

Alzheimer Scotland
Action on Dementia



The Scottish
Government

Alzheimer Scotland Dementia Nurse network



Annual review 2013–14

Alzheimer Scotland
believes that no one
should go through
dementia on their own.

Our aims are:

- to be the national and local voice of people with dementia and their carers in Scotland
- to improve public policies for the benefit of people with dementia and their carers
- to provide high quality services for people with dementia
- to provide high quality services for the carers of people with dementia

We are supported in these aims by over 5,000 members and many more supporters who campaign for us, volunteer, raise funds and donate their time.

Foreword: Henry Simmons, Alzheimer Scotland

'In 2006 Alzheimer Scotland funded its first Alzheimer Scotland Nurse to work in an acute general hospital, the Royal Alexandra Hospital in Paisley. Inspired by the impact and response from everyone involved, we formed the view that one senior, committed and skilled dementia practitioner, in the right place, can deliver remarkable levels of systemic change and

Scotland. The generosity of the public and business community was overwhelming, and when the Scottish Government offered to match fund our contribution it meant we could accelerate this programme and ensure that, by November 2012, funding had been made available for 14 Alzheimer Scotland Dementia Nurse posts – one for every health board area in Scotland.



Henry Simmons,
Chief Executive,
Alzheimer Scotland

'A senior, committed and skilled dementia practitioner, in the right place, can deliver remarkable levels of systemic change and improvements'

improvements through effective and inspirational leadership. We soon followed this first post with appointments in NHS Ayrshire & Arran, NHS Borders and NHS Lothian. In 2010, the Duchess of Hamilton launched and led a £1.5 million appeal to establish a network of dedicated Alzheimer Scotland Nurses throughout

'The work of the National Dementia Strategy was building significant momentum at the same time. The Promoting Excellence Framework, the new National Standards of Care for Dementia and the investment in Allied Health Professional Consultants provided each nurse with resources and allies



Dementia Champions from NHS Dumfries & Galloway at their graduation in May 2013, with Gladys Haining, Dementia Nurse Consultant, second from left.

Foreword: Henry Simmons, Alzheimer Scotland.....

to progress improvements. The Dementia Champions programme was also being implemented and we now had both a strategic change agent and committed, skilled front line practitioners who could make immediate improvements for people with dementia and their carers. Together, this forms a remarkable force for change and you will see just how much has been achieved in this report.

'We were very pleased that the second National Dementia Strategy included a commitment that each acute hospital will develop a 10 Point Action Plan to implement the new Standards of Care for Dementia. This is a real milestone in transforming acute care and it will form the basis of

much of the future work of the Alzheimer Scotland Nurses, our AHP partners and the Dementia Champions.

'We have come a long way since our first nurse in 2006 and none of this would have been possible without the commitment and dedication of so many people. There are too many individuals to thank here but what we can be truly proud of in Scotland is our belief and dedication to working in partnership. With people with dementia and their carers at the core, the Government, NHS Education for Scotland, the Scottish Social Services Council, NHS Boards and University colleagues have all contributed to the success of this initiative. Together we are truly stronger.'

Right: Staff from ward 3A at Raigmore Hospital, Inverness, which was shortlisted at Scotland's Dementia Awards in 2013 in the category 'Best acute care'.



Left: Colin MacDonald, Dementia Nurse Consultant, and the team involved in setting up the beacon wards project at NHS Lothian. Left to right: Professor Hilary Critchley, (University of Edinburgh/sponsor); John Wardhaugh (charge nurse ward 109); Trish Elder-Gracie (charge nurse ward 101); Colin MacDonald; Maureen Lucas (charge nurse ward 1 Liberton); and Grant Stott (TV personality).

Introduction: Hugh Masters, Scottish Government

'It is no exaggeration to say that Scotland is probably the envy of the world in its approach to supporting and caring for people with dementia. The Scottish Government has been proud and privileged to support so many agencies and individuals to ensure that people with dementia and their families and carers have the support and care to which they are entitled. In 2010, Deputy First Minister Nicola Sturgeon, then Cabinet Secretary for Health, made a personal commitment to the care of older people and people with dementia – a commitment which is wholeheartedly endorsed by present Health Secretary, Alex Neil. We have seen the publication of Scotland's first national Dementia Strategy, the Standards of Care for Dementia in Scotland, the Promoting Excellence Framework, and more recently the second national Dementia Strategy including the 10 Dementia Care Actions in Hospital.

The focus of Scotland's first national strategy was post-diagnostic support and acute care. As a result, Scotland became, according to Alzheimer Scotland, the first country in the world to commit to one year's post diagnostic support for every person to receive a diagnosis of dementia. No mean achievement. It is in our acute sector, however, that the truly impressive strides have been made. This is in no small measure due to the fantastic contribution of the Alzheimer Scotland Dementia Nurse

network, working at strategic level within our 14 Health Boards and supporting the 430 front line staff who have graduated to date from the Dementia Champions programme and who are working within the acute sector as agents of change, rolling out their knowledge and skills to transform services for people with dementia. The Scottish Government is rightly proud to have given its wholehearted support to all of these initiatives. It is testimony to the sound co-operation between the Scottish Government, NHS Boards and Alzheimer Scotland, as well as other agencies such as NHS Education for Scotland, the Scottish Social Services Council, the Mental Welfare Commission and the University of the West of Scotland, that this review of the Alzheimer Scotland Dementia Nurse Network has such an impressive story to tell.

'These are exciting times for everyone involved in dementia care and we should not lose sight of the fact that all the work achieved to date has been underpinned by the lived experiences of people with dementia themselves and their families and carers.

'I am honoured to be able to play a part in this transformation and look forward to continuing to work in partnership with all of Scotland's pioneers in the field of dementia care as we take forward our second National Dementia Strategy together.'



Hugh Masters,
Associate Chief
Nursing Officer
(interim) and Health
Professional Policy
Lead for Older
People, Learning
Disabilities and
Mental Health,
Scottish Government

Using technology to improve care in remote and rural areas

Anne Hutchison was appointed Alzheimer Scotland Dementia Nurse Consultant for NHS Western Isles in April 2012. Having previously worked as a Mental Health Collaborative Programme manager, she has been able to bring particular expertise to the new post. She provides support to all staff within NHS Western Isles to help them better understand the needs of patients with dementia.

