled level training and we'll each deliver a module.

Speech and language therapists have a very direct link to dementia care. In fact we are specifically named in the Standards of Care for Dementia in Scotland. Although we have a really clear role in assisting with feeding and swallowing, people are less aware about

how we can help with other aspects of dementia care including communication and interaction.

We have a referral system directly to our department so also run and manage our own community service. We'll go out to a person wherever they are. As we build relationships with care homes we can talk about challenges staff have seen previously and then encourage them to



look at what's going to work with this person. We get good results by giving them the information then demonstrating the difference in outcome with the people they are working with.

I see one of the most valuable aspects of the Dementia Champion role as being the work I do in the community. A lot of it is about modelling the right kind of way to 'be' with people with dementia. During

Jenny Keir (fourth from right) with other Dementia Champion graduates.

Dementia champions as positive role models

Christine Steel is an AHP Dementia Consultant based in NHS Greater Glasgow and Clyde. She has been working with the Dementia Champions to pilot a risk enablement tool, and also supports prospective and trainee champions to learn more about their role.

I host a board-wide AHP dementia forum which brings together trained Dementia Champions with colleagues who are going through the training, plus others who are thinking about signing up for it. For those who haven't started yet, the meetings give a flavour of what's involved, along with the expectations and opportunities of the role. Occasionally someone realises that being a Dementia Champion is a commitment they're unable to make at that time, and instead they can use the learning as part of their knowledge and skills framework, while passing the opportunity on to someone else.

The people who are currently doing the course benefit from the perspectives of meeting champions who have already been through it. They can provide practical support, such as helping acute care colleagues to identify possible options for their community placement. This placement allows them to see another part of the care pathway and can help remind us that we are just one part of the journey and a much bigger world exists out there.

When I took up the post we began process mapping the journey of care for a person with dementia being admitted to hospital, and three workstreams quickly emerged. The first was about knowledge, skills and training and included awareness of the impact of the environment on a person with

'We've been working to ensure AHPs are confident in taking a balanced approach to risk and a proactive approach to discharge planning.'

feeding and swallowing assessments in care homes we can give little bits of information to care home staff, like explaining the importance of sitting at eye level with the person, offering touch before speaking, and making sure they know what's in front of them and what's on their plate during mealtimes. It's also about helping people understand the condition better and taking simple steps like not getting into arguments. I can help staff work backwards from an incident and understand the behaviour that arose is often as much about our interactions as the impact of dementia. ■

'I saw the Dementia Champions course advertised and liked the idea of developing deeper expertise in one area. It was good to take time out from my clinical work and really dive into something and focus on it.'

Dementia champions as positive role models

dementia's stress levels. This fundamental knowledge is being addressed through training based around the Promoting Excellence framework.

The second theme related to models of practice within acute care, and starting to really think about dementia being part of our core business. This has involved making sure the processes within acute care support people with dementia using person-centred approaches to assessment and treatment planning.

The third theme has focused on risk enablement and encouraging AHPs to take positive risks when working with people with dementia, especially in relation to discharge planning. Because people tend to be very unwell when they're admitted to an acute hospital, it can seem strange to start thinking about discharge in the early stages of their care. However, we've been working to ensure AHPs are confident in taking a balanced approach to risk and a proactive approach to discharge planning. All the teams I've worked with have welcomed this approach and I do feel this is an area where AHPs can have a positive impact.

With this in mind we developed a risk enablement toolkit which NHS Grampian and NHS Lanarkshire also helped to pilot. Following the evaluation we recently formed a short life working group to refine the toolkit and match it with the 10 key actions for acute care. The aim is to

start thinking about risk enablement from admission right through to discharge. One of our Dementia Champions worked on the initial pilot and we are planning on involving more champions as we roll the toolkit out more widely.

The Dementia Champions really help give credibility and impetus to this work on changing models of practice. One example is the introduction of Getting to Know Me, which is designed to ensure that care is appropriate and personalised. The champions have been promoting this within their teams, and it is providing a valuable addition to a person-centred care planning process. They have been able to role model it and demonstrate to other staff the difference it can make in improving the person's quality of care. ■

Occupational therapy and physiotherapy staff from the Southern General Hospital in Glasgow pictured within the therapeutic garden area at the Langlands Building. The garden provides a safe outdoor space for people with dementia to engage in social interaction and rehabilitation.



Supporting training and shared learning

Sandra Shafii is an AHP Dementia Consultant based in NHS Lanarkshire. She has a national role that includes a specific focus on promoting activity, participation and the environment for people with dementia.

