

## The Right Care: creating dementia friendly hospitals



# **Creating dementia friendly hospitals**

## Review of the National Dementia CQUIN And Launch of the Call to Action

15<sup>th</sup> October 2012



@NHSCalltoAction  
#therightcare #dementiachallenge

# The Right Care: creating dementia friendly hospitals



## Welcome and introduction

### Alistair Burns



# Purpose of this event....

- 1. To hear your feedback on the National Dementia CQUIN – what works well and not so well, how we could make it better.  
“We know we didn’t get every detail of the CQUIN right”
- 2. To launch a new call to action, asking hospitals to commit to becoming dementia-friendly by March 2013

The event was attended by more than 220 people, including....

- People with dementia and their families
- Carers
- Clinicians
- Representatives from acute hospitals
- Representatives from community care
- People who support people with dementia and who are working to improve the care of people with dementia and their families



# The Right Care: creating dementia friendly hospitals



**A perspective from someone with dementia**

**Trevor Jarvis**



# How it feels to have dementia...

- I was first diagnosed with dementia following a stroke
- First you learn to live with it, then you have to get your family and friends to understand
- When you have dementia you lose your job, your hobbies and your ability to cope with money
- You are more reliant on others. People seem to think I can't think for myself
- You forget your keys, you can't get insurance
- We are becoming a faceless society – you are expected to serve yourself with machines

# A message to people in healthcare...

- Please include us as much as you can
- You can't replace the experience and human touch that nurses and staff give to patients
- Staff need to know about all forms of dementia and how it affects people
- We need to go back to basics – the right people with good training, paid the right salaries
- You can't have too much information about patients with dementia – it makes your job easier and their lives better
- I have a logo, it's a CAR – Care, Assist and Respect
- If I'd known what was coming I'd have done more – Adventure before Dementia. Get out of life what you can

# The Right Care: creating dementia friendly hospitals



## The RAID programme

**Professor  
George Tadros**



# Why we need to improve the care of older people with dementia...

- Up to 65% of hospital beds are occupied by older people above the age of 65 Audit commission, 2006, Living Well in Later Life.
- 25% occupied by people above the age of 85
- “The trend is likely to continue, with major implications for the use of hospital resources” Government Actuary Department, 2002
- 2000-2010, hospital stays for 60-74 increased by 50%, over 75s by 66% Hospital Episode Statistics, 09-10
- Three disorders: Dementia, Depression and Delirium Case for change- Mental Health Liaison Service for Dementia Care in Hospitals., Strategic Commissioning Development Unit (SCDU), 21st July 2011

## ■ Mental disorder in older adults is a predictor of:

- Increased Length Of Stay
- Poorer outcomes
- Institutionalism (impacting on performance and efficiency)

# A picture of older people in acute care...

Within a typical 1,000 bed District General Hospital, 700 beds will be occupied by older adults. Of these:

- 350 will have dementia
- 480 will be there for non-medical reasons
- 440 with co morbid physical and mental disorder
- 192 will be depressed
- 132 will have a delirium
- 46 will have other mental health problems
- A 500 bed hospital would have 5,000 admissions per annum, of whom 3,000 will have, or will develop, a mental disorders. Who cares wins, 2005.
- 70% of older people referrals to liaison services are not under the care of mental health services
- In a typical acute hospital (500 beds), failure to organise dementia liaison services leads to excess cost of £6m per year

# GPs and dementia care...

According to the National Audit Office, in 2010:

- Only 47% of GPs had sufficient training in dementia management
- A third were not confident in diagnosing dementia
- Only 10% of GPs were aware of the National Dementia Strategy
- Only 58% of GPs believed that providing a patient with a diagnosis is usually more helpful than harmful
- Significant numbers of dementia-related admissions were directed to acute hospitals through GPs referrals

National Audit Office (2010) Improving Dementia Services in England – An Interim Report.  
Report by the Comptroller and Auditor, General HC 82 Session 2009–2010, 14 January 2010.

# There is a lack of integration...

- Mental illness is treated separately from physical illness “Can you really separate mental illness from physical illness? You can’t and now we’re paying the price”
- There is a breakdown between primary and secondary care
- Nurses lack appropriate training in recognising dementia and managing challenging behaviour “When you leave this conference, find out the average length of training nurses receive in dementia. It is around one hour”

# All about RAID (Rapid Assessment Interface Discharge)...

- An 18 month pilot study in Birmingham
- We developed a psychiatric team integrated with the acute hospital and available 24/7
- Any patient with mental illness – including dementia and delirium - is seen within 24 hours
- The team provides staff training and rapid access clinics for patients

# The product: Rapid Assessment Interface Discharge



# How RAID is helping to achieve savings...

- Reducing Length of Stay (LOS)
- Increasing diversion at A&E
- Increasing rates of discharge at MAU
- Rate of discharge from wards
- Destination of discharge
- Reducing rates of re-admissions
- Many other areas not in this study
  - Use of security
  - Staff retention and recruitment
  - Complaints
  - Use of antipsychotics

# Combined total savings achieved by RAID

- **On reduced LOS**
  - Saved bed days/12 months = **13,935** bed days
  - $\div 365 = 38$  beds/day (35 beds/day for the elderly)
- **Saved bed days through avoiding admissions at MAU**
  - Saved bed days = 6 beds/day
  - Elderly ... = 6 beds
- **Increasing survival before another readmission**
  - Admissions saved over 12 months = 1,800 admissions
  - Average LOS 4.5 days
  - = 8,100 saved bed days
  - $\div 365 = 22$  beds/day (20 beds/day for the elderly)
- **Total waved beds every day**
  - $= 38 + 22 + 6 = 66$  bed/day (maximum) {Elderly: 59 beds/day}
  - $= 21 + 22 + 6 = 49$  bed days (minimum) {Elderly: 42 beds/day}
- ✓ ***2010: City Hospital has already closed 60 beds.***

