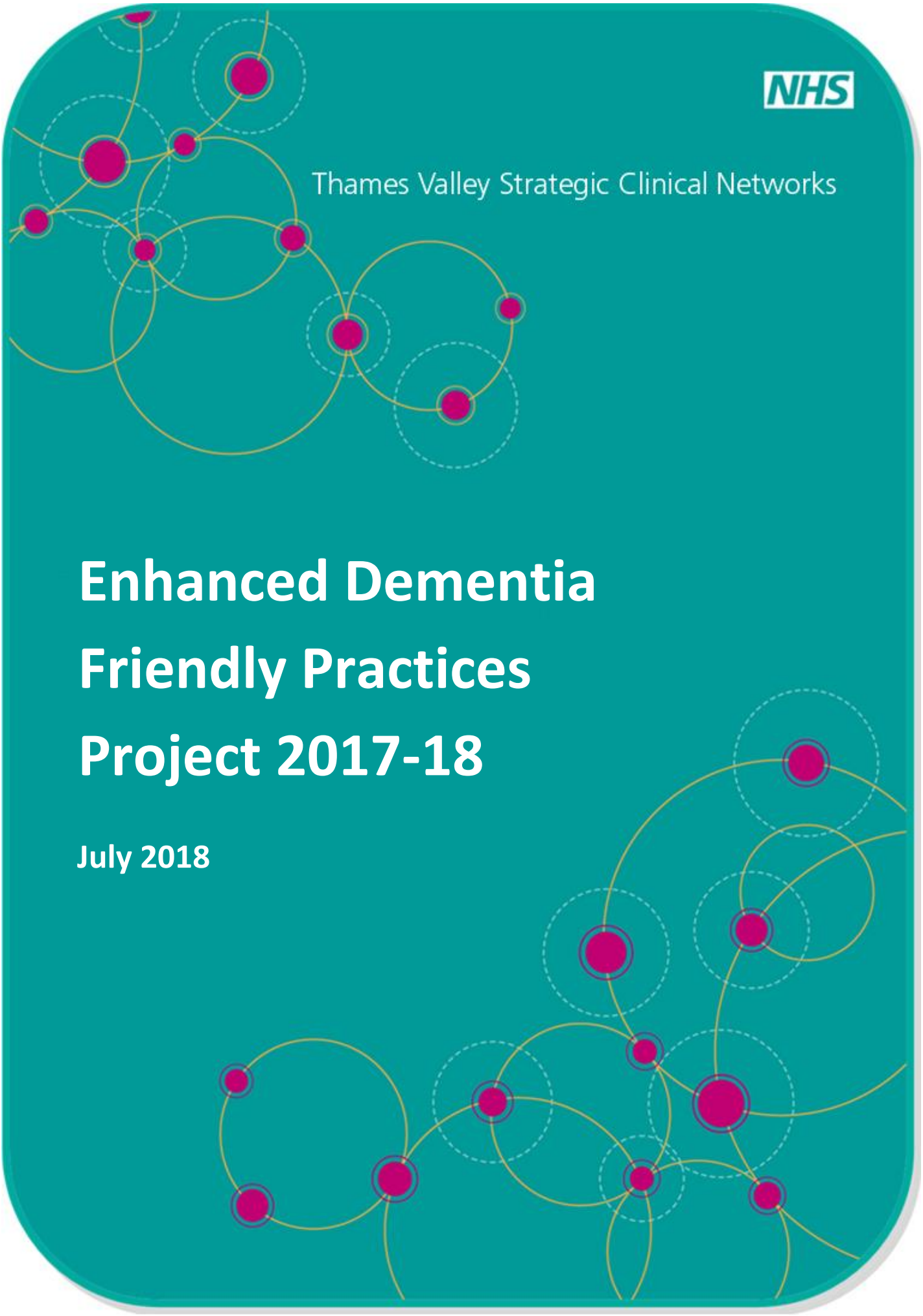

NHS

Thames Valley Strategic Clinical Networks

Enhanced Dementia Friendly Practices Project 2017-18

July 2018

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Enhanced Dementia Friendly Practices Project 2017-18

1. Introduction

In 2015, the SCN funded a pilot to develop dementia friendly GP surgeries. Four practices from three CCGs in Thames Valley (Aylesbury, Chiltern and Milton Keynes) participated in the pilot. The pilot highlighted that adoption of dementia friendly principles based on the SPACE model had a significant impact on the experience and quality of care for individuals with dementia and their carers. It also had a positive impact on Dementia Diagnosis Rates (DDRs), achieved by the practices while facilitating the development of local clinical leadership in dementia. Moreover, it acted as an impetus for CCGs to spread this good practice across their geographies; Chiltern and Aylesbury CCGs, original pilot sites, went on to roll out this initiative further in their local primary care Quality Improvement Scheme.

The pilot identified specific leadership for dementia as a key enabler in fostering a culture that supported early diagnosis and patient-centred proactive care. The 2017 project, in its second iteration, was designed to address this need by incorporating a programme of leadership development into the Dementia Friendly model.