We currently have seven AHP dementia champions in Lanarkshire, including an occupational therapist and a physiotherapist in each of the three district general hospitals. Occupational therapists and physiotherapists are the biggest AHP staff groups in our board and are involved in supporting people with discharge, so we wanted to ensure we had champions representing them in each of the hospitals.

The occupational therapy champions are currently taking their colleagues through the skilled practice level of Promoting Excellence. It's a staff group of about 150 people, made up of registered practitioners as well as support workers. The physiotherapy champions are beginning that work too, and are looking to take colleagues in care of the elderly through the skilled level of Promoting Excellence as a priority. It has the potential to be quite labour intensive but their managers are really on board with the dementia agenda and are supporting their clinical staff to do this.

I have established a Lanarkshire AHP dementia forum which brings in all the

allied health professionals across NHS Lanarkshire, and also our occupational therapy colleagues in our two local authorities. For our first year we had a work plan with three strands. The first was supporting the AHPs with Promoting Excellence, and having gone through the informed practice level we are now at the skilled level.

The second strand looked at the development of accessible information and advice. This recognises that not everyone with dementia will get to see every AHP that could be helpful to them. To address this, we're producing materials on topics including communication, eating and drinking, mobility and balance. We've also put together some hints and tips around supporting people with memory aids and reminiscence. These cover some of the areas that carers are often concerned about.

Our third strand of work has been around risk enablement. We have been supporting the development of the risk enablement framework that has been developed in NHS Greater Glasgow and Clyde. We have also been able to share some work we've been doing in Lanarkshire that looks at risk management/enablement from a community perspective. We tried and tested the original work in NHS Greater Glasgow and Clyde and have been able to add to it from our own perspective.

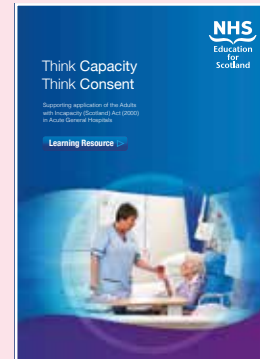
'The placement allows the Dementia Champions to see another part of the care pathway.'

Supporting training and shared learning.....

One of our AHP Dementia Champions has helped me to field test Make Every Moment Count, a resource we have developed to promote meaningful activities for people with dementia. While this was happening in NHS Lanarkshire, piloting was also underway in NHS Tayside, NHS Lothian and NHS Grampian. This has led to some really good work across multidisciplinary teams in these areas. In Grampian they have looked at it from the perspective of support workers. It's something they can take a lead on in the wards and that's been a really positive piece of work.

Physiotherapy champions in Lanarkshire are also raising awareness with their

colleagues around 'Think capacity, think consent'. This is an NHS Education for Scotland learning resource that supports the application of the Adults with Incapacity (Scotland) Act (2000) in acute general hospitals. Our physiotherapist in Hairmyres Hospital has taken her colleagues through the Abbreviated Mental Test (AMT), a quick to use screening test which can be used to assess someone's level of cognition. Overall our Dementia Champions have been picking up on important legislation and practice guidance and supporting their colleagues to implement this. It's one of many ways they are making a tangible difference to the care of people with dementia. ■



'The dementia forum brings together all the AHPs across NHS Lanarkshire, plus our occupational therapy colleagues in our two local authorities.'

The launch of Make Every Moment Count with Michael Matheson MSP, Minister for Public Health, centre. Sandra Shafiq is on the right.



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Raising awareness through research and training

Jenny Reid is an AHP Dementia Consultant based in NHS Lothian. She has a national role that includes a focus on early interventions and supported self-management. She also produces the AHPproaches newsletter, which is circulated to colleagues across Scotland.

We currently have 13 Dementia Champions in Lothian, with another four being trained as part of cohort five. This has given us good coverage across the AHP disciplines in NHS Lothian, and when the next group graduates we will also have a champion in three of the four local authorities in Lothian.

There are around 1,400 AHPs working within NHS Lothian and I've been tasked with ensuring that at least two thirds of them complete Promoting Excellence training at skilled level. I'm currently rolling out a train the trainer model which will be supported by the champions. Their skills are proving invaluable in helping to train this large group of people.