'My overall objective is to improve the standards of care for people with dementia living in the Western Isles. Since starting my position, I have worked to increase awareness, promote dementia friendly initiatives and improve collaboration between different organisations. A number of the projects I work on are shared objectives that other Dementia Nurse Consultants across Scotland are also implementing. These are absolutely vital, and we are beginning to see some very positive results in areas like post-diagnostic support, roll-out of the Promoting Excellence framework, and improved admission and discharge procedures.

'I believe one of my biggest achievements to date is introducing NHS Western Isles to the REMODEM project. This is an international project involving representatives from Shetland, University of Stirling, Faroe Islands, Greenland, Sweden and Norway. The main objective of the project is to support people with dementia

in remote areas so that they can continue to live in their own homes, delaying the need to move into residential care.

'In November I attended an international meeting of the REMODEM partners in Pajala, northern Sweden, inside the Arctic Circle. Kirsty Street, Strategic Commissioning and Partnership Services Manager for the local authority, and Jon Harris, Head of IT for NHS Western Isles, came to the meeting too.

REMODEM supports people with dementia in remote areas so they can continue to live in their own homes, delaying the need to move into residential care. It's an international collaboration.

'Each REMODEM partner gave an update as to where we were with the programme. As part of our evaluation, we discussed our progress with the testing of Giraff. This is a mobile tele-presence device that enables a person to see and have conversations with friends, relatives or professionals remotely via video-conferencing. It aims to combat some of the issues surrounding the care of patients in remote and rural areas. Giraff has a screen mounted on a remotely controlled roaming device that allows visitors to virtually enter a home and conduct a natural visit. It has been described as "Skype on wheels"



Anne Hutchison,
Dementia Nurse
Consultant, NHS
Western Isles



'My objective is to improve standards of care for people with dementia living in the Western Isles.'

by health professionals and I believe that the Western Isles could benefit greatly from its successful implementation.

'Sweden has been able to introduce Giraff into their standards of care very effectively. In the Western Isles this is new territory and we are still exploring its potential. However, this is a project that we believe in and which we will continue to investigate and promote. As a

Dementia Nurse Consultant, I think it's important to take advantage of new approaches which have the potential to really benefit patients.

'The other partner countries at the meeting were also very interested in our push to develop dementia friendly communities. They asked for copies of the materials that we provide to our local businesses so that they can do the same in their own countries.'



Left: Dementia Friendly Community work, NHS Western Isles

Below: Giraff



Working together to improve dementia care

Janice McAlister became Alzheimer Scotland's Dementia Nurse Consultant for NHS Ayrshire & Arran in December 2012. Since then, she has implemented a range of measures that have equipped staff at all levels to respond to the needs of people with dementia better. This has led directly to better clinical outcomes for patients.

'Soon after taking on the role I began implementing a new three-tier dementia training programme based on the Promoting Excellence framework. This has been used to train staff at the informed, skilled and enhanced levels of Promoting Excellence. Rather than limiting training to healthcare staff, we involved porters and admin staff so that as many people as possible can deliver excellent care to patients

nursing community over the year, so I was very proud that the work being carried out within NHS Ayrshire & Arran was showcased alongside such other great examples.

'One of my main focuses since becoming a nurse consultant has been on improving care for older people in acute care settings. One of the main areas we wanted to improve was screening for frailty. We now have a target of carrying out a full geriatric assessment within 24 hours for those frail patients who need to stay in hospital. This has been shown to reduce the length of stay in hospital and improve outcomes.

'Another area we wanted to improve on is identifying delirium. Delirium is a serious medical emergency and people who have



Janice McAlister,
Dementia Nurse
Consultant,
NHS Ayrshire & Arran

'By August over 1,400 NHS Ayrshire & Arran staff had successfully completed our dementia training programme.'

with dementia. By August 2013, over 1,400 NHS Ayrshire & Arran staff had successfully completed the course.

'I was fortunate enough to have this work recognised at the 2013 British Journal of Nursing Awards. This is UK's largest nursing awards ceremony. The event showcases the best examples of new initiatives being led and implemented by the British

it need to stay in hospital longer or be moved to a critical care bed. We wanted to make sure that we were managing cases of delirium optimally amongst high-risk patients such as those aged 75 and over receiving acute care. Being able to manage delirium effectively means we can dramatically reduce hospital stays for many of these people. My hope is that we will also see a reduction in the prescription of

Working together to improve dementia care

antipsychotic medication, and also mortality rates.

'In June 2013, we carried out a one-week trial to identify frailty and manage delirium on admission. By midweek of the trial we already had seven empty acute care beds, which is unheard of. I was really pleased with these results as the changes were introduced without any extra funding. The only resource we increased was our teamwork. Since the trial, I'm happy to say that we have secured funding to continue this work for a further six months. The project is going very well.

'As well as focusing on improving standards of care, I have built links with organisations outwith NHS Ayrshire & Arran to enhance the level of care we can provide. At the end of 2013, I held meetings with the Royal National Institute for the Blind (RNIB) to discuss the possibility of working more closely together. The aim is to improve the care we can provide for people with visual impairment living with dementia. I believe that teamwork is one of our most valuable assets and I'm looking forward to developing our dementia services further in partnership with colleagues from across the board.'



Janice McAlister (left) photographed with former Alzheimer Scotland Dementia Nurse Julie Crabtree, who delivered a session on patient-centred care as part of the training.

Rather than limiting training to healthcare staff, we involved porters and admin staff so that as many people as possible can deliver excellent care to patients with dementia.

Creating beacons of best practice across NHS Lothian

Colin MacDonald has been a nurse for 30 years, caring mostly for people living with dementia. In 2009, he was appointed as Alzheimer Scotland's first Dementia Nurse Consultant. His experience and knowledge has enabled him to make real changes in the care for patients with dementia in NHS Lothian.