2. The project: Aims & requirements

The Dementia Friendly Practice project 2017-18 aimed to improve dementia care in primary care in Thames Valley by developing:

- Distributed leadership for dementia across the region.
- An identified dementia clinical lead from each of the eight CCGs that had not participated in the earlier pilot, with support for their learning via action learning sets and peer support.
- An enhanced Dementia Friendly Practice model to deliver these improvements with the aim that each CCG in Thames Valley would have at least one exemplar Dementia Friendly Practice with additional leadership specific to dementia.

Stipulations for acceptance on the programme;

- Each practice received a grant of £5,000 to support their action plans and to implement environmental changes to ensure practices become more dementia friendly.
- Each nominated dementia lead was required to attend the programme of action learning sets to develop leadership skills.
  Funding was also provided to support back-fill, to enable the GP leads to attend the leadership action learning sets held throughout the year.

3. The model

The project was based on an evaluated set of principles for providing good dementia care known by the mnemonic **SPACE:**

- **S**taff who are skilled and have time to care
- **P**artnership working with carers
- **A**ssessment and early identification of people living with dementia
- **C**are plans that are person-centred and individualised
- **E**nvironments that are dementia friendly

As dementia specific leadership development was embedded as a key component of the improvement programme, an enhanced version of the SPACE model called **SPACE +** was utilised. The plus represents the enhanced clinical leadership development work through specific action learning sets delivered via four half-day events during the year of the project. Additional funding was provided to the project by Health Education Thames Valley (HETV) to support the provision of these action learning sets.

Thames Valley SCN Model: SPACE+

Selection process

The project launched in January 2017 with the Thames Valley Strategic Clinical Network (TVSCN) inviting CCGs to support applications from their GP practices, to become the exemplar dementia friendly surgery for their CCG region. Practices were asked to develop an action plan outlining how they would implement dementia friendly principles within their practice to include:

- Identification of a named clinical lead who was committed to developing their skills in both dementia and leadership
- a proposal committing to sharing learning from their project and how it would inform and support their own CCG's dementia programme and the wider Thames Valley region.

4. Participating practices

The SCN received applications from across seven CCGs. No application was received from South Reading CCG. However, two strong applications were received from Oxfordshire CCG and due to the CCG being the largest in the region it was decided to include those two practices from Oxfordshire in the project.

The following practices were successful in their application:

- Balmore Park Surgery, Reading
- Kintbury & Woolton Hill Surgery, Berkshire
- Ringmead Medical Practice, Bracknell
- Runnymede Medical Practice, Windsor
- Didcot Health Centre, Oxon
- The Key Medical Practice, Kidlington, Oxon
- Wargrave Surgery, Wokingham
- Herschel Medical Centre, Slough.

The project was launched on 1st April 2017 and ran for one year. The first workshop with the participants was held on 19th April 2017. The workshop focused on:

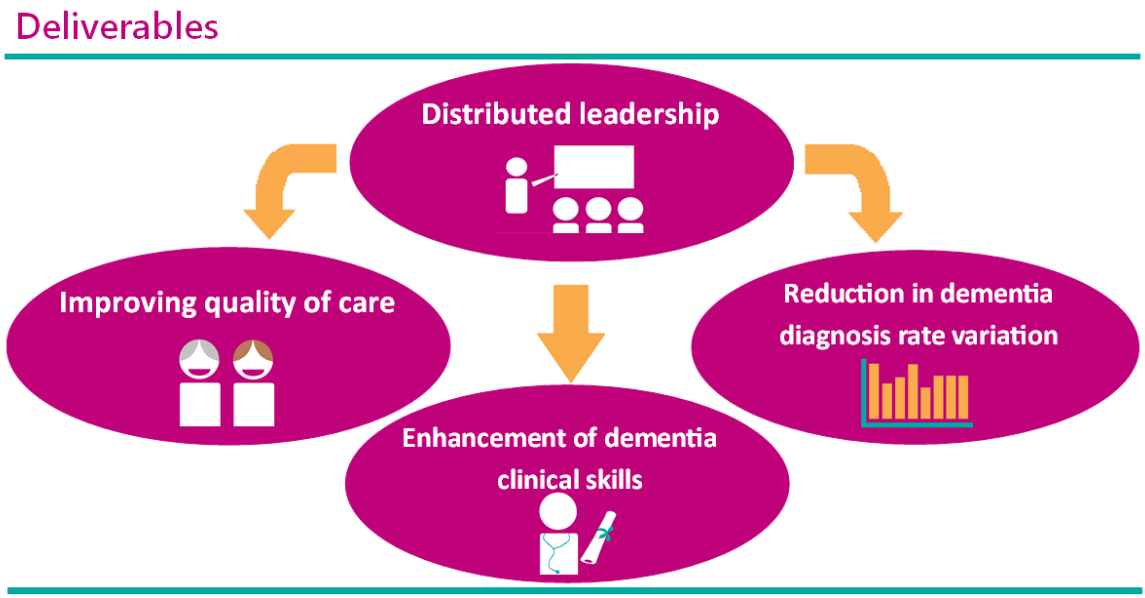
- developing and sharing of actions plans,
- analysing training needs in skills for dementia, and
- outlining the expectations of each clinical lead in respect of their practice, their CCG and the SCN.