Our Dementia Champions have been involved in some interesting projects to implement research into practice. I led a national pilot of an evidenced-based occupational therapy intervention called TAP (Tailored Activity Programme) and learned some valuable lessons from this. TAP is referenced within the 8 Pillars Model of Community Support as a non-pharmacological intervention which has been shown to provide benefits for the person with dementia as well as their family carers. The champions realised they could use the assessment model that underpins TAP, called the Cognitive Disability Model, to develop broader strategies for supporting people with dementia. It enables users to recognise the person's strengths, as well as their difficulties, and means occupational therapists can think about the right support strategies based on what they or their carers do differently. This is completely different from a traditional pen and paper type assessment, which some people find intimidating and which doesn't always provide accurate



Training courses organised by Jenny Reid in NHS Dumfries & Galloway (above) and NHS Ayrshire & Arran (below)



Raising awareness through research and training.....

answers in terms of the person's ability to perform daily occupations and routines. I've been leading a local pilot into using this model which has included two of the Dementia Champions.

I'm keen to encourage our Dementia Champions to share the work they're doing, and was delighted that three of them had abstracts accepted for an event at Murrayfield in January. This showcased what the champions as a whole have achieved across Scotland since the programme was initiated, and coincided with the graduation of the fourth cohort. Sara Knight, Amy Sinclair, Lindsay Hearn and Jennifer McLean presented posters on three projects they have been involved in, including the Cognitive Disability Model.

Amy's poster was entitled 'The Life of an AHP Dementia Champion: the reality one year on' and described her experience of being a resource for her colleagues if people have a question about dementia. She has built a really valuable set of resources for her occupational therapy colleagues and has linked in with multidisciplinary colleagues too. Sara's poster described research she has done into whether schemes that use a bedside symbol to indicate that a person has dementia might be stigmatising. Her research showed that the majority of people with dementia and their carers thought they were useful and sensible. This has helped to challenge staff

misconceptions about schemes to identify people with dementia on wards.

The Lothian AHP champions were quite involved in Dementia Awareness Week in 2013 and set up information stands in four hospital sites in Lothian. Three of these linked up with telecare colleagues. Even though the stands were in hospitals, lots of staff approached them to discuss their own situation regarding family members. It was a really useful process and a positive experience for the champions.

An area of work I'm personally responsible for is producing the Dementia AHPproaches newsletter. This is sent to around 800 people by email and the hope is that many of them forward it to contacts in their network. We try and focus on examples of good practice that AHPs are involved with and get a good variety of articles from across different professions and settings We've recently started circulating it to Alzheimer Scotland's Dementia Advisors and Link Workers too. ■

'our Dementia Champions have been involved in some interesting projects to implement research into practice. Three of these were showcased at an event at Murrayfield earlier this year.'



Sara Knight's poster (above) was one of three presented at a national event showcasing what the champions as a whole have achieved across Scotland.

Developing opportunities for the Dementia Champions of the future

Elaine Hunter is the National Allied Health Professions Consultant based in Alzheimer Scotland. Her role focuses on bringing the skills of AHPs to the forefront of dementia practice and linking this to the needs of people with dementia and their carers, partners and families.

My role is to maximise the benefits AHPs can bring to dementia practice. As part of this I'm programme lead for delivering commitment 4 of Scotland's National Dementia Strategy 2013-16. This involves developing an evidence-based policy document outlining the contributions of AHPs to the Alzheimer Scotland 8 pillar model of community support. I also work in partnership with the three AHP Dementia Consultants, as well as Alzheimer Scotland's Nurse Consultants, to support the Dementia Champion programme. In particular, I'm supporting the champions of the future by working with four Scottish universities to identify opportunities to enhance dementia training for AHPs.

I've been working with the universities that educate our AHP students. These are Glasgow Caledonian University, Queen Margaret University, Robert Gordon University and the University of Strathclyde. I'm working in partnership with them to link their current curriculum to the skills our future AHP workforce

needs in relation to dementia practice. This centres around Promoting Excellence and introducing universities to the informed level DVD and the skilled level resource pack, as well as all the NES training resources.

We've invited the universities to enable all their students to watch the informed level training DVDs. In some NHS settings, students are being asked to watch the DVDs as part of their induction process. By enabling students to do this training while they're still undergraduates, we're giving them an extra skill to take to their future workplace. They can also start developing a deeper understanding of how to work with people with dementia from an earlier stage. Current AHP students are the role models of the future: they will be going into acute care environments.

We know that if a student had a good practice placement experience, this can influence not only where they work in the future but also how they work. As a result of this, one of the projects I have been involved with is setting up student placements at Alzheimer Scotland. So far we have offered four placements which have been for occupational therapy students. Two students came from Queen



Emma Ingram, occupational therapy student from Glasgow Caledonian University on placement at Alzheimer Scotland's Dementia Resource Centre in Greenock, 2014.