'At the very start of my role as a nurse consultant, I began working on remodelling the way hospitals in Lothian provide care for people living with dementia.

'Rather than attempt to introduce changes in all of Lothian's hospitals simultaneously, I decided to focus on six 'Beacon wards' to pilot new practices and implement a new way of thinking about dementia. Initially, I wanted to build staff confidence and instil the idea that they can bring around real change within their wards. I achieved this by getting the charge nurse from each ward to sign up to "ten good practice statements". This gave them realistic and achievable goals.

'Then I took simple steps to make these six wards more dementia-friendly. I also held a weekly drop-in session and offered case-study discussions to make sure staff had sufficient access to support. Most importantly, I made sure that I took the time to work alongside the hospital staff on a day-to-day basis.

'Each ward was audited at the very beginning of the process and after a year they were audited again to measure the results. The audits showed some amazing statistics. Average hospital stays had fallen from 30 days to 17. Prescriptions of psychotropic medication fell dramatically, from 23% to just 7%, and the use of catheters dropped from 30% to just 3%. The reports also showed that staff frustration levels had almost halved from 82% to 48%. These results were the subject of an article in the Nursing Standard in September 2013.

'The success of the Beacon wards led to the development of the Bridging Team, which I helped set up in January 2013. This serves as an older peoples' mental health liaison team to 'bridge the gap' between hospitals and mental health services. It includes three mental health nurses, of which I am one. Each nurse has been assigned to one hospital to be a physical presence on hand to provide help and support as required. Because we are visible, hospital staff can approach us for support as soon as a potential issue or query arises.

'One important aspect of all this work is that it is a redesign and doesn't involve new resources. There has been no additional spending. The fact that we have achieved these positive results without any extra funding makes me very proud.'



Colin MacDonald,
Dementia Nurse
Consultant,
NHS Lothian



Promoting training and education at every level

Ruth Mantle was appointed NHS Highland's Alzheimer Scotland Dementia Nurse Consultant in August 2012. She was formerly a Community Mental Health Service Manager in Inverness working across health and social care.

'My new role is very varied but a common theme running through it is supporting staff at all levels to improve their skills and knowledge in dementia.

'We have a very strong focus on improving care in acute hospitals and rolling out the Dementia Care Standards. We've developed a training guide for staff working with people with dementia and have introduced the 4AT screening tool. This is a simple tool that enables all staff to screen patients for delirium and cognitive

impairment. Delirium can be an extremely distressing and potentially dangerous condition which people with dementia are particularly susceptible to. The 4AT tool only takes two minutes and requires no special training. We're involved in the national testing through Healthcare Improvement Scotland of the Delirium Bundle and I am a member of the National Scottish Delirium Association working group'.

'Some of my other clinical work includes attending multidisciplinary team meetings with the Acute Care of the Elderly Ward and working directly with people with dementia in hospital and their families. As well as supporting the person with dementia and their families/carers, I work at Board level to



Ruth Mantle,
Dementia Nurse
Consultant,
NHS Highland

'A common theme running through my role is supporting staff at all levels to improve their skills and knowledge in dementia'

Staff from ward 3A at Raigmore Hospital, Inverness, which was shortlisted at Scotland's Dementia Awards in 2013 in the category 'Best acute care'. Back row: Jake Urquhart, Jill Campbell, Irene Mackintosh, Susan Taylor, Kay Macgregor, Emma Smith, Louise Galbraith and Anne Macdonald. Front row: Floma Mackinnon, Ruth Mantle and Gladys Fraser.



Promoting training and education at every level.....

review complex cases and make recommendations for shared learning.

'I work really closely with the Dementia Nurse Practitioner in NHS Highland and the regional Alzheimer Scotland office in Inverness and I am about to start meeting the wider membership. I also work with the Highland Dementia Working Group, whose members have dementia. This direct contact with people with dementia and their families/carers really informs the work we do across NHS Highland. We have two Dementia Advisors in the region and we work together really closely as well. I regularly attend groups they facilitate.

'I'm an honorary lecturer at the University of Stirling, delivering lectures to pre-registration nursing students and also to students taking the MSc Health and Wellbeing course. I've advised the University of Stirling on the curriculum for both undergraduate and postgraduate students. This is helping to cascade knowledge and best

practice in dementia care to the next generation of health and social care staff in Scotland.

'We have been working with the orthopaedic ward at Raigmore Hospital on a variety of measures to ensure that everyone on the

As well as supporting the person with dementia and their families/carers, I work at Board level to review complex cases and make recommendations for shared learning.

ward is aware of the special needs of people with dementia, and how to identify them and be responsive to their individualised needs. We gave staff intensive support to become a Beacon ward of excellence for Dementia Care and are now working to extend this model to other wards and hospitals. We were delighted when this Beacon ward pilot project was shortlisted for a Scottish Dementia Award in 2013.'



Championing best practice across Dumfries & Galloway

Gladys began working as a Dementia Nurse consultant in December 2012. Her previous posts included community mental health nurse, service development manager for mental health and community mental health nursing team leader. All of these posts reflected her special interest in dementia care and the role of memory clinics. She also remains the local lead for the Dementia Integrated Care Pathway. With the skills and experience gained from her previous roles, she is working hard to improve standards of care for people with dementia in hospitals throughout Dumfries & Galloway.

‘Generally, my role encompasses anything that will help support people with dementia and their families. No two days are the same and my duties can vary from organising, attending and chairing meetings to providing support and supervision for our Psychiatric Liaison Nurse. As well as this, I also support and lead our many Dementia Champions, who have been extremely important in implementing new ideas and developing innovations in practice.

‘In 2007, Dumfries & Galloway developed and piloted a Dementia Champions training programme. This was designed to give nurses from the acute hospital additional training about dementia, its impact, and the potential difficulties faced by people with a diagnosis who require hospital treatment as an inpatient. The pilot proved

so successful that a national training programme was developed based on the model developed here. Each Dementia Champion completes either a local or national programme. The programme continues to be a huge success and we now have over 100 Dementia Champions in the region.