# Our experiences of implementing the National Dementia CQUIN...

Presentations by:

Claire Nicholl & Glenn Pascoe Cambridge University Hospital FT  
Natalie Godfrey & Julie Dovey, University Hospitals Bristol NHS FT  
Jon Simpson, Central Manchester University Hospitals NHS FT

# The Right Care: creating dementia friendly hospitals



## Our experience of implementing the dementia CQUIN

Claire Nicholl and  
Glenn Pascoe



# Our approach...

- We devised two pro formas, one for ED and one for the wards
- If a patient has dementia, or has previously had acute confusion we do a full assessment
- If they have neither, we do an AMT4
- If they score less than four on the AMT4, or we have concerns, we question the relatives and, if the relatives are concerned, we do an assessment

# The assessment process....

- Step 1 GP-Cog cognitive score
- Step 2 GP-Cog informant questionnaire
- Step 3 Advice about clinical evaluation
- Step 4 Information for GP in discharge summary

# We regard these as critical for successful implementation...

- A Task and Finish group, with the right people involved
- Funding – we had £15-20k from the CQUIN budget
- Properly thought-through and designed processes
- Easy to use documentation – there were lots of versions of the forms before we got it right
- Making recording outcomes as easy as possible
- Communications and implementation support
- Simple monitoring

# How we are recording the information...

- Multiple clinical information systems
- Design of information capture
- Data entry
- Live data display
- e discharge – still being developed

# Our challenges...

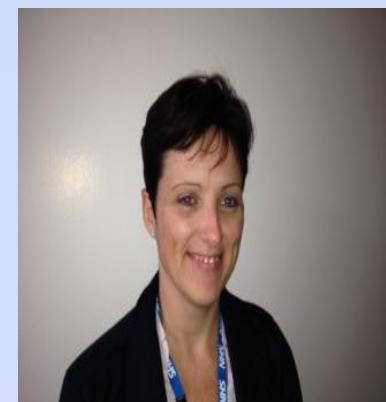
- It has taken a lot of time and IT
- We're not yet sure if we're hitting our targets
- Will CQUIN categorise people correctly?

# The Right Care: creating dementia friendly hospitals



## Our experience of implementing the dementia CQUIN

**Natalie Godfrey  
and Julie Dovey**



# Our approach...

- We didn't just want to attack CQUIN, we wanted to use it as a driver for change to improve dementia care. We looked at areas that would add value
- Over one day in November 2011, we did an audit of 800 inpatients and identified every one with dementia/delirium – around 15%
- In 2012, we appointed a dedicated dementia lead and dementia champions. We audited to identify gaps
- We created an improvement plan, based on standards developed for the whole of South West England
- We launched the CQUIN on 33 wards in October 2012

UHBristol Improvement Plan  
(based on South West Standards)

+

CQUINs

Education & Training  
Training matrix – 3 levels  
Essential - Induction

Workforce  
Champions  
Awareness campaign

FAIR  
Guidelines

Documentation  
IT systems  
Assessment / clerking

PLUS:

- Dementia care
- Delirium
- ‘Forget me not’
- ‘This is Me’
- Ward transfers
- Environment
- BPSD

Information  
Resources  
Intranet / packs  
E-community

In-reach Team  
Advice / support / review  
from Clinical leads

Clinical Alert Service  
Front door / moves  
Social Care / Mental Health

Audit

# What we are doing...

- FAIR Guidelines – taking a co-ordinated approach
- Liaison with other professions / staff groups
- Education and training – utilise every opportunity
  - Generic and targeted sessions / Face-to-face / e-learning
  - Key trainers
- Champions – more than 100
- Provision of information resources
  - Ward / department packs
  - Intranet ‘Dementia’ pages
- Data collection - IT

# Our progress so far...

- Roll-out underway
- Dementia Awareness training
- Training on Induction for all staff
- Engagement from all professional groups in both Health and Social Care

## Too early to tell but...

- Referrals increased – all professional groups
- Delirium / Dementia screening occurring
- Shift in attitudes “There is a real buzz”

# Critical success factors for us...

1. A person with a role dedicated to improving dementia care throughout the whole Trust
2. Leadership and enthusiasm
  - Trust board level and management/operational lead
  - Clinical leads
3. Commitment across the organisation
  - Strategy group
  - Trust-wide membership and champions
4. Focus, direction and a clear improvement plan
5. Partnership working
  - Stakeholders / other Trusts / voluntary organisations

