



Four Rivers Dementia Alliance

In partnership with



Dementia Friendly Parishes
around the Yealm

COMMUNITY LIAISON AND SUPPORT GP PRACTICE INFORMATION PACK

Small steps make a big difference for people living with dementia, their families, carers and communities.

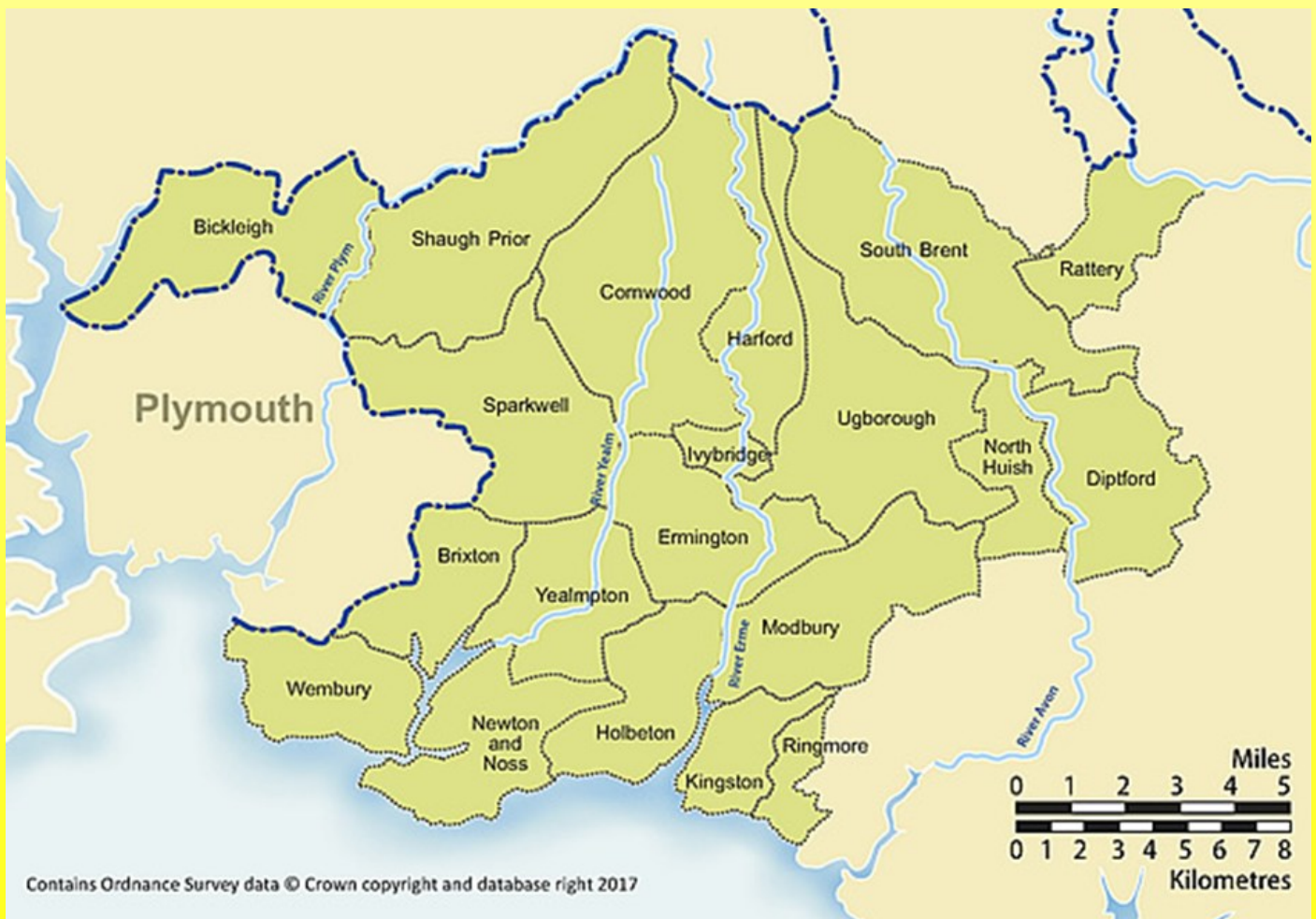


Four Rivers Dementia Alliance




Hello, I am Claire Puckey, Community Liaison and Support Lead for Four Rivers Dementia Alliance (4RDA). I am also the Community Development Lead for Dementia Friendly Parishes Around the Yealm.