‘Since starting the post I have worked with the champions and others to develop a framework to underpin their training. As well as all the other requirements of the role, I provide leadership, support, guidance and continued professional development for our champions.

‘In May 2013, we commenced quarterly development sessions for all our Dementia Champions. The purpose of the sessions is to determine where we are in relation to the National Dementia Strategy. We have established what improvement work has been tested in various departments by Dementia Champions and plan now to roll out these improvements across the region. This is a significant piece of work but we are optimistic that it is achievable.

‘We are also planning to create a register of Dementia Champions who have been trained both locally and nationally and use this as a forum for ongoing professional development and to continue to promote the Dementia Champion role.’



Gladys Haining,
Dementia Nurse
Consultant, NHS
Dumfries & Galloway



Increasing diagnosis rates through early stage screening

Donna Bryce was appointed as Alzheimer Scotland Lead Nurse for Dementia at the Golden Jubilee National Hospital in October 2012.

'My role is slightly different from the other Alzheimer Scotland Dementia Nurse Consultants as I work exclusively within the Golden Jubilee National Hospital, rather than across a regional health board. There is no mental health team or psychiatry services within the hospital (which provides a range of surgical procedures) so it's particularly important we have measures in place to identify patients with dementia and ensure they receive optimal care during their stay. Along with my colleague Eleanor Lang, Age Equality Lead and Clinical Education and Improvement Nurse, we have implemented a coordinated strategy to ensure the highest

standards of care for patients with dementia across the hospital.

'I graduated as a Dementia Champion in March 2012 and am currently one of seven champions working within the hospital. We are all trained to the 'Dementia enhanced' level of Promoting Excellence, and are working to enable other staff members to access and complete training at the level most appropriate to their roles. We are making steady progress towards ensuring all staff are trained to the minimum 'Dementia informed' level. All new employees – whether they have a clinical role or not – now receive a short session on dementia awareness as part of their corporate induction. We have also included a session on dementia in the annual mandatory training day for nursing staff at the hospital. In addition, a one-day



Donna Bryce, Lead Nurse for Dementia, Golden Jubilee National Hospital



Left to right: Jacqueline Brown, Donna Bryce and Ann Dockery were among the first cohort of Dementia Champions to graduate in March 2012.

.....Increasing diagnosis rates through early stage screening

dementia awareness session for all staff has been planned into the staff education calendar.

'Eleanor and I presented a poster at the 2013 NHS Scotland national event showcasing the strategic approach we have taken at the Golden Jubilee National Hospital to enhance staff training and awareness of dementia. Between March 2012 and May 2013, over 200 staff at the hospital received dementia awareness training, an achievement we are very proud of.

to all patients aged 65 or over to identify at pre-assessment stage whether they may have a cognitive impairment, including dementia. If any concerns are identified, these are highlighted and the patient is referred to a GP or for ongoing care at another trust hospital. AMT4 screening provides a great opportunity to help identify patients who may have dementia when they are admitted for a surgical procedure such as a hip replacement. If any concerns are flagged up, they



'Providing the right care means assessing patients effectively in order to understand their needs.'

'Providing the right care means assessing patients effectively in order to understand their needs. We have rolled out the 4-item Abbreviated Mental Test (AMT4)

can be referred on for formal assessment and will then receive the care and treatment they need if they are diagnosed with dementia.'

AMT4 screening provides a great opportunity to identify patients who may have dementia when they are admitted for a procedure such as a hip replacement.

Empowering and educating the local community

Alan Murdoch is Dementia Services Nurse Manager for NHS Shetland. He works alongside Stephen Mullay, Dementia Clinical Nurse Specialist. Together, they fulfil the role of Alzheimer Scotland Dementia Nurse Consultant for NHS Shetland.

Prior to the link with Alzheimer Scotland being established, Alan was already delivering nurse-led diagnosis for people with dementia in Shetland. Being based in an island community meant his role was broader than that of a nurse consultant working in a mainland location. This breadth of experience has been beneficial in his new post.

'Since 2010, we have been involved in providing one of the only nurse-led dementia diagnosis services in Scotland. We deliver this in partnership with NHS Grampian, with remote support from the consultant in Aberdeen.

'Support from Alzheimer Scotland has enabled us to significantly expand the services we provide to people with dementia locally. It has been an ongoing process, backed up by an awareness-raising campaign by Alzheimer Scotland that led to the establishment of a local branch at the end of 2012.

'Improving standards of acute hospital care is a priority and we are making inroads, with help from Dementia Champions in the hospital. They are helping to improve the experience of people

with dementia by encouraging staff to use best practice. We are working in partnership to really build up community awareness, so that members of the public and relatives feel comfortable challenging attitudes in hospital if they feel they are not right.

'My day-to-day work includes assessing patients who may have dementia and carrying out ongoing reviews for those who already have a diagnosis. We do the majority of our initial assessments at home and believe we get a better picture of the person by seeing them in their home environment.

We provide one of the only nurse-led dementia diagnosis services in Scotland, delivered in partnership with NHS Grampian with remote support from the consultant in Aberdeen.

'In 2011, we were able to make a case for funding an Alzheimer Scotland Dementia Advisor for Shetland and the range of support we can now provide has gone from strength to strength. Ann Williamson, our Dementia Advisor, has been able to put in place lots of post-diagnostic support ideas that we had in mind previously, but couldn't deliver. In 2013, we secured funding from the Change Fund to appoint Laura Whittall as Alzheimer Scotland Activities Co-ordinator.



Alan Murdoch,
Dementia Services
Nurse Manager,
NHS Shetland



'Once a fortnight I meet with the Dementia Services Partnership group which includes Laura, Ann and Stephen, as well as partners in health and social care. We discuss who is new to the service and their post-diagnostic support plans. It's an opportunity to make sure we're picking everyone up and to refer people on if appropriate.

'With an increasing awareness of dementia, people in the local community are now talking about it more positively. Before, the attitude was 'There's no support and nothing can be done'. Recently, we delivered training to dental staff who had asked for guidance on supporting patients who may have dementia. This is an example of how interest and awareness has been raised across Shetland.