# The Right Care: creating dementia friendly hospitals



## Our experience of implementing the dementia CQUIN

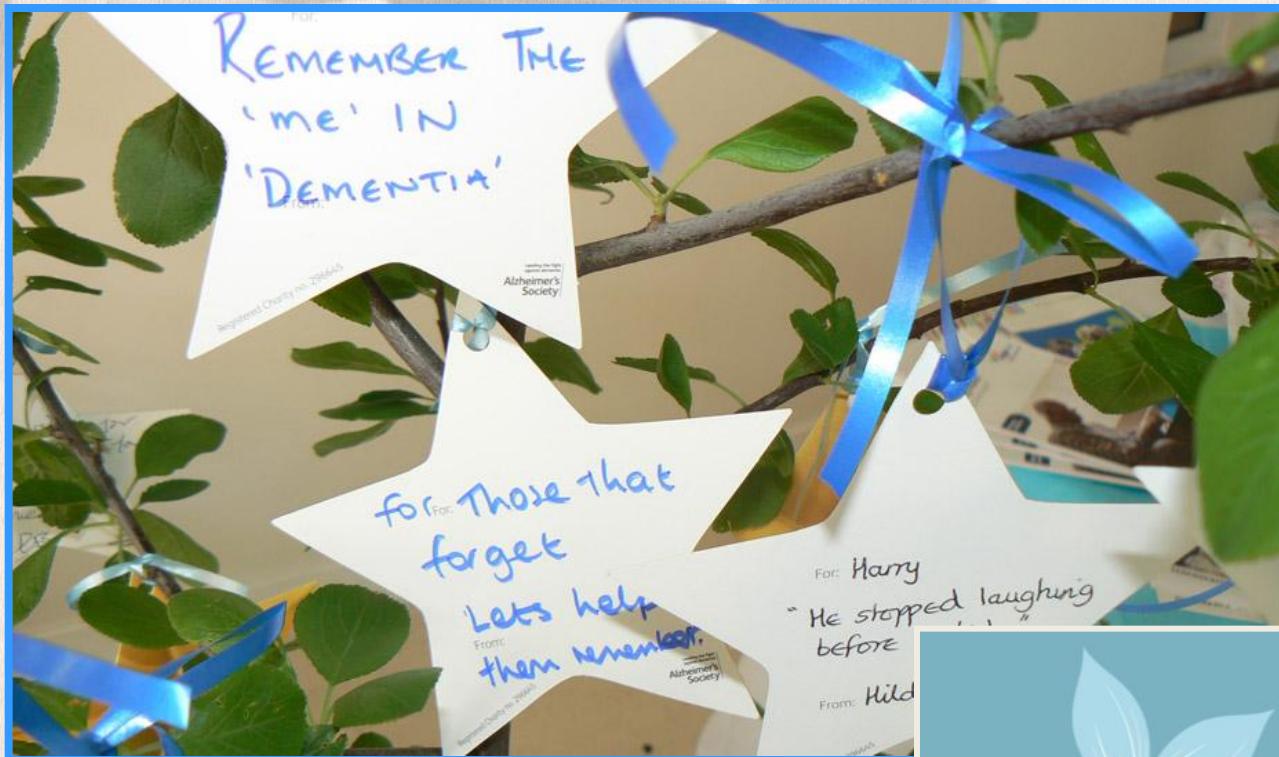
**Jon Simpson**



# Our approach...

- During Dementia Awareness Week, patients and carers pinned their thoughts on caring for people with dementia onto a remembrance tree. This produced our strap line “Remember me”
- From this, we created our forget-me-not campaign
- The tree was planted in the Trust grounds

# Creating a campaign...



# What we are doing...

- Find and assess – complete AMTs and flag dementia patients with a forget-me-not flower
- Shared care plan – consulting with carers, testing plan on pilot wards
- Recruited 60 dementia champions and improved the care environment (e.g. colour-coded areas)
- Developed resources – e.g.. Remember Me pocket guide
- Challenging behaviour – reviewing policies
- Reviewing/improving discharge planning and referrals

# Our progress so far...

- The project has created renewed energy
- People are really engaged
- Push on to mainstream some of the projects
- Continue to turn the strategy into reality
- Focus on whole-system reform



# Some questions from delegates...

- Which groups in social care did Bristol engage with?  
**Social workers at Bristol Royal Infirmary**
- How is Addenbrookes going to implement this?  
**We are going to be able implement what we have done, although we are not sure yet if we'll do this by the end of the financial year. There are questions we need to ask ourselves – is the categorization we achieve meaningful? What is the utility?**
- How can networks work together to make life easier?  
**The key word is integration... between elderly care, primary care, secondary care. We are trying to develop a national RAID network so we can link together and learn from each other. I would welcome a CQUIN to drive the process of integration**

# Some questions from delegates (Cont'd)...

- How do you manage older people on discharge and get them back to where they need to be?  
It is a challenge but it is one thing that is critical for frail older people. We need to ensure they have an accurate diagnosis, in the first instance
- Could there be a role for a DEM RAID?  
Twenty percent of referrals come from people with dementia so we hope to be able to test this question
- Are you going forward with creating direct links with care homes?  
We need to link acute hospitals to residential care homes and primary care. We need to work with GPs to manage people before they come into hospital

# Some questions from delegates (Cont'd)...

- How have you managed to get clinicians to take notice of this?  
*It doesn't happen all the time*
- What proportion of the benefits come from the out-of-hours part of your service?  
*15% of our referrals come from out-of-hours, so it is very important.  
We are doing another study. 24 hour availability is key*
- I would like to see the CQUIN measuring outcomes  
*It is all about quality of care. This is a very good point. It is something that is happening*
- My wife is a carer now. We need to put on my and her records that there is a person with dementia, so you need to get someone to look after them  
*This is Me contains very important information regarding patients.  
We need to get carers and patients to fill it in.*  
*This is a very good question. It is about the whole pathway. Primary care and community services are fragmented*

# Some questions from delegates (Cont'd)...

- How do you capture current delirium levels?  
We use the AMT4 as the first step to recognising cognitive problems, then, if necessary, we ask the informant. We are feeding the numbers back to commissioners
- How do you counter antagonism to improving dementia care?  
Raise your hands if you still encounter people in the workplace who just don't get it. That's a lot of you!

# Influencing the dementia CQUIN 2013...

What in the CQUIN currently works and helps you think about quality?

What could we do to extend the CQUIN for next year?

How and what do we (or could we) measure as indicators of the quality of dementia care in hospitals?

What are the gaps/challenges in the CQUIN that we need to address?

Each table was given a question  
to debate and then shared their  
thoughts with the room...



How and what do we (or could we) measure as indicators of the quality of dementia care in hospitals for the CQUIN?

What are the gaps/challenges in the CQUIN which we need to address?