5. Monitoring and outcomes required

All participants were required to send quarterly updates on their action plan that they had submitted within their initial applications. Practices were required to meet a number of mandatory objectives to include:

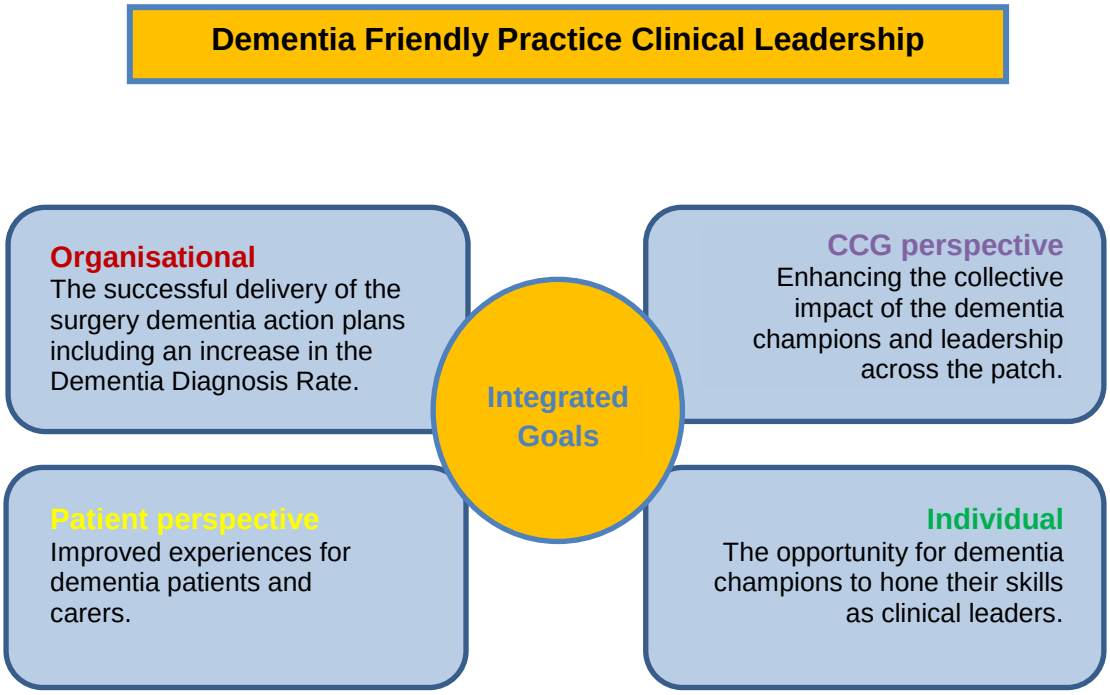
- an improved Dementia Diagnosis Rate (DDR) for the practice,
- completion of Dementia Tier 2 training by the practice clinical lead,
- completion of Dementia Tier 1 training by practice staff,
- the GP clinical lead to attend all of the TVSCN leadership action learning sets, and
- to share their learning with their respective CCGs.

In addition, each practice was required to undertake a self-assessment against the SPACE principles to identify areas for improvement and develop individual objectives for their practice to improve the quality of post-diagnostic dementia care provided to their patients, families and carers.



6. Leadership action learning sets

From previous pilot experience and national best practice, clinical leadership was identified from previous evaluations as being crucial to embedding better care for patients and carers. The action learning sets were designed by the Thames Valley Strategic Clinical Network (TVSCN) in this project to support the development of effective leadership skills to drive the project to achieve its integrated goals.



The programme consisted of four workshops which included three 2.5 hour facilitated action learning sessions delivered from April 2017 to February 2018. In the first two sessions, the participants were introduced to key tools and models including

- Advocacy/Inquiry,
- TGROW,[1]
- Task, Process and Relationship, and
- Circles of Control/Influence.

The facilitators focussed the learning around the challenges and issues raised by the participants in leading their individual surgeries to become dementia friendly. In the first two sessions, the facilitators introduced some core coaching skills and provided a simple peer coaching structure for the sessions. The group then split into two smaller groups working with a facilitator to explore individual issues specific to their project and leadership role using the ALS methodology[2]. In the final session, the participants worked as one group on a single topic and the group were asked to focus

[1] Topic, Goal, Reality, Obstacles/Options, Way Forward (TGROW)
[2] Action learning set methodology

on how they would influence improvements in dementia care in their CCGs and the SCN. This offered the opportunity for participants to explore how leadership is manifested in a collective setting, and the need to balance both expertise and content knowledge with clear and objective facilitation.

7. Outcomes

A range of qualitative and quantitative information was collected to demonstrate improvements as a result of the project. This is presented below under the four domains for delivery:

i) improvement in awareness and enhancement of dementia clinical skills,

ii) disseminated leadership for dementia,

iii) improvement in DDR, and

iv) improved quality of dementia care.

i) Improvement in awareness and enhancement of dementia clinical skills

At the end of the project, **every GP lead had completed Tier 2 dementia training** which included a dementia simulation experience suit (suits provided by HETV and training facilitated by Oxford AHSN). **Two GPs also progressed to complete Tier 3 dementia training.**

Participants using dementia simulation suit

All practices significantly increased the number of staff who had undertaken Tier 1 dementia training and becoming dementia friends and seven practices achieved the target of over 80% of their staff trained to this level. Furthermore, four practices had also identified a dedicated dementia champion for their practice.