4RDA is an inclusive voluntary organisation comprised of twenty town and rural parish councils in South West Devon (located around the rivers Yealm, Plym, Erme and Avon) and a variety of other interested organisations working together to promote dementia friendly communities (Please see the map below which shows the communities we serve).








WHAT WE DO:

 We work to build inclusive dementia friendly communities and villages in the Four Rivers area through parish and town councils and a wide variety of other organisations. These communities support people living with dementia to continue being part of community life, increase awareness of dementia amongst all members of the community and reduce stigma.

 They are comprised of **all** sectors of the community e.g. Individuals, retail, education, health and social care, leisure, voluntary, emergency, faith, transport sectors etc.

 We share ideas, develop resources and partnership projects.


 Anyone interested in improving the lives of people living with dementia, their families and carers is welcome at our meetings which are held quarterly.

 The Four Rivers Dementia Alliance would like to offer GP practices support to become more dementia friendly. We understand that time is pressured so we have compiled this guide to help.

WHY BEING DEMENTIA FRIENDLY IS IMPORTANT TO YOUR GP PRACTICE:

 **Dementia is a hidden disability which is increasingly prevalent in the UK:**

 **982,000** people are currently estimated to be living with dementia in the UK.

 This is predicted to increase to **over 1.1 million by 2030 and to 1.4 million by 2040.** (However, Public Health Analysis by the Lancet shows a rise in cases and predicts 40% more people are likely to be affected than originally thought).

 **1 person will develop dementia every 3 minutes in the UK.**

Sources: <https://dementiastatistics.org/> and <https://alzheimers.org.uk>
(**Figures:** As at November 2024).



- 🌸 This means that you will obviously have patients already registered at your practice who have dementia and the numbers of them are set to increase.
- 🌸 You might also have colleagues in the practice team, who are or will become carers and some who may go on to develop dementia themselves so having some awareness is helpful so you can start putting the right support in place.
- 🌸 If you work towards being a dementia friendly practice, the measures you put in place to support your patients living with dementia will also be supportive to other patients with a range of needs.
- 🌸 You can make a big difference by making small changes that will require either no or minimal cost to implement.

SOME OF THE CHALLENGES FACED BY PATIENTS LIVING WITH DEMENTIA, ENGAGING WITH THEIR GP PRACTICE.

As a GP practice, it would be helpful to have some understanding of the many different things that can make attending difficult for people living with dementia because if you know about them, you can think about ways to make the experience easier.

People with dementia can face the following challenges:

MEMORY CHALLENGES:

- 🌸 Difficulty remembering what they came to the practice for.
- 🌸 Missing appointments due to forgetting about them. They might also find it hard to attend because they have no-one to support them.
- 🌸 Problems remembering the details of discussions about their care, especially medical information, potential side effects of medication or treatment plans.



CHALLENGES COMMUNICATING WITH STAFF:

- 🌸 They may have difficulties finding the right words to accurately describe the symptoms they are experiencing.
- 🌸 They may find it hard to understand information shared by staff.
- 🌸 Some people with dementia may be reluctant to be examined because of fear and/or confusion about what is going on.

ENVIRONMENTAL CHALLENGES:

- 🌸 GP practices can be busy, noisy and overwhelming at times. Some people with dementia can find them confusing and experience sensory overload. This can cause anxiety and distress which can increase if they have to wait for a long time to be seen.
- 🌸 Perceptual difficulties experienced by people with dementia can cause changes to how they perceive features of the environment e.g. flooring, reflective surfaces, patterns etc - leading to confusion and disorientation.
- 🌸 There can be potential hazards in walkways e.g. uneven flooring and obstacles which can lead to possible slips and falls.
- 🌸 Wayfinding around the practice - Some people with dementia may be fearful of getting lost and/or getting disorientated in the practice. If there is unclear, very little or no signage, that can add to this.
- 🌸 If the practice is not dementia-friendly i.e. has not made any adjustments to make it more accessible to patients with dementia or provided little or no specific training for GPs and other practice staff, the care provided to patients with dementia can be inadequate and they can feel too rushed during appointments, which can increase anxiety.