'We have worked very hard with GPs and are really beginning to see the benefits of this. Initially, we met with GPs and practice managers and talked to them

about what we were doing. Our consultant psychiatrist also arranged meetings directly with GPs, encouraging them to refer patients if they thought they may have dementia. We are fortunate in having some patients and carers who have experience of our service and act as advocates for us, through speaking on local radio and at events, as well as to friends and relatives. Their support has been a great help in getting GPs on board.

'As the local dementia specialist, I'm part of a bigger group of staff and volunteers who are making a real difference to standards of care for people with dementia in Shetland. Clinical services such as improved diagnosis and regular assessment are complemented by community support like our four Dementia Cafés, the football memories reminiscence group, musical memories group and knitting group. I work very much in partnership with our Dementia Advisor, Activity Coordinator, ambassadors and champions.'

Alan Murdoch
with Community
Activities Organiser,
Laura Whittall, at
the Cunningsburgh
Agricultural Show

'I meet regularly with the Dementia Services Partnership group, as well as partners in health and social care.'



Getting to know the person with dementia better

Maureen Taggart has been working with NHS Lanarkshire for 37 years. She started as a summer temp and enjoyed the experience so much that she decided to stay and complete her training to become a nurse. She held various managerial positions before taking on the role of Alzheimer Scotland Dementia Nurse Consultant in October 2011. Still working in Lanarkshire, she has been able to use her wealth of experience to promote and develop better standards of care for people living with dementia.

'This year has been a great year for the development of dementia care in NHS Lanarkshire.

'Since becoming a Dementia Nurse Consultant, I have worked with colleagues to promote training and development across our organisation. This work has been structured around the Promoting Excellence framework. One of our main focuses is on person-centred care because we believe this is vital in improving how we deliver care overall. To improve our knowledge and understanding of individual patients, we introduced new systems to collect more information at the time of admission. One of the key things we asked ourselves was "What do we know about the patient when they come into hospital?"



Maureen Taggart,
Dementia Nurse
Consultant, NHS
Lanarkshire

'This year Motherwell became Scotland's first official dementia friendly town and NHS Lanarkshire won two awards at the National Dementia Awards.'

Motherwell became Scotland's first official dementia friendly town and we also won two awards at the National Dementia Awards. These were for our Age Specialist Service Emergency Team (ASSET) initiative and our work around dementia friendly communities. ASSET won in the category 'Best acute care initiative' – an area where we have worked closely to improve the care of people living with dementia.

'We created a document called 'Getting to know me' for patients to complete prior to admission. It includes questions about things like their preferred meals, what they like to be known as, and other questions that help us deliver more person-centred care. For example, if we have a patient called David Smith, but he prefers to be known as Dave, he can specify this on the form. These may sound like quite small details but research has shown they can

Getting to know the person with dementia better

make a big difference to patients, even sometimes helping prevent an angry or hostile response.

‘Another area we wanted to promote was awareness about young onset dementia. A lot of people assume dementia is a disease that only affects older people; however, people of a younger age can also develop dementia.

This led to the development of the YoungOnSet project, a pilot project that we set up in partnership with Alzheimer Scotland with funding from NHS Lanarkshire’s Health Improvement Department. It involved identifying a cohort of 12 people with young onset

dementia and working with to them improve the service they received at a leisure facility in Hamilton. We helped develop a training programme for staff to enable them to better understand the needs of customers with dementia. The work also included making simple design changes such as introducing better signage and colour schemes that make it easier for people to navigate around the building.

‘This has been running for almost a year now and we are about to begin the evaluation process to identify the results. If it has been successful, we hope to expand this project to leisure facilities throughout Lanarkshire.’



‘Getting to know me’ includes questions about a person’s preferred meals, what they like to be known as, and other information that helps us deliver more person-centred care.



Making changes that benefit staff, patients and carers

Lyn Irvine-Brinklow was appointed NHS Grampian's Alzheimer Scotland Dementia Nurse Consultant in March 2012. She is a psychiatric nurse and formerly worked in clinical roles in mental health and as part of the Older Adults Liaison Psychiatric Team.

'My role includes working closely with staff to ensure they are educated and trained in the Promoting Excellence Framework. I've been supporting the delivery of training in the acute sector, in partnership with Allan Leslie, Professional Development Facilitator and a Dementia Champion; and Heather Tennant, Learning and Development

'Sometimes, the biggest successes in the role come from supporting and enabling people to try a new way of working that they might initially be doubtful about. Open or flexible visiting in the acute general ward environment is a good example. Historically, family members and carers were only able to visit people in hospital during fixed (and often quite limited) visiting hours. During these times, staff were often inundated with questions and requests. Some clinical areas in NHS Grampian have now introduced open or flexible visiting, with great success. This has led to improved communication with relatives and more person-



Lyn Irvine-Brinklow,
Dementia Nurse
Consultant,
NHS Grampian



'Sometimes the biggest successes come from supporting people to try a new way of working that they might initially be doubtful about'

Facilitator. Allan's role links directly to staff development, while Heather supports the delivery of the Carers Information Strategy. Working jointly with them to embed Promoting Excellence has been a very effective approach. Following on from this well-received one-day course based around the 'Dementia Informed' level of the framework, we're now looking at developing a two-day 'Dementia Skilled' programme.



Lyn Irvine-Brinklow
(right) during a
clinical practice day
in operating theatres
with a Dementia
Champion.

..... Making changes that benefit staff, patients and carers

centred care, benefiting the person with dementia, their families and the professionals providing care.

'Forthcoming projects include the planned new two-day training course which will incorporate several new educational elements. We're planning to incorporate the 'Equal partners in care' documentation which the Scottish Government is piloting with NHS Grampian. We'd like to use this alongside the 10 dementia care actions for acute hospitals, getting into the essentials of how both programmes can support older people's acute hospital care in practice, using scenarios and vignettes. We'll support colleagues to consider their role in changing practice to improve the care experience for people with dementia and their families.

'The training will include how to involve the person's family, and also highlight issues such as Section 47 of the Adults with Incapacity Act relating to patient consent. The idea is to get staff to start role-playing these sometimes difficult situations so that they feel competent and confident in their role.



