



A guide to making general practice dementia friendly

This guide has been adapted from the Alzheimer's Society's
Guide to Making General Practice Dementia Friendly.

What is in this guide?

This guide is a self assessment tool to enable

Primary Care to become dementia friendly. It includes a checklist for GP practices to help people with dementia and their carers access high quality care and support.

People with dementia, carers and staff in GP practices have worked together to co-design and develop this guide.

The checklist covers:

- ✔ General practice systems
- ✔ General practice culture
- ✔ Patient diagnosis, care and support
- ✔ Physical environment

Introduction

GP practices open the door to diagnosis, information, support, planning, and ongoing management and review for people with dementia and those who care for them.

This support is vital. For people with dementia, day-to-day tasks become more challenging and it becomes increasingly difficult to live well – challenges that only increase as the condition progresses.

Dementia often impacts on the ability to manage other conditions as well, and most people with dementia are living with another long-term health condition.

People with dementia can experience difficulties in attending general practice, which can create barriers when even the best care and support is in place. They may experience difficulties with:

- not remembering to attend appointments
- using technology to attend virtual appointments
- navigating telephone systems
- using technology to book appointments and order medication
- navigating the physical environment of the practice
- not being able to express their concerns in the short time available with the GP
- not recalling details of discussions regarding their care.

If people with dementia and their carers do not receive the care and support they need, this can impact not only on their quality of life and health, but can also impact on the usage of primary care, emergency admissions to hospitals and transition to residential care.






What are the benefits for general practice?

A dementia friendly general practice has many benefits, including:

- improving quality of care and support for people with dementia and their carers
- improving quality of care and support for other patients, especially other vulnerable groups
- supporting national frameworks and standards for dementia including: Scotland's National Dementia Strategies, Standards of Care for Dementia in Scotland, Charter of Rights for People with Dementia and Carers in Scotland and the Promoting Excellence Education Framework
- meeting National Health and Social Care Standards
- fulfilling any strategic inspection requirements
- reducing missed appointments and repeat appointments
- increasing dementia awareness and understanding for all practice staff, as well as contributing to personal development and job satisfaction.

Developing dementia friendly practice

Following these steps will help to develop a dementia friendly general practice.

-  **Arrange a Dementia Friends session for all staff.** The session is provided face to face or virtually by Alzheimer Scotland, free of charge, and lasts for approximately one hour. As a result of the session, each person becomes a Dementia Friend. The session applies learning about dementia directly to general practice, with discussion of real life case studies of patients, and also introduces the checklist.
-  **Use the checklist to identify changes that can be made within your practice to better support people with dementia.** Start by reading the tips section for guidance on using the checklist including how it can be used flexibly.
-  **Provide staff with information on the range of free resources available from Alzheimer Scotland.** These include: Worried About your Memory?, Coping with Dementia and Living Well with Dementia which can be found at www.alzscot.org/information-sheets. You can also call Alzheimer Scotland's 24 hour Freephone Dementia Helpline for copies of these. These resources can be signposted on the practice's web pages and copies can also be ordered.
-  **Increase awareness of post-diagnostic support.** Everyone in Scotland newly diagnosed with dementia is entitled to a minimum of one year's post-diagnostic support.
-  **Help staff understand other support available:** such as social services and community mental health.

Tips

The checklist included in this guide is **flexible** – you can tailor it to your needs and priorities. **Not every item will be appropriate for your practice and you do not need to carry out or work through them all.** Consider the checklist as something to work towards as an ongoing process. You might find it helpful to focus on what you can do quickly now and what you might want to tackle later. It can also be used to give reassurance on what's already being addressed. Small changes can make a huge difference and many do not require significant time or financial resource.

- **Choose how you implement the checklist and who is responsible for this.** It is a good idea to have a lead, even if responsibility for various actions is shared between different people. You may wish to work with a patient participation group or volunteer members of staff.
- **Arrange the Dementia Friends session first, before starting the checklist.** This will give the whole practice a greater understanding of dementia and can support all staff to understand the reasons for the items in the checklist and the impact the changes can have. Contact dementiafriends@alzscot.org to arrange a face to face or virtual awareness session for your practice.
- **Involve people with dementia and their carers if possible.** People with dementia and carers co-designed the checklist, but it is important to involve them where possible in applying the checklist to your individual practice.
- **Share best practice.** Why not organise an online Dementia Friends session for your cluster, and use this as a starting point for collaborating between practices and sharing ideas?
- **Review progress.** It can be helpful to set a specific review date to check that improvements are sustained. You may wish to do this on the date you started, or as part of Dementia Awareness Week which takes place in the first week in June each year.