CHALLENGES/DELAYS IN GETTING A DIAGNOSIS/ACCESSING SUPPORT:

- 🌸 This could be due to a lack of awareness of dementia symptoms which can lead to a delay in seeking a diagnosis and in turn, a delay in accessing support and treatment. This may be especially the case amongst people with young onset dementia as the numbers are a lot lower and support needs are different.



WORRIES ABOUT HOW OTHER PEOPLE MIGHT REACT TO THEM:

- 🌸 People with dementia may worry the staff won't understand their difficulties or be able to support them in the way they need.
- 🌸 They may worry about other people's reactions to them and the possibility of feeling embarrassed.
- 🌸 Appointments may not be long enough for the person to express their concerns to their GP.
- 🌸 People with dementia often do not receive information about available support or a review of their care as their needs change-obviously, if a person doesn't get the right support and care they need to manage their dementia and live well with it, that will affect their health and quality of life.

CHALLENGES PHYSICALLY GETTING TO THE PRACTICE:

- 🌸 This could be due to a lack of/unreliable transport which is especially common in rural areas. Also, some people with dementia may have issues with their mobility and require support to get there but have no-one to help them.

TECHNOLOGICAL CHALLENGES:






- 🌸 This can include difficulties making appointments e.g. using the telephone or online system or using new technology in the practice e.g. self-check-in system, anima etc.




COMMON ISSUES FOR CARERS LOOKING AFTER A PERSON LIVING WITH DEMENTIA WHEN ATTENDING THE PRACTICE:

If a person with dementia is accompanied to the practice by a family carer or friend, this can cause various difficulties for that person too, including:


IT/APPOINTMENT BOOKING DIFFICULTIES:

-  Some carers may not have broadband or the use of a computer to book appointments online.
-  If they telephone the practice to book an appointment, they may not be able to call when phone lines open due to their caring responsibilities.
-  They may have to wait to get through for a long time in a telephone queue. This can be extremely difficult when caring for someone with advanced dementia, in particular, who may not understand. It can also be time-consuming and costly.
-  They may be unable to get to the phone if the practice calls back, due to their caring responsibilities so may have to go through the stress of trying to call again the next day.
-  If they do manage to access the practice, they may find it difficult to advocate for their loved one and may not always be included in discussions and decision-making about them.

EMOTIONAL DISTRESS:

-  If a carer sees their loved one struggling during the appointment, this can be emotionally distressing.

LACK OF ACCESSIBLE PARKING:

-  If there is no designated nearby disabled (or indeed any) parking space, there could be difficulties getting in and out of the car and walking to the practice.



WORRIES:

- 🌸 These can be about what other people (staff/other patients) will think of and how they might react to the person they care for behaving in an unusual or inappropriate way.

BENEFITS TO BECOMING A DEMENTIA FRIENDLY SURGERY:

IT GIVES YOUR PATIENTS A BETTER EXPERIENCE BECAUSE THE QUALITY OF CARE AND SUPPORT YOUR PRACTICE OFFERS, IMPROVES:

- 🌸 Staff who receive dementia awareness training often feel more confident supporting people with dementia because they have a better understanding of their needs. Similarly, it helps to provide a better standard of care and support to other vulnerable patient groups, especially those that are elderly and/or have frailties.

IT INCREASES AWARENESS AND UNDERSTANDING ABOUT DEMENTIA AMONGST ALL STAFF AT THE PRACTICE:

- 🌸 This in turn, can lead to increased job satisfaction and overall personal development.

IT HELPS TO REDUCE THE NUMBER OF MISSED AND REPEAT APPOINTMENTS.

IT ENHANCES THE PRACTICE'S REPUTATION:


- 🌸 This is because it demonstrates that you care about your patients.

IT FUTURE PROOFS YOUR PRACTICE:


- 🌸 It is predicted that there will be over 1.1 million people living with dementia in the UK by 2030 and 1.4 million by 2040 (The number of carers will also increase) and so making some changes now ensures that you have everything in place to accommodate the increasing number of people living with dementia in your community in the future.