# What in the CQUIN currently works and helps you think about quality?

- It tends to flag up what we don't do
- It raises the profile of dementia and picks up who is/isn't engaging
- It shows what needs to be done
- It is easy to look at this as another “process”, but it is about trying to change hearts and minds – we must address this

# What could we do to extend the CQUIN for next year?

- We question the value of extending it – the second year should embed the process and lessons learned
- Integration, particularly with community teams and GPs
- An indicator around carer experience
- What Trusts are doing to support workforce development
- Lower the age – possibly to 60
- Remove the 72 hour time limit – this forces people into a tick box exercise
- Bring people together to share different approaches
- You need more clarity about what you are trying to achieve before you extend it

# How and what do we (or could we) measure as indicators of the quality of dementia care in hospitals?

- All patients with dementia have a personal care plan
- All hospital areas cater for people with dementia
- Measure the effectiveness of training
- Measure patients on discharge
- Staffing ratios
- Qualitative data as well as quantitative
- Discharge destination and accuracy of diagnosis
- How much CQUIN money comes back into dementia services

# What are the gaps/challenges in the CQUIN that we need to address?

- The challenge is to get behaviour change. It is demoralizing to have a 90% target – feels unachievable
- How can we balance meeting the indicator and making it clinically appropriate?
- A cognitive impairment pathway related to the CQUIN



# The Right Care: creating dementia friendly hospitals



Improving the experiences of  
people with dementia and their  
families and carers in acute care

## The Right Care: creating dementia friendly hospitals



# The hospital at the heart of a dementia-friendly community

## Jeremy Hughes



- Three champion groups have been set up by the Prime Minister – research, health and social care and dementia-friendly communities
- However, all three are inextricably linked
- Discharge from hospital is one of the most common ways of someone with dementia ending up in residential care – YOU can make a difference

- In the NHS, we need to model best practice
- It is about people with dementia not being in hospital when they don't need to be there, and getting signposted in the right way when they are there
- The Alzheimer's Society found that nearly half of people with dementia come out of hospital less well than when they went in
- Little changes can make a big difference. None of this is rocket science, most changes don't cost anything and will save you money
- There are plenty of good examples – we need to share them better

- This is about changing the mindset of people - all staff, not just nurses, but orderlies, receptionists, anesthetists...
- We need to be aware of someone with dementia and customize our response to them
- Patients and carers should be encouraged to have a voice and reflect and comment on the experience they're having
- Carers know a person's likes and dislikes best – you need to understand the person you're treating
- Enhancing the Healing Environment from The King's Fund is a great resource for improving the environment for people with dementia

<http://www.enhancingthehealingenvironment.org.uk>

- Hospitals are part of a dementia-friendly community – you need to role model joined-up excellence. Expect GPs to share information with you and you share information with them
- The Alzheimer's Society is committed to be with you and has developed a comprehensive range of training products to support you

# The Right Care: creating dementia friendly hospitals



## A carer's perspective

# Kate Harwood



# Kate and husband, Marco



- My husband, Marco, was diagnosed with dementia at 64. He is now 72
- He is restless and curious, he lacks awareness of the needs of others, and has little ability to express pain and hurt. He spends his nights counting and has severe swallowing difficulties
- This is not my husband, just a list of medical conditions
- I've lost the man I knew and become a carer. I didn't recognise I was one for a long time and wouldn't have applied for the job

# A message to hospital staff...

- One of us is unwell, one of us is exhausted if he has to go into hospital – comforting, caring staff make all the difference
- Please make sure that medical instructions are clearly understood by the patient, even if they are clear to you. Think creatively
- Please don't make the carer or family feel guilty
- It is so helpful to have a visual symbol to show someone has dementia – Marco recently wore a blue wristband
- If plans are made, make sure everyone acts on them

# Simple things that would make my life easier...

- I would like to be given some responsibility for my husband's care while he's in hospital – I change his pads at home, so why not here?
- I'd like to share information about him with staff and feel confident it will be used
- I'd like to be able to get information easily before and during his stay
- I'd like to be included. Work with us, not against us. We're feeling vulnerable, too. Let's act together to improve the experience of people in hospital

# The Right Care: creating dementia friendly hospitals



## A call to action

Simon Kitchen  
and  
Catherine Holmes



A question to delegates...

**So.....**

What lights the “fire in your belly” and makes you determined to improve things?





# A selection of responses...

- “Where patients are victims of neglect, it makes you angry”
- “As my mother’s carer, I could see the NHS was struggling. The interventions were inappropriate, but made with the best of intentions”
- “There is still a stigma associated with dementia, they still experience discrimination”

# What is a call to action?

- ... putting right a specific, intolerable situation
- ... uniting people with a shared purpose to work together to this end
- ... committing to one another to take specific actions
- ... building energy and capacity through our commitments and relationships
- ... achieving change within a specific period of time

# Our shared purpose

To enable people with dementia to experience high quality care in acute hospitals and support them, their families, carers and staff to have the confidence to champion best practice and create a culture of excellence

# Our goal...

- By 31<sup>st</sup> March 2013 every hospital in England will **be committed to** becoming a dementia-friendly hospital

# The NHS Change Model aligns intrinsic and extrinsic aspects



[www.changemodel.nhs.uk](http://www.changemodel.nhs.uk)

# How do you know if you're committed to becoming dementia friendly?...

- Environments for care are being developed to support people with dementia when they are in an acute setting
- The workforce is being developed to raise awareness of and skills in the support of people with dementia, their families and carers
- Acute hospitals are gaining confidence that they are able to identify and assess cognitive impairment in the people they care for
- Acute hospitals can support people with dementia to be able to go home safely and this being is achieved through partnership working
- Acute hospitals are using a care plan which involves the person with dementia and their carers

## The Right Care: creating dementia friendly hospitals



# Setting the scene for dementia-friendly hospitals

Norman Lamb MP



# The importance of dementia-friendly hospitals: A government perspective

Norman Lamb MP, Minister of  
State for Care and Support

- In my time in this job, I am determined to make dementia one of the top priorities
- Creating dementia-friendly hospitals is vital to transform the care of people with dementia
- Dementia is one of the most significant challenges of the 21<sup>st</sup> century and we are determined to go further and faster, with greater improvements to dementia care and research

- We have all heard the horror stories, but we also know there are many shining examples
- Hospitals are at the heart of any community, therefore, we have to have dementia-friendly hospitals
- I urge all hospitals to sign up to the call to action – it is an essential commitment for every hospital to make
- We need to assess in two or three months. I would be happy to write to every hospital that hasn't signed up by then to stress the absolute importance of it
- From the centre, I will do everything I can to support you

# Questions for the Minister from delegates...

- We are part of a community, reliant on other partners to work with us and get it right. Are you aware of the “games” that go on and the perverse incentives... and, what are you going to do about it?