Staff trained in dementia: Tier 1 level		
	Pre	**Post**
Balmore Park Surgery	<2%	90%
Runnymede Medical Practice	<2%	98%
Ringmead Medical Practice	0	100 %
Herschel Health Centre	5%	85%
Didcot Health Centre	<4%	72%
The Key Medical Practice	25%	80%
Kintbury & Woolton Hill Surgery	<5%	86%
Wargrave Surgery	<2%	80%

Best practice examples: training

Ringmead Medical Centre: the practice manager organised training for all other practice managers in Bracknell and Ascot CCG.

Runnymede Medical Practice: the GP lead ran a dementia education session for other GPs in the CCG, at a CCG Protected GP Education session.

Didcot Medical Practice: held a dementia away day for all practice staff identifying further internal champions to drive improvements.

ii) Disseminated leadership for dementia

Prior to attending the programme all participants were asked to complete a short self-assessment questionnaire to review their skills and confidence in key leadership behavioural areas. The questionnaire covered the following areas:

- strategic leadership
- building and maintaining relationships
- leading and working through others
- self-awareness.

The following table gives the scores of each participant pre- and post-implementation of the programme. Clear progress can be seen across all leadership behaviours with ***Setting Strategic Direction*** showing the most significant improvement. **Leadership Questionnaire Scores**				
		Start	**End**	**% Increase**
1	I can set direction in dementia for my practice and create clarity for others	4.50	5.50	22.22
2	I can set direction in dementia for my CCG and create clarity for others	2.50	4.13	65.00
3	I have the ability and confidence to use a range of influencing styles to engage others for greater organisational performance or patient outcomes.	3.50	4.63	32.14
4	I am able to lead others in a complex and ambiguous, fast changing environment.	3.25	4.38	34.62
5	I am confident and skilled in having difficult and challenging conversations with others.	3.50	4.75	35.71
6	I am aware of my impact on others and can make appropriate adjustments to achieve different outcomes.	3.50	5.00	42.86
7	I am open to seeing and hearing the perspective of others and to be shaped by different views.	4.50	5.38	19.44

Progress in individual action plans and evidence of leadership behaviour in practice provides further verification of improved leadership skills and championing of dementia as a result of this programme. **Six of the participating practices** said they had shared the learning outside their practice, providing feedback and learning to their CCGs.

Best practice examples: Confidence in leadership

Runnymede Medical Practice

The GP clinical lead was appointed as the dementia Clinical Lead for his CCG and shared learning widely throughout the practices in Windsor, Ascot and Maidenhead (WAM) and Slough CCGs.