IT HELPS YOUR PRACTICE TO MEET ANY STRATEGIC INSPECTION REQUIREMENTS:

 **Supports key lines of enquiry of the Care Quality Commission** i.e. Is the service safe, effective, caring, responsive and well-led?

<https://www.cqc.org.uk/guidance-providers/healthcare/key-lines-enquiry-healthcare-services>

 **Supports national frameworks and standards for dementia** e.g. the NHS England Well Pathway.

<https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf>

 **Carrying out certain actions to support people with dementia ensures NICE guidance is followed e.g.**

The guidance recommends agreeing care plans with health and social services for people who have dementia and having formal reviews at agreed frequencies.

 **Quality and outcomes framework guidance for 2025-26**

If certain actions are carried out to support people with dementia, this contributes towards the achievement of QoF targets e.g.

DEMOO4 Indicator is the percentage of patients diagnosed with dementia whose care plan has been reviewed in the preceding 12 months. The threshold for this is 35–70%.

The QoF guidance details what the review should include in alignment with NHS England's Dementia: Good personalised care and support planning guide:

<https://www.england.nhs.uk/wp-content/uploads/2020/02/FINAL-Update-Dementia-Good-Care-Planning-.pdf>

IF YOU DECIDE TO TAKE SOME ACTION TOWARDS BECOMING DEMENTIA FRIENDLY, YOU CAN RECEIVE FORMAL RECOGNITION:

 You can be listed as a local organisation that is working to become dementia friendly on the Four Rivers Dementia Alliance website.

You will receive a certificate and window sticker bearing the Four Rivers “Working to Become Dementia Friendly” logo that you can display around your practice. You could also display the logo on your practice website/literature.



FOUR RIVERS DEMENTIA ALLIANCE CONTACT DETAILS

Please get in touch if you would like to get involved and become a dementia friendly GP practice.

All the help that we can give you is completely FREE

-  CONTACT: Claire Puckey
-  MOBILES: 07349 160447 or 07450 206312
-  EMAILS: development@4riversdementia.org
info@dementiayealm.org
-  WEBSITE: www.4riversdementia.org.uk



HOW CAN GP PRACTICES GET INVOLVED?

In the twenty rural parish areas covered by 4RDA, we have been working hard over the past few years to build dementia friendly communities.

By developing an increased understanding of dementia, GP practices can play a big part in helping to build a community that welcomes and enables people living with dementia to continue doing the things they want to do, stay part of the community and independent for longer which helps them to live well with dementia. You can also make a big difference to the experience of people caring for someone with dementia in their local community.

You could consider and start implementing some of the actions suggested in the list overleaf.

Remember: Any action, no matter how small, can potentially help someone in your community.



SUGGESTED ACTIONS FOR GP PRACTICES WORKING TOWARDS BECOMING DEMENTIA FRIENDLY

Four Rivers Dementia Alliance (4RDA), in partnership with Dementia Friendly Parishes Around the Yealm (DFPY **) offer this list of suggested actions for GP practices to help them become part of inclusive dementia friendly communities.

Please consider the list of actions as something to work towards in an ongoing way and note that you are **NOT** expected to take all the suggested dementia-friendly actions in one go.

You will most likely already be doing some of the actions anyway. For ones that you are not yet doing, you might find it helpful to identify those you can do quickly now and those that you might want to work on later. Some of the suggested actions may not be appropriate for your particular practice and you may also decide to take other actions that are not included in this suggested list.



It is also important to remember that you are not alone in starting your work towards becoming a dementia friendly GP practice. As Community Liaison and Support Lead (4RDA) and Community Development Lead (DFPY), **Claire is available to support and advise to implement this plan.**

Once you have started working towards becoming dementia friendly, **Claire can also help to support with reviewing your progress.**




** For Further information on Dementia Friendly Parishes Around the Yealm and our partnership with them, please see their website at <https://www.dementiayealm.org>.

IDENTIFY A DEMENTIA LINK PERSON OR CHAMPION IN THE PRACTICE TO TAKE FORWARD PROMOTING DEMENTIA FRIENDLY ACTIONS:


-  This person could join other local organisations working together towards making their community dementia friendly by e.g. Going on the Demetia Friendly Parishes Around the Yealm distribution list to receive dementia-related information that can then be shared with patients and could ensure regular referrals are made and/or by becoming a member of Four Rivers Dementia Alliance, attending meetings whenever possible (**Membership is FREE**).
-  The link person could be a staff or Patient Participation Group member and could ensure actions are worked on and reviewed on a regular basis e.g. annually.