1 Checklist

General practice systems

Appointments

Consent

IT systems

Use this blank section to plan your improvements (who's going to do what and when).

Ensure that appointments are flexible and meet the needs of the patient

Offer double appointments where appropriate.

Offer telephone consultations or Near Me consultations where appropriate.

If using technology such as Near Me give the person clear instructions on how to use it and allow additional time to support the person with the process.

Remind patients with dementia and/or their carers by phone or text on the morning of an appointment.

Offer home visits for people with dementia and carers where appropriate.

Provide a summary of key details of the appointment for the patient and/or carer.

Put appropriate consent procedures in place

Obtain consent to discuss the patient's diagnosis, medication and care plan with the carer, and other professionals.

Arrange for the carer to be present during consultation if appropriate.

Inform carers of any changes in medication.

Obtain consent to enable carers to meet the GP separately about a patient.

Obtain consent to share a patient's information with health and social care organisations.

Consult with legal representatives such as welfare guardians and attorneys (decision-making proxies when the person with dementia lacks capacity regarding welfare matters).

Use computer systems to assist monitoring

Install computer flag-up alert systems that display a patient's dementia diagnosis.

If possible, ensure that, when patients check in, the flag-up system alerts reception staff that patients may need physical and orientation assistance to go to the consultation room.

Update any pre-diagnosis codes such as 'cognitive decline or mild cognitive impairment' to a dementia code after a diagnosis is made.

Monitor missed appointments for patients with dementia or a potential dementia diagnosis.

Conduct a coding clean-up exercise on an annual basis.

2 Checklist

General practice culture

Carers respected as a key partner

Valuing patient and carer's views

Dementia training for staff

Dementia friendly culture

Dementia friendly communities

Use this blank section to plan your improvements (who's going to do what and when).

Respect carers as a key partner in the patient's journey

With permission, identify and include carer(s) within the patient's notes. Include carer details in referral letters for hospital appointments and include in all stages of a patient's journey.

Support patients to recognise when they are in a caring role and the need to look after themselves for example to access breaks from caring.

Update read codes on the computer system to record carer status for patients taking on a caring role.

Check the carer register regularly to ensure carers are offered appropriate health checks including flu jabs and other immunisations.

Ensure advice about how to access carer-specific information is available and clearly visible within the practice, for example on noticeboards, the practice website and practice social media.

Contact any other practice where a carer is registered to ensure they are placed on a carers' register and recommended for carer-specific support.

With permission, refer carers for carers' support to third sector agencies such as Carer Centres and Helplines and/or local health and social care partnership services if required.

Tell carers about Alzheimer Scotland's 24 hour Freephone Dementia Helpline - 0808 808 3000.

Value the views of patients and carers within the practice

Actively seek the views of people with dementia and/or carers if they are not already represented through any existing patient participation group.

Make outcomes from patient and carer consultation available in a format that is accessible to all patients.

Involve people with dementia and/or carers in a 'walk-through' exercise of attending the practice, either physically or virtually, to understand what works well and what could be better.

If producing information for patients, for example about changes when coming into the practice, involve people in its production to ensure it's easy to follow, or use a staff member to look at it from a patient's perspective.

2 Checklist

General practice culture

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Provide appropriate dementia training for practice staff

Arrange dementia awareness sessions, such as Alzheimer Scotland Dementia Friends sessions, to tie in with staff inductions and development sessions.

Train all staff in identifying dementia.

Raise awareness of the role of non-clinical staff in identifying dementia for example receptionists who may be first to spot that the person is having memory problems and ensure staff know how to progress their concerns.

Ensure all health care professionals have undergone dementia awareness training relevant to their level within the Promoting Excellence Education Framework with Informed level being the minimum standard.

Ensure all staff have a working knowledge of Scottish Legislation such as the Adults with Incapacity (Scotland) Act 2000 and the Adult Support and Protection (Scotland) Act 2007.

Train all staff in recognising potential neglect or abuse of people with dementia and/or their carers and refer to your local Adult Protection team if there are concerns.

Commit to the development of a dementia friendly culture in the practice and the Carers (Scotland) Act 2016

Identify someone to champion dementia friendly work within the practice.

Allow enough time for people with dementia whose appointments may be complex and require further time.