Allan Leslie, Heather Tennant and Lyn Irvine-Brinklow at an NHS Education for Scotland event on sharing best practice in acute hospitals.

'We're currently also developing a broader educational resource to enable managers and staff to assess which level of Promoting Excellence they're at and what training they need. Staff will be able to work through the resource with their managers and, depending on how much contact they have with people with dementia and their families and carers, it will provide guidance on the appropriate level of Promoting Excellence. This resource will be supported by a training directory listing all the national and local educational options that staff can then access. The aim is to empower staff to assess and initiate their own training, using resources that are appropriate to them and their role.'

Championing evidence-based improvements in hospital care

Audrey Melrose was appointed Alzheimer Scotland Dementia Nurse Consultant for NHS Forth Valley in November 2012.

'My first year in the post has been very busy and varied. It has included getting some fundamentals in place, such as setting up reporting networks so we can capture the work that is being done to support people with dementia across the board area. This has ensured we have the infrastructure in place to plan for improved dementia support and care.

People are starting to understand the need to get the environment right for people with dementia. Our A&E champion has introduced new orientation and distraction resources.

'With the help of our Dementia Champions and conference team, I organised our NHS Forth Valley Annual Dementia Conference this year. Over 100 people attended the conference which was supported by speakers from across Scotland and was well received by delegates.

'One of the most exciting things we have done is to support our Dementia Champions to carry out their own research using a quality improvement model. At the time of writing we have 11 champions, with another three due to

qualify shortly. They will shortly undergo quality improvement training to give them the skills to introduce new evidence-based improvements to care for people with dementia.

'One of our Dementia Champions, who is a physiotherapist, is researching the benefits of offering people with dementia coloured walking frames instead of the traditional metallic ones. People with dementia often have sensory impairments and can benefit from increased levels of contrast. The coloured frames contrast more strongly with floor and wall colours to make it easier for the person to use them. Our champion realised no one had explored this topic and decided to research it.

'I'm supporting another champion to develop an updated version of our cognitive assessment pathway. We're piloting this in one of our wards and refining it using quality improvement methodology. This involves making small changes and assessing them based on feedback, before making refinements. We piloted a new version of the pathway which we then adjusted, based on staff feedback. A second pilot is now underway to check that the revised version is as effective as possible. We have a Quality Improvement Hub within the board that will provide support for these research projects.

'People are starting to understand the need to get the environment



Audrey Melrose,
Dementia Nurse
Consultant,
NHS Forth Valley



.....Championing evidence-based improvements in hospital care

right for people with dementia. Our A&E champion has introduced orientation and distraction resources for people who have dementia. We are working on a project that is looking at one of our community hospital wards and making improvements there for people with dementia. Sometimes small changes, such as introducing clear signage, clocks with calendars and coloured tumblers, can make a big difference to how a person with dementia interprets their environment.

Stirling Council and NHS Forth Valley are currently planning a new purpose-built Care Village in Stirling and I am contributing to some of the design aspects of this. The aim is to ensure we don't miss any opportunities to create a truly dementia-friendly environment.

'Getting the right processes in place is vital, and we are feeding into a new pathway for admission, transfer and discharge of patients to ensure the needs of people with dementia are fully addressed. We are also working on our documentation to develop enhanced person-centred care for people with dementia.

Audrey Melrose (front row, second from right) photographed with NHS Forth Valley's third cohort of Dementia Champions.

'I have regular contact with relatives through carer meetings and take part in care improvement projects that involve meeting patients, their relatives and staff. Linking up acute care with support that's available in the community is very important and we can often help carers and relatives by signposting them to additional support. We are very fortunate in Forth Valley. We have good relationships between health, local authority and third sector organisations.

'Although I don't have an individual case-load, I spend a lot of time on the wards where I'm often called to give advice and training. I see my role as supporting staff by giving them the tools to enhance their skills so they have the confidence and experience to manage complex patient needs.'

'Our motto is 'Let's get it right for dementia care'. The coming year is set to be just as busy and exciting as this one has been.'



Providing front-line support for acute care staff

Andy Shewan was seconded as NHS Tayside's Alzheimer Scotland Dementia Nurse Consultant in December 2012. His background is in liaison psychiatry, assessing patients in acute hospitals and providing education to staff.

'My previous experience has stood me in good stead for this new role, and I'm now able to focus even more closely on ensuring that patients with dementia (whether they've been diagnosed or not) are identified and receive appropriate care both within hospital and in the community.

'Helping acute care staff recognise dementia and delirium means they can respond more appropriately and has helped reduce the use of anti-psychotic drugs. These drugs can be very harmful for patients, so reducing their use is vital. Their sedative effect means they also tend to lengthen hospital stays unnecessarily.

'As well as teaching staff to recognise dementia, we are supporting one of Healthcare Improvement Scotland's major work-streams by educating colleagues to identify and treat delirium. The overlap between these illnesses encourages the detection of potential dementia symptoms too. Where a diagnosis of dementia is suspected, multi-disciplinary staff can refer the person to the Community Mental Health Team for further assessment.

'We are fortunate to have Old Age Liaison Psychiatric Teams who bridge the gap between community based integrated mental health teams, and patients in acute hospitals. These teams support my role greatly. We have systems in place to ensure that anyone who already has a diagnosis of dementia and is in contact with these teams can be identified and receives appropriate care on admission to hospital. We can often also give acute teams the confidence to discharge patients by confirming appropriate resources are in place to support them in the community. Otherwise, there's a danger their discharge may be delayed unnecessarily.

'As staff learn more about dementia, they are cascading knowledge to their colleagues. Recently, two of our domestics were among a group of staff who won an NHS Tayside Quality Award. After receiving training from one of our Dementia Champions, the domestics visited a dementia café with a singing



Andy Shewan,
Dementia Nurse
Consultant,
NHS Tayside

The Dementia Dog project visited Ninewells Hospital in June 2012 as part of awareness-raising during Dementia Awareness Week.



group and this changed their perception of people with dementia dramatically (for the better!). They started sharing their experiences with their colleagues and began actively training them to respond to people with dementia better.