ENSURE YOU RAISE AWARENESS OF DEMENTIA AMONGST THE WHOLE PRACTICE STAFF TEAM (RECEPTION, CLINICIANS ETC)

 You could start by having staff attend a **Dementia Awareness Session** as part of a practice development day. You could also consider including this as part of new staff induction - **Claire from 4RDA could deliver as many staff sessions as you need at times that suit you best for FREE. Also, Claire could deliver sessions for PPG/volunteers/patients etc.**

YOU COULD BUILD ON THE INITIAL AWARENESS WITH FURTHER TRAINING:

 **FOR GPs, GP TRAINEES, PRACTICE NURSES AND PHYSICIAN ASSOCIATES** e.g. The 1-hour BMJ learning module on the **Management of Dementia in Primary Care**. This includes information on how to assess and manage patients with dementia in primary care, evidence-based drug-treatments and non-pharmacological approach recommendations etc.
<https://new-learning.bmj.com/course/10032231>



 **FOR OTHER STAFF**, the **Dementia Training Standards Framework** could be helpful and informative. This was commissioned and funded by the Department of Health and developed in collaboration by Skills for Health and Health Education England in partnership with Skills for Care. It details the essential skills and knowledge staff across the health and social care spectrum need and helps ensure quality of dementia training, personalised care and support for people living with dementia. Three tiers of knowledge level are outlined below:

-  Awareness (Everyone should have).
-  Basic skills (Relevant to all staff in settings where people with dementia are likely to appear).
-  Leadership.

<https://www.skillsforhealth.org.uk/wp-content/uploads/2021/01/Dementia-Core-Skills-Education-and-Training-Framework.pdf>

COMMUNICATION STRATEGIES:

Encourage all practice staff to do the following when communicating with patients with dementia:

-  Have a friendly, welcoming smile because even if the patient doesn't recognise the staff member, this will help them feel more at ease.
-  Talk directly to the person with dementia, not past them to a carer/companion.



- 🗨️ **Take your time**-speak at a slightly slower pace, clearly and in a calm and reassuring tone and let the person take their time, don't pressure or rush them.
- 🗨️ Use shorter, simple sentences (Straightforward language and no jargon).
- 🗨️ Be encouraging and reassuring, letting the person know you are trying to understand them.
- 🗨️ If the communication becomes difficult, don't argue or correct the person or finish their sentences for them.
- 🗨️ If the person is unable to find the right word for something, staff could use visual aids e.g. point to an object, ask the person to write something down etc.
- 🗨️ Ensure you have open and friendly body language, keeping good eye contact with the person and making sure your facial expression matches what you are saying.
- 🗨️ Let the person see your face - Try not to cover your mouth when you are talking, if possible.
- 🗨️ Wear name tags with large fonts so they can be read easily.

CONDUCT A DEMENTIA FRIENDLY ASSESSMENT OF THE PRACTICE PREMISES AND TAKE ACTION TO ENSURE IT IS AS ACCESSIBLE AS POSSIBLE TO PEOPLE WITH DEMENTIA:

Over 30 years of evidence-based research has shown that there are many features of the built environment that can cause difficulties for people with dementia. To help reduce this, there are a number of small changes that can make a big difference to improving accessibility and they **do not** need to be costly- **Claire from 4RDA can carry out a premise assessment with you for FREE.**

A few examples of possible changes you may consider making are:

- 🗨️ Install clear dementia friendly signage in key areas of the practice to support someone who is trying to find their way around e.g. entrance/exit, toilets-Ensure that signs make them easy to find and use, are visible from all areas and direct them back to the waiting room/consultation and treatment rooms easily.
- 🗨️ Ensure the reception area is obvious and as near to the entrance as possible.
- 🗨️ Keep the layout of the practice simple and uncluttered to reduce stress, anxiety, confusion and overstimulation.
- 🗨️ Reduce any background noise in the waiting area to a minimum to help keep people calm and reduce feelings of disorientation and overwhelm or have a separate quieter waiting area for patients with dementia (or those who are neurodivergent), if you can.