I am a great fan of the concept of integrated care. I recognise that financial incentives sometimes count against it. There needs to be a ruthless focus on integrated care to cope with the consequences of an ageing population. One of the first steps is to bring together all the experts in integrated care. Our aim is to improve the quality of care and ensure that patients are in the right setting, without perverse incentives

- With the advent of FT status, I am no longer working in the community. How will you unravel the political structures that have got in the way of integrated care?

What I want to look at is how financial incentives work – are they in conflict with optimizing care or are they promoting the best care? The very last thing we should be having its specialists retreating back into hospitals



# Questions for the Minister from delegates (Cont'd)....

- Is there a method for creating incentives for integrated working?  
We have a completely fragmented system that is institutionalised and that doesn't optimize care. We need to ensure financial incentives are aligned with doing the right thing. We can learn lessons from overseas. California has incentives to keep people out of hospital. All incentives are aligned to achieving that objective
- Are we going far enough with the call to action? Couldn't all Trusts have an action plan by the end of March 2013?  
I am very interested in that. I wanted to ask you what you thought. Would it be sensible, for example, to look at those organisations that haven't signed up in a few months? I am very happy to see if we can go further  
Jeremy Hughes: The incentives should come from people looking at good practice, rather than being beaten up by bad practice. Let's champion the good practice

# How to create dementia-friendly hospitals. Our perspectives...

Presentations by:

Rachel Thompson, Royal College of Nursing

Vicki Leah, University College London Hospital

Willie Cruickshank, Norfolk and Suffolk Dementia  
Alliance

# The Right Care: creating dementia friendly hospitals



## Launch of new RCN dementia resources

Rachel  
Thompson



# Key considerations...

- The message that comes across loud and clear is that we need integrated working – how can we learn from each other and work together to make this better?
- Investment to save – if you invest in this, you will achieve savings
- Staff need to be well-informed and skilled
- We need strong leaders who can develop positive relationships
- People with dementia and their carers must be at the heart of everything
- One thing alone is not enough – you need to take a system-wide approach

# How the RCN can help...

We have identified the top five ingredients to support good dementia care:

- 1. Staff who are skilled and have time to care**
- 2. Partnership working with carers**
- 3. Assessment and early identification of dementia**
- 4. Care plans that are person-centred and individualised**
- 5. Environments that are dementia-friendly**

# Resources to support you...

- The RCN has developed a film and guide, with practical examples of what people have done to improve dementia care
- It is hosted on the RCN website and includes signposts to further resources.  
For further information see  
[www.rcn.org.uk/dementia](http://www.rcn.org.uk/dementia)
- Thank you to all contributors

# The Right Care: creating dementia friendly hospitals



## Training for a better experience

### Vicki Leah



# What we did...

- **We took a two-part approach:**
  1. Developed training resources – 24 modules
  2. Train the Trainer program – 99 trainers across all 27 Acute Trusts that care for older people
- **We used:**
  - Practical real-life scenarios and tips
  - Exercises and video clips
  - Trainers practicing delivering modules
  - Flexible modular approach

- Communication was a key consideration – we wanted staff to understand and be able to respond to different situations
- We asked “What is the most appropriate thing to do here?” “How would you make this lady feel safe?” “What are the underlying issues for this patient?”
- It is all about empathy and validation
- We need commitment to high quality, face-to-face training and a commitment to safeguarding nurses’ educational budgets

# “I’m off home”





George kept taking off his clothes and exposing himself to other patients. His wife was upset and embarrassed, and felt that George had lost his self-respect

# The Right Care: creating dementia friendly hospitals



## My dementia doctrine

**Willie  
Cruickshank**



# What we did...

We formed a health and social care network.

You need to start forming your networks. Ours started small but now includes:

- 4 x Acute Trusts
- 1 x Mental Health Trust
- 1 x Community Health Trust
- 2 x Primary Care Trusts
- 1 x Ambulance Trust
- 2 x Universities (Medical Schools)
  
- 2 x County Councils (ACS)
- 2 x Independent Care Organisations
- 5 x Charity Organisations
- 5 x Further Education Colleges (Health & Care Schools)

# The three crucial components of dementia-friendly care...

You need to address all three principles to make dementia-friendly care work:

1. Culture and organisation
2. People – your workforce
3. Environment

# Culture and organisation...

Key considerations:

- How do we raise awareness of dementia at Board level? Regular dementia audits of wards show the Board what they are dealing with
- More than a third of wards in our pilot had some patients with dementia. High numbers needed help with eating/drinking or are incontinent
- Why are people with dementia in hospital? We need to do more to prevent admission, i.e. falls prevention
- Where do they come from and return to? Most come from their own homes and want to go back there
- What is their Length of Stay (LOS)?