'People within the acute hospital know me and will get in touch if they are struggling to care for a patient. If a person has dementia they may be restless

they can call for advice when they encounter a problem. An example of a solution can be as simple as scheduling a person's procedure for early in the day, instead of making them wait and potentially giving them time to become restless.

'Further positive outcomes of these conversations are that being in wards encourages staff to ask questions about patients they wouldn't normally have thought



'Helping acute care staff recognise dementia and delirium has reduced the use of anti-psychotic drugs'

and repeatedly leave the ward, or might not understand that they have been brought to hospital for treatment so could become distressed. In the past, the response could be to give the person medication because staff may not have recognised their behaviour as being a potential symptom of dementia. By raising awareness of the Dementia Nurse Consultant role we've got staff used to the idea that

of. They often end up discussing a patient whose care might not have seemed relevant to my role previously, and we can potentially agree solutions to a problem.'

These support services staff won the NHS Tayside Quality Award this year for their 'Go the Extra Smile' project, which focuses on providing a person-centred approach towards patient care.



Creating welcoming outdoor spaces for people with dementia

Sandra Shields was appointed Alzheimer Scotland Dementia Nurse Consultant for NHS Greater Glasgow & Clyde in March 2012. She was formerly the lead educator for a nurse rotation programme supporting newly qualified staff nurses.

'My new role provides amazing opportunities to make a difference to the care of people living with dementia, their families and carers in acute hospital settings. Within NHS Greater Glasgow & Clyde we have a board-wide Dementia Strategy Group that

will support all staff to obtain the training that's relevant to them under the Promoting Excellence framework. It also helps team leaders identify appropriate learning for their staff. I have a lot of contact with our Dementia Champions and love watching them start their course with a bit of uncertainty, then flourish with the commitment to make changes. It is so inspirational.

'One of the 10 action points of Scotland's Second National Dementia Strategy is 'Developing a safe and therapeutic



Sandra Shields,
Dementia Nurse
Consultant,
NHS Greater
Glasgow & Clyde

'Our Dementia Champions start their course with a bit of uncertainty, then flourish with the commitment to make changes. It is so inspirational'

meets every two months with representatives from across the health board, as well as from the local authorities. This is supported by a specialist Acute Dementia Strategy Group which ensures information is shared widely within our very large organisation. This group enables us to raise awareness of improvements in dementia care on many additional occasions, such as during head of nursing meetings and clinical governance meetings.

'We've created a workforce development plan supported by a tiered training manual that

environment'. I've been centrally involved in a project that is using access to outdoor space as a way to reduce stress and distressed behaviour. At the end of October 2013, we opened an enabling sensory garden at the Langlands Unit on the Southern General campus. Plans are underway to develop three more gardens. These have been designed to be especially beneficial for patients with dementia. They are intended to stimulate old memories and create opportunities for meaningful activities. There is an area replicating an old-fashioned 'back close' with grass,

.....Creating welcoming outdoor spaces for people with dementia

a traditional drying green and an old park bench. There is also a raised bed, making it easier for older patients to tend plants without having to bend down. I have had a poster presentation abstract for this project accepted by the Royal College of Nursing's Older People's Conference being held in Birmingham in spring 2014.

proactively monitor their progress. NHS Education for Scotland's acute care and emergency department resources are both available on learnPro. Work is currently underway to convert the informed and skilled resource to this platform to support team leaders in monitoring staff learning.



I've been involved in a project that is using access to outdoor space as a way to reduce stress and distressed behaviour. We opened our first enabling sensory garden in October 2013.

'We use the learnPro platform to provide a range of educational resources to staff, enabling them to enhance their skills. The platform also allows us to

'I have a number of priorities for my coming year in the post. These include ensuring that the 10 key action points are embedded in practice; increasing my face-to-face teaching time; supporting the use of the 'Getting to know me' personal profile document; and getting involved in a national research project in partnership with Lyn Irvine-Brinklow, Andy Shewan and Audrey Melrose looking into how a person-centred approach to pain history can impact pain management in the acute setting.'



The new enabling sensory garden on the Southern General campus has an area replicating an old fashioned 'back close' with grass, a traditional drying green and an old park bench.

Building understanding among staff in NHS Fife

Helen Skinner was appointed as Alzheimer Scotland Professional Development Nurse for the Acute Services Division of NHS Fife in April 2012. Since then, she has been involved in enhancing care for people with dementia by introducing extra training, guidance and promoting new initiatives. Helen works collaboratively with a Senior Charge Nurse for Dementia and an Associate Director of Nursing.

The Discharge Hub is designed to keep patients and carers at the centre of the care and discharge process. It is contributing to a reduction in the length of hospital stays.

'My role is to provide advice and guidance to staff working in acute hospital settings. One area we have developed significantly is our procedures for admissions and discharge. During planned and unplanned admissions we capture as much information as we can about patients. We previously used a tool called 'This is me', but this has recently been superseded by the new 'Getting to know me' document which works on the same principle. The information we gather on each patient's background enables our staff to provide the best person-centred care for them.

'When a person is ready to be discharged, a team of

multidisciplinary staff working as part of the 'Discharge Hub' can help plan any ongoing support that is required. The Discharge Hub is part of a range of measures designed to support patients and carers and keep them at the centre of the care and discharge process. It is contributing to a reduction in the length of hospital stays, as well as minimising inappropriate transfers.

'We have also introduced 'Activity boxes' for patients with dementia being cared for in our acute wards. These include meaningful activities such as reminiscence picture cards, arts and craft activities, dominoes and puzzles. They provide enjoyment, help keep patients stimulated and can reduce distressed behaviour.

'We have also created a Dementia Champions network which brings together all of our Dementia Champions to discuss issues and challenges, and share good practice. This allows the whole team to collectively find ways of improving care together.