- Have appropriate flooring e.g. Avoid shiny and reflective surfaces as they can look slippery like water, dark surfaces as they can look like holes, patterned or speckled surfaces as they can lead to confusion and misperceptions. (If your current flooring is like any of these, perhaps you could consider changing it to matte, plain and lighter flooring with mats and threshold strips in a similar tone/colour whenever you refurbish).
- Display information on patient notice boards about dementia e.g. support organisations, local groups etc, ensuring that these are not too cluttered and similarly, include this information on the practice website.
- Consider installing an accessible dementia friendly parking space if the practice has a car park-**Claire could advise on this.**
- Consider asking a patient with dementia and their carer to do a walk round of the practice so they can feedback about any areas they find particularly difficult.

N.B. There may be some features of the environment that it is not possible to change so it is really important to ensure staff have some awareness training so they can mitigate any negative effects of the environment on patients with dementia.

DIAGNOSIS:

- Ensure there are GPs within the practice who have been trained in the use of GPCOG and diagnosing dementia.
- Start the dementia assessment process in the practice for any patients who are worried about their memory e.g. use GPCOG
<https://gplinks.co.uk/wp-content/uploads/2019/06/GPCOG-Screening-Test.pdf>
and make a referral to the local memory service for a full assessment for any patients that cannot be diagnosed within the practice.
- Consider making links with local care homes and offer to carry out informal dementia assessments for any residents displaying possible symptoms. Follow this up with referrals for formal assessments when needed.
- Regularly review the patient's changing needs (checking on any side effects from medication, any changes in health and behaviour etc) and their care plan (At least annually).



CARE PLANS:

- 🏠 Ensure that these are truly person-centred and include not just physical but also social and mental health support needs.
- 🏠 Regularly review the patient's changing needs, check on any side effects from medication, changes in health and behaviour and care plan (At least annually).
- 🏠 When needed, carry out mental capacity assessments for decisions relating to care.
- 🏠 Offer patients discussions around end-of-life care and ensure this is added to the care plan.
- 🏠 Inform and encourage patients with dementia to use the Alzheimer's Society's 'This is me' document that they can take to other healthcare settings:

<https://www.alzheimers.org.uk/get-support/publications-factsheets/this-is-me>

POST-DIAGNOSTIC SUPPORT:

GP's can be a valuable source of support and information for people after they have been diagnosed or have become carer to a loved one with a dementia diagnosis, by checking they understand their diagnosis and what may happen next.

Advance Care Planning:

Offer early and ongoing opportunities for people living with dementia and people involved in their care to discuss

- 🏠 The benefits of planning ahead.
- 🏠 Lasting power of attorney (for health and welfare decisions and property and financial affairs decisions).
- 🏠 An advance statement about their wishes, preferences, beliefs and values regarding their future care.
- 🏠 Advance decisions to refuse treatment.
- 🏠 Their preferences for place of care and place of death.



Signposting/Supportive Information:

Give signposting information/offer to make referrals to local dementia support services when a patient has been diagnosed (and continue to offer this at various points throughout the patient's journey).

- Support and advice on managing any other co-morbid conditions e.g. Parkinson's disease, high blood pressure etc.
- Referrals to any appropriate specialist support services e.g. Mental health support organisations, speech and language therapy for support with communicating, physiotherapy for support with any mobility difficulties, services that can help the person manage long-term or complex conditions and feel less isolated. They can let the person know about e.g.
 - Local respite care and day care.
 - Home care agencies to support with meals, washing & dressing, medication, shopping etc.
 - Occupational therapy assessments which look at how adaptations and aids put into the home may make life easier for the person.
 - Ensure the practice has copies of useful dementia support literature ready to give patients following a diagnosis e.g.

Dementia UK's, After a Diagnosis of Dementia: Next Steps Checklist:

<https://www.dementiauk.org/information-and-support/specialist-diagnosis-and-support/how-to-get-a-diagnosis-of-dementia/after-a-diagnosis-of-dementia-next-steps-checklist/>

Alzheimer's Society's, The Dementia guide: Living well after your diagnosis

https://www.alzheimers.org.uk/sites/default/files/2020-03/the_dementia_guide_872.pdf

- GPs/other practice staff should ensure they inform/offer to make referrals to social care for patients with dementia and their carers about care act/needs assessment.
- If the person with dementia drives a car, the GP should ensure that they tell them that they must notify the DVLA and their car insurance company after receiving a diagnosis and explain about having a driving assessment etc.