# People...

There are three critical components for staff to deliver dementia-friendly care:

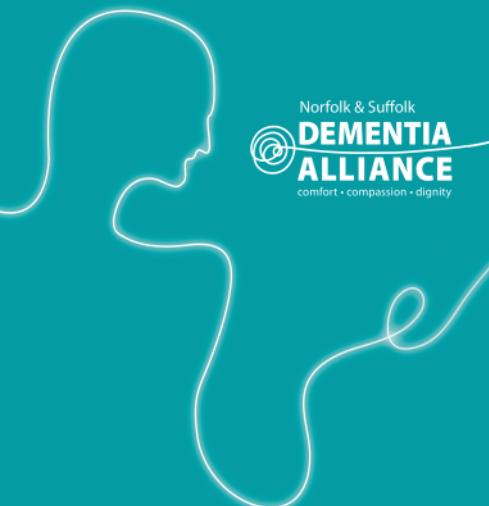
- Compassion
- Competence
- Time

You need to turn your unconscious incompetents (don't know what they don't know) into conscious incompetents (know what they don't know) and, finally, conscious competents

# Environment

- Transform dreary, grey, unwelcoming environments into bright, welcoming, comfortable environments
- You need to do this on all wards not just dementia wards
- The difference this makes is enormous...

# UNDERSTANDING AN ALTOGETHER NEW APPROACH TO CARING FOR PEOPLE WITH DEMENTIA

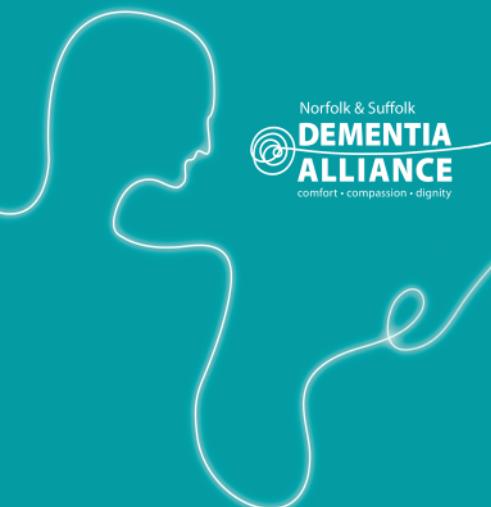


[info@dementia-alliance.com](mailto:info@dementia-alliance.com)  
[www.dementia-alliance.com](http://www.dementia-alliance.com)

## From this....



# UNDERSTANDING AN ALTOGETHER NEW APPROACH TO CARING FOR PEOPLE WITH DEMENTIA



[info@dementia-alliance.com](mailto:info@dementia-alliance.com)  
[www.dementia-alliance.com](http://www.dementia-alliance.com)



....To this

# A final observation...

- Some hospitals are dementia-friendly, Monday to Friday, 9am to 5pm. You need to be dementia friendly all the time



# The Right Care: creating dementia friendly hospitals



## Making your commitment to the call to action

# Angela Rippon



- I was so encouraged hearing what you want to do and the initiatives that are around
- But, half of me is saying “I’m frustrated” – in the last 5 years, this has already been said. Why are we still talking about it? Why has nothing happened?
- There are models in place that demonstrate, if you get it right, you are going to save money – you have the economic arguments

- We have to be more ambitious. It was terrific to hear the Minister saying that dementia was a top priority
- Stop the talking, let's have some action...Don't think about what you can do, but what you are going to do to make your hospital dementia-friendly

“What are you going to do to make your hospital more dementia-friendly?”



# What delegates said they were going to do....

- “We will set up a day room for one of our wards and find out if there is a Dementia Action Alliance in our area”
- “We will restart our champions network and increase the number of volunteers to assist at lunchtime”
- “Could we get a South West London [dementia] network up and going?”

- “We will set up a forum for patients and carers to contribute”
- “I will get dementia onto every team agenda. We’ll get our house in order and then talk to other hospitals”
- “There are already a lot of initiatives... it’s about making sure we do what we say we’ll do”
- “We’ll look at how we communicate the diagnosis to families and explain why we’re giving this care”

- “Get someone with dementia involved... it will help you considerably” [Person with dementia]
- “I will share good practice with the hospitals I work with”
- “We will set up a Dementia Action Alliance ourselves”
- People at the top should spend a few days on wards with people with dementia”

# Summing up by Angela Rippon...

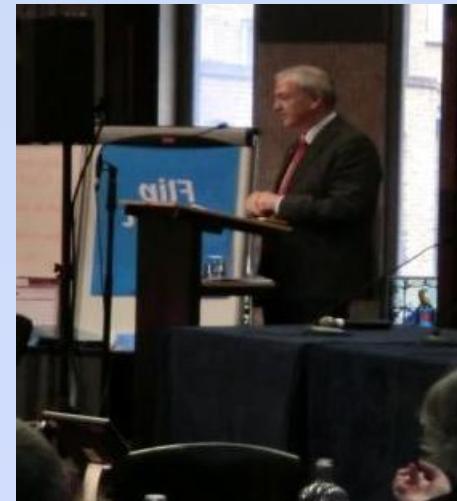
- At one of the dementia conferences I went to, they were talking about a dementia time bomb. Time bombs can be diffused and you are all part of the bomb disposal unit
- You can ensure that everyone with dementia is treated with dignity and has the best care possible

# The Right Care: creating dementia friendly hospitals



## Quality in the NHS

# Professor Sir Bruce Keogh



- The NHS offers a good technocratic service in terms of results, but we do not offer a compassionate one
- Reductions in waiting times demonstrate that massive change is possible if the right people are involved (clinicians, patients and the people holding the purse strings)
- We are the first country in the world with a definition of quality enshrined in law
- There is now more a focus on patient power
- NICE has developed the concept of quality standards (what good looks like)

- Making the system responsive to what we know needs to be done has led to the development of CQUIN
- We must make clinical outcomes the currency of the NHS:
  - Stopping patients dying prematurely from things we can do something about
  - Looking after patients well if they have a short-term need or a long-term condition
  - Treating patients well
  - Treating patients safely