Include dementia diagnosis in all referral letters to secondary care and other health care services.

Include dementia-specific information on the GP practice website.

Ensure all staff introduce themselves clearly to patients with dementia. (My name is...)

Promote patient involvement in dementia research.

Ensure the practice is part of a dementia friendly community

Establish a referral system for patients to access a dementia support worker such as a Dementia Advisor or a Dementia Link Worker.

Establish links with the local dementia services such as Older People Mental Health teams, younger onset dementia services and Alzheimer Scotland Dementia Resource Centres.

Establish links with social care specialists who can provide information on day opportunities, self-directed support, carer support and respite options.

3 Checklist

Patient diagnosis and care

Timely diagnosis

Integral care plans

Post-diagnostic support

Use this blank section to plan your improvements (who's going to do what and when).

Ensure patients receive a timely diagnosis

Ensure staff are trained and confident in recognising the signs of dementia and carrying out appropriate assessments as locally agreed.

Arrange for a formal assessment for patients with concerns about their memory and other symptoms of dementia.

Make a referral to psychiatry for further assessment and diagnosis.

Offer dementia screening for at risk groups, where appropriate.

Work with care homes to carry out informal assessments and refer for formal assessment where required, for patients within care homes with symptoms of dementia.

Ensure all clinical staff are aware of the specific issues relating to dementia and delirium.

Offer health promotion advice on how to reduce risk factors in the prevention of dementia.

When a diagnosis is reached, add an agreed diagnostic read code to add the patient to the Dementia Register.

Ensure care plans are integral to the overall care of the patient

Offer an appointment to start the discussion on anticipatory care planning, and consent for data to be added to the Key Information Summary.

Ask about a patient's life story and record relevant details in their clinical record.

Record missed appointments in the clinical record.

Make annual (or more frequent) appointments with the same named GP to review medication and monitor physical and cognitive changes.

Review care plans and advanced care plans annually or more frequently, as needed.

Identify and promote any local technology-enabled care solutions for patients with dementia.

Offer advice and support concerning Power of Attorney and Guardianship and review practice materials to support this.

Offer end of life care discussions and record these in the patient's care plan and Key Information Summary (www.iHub.scot/project-toolkits/anticipatory-care-planning-toolkit/anticipatory-care-planning-toolkit).

Provide appropriate palliative care.

3 Checklist

Patient diagnosis and care

Timely diagnosis

Integral care plans

Post-diagnostic support

Use this blank section to plan your improvements (who's going to do what and when).

Include and promote the use of Getting To Know Me (or any similar document) to support patient care in all settings and use during consultations (www.alzscot.org/gettingtoknowme).

Advise on the Herbert Protocol and the Purple Alert app (www.purplealert.org.uk) for people with dementia at particular risk of going missing.

Ensure post-diagnostic support is a key component of follow-up care

Support the person, and carer, in the ongoing management of their condition.

Where available, distribute Alzheimer Scotland's Dementia Link Worker leaflet and the 'Making the most of your PDS' booklet to patients after receiving a diagnosis.

Provide information on the local dementia support service and Alzheimer Scotland's Helpline immediately after a diagnosis has been given.

Where possible, and with the person's consent, refer the person to the local post-diagnostic support service.

Display information on local dementia support clearly on practice noticeboards and waiting room TV screens, practice website and practice social media.

Establish good relationships with local pharmacies to ensure prescriptions are processed appropriately to cater for the needs of the person with dementia whilst supporting the carer.

Consider using indication prescribing which means that the indication for the drug is part of the prescription.

Use recognised assessment tools to identify suitable compliance aids for medication.

Work with a named Dementia Advisor/Dementia Link Worker local to the practice.

Signpost to information on local day opportunities, financial support, community activities and respite options.

Further develop staff abilities to support people and their families before, during and after receiving a diagnosis by accessing NHS Education for Scotland resources (www.nes.scot.nhs.uk/media/2614737/supporting_people_through_a_diagnosis_of_dementia.pdf)

4 Checklist

Physical Environment

Layout and navigation

Patient comfort and safety

Use this blank section to plan your improvements (who's going to do what and when).

Ensure the physical environment and practice layout allows the patient to navigate the building independently and feel comfortable and safe.

Things you can change quickly:

Ensure the entrance is clearly signed and easy to identify.

Position reception desks and waiting areas clearly so they are easily identifiable.

Display visible internal signs stating the name and location of the practice.