Developing opportunities for the Dementia Champions of the future.....

Margaret University (QMU) and two from Glasgow Caledonian University. They were based within our dementia resource centres, and have been working directly with people with dementia. Later this year art therapy students from QMU will take up placements at our dementia resource centres in Inverness and Paisley. We've drawn up a strategic plan which aims to be offering 30 sustainable AHP placements within Alzheimer Scotland by 2016, each tailored to the education requirements of the different AHP professions. For example, students could work alongside Link Workers in resource centres or with Dementia Advisors who run events like dementia cafes. The plan is to develop a full range of opportunities.

Students who have taken part in a placement have the potential to be informed and skilled Dementia Champions of the future. Another benefit of the placements is that they give students a chance to get a really good understanding of how a third sector organisation works. Historically, there have been very few opportunities to do this.

Our aspiration is for all AHP students to be at the skilled level of practice when they graduate. We have participated in a film by NHS Education for Scotland that has been made to showcase the impact and influence of the work we are doing in relation to the AHP student placements. This will be available to view by the time this report is published. ■

'Students could work alongside Link Workers in resource centres or with Dementia Advisors who run events like dementia cafes. The plan is to develop a full range of opportunities.'

Occupational therapy students Mairi Ferrier (centre) and Chris Cousins (right) completed a placement with Alzheimer Scotland in 2014. The photograph was taken during an open day for occupational therapy students at Queen Margaret University in October 2013.



References (links accessed 03.08.14)

10 key actions for acute care: contained within Scotland's National Dementia Strategy 2013-2016 (see below)

4AT, <http://www.the4at.com/>

Alzheimer Scotland's 8 Pillars Model of Community Support,

http://www.alzscot.org/campaigning/eight_pillars_model_of_community_support

Bringing about Change in Dementia Care,

<http://www.qihub.scot.nhs.uk/video-hub/jennifer-marler.aspx>

Dementia Managed Clinical Network website: <http://www.knowledge.scot.nhs.uk/dementia/communities-of-practice/national-ahps-best-practice-in-dementia-network.aspx>

Make Every Moment Count, http://www.scswis.com/index.php?option=com_content&view=article&id=8196&Itemid=766

The National Delivery Plan for the Allied Health Professions in Scotland, 2012-2015,

<http://www.scotland.gov.uk/Publications/2012/06/9095>

Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers,

<http://www.scotland.gov.uk/Publications/2011/05/31085332/0>

Standards of Care for Dementia in Scotland,

<http://www.scotland.gov.uk/Publications/2011/05/31085414/0>

Scotland's National Dementia Strategy 2013-2016,

<http://www.scotland.gov.uk/Topics/Health/Services/Mental-Health/Dementia>

Below: AHP consultants and Alzheimer Scotland Dementia Nurses at the launch of the Alzheimer Scotland Centre for Policy and Practice, a partnership with the University of the West of Scotland. The photograph includes Jenny Reid (fifth from left), Lady Hamilton (seventh from left), Sandra Shafii (fifth from right) and Elaine Hunter (right).

Acknowledgements

Grateful thanks are extended to all the AHP Dementia Champions and other contributors who agreed to be interviewed for this report.

Special thanks are due to artist Andy Peutherer, who gave permission for his painting, 'Isle of Tiree, summer storm, Hebrides, Scotland', to be used on the cover of this report (www.scottishlandscapepainting.co.uk, original Scottish paintings, prints & commissions)



This publication is the first in a series of three reports sharing examples of the innovative work that allied health professionals are doing in Scotland to support people with dementia, their partners, carers and families. Much of this work is being actively supported by Alzheimer Scotland.

Alzheimer Scotland wants to make sure nobody faces dementia alone. There are two main objectives that help us achieve this and drive all our work:

- being the foremost provider of support services and information for people with dementia, their families and friends throughout Scotland
- being the leading force for change at all levels of society, protecting and promoting the rights of people with dementia, their families and friends.

Alzheimer Scotland is committed to improving the lives and opportunities of people with dementia, their partners, families and carers. We do this through provision of direct support services, and by raising funds to provide our 24 hour Freephone Dementia Helpline (0808 808 3000), our networks of Dementia Advisors and Dementia Nurses, and our Dementia Research Centre. Our work and campaigning activity is informed by our 7,000 members and delivered by over 1,100 staff and 700 volunteers.

For more information about who we are and what we do, visit www.alzscot.org

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Making sure nobody faces dementia alone.