- The future lies in better research
- Dementia will become easier to diagnose and treat
- Compassion is lacking at a system level – a Medical Director at an SHA recently said “Admitting someone to hospital with dementia is an act of violence”
- Dealing with dementia is the right, compassionate and proper thing to do



# Questions/Comments following Professor Sir Bruce Keogh's presentation...

- How do you make dementia “sexy” so people want to excel in it?  
*There is something about getting young doctors and nurses engaged during their training*
- Often we forget, when staff are taught, we need to teach them to see through the eyes of people with dementia – this creates empathy
- The impact we can have by communicating well with people with dementia is huge

# Summary of the day by Professor Alistair Burns...

- There has been a real buzz in the room today
- The dementia CQUIN is not just about ticking boxes, but improving care
- The care of people with dementia in hospital is one aspect – not coming into hospital and, once they are in hospital, being discharged quickly are also key
- If this call to action is as successful as the previous one, it will be fantastic
- Everyone “owns” dementia

# Feedback from delegates about the event....

A selection of comments from the  
Evaluation Forms

# What have you heard today that has moved you?

- “Personal stories of carers and patients with dementia” Dr Danielle Harman, Consultant Geriatrician, Hull & East Yorkshire NHS Trust
- “The person living with dementia and his desire to maintain his identity” Julia Hunt, Deputy Director of Nursing, James Pagett University Hospitals NHS Trust
- “The spread of enthusiasm over the last two years to tackle improving acute care for people with dementia – huge progress but still lots to do!” Ruth Eley, Director, The Life Story Network

# What have you heard today that has moved you? (Cont'd)....

- “Don’t forget the “me” in dementia” Debesh Mukherjee, Consultant Physician, Great Western Hospital NHS FT
- “Surprisingly, Bruce Keogh’s speech” James Thomas, Imperial College NHS Trust
- “Trevor – Care, Assist, Respect” Trudi Ellis, Dementia Nurse Specialist, Royal Bournemouth and Christchurch Hospitals NHS FT
- “Kate Harwood – moving story of their journey, reinforced [the] significance of carer input/involvement” Kate Jones, Dementia Nurse Specialist, Poole Hospital FT
- “Need and willingness to work collaboratively” Pauline Townsend, Senior Nurse Lead for the Older Person, University Hospital North Tees and Hartlepool

# What have you heard today that has inspired you?

- “George’s evidence that spending can mean investing, so spending can very readily save money” Barbara Hodkinson, Carer, Butterfly Scheme
- “Using the concept of the dementia tree to gain feedback on service from patients and carers” Jenny Faulkner, Head of Nursing – Quality and Patient Experience, Royal Surrey County Hospital
- “That we are on the right track, facing similar issues to everyone – we are not alone” Judy Haworth, Clinical Lead North Bristol Trust
- “Angela [Rippon] gave a motivating call to arms for action” Debbie Cheesman, Consultant Nurse for Older People, Royal Devon and Exeter Hospital
- “Simple steps towards creating dementia-friendly environments has inspired me to do a pilot of creating a dementia-friendly ward in the Acute Trust as a way of starting the change” Dr Gira Patel, Consultant Old Age Liaison Psychiatrist, Central & North West London NHS FT

# What have you heard today that has inspired you? (Cont'd)

- “I am enormously encouraged by the commitment from physicians – including Sir Bruce Keogh – but, after 30+ years working in the system, [I am] left wondering “will this really inspire things while the barriers to integrated working across health, local government and social care remain?” Carolyn Denne, Head of Service Quality, Social Care Institute for Excellence
- “Willie Cruickshank’s engagement with [the] Ambulance Services was inspiring and will drive me to make similar suggestions” Sam Woodhouse, Nurse Lead on CQUIN, Blackpool Teaching Hospitals
- “Angela Rippon – amazing” Graham Stockton, MD, My Life Software

# Who else are you going to engage in this call to action?

- “The whole hospital, through the Dementia Collaborative” Catherine Riley, Assistant Director Service Development, Calderdale & Huddersfield NHS FT
- “Immediate colleagues and managers in my Trust, senior managers and colleagues in the Acute Trust” Dr Gira Patel, Consultant Old Age Liaison Psychiatrist, Central & North West London NHS FT
- “The carers at West Norfolk Alzheimer’s Society” Sarah Reed, Mental Health Liaison Nurse, The Queen Elizabeth Hospital
- “Bolton locality – Acute Hospital, Community Health, Mental Health Trust and Council” Hugh Normal, Bolton FT

# Who else are you going to engage in this call to action? (Cont'd)

- “The Board, matrons, clinical leads, relevant managers” Colin Hont, Assistant Director of Nursing, Aintree University Hospital FT
- “Dementia strategy group – to pull the three hospitals together” Ann Rush, Matron, Barts Health NHS Trust
- “Already started – PCT/CCG commissioners and social service commissioners, to develop [a] truly integrated pathway for patients with dementia in Croydon and support for their carers” Selina Lim, Clinical Lead for Dementia, Croydon University Hospital
- “Medical Director” Philippa Pordes, Dignity Matron, Mid Cheshire Hospitals NHS FT

# What would have made today even better?

- “**Enjoyed the whole day**” Chris Venton, DME Nurse Dementia Lead, Hull & East Yorkshire Hospitals NHS Trust
- “**Data collection solutions for CQUIN**” Julia Hunt, Deputy Director of Nursing, James Paget Hospitals NHS FT
- “**Less group work**” Sarah Tilsed, Alzheimer’s Society
- “**Speakers from social care – discharge planning is crucial for people with dementia and family/carers**” Ruth Eley, Director, The Life Story Network
- “**Slides as handout or email attachment**” Debesh Mukherjee, Consultant Physician, Great Western Hospital NHS FT
- “**A toolkit to ensure the CQUIN is achieved. Some standardisation to the approach would be helpful**” Colin Hont, Assistant Director of Nursing, Aintree University Hospital FT