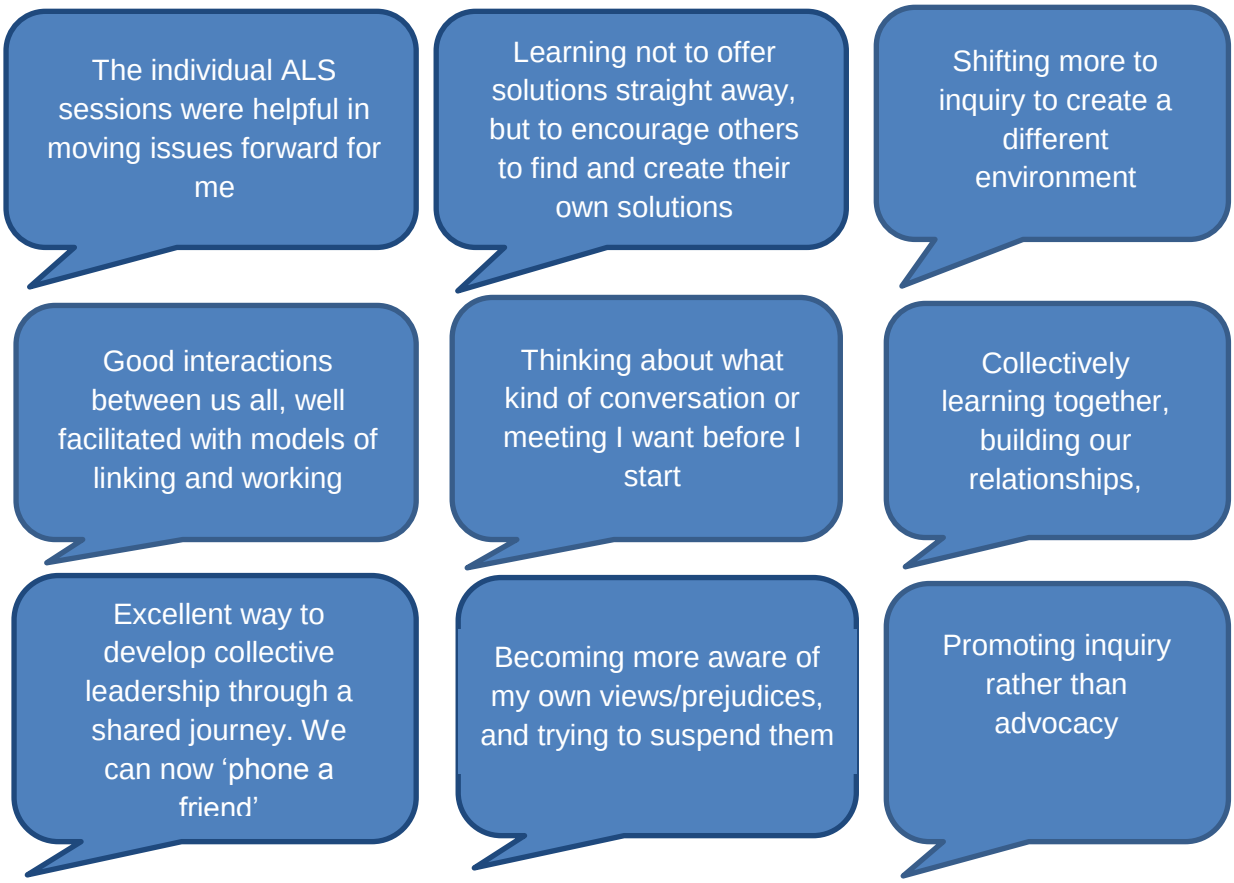
Ringmead Medical Centre

The GP clinical lead was shortlisted for a GP innovation award for his dementia friendly improvements in his practice as a result of this project.

Feedback from participants

There was good engagement within the action learning sets. **Seven GP leads attended all four sessions.** Unfortunately, one GP lead was only able to attend two of the four sessions due to staff changes within the practice.

At the end of the programme the participants were asked to provide feedback on whether they found the programme valuable and what were the most powerful aspects of the action learning sets for them. The feedback provided is as follows:



iii) Improvement in Dementia Diagnosis Rate (DDR)

Seven of the eight participating practices steadily improved their DDR during the project, with four of the eight practices now achieving the national target of 67.7% or above.

TVSCN Dementia Friendly Practice Scheme 2017/2018 Practice DDR							
Practice	CCG	April 17	*June 17	Oct-17	Jan-18	Mar-18	DOT since April 17
BALMORE PARK SURGERY	NHS NORTH & WEST READING CCG	52.80	55.58	56.90	57.99	60.73	↑
KINTBURY & WOOLTON HILL SURGERY	NHS NEWBURY AND DISTRICT CCG	59.91	55.23	65.11	69.63	73.11	↑
RINGMEAD MEDICAL PRACTICE	NHS BRACKNELL AND ASCOT CCG	51.93	52.93	66.62	64.01	62.93	↑
RUNNYMEDE MEDICAL PRACTICE	NHS WAM CCG	77.94	107.27	106.84	111.40	108.17	↑
DIDCOT HEALTH CENTRE PRACTICE	NHS OXFORDSHIRE CCG	53.76	58.25	62.80	61.65	65.15	↑
THE KEY MEDICAL PRACTICE	NHS OXFORDSHIRE CCG	63.10	62.00	71.62	67.55	69.32	↑
WARGRAVE PRACTICE	NHS WOKINGHAM CCG	94.32	93.62	88.72	91.15	96.21	↑
HERSCHEL MEDICAL CENTRE	NHS SLOUGH CCG	70.90	69.53	67.74	63.27	61.73	↓

Best practice example: Diagnosis rate

Runnymede Medical Practice

The GP clinical lead developed a suite of IT searches (called WAM-28) to improve the identification of those with dementia or at risk of developing dementia in primary care. This was disseminated throughout the practices in WAM and Slough CCGs with interest from Oxfordshire CCG**.** See **appendix 1** for the searches and how to use them.

iv) Improving the quality of dementia care

This domain covers

- **P**artnership working with carers
- **A**ssessment and early identification of people living with dementia
- **C**are plans that are person-centred and individualised
- **E**nvironments components of the SPACE model

Partnership working

All practices demonstrated better collaborative working in meeting the needs of those with dementia. Key initiatives included:

- working together with Dementia Advisors to support patients and carers,

- joint clinics for dementia annual reviews with dementia advisors, healthcare assistants or practice pharmacists,
- improved carer identification and support through carers reviews,
- linking patients with other initiatives such as carers organisations and Fire Service reviews,
- encourage the take-up of the Herbert Protocol,[3]
- participate in Join Dementia Research programmes[4] and Message in a Bottle,[5] as well as
- sharing their practice dementia action plans with the Dementia Action Alliance.[6]

Best practice examples: Partnership working

Didcot, Herschel and Ringmead piloted joint clinics for dementia annual reviews with Dementia Advisors, HCAs or practice pharmacists with good outcomes.

Ringmead was the first surgery in Bracknell to share their dementia action plan on the Dementia Action Alliance website. They also provided links on their practice webpage to the work they were doing in becoming dementia friendly as well as local dementia resources.

Balmore Park held a joint event with their Patient Participation Group to raise awareness with the staff and their patients.

The Key identified a Carers' Champion.

Kintbury and Woolton Hill produced an information pack for carers of patients with dementia.

Wargrave and Runnymede supported the development of a dementia café with their local community.