PROCESSES:

Keep processes simple and consistent and ensure they are as dementia friendly as possible.

- If there are electronic patient booking and check-in systems, are they easy to use? Ensure patients and carers can still check in with receptionists over the telephone if they need to.
- Try to ensure continuity of care from the same clinician and nurse as much as possible, to reduce anxiety and confusion.
- Consider offering a dedicated dementia-friendly clinic/quieter clinic time if possible.

APPOINTMENTS:

Consider offering flexible appointments e.g.

- Keep a spreadsheet of all patients with dementia and if you don't have it already, consider setting up an alert on your computer system to make reception staff aware of when a patient with dementia is due to come in, so they can be ready to offer any support needed.
- Offer appointments at times that are best for the patient and carer's needs (A lot of carers report finding it hard to attend early morning appointments).
- Offer double appointments where appropriate, if you can, so the person doesn't feel rushed and to allow time for some people with dementia whose needs may be complex and who may struggle with their communication. This would give them more time to get their point across and to understand what they are being told.
- Offer telephone consultations and home visits when needed by people with dementia and their carers.
- Consider having a separate, dedicated phone line for specific patients e.g. Those over 85, those with dementia and carers. This would make access easier but would not give them priority appointments.
- Offer a variety of appointment reminder methods e.g. phone calls/texts on the day of the appointment letters and chase up missed appointments in a supportive way to see if any adjustments need to be made to enable the person to attend the practice.
- Give patients with dementia and their carers a written summary of the main details discussed in each appointment.



CARERS:

- 🏠 Ask for consent early from the patient with dementia to discuss their care plan and treatment with their carer/family members. When consent is obtained, include the carer throughout the patient's treatment.
- 🏠 When appropriate, encourage the carer to attend the appointment with the patient with dementia but also offer opportunities to meet with the GP on their own to talk about the patient.
- 🏠 Identify carers for patients with dementia when they are first referred or diagnosed and set up a register with an alert on your computer system when a patient becomes a carer.
- 🏠 Ensure the practice offers carers regular health and wellbeing checks/flu vaccinations etc.
- 🏠 As part of the patient with dementia's annual review, also offer their carer a review as they obviously have their own individual needs for support.
- 🏠 Inform carers that they have the right to a carer's assessment and signpost them to where they can access this.
- 🏠 Ensure practice staff are aware of local support available for people with dementia and their carers so that they can signpost/make referrals to them e.g. Devon Carers/ Dementia Friendly Parishes Around the Yealm's monthly carer's catch-up support group etc. Also ensure that you have up to date literature and information available in the waiting areas on local (and national) support services and activities for patients and carers to be able to take away.
- 🏠 Also make them aware of the Herbert Protocol if the person with dementia they care for is at risk of going missing):
<https://www.devon-cornwall.police.uk/notices/af/herbert-protocol/>
- 🏠 Ask your patients with dementia and their carers for their views on how they find engaging with the practice and if there are any further adjustments they need to make it easier to access (as they are the experts by lived experience).
- 🏠 Encourage patients with dementia and carers to get involved in the patient participation group (PPG) and offer the PPG a dementia awareness session or invite them to attend the staff one.
- 🏠 Ask the PPG to get involved in making the practice more dementia friendly e.g. the environmental audit of the building, work collaboratively on creating some dementia friendly literature etc.