# What would have made today even better? (Cont'd)

- “More practical discussions on CQUIN – opportunity missed, perhaps, to develop grass roots strategy for future CQUINs”  
James Thomas, Imperial College NHS Trust
- “More examples of how the CQUIN is being implemented”  
Prakash Rudra, Consultant Physician and Dementia Lead, Colchester Hospital
- “Felt that CQUIN should have been discussed separately”  
Patrick McDonald, Consultant Physician Southport and Ormskirk Hospital NHS Trust
- “Better slide presentations – couldn’t read most of them. A delegate list” Catherine Riley, Assistant Director Service Development, Calderdale & Huddersfield NHS FT
- “Nothing – it was ace and I learnt loads. Thank you very much” Philippa Pordes, Dignity Matron, Mid Cheshire Hospitals NHS FT

# Any other comments?

- “Are you going to align objectives and National Audit of Dementia round 3?”
- “Could have done with less call to arms and more practical advice/exchange of information”
- “Would have been better to seat groups in localities to facilitate developing dementia alliances”
- “I am so grateful to be able to attend such an interesting and informative event, and have learnt so much to take back to our Trust and commissioners”
- “Important to celebrate the achievements of those who are sufficiently committed to attend an event like this and not make them feel they aren’t doing enough”
- “An Acute Hospital is not the best setting to make a new diagnosis of dementia. Why were GPs ignored in this process?”

# Any other comments? (Cont'd)

- “I would like to ask the Dementia Action Alliance to produce friendly, practical measures to [help] all the hospitals to achieve universal standardised care to all dementia patients”
- “Very impressed”
- “I feel very positive already, with the work at Blackpool Teaching Hospitals, however, today I’m even more determined to make it better”
- “I feel privileged to be part of this great network”
- “Having worked towards the South West Dementia Partnership’s 8 standards for improving care in hospitals, I am slightly confused and disappointed that the RCN SPACE campaign appears narrower and less measurable”

# Any other comments? (Cont'd)

- “No-one I spoke to today is confident their Trust will achieve the CQUIN. The exemplar presentations are 3 years further ahead than most, with Cambridge still only achieving around 40%. This will be a national failure; but it will significantly damage local reputations and I am deeply concerned that non-delivery of the CQUIN will set back our local dementia care service many, many years”
- “We should be targeting acute trusts as employers of staff who will be carers of people with dementia or who will develop dementia themselves”
- “Facilitators to have name badges”
- “Excellent event and bringing so many people together. Thank you”

The event provoked discussions and conversations on Twitter...

- Within days, there were 262,000 impressions, 308 tweets and 83 participants talking about dementia, the CQUIN and the national call to action, using the #therightcare and many more using #dementiachallenge



262,041 Impressions ?

308 Tweets

83 Participants who →

3.21 Avg Tweets/Hour

3.71 Avg Tweets/Participant

# #therightcare analytics

Home / Healthcare Hashtags / #therightcare / Analytics

## The Influencers

### Mentions

 @nhscalltoaction (119)

 @wrvs (27)

 @nhsinstituteuk (20)

 @czeital (20)

 @bethswanson6 (9)

 @karims3d (7)

 @jenribbands (7)

 @dementiatime (4)

 @rtunmore (3)

 @paulburstow (3)

### Tweets

 @czeital (63)

 @NHSCalltoAction (57)

 @JenRibbands (25)

 @nhsinstituteuk (18)

 @dementiatime (10)

 @MichaelaScarlet (10)

 @WRVS (9)

 @michellemellor3 (6)

 @RTunmore (6)

 @KarimS3D (5)

### Impressions

 @nhsinstituteuk (104,796)

 @WRVS (37,701)

 @czeital (18,837)

 @NHSCalltoAction (16,245)

 @nursemaiden (11,465)

 @PaulBurstow (9,854)

 @KarimS3D (7,745)

 @SportsMemNet (5,400)

 @exerciseworks (5,094)

 @michellemellor3 (5,004)

262,041

Impressions ?

308

Tweets

83

Participants who →

3.21

Avg Tweets/Hour

3.71

Avg Tweets/Participant

### Share Analytics

 Tweet < 0

 Share

 Like < 0

RT @NHSCalltoAction: RT  
@NHSCalltoAction:  
Minister asks hospitals to  
sign up to @nhsinstituteuk  
& DAA #therightcare - it's  
essential  
re:#dementiachallenge



AmyatDH, 3 days ago

Follow #therightcare to  
learn about all of  
yesterdays action

RT @NHSCalltoAction: RT  
@NHSCalltoAction: the  
whole room agree with  
the shared purpose to  
improve life for #dementia  
patients - help create  
#therightcare http ...



dragontart, 6 days ago

"CalltoAction": RT  
"CalltoAction": the  
room agree with  
ed purpose to  
ive life for #dementia  
ents - help create  
therightcare http ...

RT @NHSCalltoAction: RT  
@NHSCalltoAction: RT  
@wrvs: Norman Lamb MP  
#therightcare-institutionalised  
fragmentation doesn't  
optimise care- need to  
stop perverse ...



BethSwanson6, 6 days ago

# What they're saying on Twitter...

- [Andrew Chidgey @achidgeyManchester - patients with dementia being identified with a forget-me-not and don't get moved @NHSCalltoAction #dementiachallenge](#)
- Adventure before dementia - Trevor Jarvis [#dementia #rightcare #dementiachallenge](#)
- [Gill Phillips @WhoseShoes Where did your last hour go? Can u believe one hour is the average length of training a nurse receives on #dementia? via @KarimS3D #NHS](#)
- [NHS Call to Action @NHSCalltoActionMT @wrvs: #therightcare Norman Lamb determined to make dementia a top priority & make real progress. 670k with dementia many undiagnosed.](#)

Thank you to everyone who attended the event and who is responding to the call to action