Assessment and early identification of people living with dementia

A number of practices were proactive in using annual reviews to raise awareness of dementia for patients attending the NHS health check including framing discussions around the importance of

[3] The Herbert Protocol, Thames Valley Police https://www.thamesvalley.police.uk/police-forces/thames-valley-police/areas/au/about-us/the-herbert-protocol/
[4] Join Dementia Research, NHS National Institute for Health Research https://www.joindementiaresearch.nihr.ac.uk/
[5] Message in a Bottle, Lion's Club https://www.alzheimers.org.uk/dementia-professionals/resources-gps/diadem-diagnosing-advanced-dementia-mandate
[6] Dementia Action Alliance https://www.dementiaaction.org.uk/

"What is good for your heart is good for your brain".

Furthermore, recognising the link with Long Term Conditions (LTCs) several practices used LTC reviews as an opportunity to screen patients for memory problems: "Have you or your friends or family had concerns about your memory in the last year?". Several practices also proactively screened all residents in care homes using the **DiADeM tool**[7] to identify undiagnosed dementia and implemented medication reviews leading to reduced use of anticholinergics and antipsychotics.

Best practice examples: Assessment and early identification

Kintbury and Woolton Hill and Balmore Park conducted an audit and reduced their anti-cholinergic prescribing in patients with dementia and Mild Cognitive impairment (MCI).

Herschel educated nurses and care home staff on how to screen patients for dementia using the **GP Assessment of Cognition tool (GPCOG)** or the **Six Item Cognitive Impairment Test tool (6 CIT).**

Ringmead audited flu vaccination uptake before and after completing the project and achieved the highest flu vaccination uptake they have ever had with patients on their dementia register.

Care planning

Person-centred care planning is widely recognised as a key enabler to post-diagnostic support for those living with dementia. Many of the practices already held end of life reviews and used end of life plans to support care at home rather than hospital admissions. However, during the project several practices undertook further work to improve person-centred care planning in their practices through the development of a care plan template, the use of the ***This is Me***[8] resource (a document describing patients' personal preferences and wishes) and care planning clinics.

[7] DiADeM, Yorkshire and Humber SCN and Code4Health, http://www.yhscn.nhs.uk/media/PDFs/mhdn/Dementia/Dementia%20Diagnosis/2017/DiADeM/DiADeM%20Tool%20Final%2026062017.pdf

[8] This is Me, Alzheimer's Society. https://www.alzheimers.org.uk/get-support/publications-factsheets/this-is-me

Best practice example: Care planning

Ringmead Medical Practice piloted using the Year of Care[1] approach in conducting an annual care review.

The Key Practice utilised social prescribing to enhance care plans.

[1] Year of Care, NHS https://www.yearofcare.co.uk/

Environment

Six of the eight practices conducted the Kings Fund Environmental audit[9] and all made improvements to make their practice environment better geared to the needs of patients with dementia and carers. Improvements included better signage, use of dementia clocks, and creation of quiet rooms, a review of flooring and bathroom facilities and the review of electronic appointment systems to allow double appointments for those with dementia. Whereas seven practices adapted existing facilities, Ringmead Medical Practice incorporated dementia-friendly accommodation into the design of their new build.

[9] Developing Supportive Design for People With Dementia, King's Fund
https://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia

Learning from the Enhanced Dementia Friendly Practices Project 2017-18

Improvement in awareness and enhancement of dementia clinical skills

1. The training of primary care staff in dementia should be sustained in order to maintain skills and a culture that supports a change mind-set geared towards the value of early identification and good quality post diagnostic care. This will require ongoing attention and investment by CCGs.
2. A number of different training packages are accessed by healthcare workers in primary care and there did not appear to be a consistent approach across the system. This led to a degree of confusion about a) the quality of the different options available to practices and b) how to access them.

Disseminated leadership for dementia

1. Clinical leads benefit from a peer support approach through both action learning sets as well as a forum for sharing best practice. The action learning set model provides clinicians with the "head space" to reflect on their leadership role and what is required of them. Adopting a facilitated approach allowed for the introduction of the technical aspects of leading and managing clinical improvement projects on the ground.
2. Clinical leaders have significant potential to influence, from shared decision-making during a patient consultation through to high level strategic decisions at the CCG. Investment in targeted clinical leadership has seen significant improvements in patient outcomes in each of the participating practices.

Improvement in Dementia Diagnosis Rate (DDR)

1. This project reinforced the findings of the 2015 pilot which showed that when GP practices focussed on improving the overall quality of dementia care for their patients this usually resulted in an improvement in the DDR for that practice too.
2. The use of data harmonisation tools can assist in identifying undiagnosed dementia. Charles Walker, the GP Clinical Lead for Runnymede Practice developed a suite of IT searches to improve the identification of those with dementia or at risk of developing dementia in primary care. This can be achieved as a desktop exercise and does not need to be undertaken by a clinician. The WAM-28 Dementia Searches (June 2018) can be found in Appendix 1.

Improving the quality of dementia care

1. Clinicians are passionate about the quality and safety of care they provide to patients. These core values drive their work and by providing encouragement and proper support, clinicians will engage and be motivated to lead even very modest quality improvement projects.