Ensure all signage is clear, of a good size and is positioned at the right height (www.dementia.stir.ac.uk/design) in contrasting colours.

Make sure signs that assist navigation through corridors are clear and easily understood.

Signpost consultation/treatment rooms clearly.

Keep noticeboards tidy and not crowded.

Use clear, appropriate signs and symbols for toilets and ensure they are visible from all areas.

Keep floors and entrances free of clutter.

Allow sufficient 'on' time if sensor lights are used in toilets. Label hot and cold taps clearly.

Minimise noise and if possible identify a quiet space to speak to people with dementia.

If possible ensure hearing aid loops are available.

Ensure patients are comfortable with and within the physical environment

Things to consider if you are refurbishing:

Keep the reception area calm and quiet and/or make a separate, calm and uncluttered waiting area available to patients with dementia.

Use natural lighting wherever possible and balance levels in areas according to brightness.

Use doors with clear transparent panels so people can see where they lead to.

Minimise glare and reflection on floors that can make them look wet or shiny.

Keep floor colours plain, matte and consistent.

Contrast floor colours with those of the walls and furniture.

Avoid change of pattern or colour and keep any mats, threshold strips etc. in a similar tone/colour.

4 Checklist

Physical Environment

Layout and navigation

Patient comfort and safety

Use this blank section to plan your improvements (who's going to do what and when),

Install even lighting that avoids stripy, patchy shadows.

Paint toilet doors a distinctive colour.

Fit traditional styles for toilet seats, flush handles, taps, toilet paper holders, handrails etc. to make them easy to use, of similar design and in contrast to the walls.

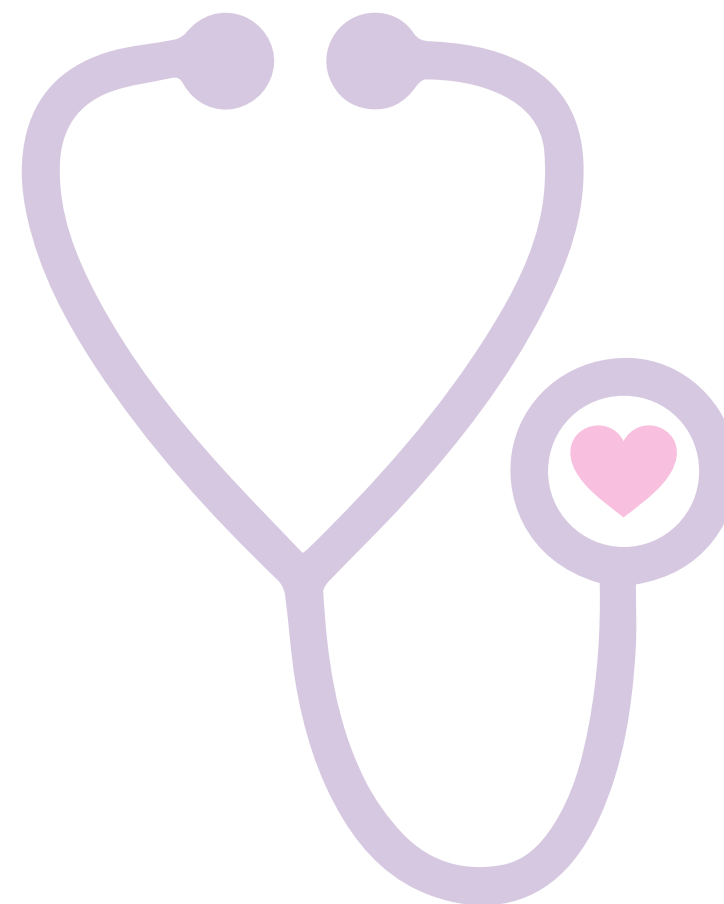
Use this blank section for any other notes.

Next steps

1. Request a Dementia Friends session for your practice by emailing dementiafriends@alzscot.org
2. Order free Alzheimer Scotland publications by visiting **www.alzscot.org** or by calling their 24 hour Freephone Dementia helpline: **0808 808 3000**.

Alzheimer Scotland would like to thank the Alzheimer's Society for kindly allowing us to adapt their resource 'A Guide to Making General Practice Dementia-Friendly' for Scotland.

Focus on Dementia and Alzheimer Scotland collaborated on the development of this information. Focus on Dementia is a national improvement team based within Healthcare Improvement Scotland's Improvement Hub (ihub).



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