- 🏠 Inform patients with dementia and carers about opportunities to take part in dementia research.
 - 🏠 Consider setting up a carer's drop-in every 2 to 3 months (This could possibly be done in partnership with a local organisation who already provide similar support).
 - 🏠 Consider ensuring that any written information you give patients is available in accessible (NHS Accessible Information Standard) and dementia friendly formats-**Claire can support and advise on the latter.**
 - 🏠 **Similarly, use technology to raise awareness** e.g. have a section on your surgery website with links to useful information/support for your patients with dementia and their families.
 - 🏠 During national Dementia Action Week in May-Consider having an awareness and/or fundraising event at the practice.
 - 🏠 Educate your patients about lifestyle factors to reduce the risk of developing dementia e.g. host a health fair with information about dementia and where to get support.
- 🏠 **CONSIDER YOUR HR POLICIES** i.e. what support you could put in place for staff who may become carer to a person with dementia to allow them flexibility when they need it e.g.
- 🏠 **Develop clear carer-friendly policies and procedures.** Under the Equality Act (2010), carers have the right to ask for flexible working/ to ask for time off to look after the person they care for in emergency situations.
 - 🏠 **Develop clear policies about how you will support staff who develop dementia to continue working** - This will also reduce recruitment costs and help you retain staff e.g.
 - 🏠 Carry out a risk assessment to focus on supporting the person to stay in work as long and as safely as possible (role dependent). From this, you can write a support plan and agree a regular schedule to review it with the person.
 - 🏠 Ask the person with dementia what they are struggling with and what might help make things easier for them. Agree to make adjustments to parts of the job (if possible) when needed to support the person to do their job. Under the Equality Act (2010) employers must make reasonable adjustments for people with disabilities, including those with dementia so they are not at a disadvantage at work e.g.
 - 🏠 Gradual reduction of working hours.
 - 🏠 A flexible work pattern i.e. allow staff to take time off when they need to, go to medical appointments or change working hours to account for their symptoms-(Some people they may feel worse in the morning whilst others may feel worse later on in the day).



- Regular rest breaks.
- Reduction in level of responsibility i.e. allocate some of the person's duties to someone else.
- Use supportive technology if possible and where appropriate.
- Repeat instructions if needed or give them to the person in writing.
- Training (If the person goes to a new role).
- When the staff member is no longer able to carry out their role, agree an exit strategy together.
- Put dementia-related information on staff noticeboards/ in the staff room etc.

It is recommended that you ensure that you are following the NICE guidance NG97 (Published June 2018 and reviewed 2023) on Dementia: assessment and support for people living with dementia and their carers-A LOT OF WHAT HAS BEEN SUGGESTED IN THIS DOCUMENT IS IN THE GUIDANCE.

The guidance has recommendations on:

- Involving people living with dementia in decisions about their care** and providing them with information relevant to their circumstances and stage of their condition.
- Diagnosis-** If dementia is still suspected after initial assessment, conduct a physical examination, do appropriate blood and urine tests to exclude reversible causes of cognitive decline **and** use cognitive testing and refer the person to a specialist dementia diagnostic service e.g. memory clinic if reversible causes of cognitive decline have been investigated **and** dementia is still suspected. Give the person information on what their dementia subtype is, the changes to expect as the condition progresses, which healthcare professionals and social care teams will be involved in their care and how to contact them, if appropriate, how dementia affects driving, and that they need to tell the Driver and Vehicle Licensing Agency (DVLA) and their car insurer about their dementia diagnosis etc.
- Care coordination** e.g. provide a single named health or social care professional with responsibility for coordinating their care.
- Offer information on a range of interventions to promote cognition, independence and wellbeing that are tailored to the person's preferences** e.g. Group cognitive stimulation therapy, group reminiscence therapy and /or occupational therapy for people with mild to moderate dementia etc.
- Pharmacological interventions for dementia.**
- Managing non-cognitive symptoms.**
- Assessing and managing other long-term conditions in people living with dementia.**
- Risks during hospital admission e.g. delirium, disorientation.**
- Palliative Care.**



ACKNOWLEDGEMENTS/HELPFUL SOURCES OF INFORMATION.

This guide was written by Claire Puckey (4RDA) and was based on information drawn from the publications listed below:

- 📖 The King's Fund EHE Environmental Assessment Tool: Is your health centre dementia friendly? (2014) University of Worcester Association for Dementia Studies and the King's Fund.

<https://adsdementiablog.wordpress.com/wp-content/uploads/2023/07/is-your-health-centre-dementia-friendly.pdf>

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We cannot change the person living with dementia but we can change the experience they have in their community.



Four Rivers Dementia Alliance

The following organisations have contributed to the production of this information pack.



Ivybridge
Town
Council