2. Dementia leads are champions of good quality care for this cohort of vulnerable patients. A quality improvement project that the clinical leads can deliver at practice level will enable them to learn and share from their experience. In turn, their practice will become an Exemplar Practice for their CCG; a role model for others.
3. Dementia should not be considered a condition in isolation. Dementia crosses many clinical domains; long term conditions, care homes, emergency admissions, care navigation and end of life care etc. Quality improvements in dementia will inevitably reduce significant costs to the CCG by reducing unplanned admissions and supporting people in their homes longer.
4. The leadership model has transferability to other settings e.g. care homes.

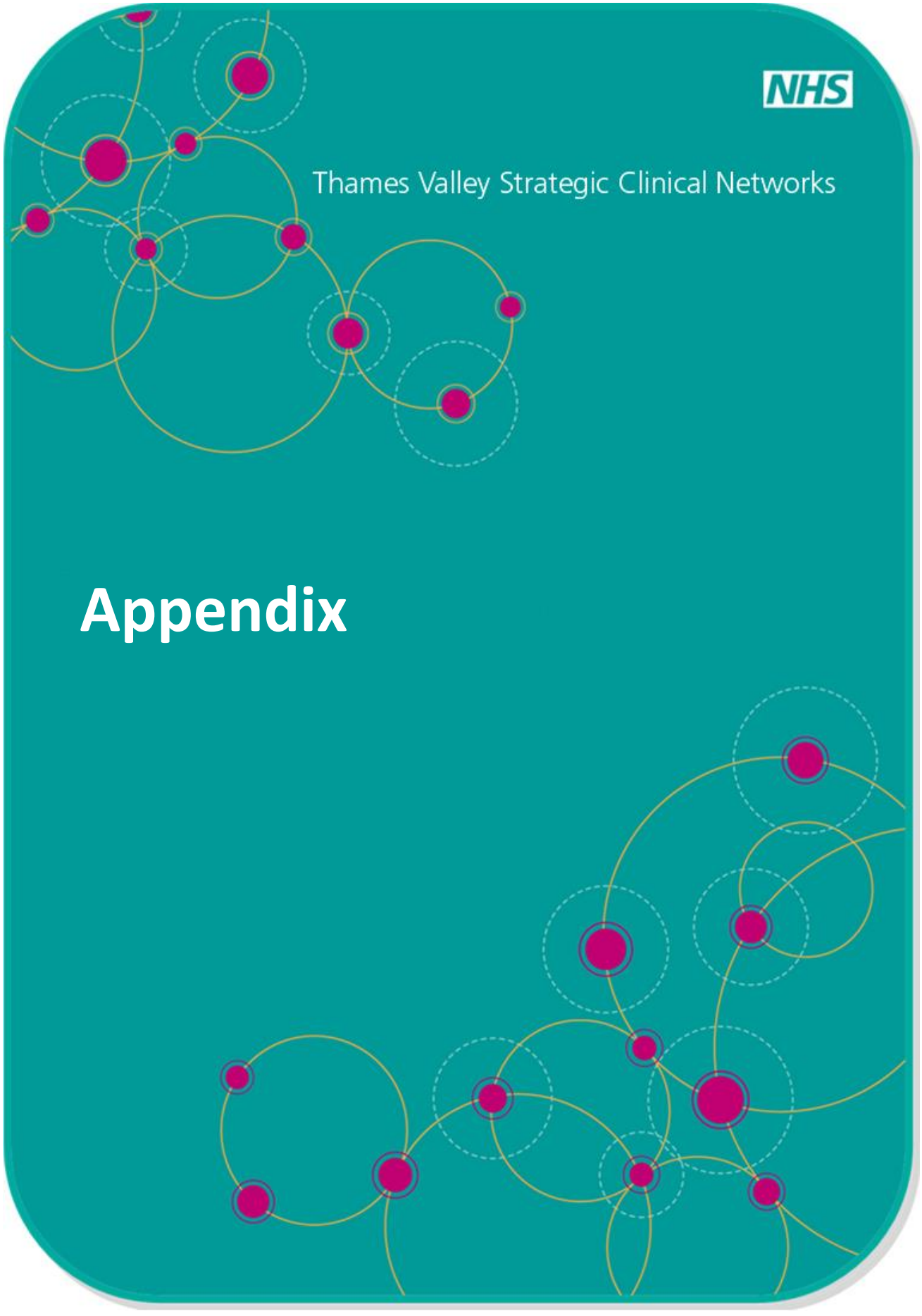
Recommendations

1. Each CCG should have a designated clinical lead for dementia and report into their CCG Executive/Governing body board in order to influence improvements across the area. The Clinical Lead should champion dementia, have appropriate leadership skills and influence strategic changes at CCG level.
2. CCGs should continue to invest in leadership development as defined in this report, in order to embed current leadership skills and to develop potential clinical leadership for the future.
3. CCGs should utilise this additional leadership for dementia and use the learning from Dementia Friendly Practices to influence improvements across their areas.
4. CCGs should promote and share the learning from their Exemplar Dementia Friendly Practice both at CCG level as well as promoting the work to practice populations to highlight commitment in these areas.
5. CCGs to consider supporting other practices to become dementia friendly using the SPACE model.
6. There needs to be a greater awareness and understanding of the required standard and approach for dementia training in primary care
7. CCG need to ensure that there is an ongoing programme in place to maintain dementia skills in primary care.
8. CCGs to recognise that dementia crosses many clinical domains and therefore a wider focus and commitment could realise other benefits and positive outcomes in other healthcare areas including; long term conditions, care homes, emergency admissions, care navigation and end of life care etc.

Sian Roberts, Thames Valley SCN Clinical Lead for Dementia

Sylvie Thorn, Thames Valley SCN Quality Improvement Lead for Dementia

July 2018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Appendix

Appendix 1: WAM-28 Dementia Searches (June 2018)

Practices on EMIS clinical systems may use these searches as a tool to improve their Dementia Diagnostic Rate. The searches highlight patients who may benefit from a dementia code (if already diagnosed but not coded) or from a targeted memory screening approach.

The zip file containing the necessary XML code to run the searches can be found here: http://bit.ly/2xuBlLx

Search	Details
01	Aged 65+, with dementia
02	Aged <65, with dementia
03	All patients with dementia (can be copied for any search to include/exclude dementia from searches)
04	Total patients aged 65+ in Practice
04a	Patients registered at practice
05	Carer of person with dementia, NOT referred for Social services carers assessment, excluding 'Is no longer a carer'
06	Carer of person with dementia, NOT referred to voluntary support service for carers, excluding 'Is no longer a carer'
07	Carer of person with dementia, excluding 'Is no longer a carer'
08	Delirium or acute confusional state in last 18/12, no dementia, no 6 CIT in last 12/12
09 **	Dementia, with no 'Has a carer' code (918F), adjusted to exclude patients in your residential/care homes
09a **	Dementia, carer identified – Has a carer (918F), live at home
10	Dementia drugs on repeat, no dementia code
11 **	Dementia, live at home (i.e. excluding care homes)
12 **	Dementia, live in care home
13	Diabetes, 85yrs +, no dementia, no 6 CIT in last 12/12
14	Mild cognitive impairment or cognitive decline, no 6 CIT in last 12/12
14a	MCI, no dementia, total
14b	MCI, no dementia, aged 65+yrs
15	No dementia, age 95yrs +, no 6 CIT in last year
16 **	No dementia, live in care home, no 6 CIT in last 12/12
17	Non-QOF codes for dementia (e.g. EMISNQDD2) and no QOF-recognised dementia code
18 **	Dementia, NOT referred to/refer to Dementia Care Advisor, live at home (i.e. excluding care homes)

19	Parkinson's disease, no dementia, no 6 CIT in last 12/12
20	Periph Vasc Dis, 65+, no dementia, no memory screen last 12/12
21	Stroke/cerebrovascular disease, no dementia, no memory screen last 12/12
22	Memory screens in last 12/12
22a	Memory screen suggests dementia, no diagnosis
22b	Memory screen suggests dementia, no diagnosis, no 1S2
23	Referral to/seen in memory clinic in last 24/12
23a	Referral to memory clinic in last 12/12
23b	Referral to/seen in memory clinic in last 24/12, dementia
23c	Referral to/seen in memory clinic in last 24/12, no dementia
23d	Referral to/seen in memory clinic in last 24/12, no dementia, no 1S2 < 4/12
23e	Referral to/seen in memory clinic in last 24/12, no dementia, but MCI
24	Dementia review codes, no dementia
25	Dementia, no Power of Attorney
26	Dementia, no NOK
27	Dementia, no Ethnicity recorded
28	Dementia, 65+ age, death in last 12/12
28a	Dementia, 65+ age, death in last 12/12 in hospital
28b	Dementia, 65+ age, death in last 12/12 at home
28c	Dementia, 65+ age, death in last 12/12 at residential/nursing home
28d	Dementia, 65+ age, death in last 12/12 in preferred place
28e	Dementia, 65+ age, death in last 12/12, not in preferred place
Type -	Alzheimer's Disease
Type -	Lewy Body Disease
Type -	Mixed Dementia
Type -	Parkinson's Disease Dementia
Type -	Pick's Disease
Type -	Senile (avoid use – type may be recorded in hospital letters)
Type -	Unspecified Dementia
Type -	Vascular dementia

** - adjust searches for local care homes

Memory observations (1S2 Read code) has been used to indicate that a case from a master search has been reviewed e.g. every 4/12 (this time frame can be edited as necessary), so that the process of monitoring is not repeated too frequently.

To import searches into EMIS from an external source

- Save the WAM-28 searches on your computer
- Open up EMIS
- EMIS bubble (top left hand icon) - click on it
- Reporting
- Population reporting
- The practice's own searches will automatically appear
- Add (green cross, top left)
- Folder (name it Dementia)
- Import (top left icons) the searches saved on your own computer (below)
- Enquiry Document, import
- Double-click top right tab with 3 dots on it
- Double-click on the XML searches on your computer
- OK
- Right click on the Dementia folder
- Schedule
- Daily, every 1 day
- End by year e.g. 2222 (saves taking your finger off the number)
- This will apply these settings to all reports this folder contains
- Continue? Yes
- OK
- The nursing and residential homes in searches 09, 09a, 11, 12, 16 and 18 will need to be edited to your homes.
- Then right click folder
- Run all reports in this folder
- Yes