'Another project I'm especially proud of is 'The Dementia Box', which was developed by one of our Dementia Champions, Lucinda Gorrie. This is used in our A&E department to help staff understand the experiences of someone with dementia. It is an origami puzzle made up of multi-coloured paper pieces, with the task being to dismantle and then rebuild it. To test its effectiveness,



Helen Skinner,
Professional
Development Nurse,
NHS Fife



the box was left in the department and when staff began asking questions about it, the Dementia Champion started to engage with them and explain. The box was then taken apart and a staff

'This is a highly unusual approach but has had a powerful effect in helping staff members understand the stress experienced by patients with dementia receiving treatment

'The Dementia Box helps staff in our A&E department understand the experiences of a person with dementia.'

member was asked to rebuild it. As they did so, the Dementia Champion started asking them questions in quick succession. They began to feel anxious and found it difficult to concentrate on rebuilding the box because of the speed of questions, the background noise and the difficulty of the task itself.

in A&E. It has led to more staff completing the e-learning resource, increasing their understanding and developing their skills even further. Through effective team-working and innovative projects like The Dementia Box we have been able to create a critical mass of skills and knowledge, enhancing dementia care in Fife.'



A&E staff puzzle over
The Dementia Box

Working in partnership with allied health professionals

Allied health professionals (AHPs) are a group of 12 professions ranging from art therapists to radiographers. People with dementia regularly come into contact with several groups of AHPs, including occupational therapists; physiotherapists; speech and language therapists; podiatrists; and dietitians.

The Alzheimer Scotland Dementia Nurses work extensively with AHP colleagues in their local board areas. Additional links with the AHP community are actively developed by Elaine Hunter, Alzheimer Scotland's National AHP Consultant, and colleagues with a national remit based within three health boards. Elaine explains:

'My role is a strategic partnership between the Scottish Government and Alzheimer Scotland. My remit is to link the AHP community with Alzheimer Scotland, and in particular with the Dementia Nurses. I work in partnership with Sandra Shafii (NHS Lanarkshire), Christine Steel (NHS Greater Glasgow & Clyde) and Jenny Reid (NHS Lothian). Each of us works in slightly different ways and with different focuses. However, our goal is the same: to enable AHPs to access and share best practice relating to the care of people with dementia.

'Social media is an important communication channel for us. All of us tweet and recently we organised an AHP Dementia Festival, which was centred around information shared in November on the @AHPScotBlog. We've found this way of communicating works really well and during the festival we got a record of number of hits.

'Sandra's role centres around promoting activity, participation and environment for people with dementia across Scotland. She has been centrally involved in promoting the Dementia Friendly Communities initiative and Make Every Moment Count.

'Jenny Reid produces the "Dementia AHPproaches" newsletter which is a platform for sharing AHP practice across Scotland. It features information from local clinicians describing what they are doing and raising awareness of novel approaches for caring for people with dementia. Jenny also leads on a carers' intervention called the Tailored Activity Programme (TAP) which is being implemented by 20 occupational therapists across Scotland.



Elaine Hunter,
Alzheimer Scotland
National AHP
Consultant



Jenny Reid, AHP
Consultant
in Dementia,
NHS Lothian



Sandra Shafii,
AHP Consultant
in Dementia,
NHS Lanarkshire

Christine Steel
(not pictured),
AHP Consultant
in Dementia,
NHS Greater
Glasgow & Clyde

The network of AHPs is a great resource for consolidating and sharing the good work of the dementia nurses'

..... Working in partnership with allied health professionals

'Christine Steel is the AHP Consultant in Dementia in NHS Greater Glasgow & Clyde. She leads on our contribution within acute hospital care.

Our goal is to enable AHPs to access and share best practice relating to the care of people with dementia. We link up through social media, our newsletter and regular meetings.

'The AHP consultants and Dementia Nurses work in partnership, and many of us completed a leadership programme together. This has enabled us to develop a shared vision of what the Dementia Nurse initiative is working to deliver.

'The four of us meet with the Dementia Nurses at the regular Dementia consultants and specialists meetings organised by Barbara Sharp, Alzheimer Scotland's Practice Development Manager. The AHP group makes a direct contribution to helping the nurses deliver some of their objectives. Examples include sharing the evidence-base for our work, along with resources we produce so they have a way of transmitting good practice to colleagues in their board areas. We also separately convene the Alzheimer Scotland AHP Dementia Expert Group, which

brings together around 30 AHPs for regular meetings at Alzheimer Scotland's national office in Edinburgh. This enables us to feed back ideas and information from the nurse consultant meetings to a wider group of AHPs.

'A lot of AHPs are Dementia Champions and some of them work within local authorities (for instance as occupational therapists) so, as a whole, the network of AHPs represents a great resource for consolidating and sharing the good work of the dementia nurses.

'This brief introduction is just a snapshot of the range of work being carried out. We work on the basis of promoting partnerships and the principle that we're better together. You can find out more about our work by visiting the AHPs National Community of Practice, which is part of the Dementia Managed Knowledge Network (MKN) website (www.knowledge.scot.nhs.uk/dementia).

24 occupational therapists from 6 NHS Boards took part in Tailored Activity Programme (TAP) training at Queen Margaret University in August 2012. The training was delivered by Dr Laura Gitlin (Johns Hopkins University) and Dr Cathy Piersol (Thomas Jefferson University), who were involved in developing the intervention (pictured in the front row with Jenny Reid).



The development of the Alzheimer Scotland Dementia Nurse network is one of the most exciting initiatives I have been involved with over many years of working with the organisation. As Practice Development Manager and Research Fellow with Alzheimer Scotland's Centre for Policy and Practice, I act as a direct link for the nurses with Alzheimer Scotland and its objectives.

We meet regularly throughout the year alongside our allied health professional (AHP) colleagues to share ideas and expertise, and to shape the agenda for continuous improvement in care practice. This high level of contact helps us all to stay focused on national strategic objectives and the outcomes desired by Alzheimer Scotland and our membership. We share an interest in the success of the Dementia Champions in that I belong

to the programme training team and the Dementia Nurses and AHP Consultants support the champions to make improvements in their own areas of practice.



It has been a great pleasure to see this review take shape. No single publication can capture all the hard work taking place, but this review does reflect the scope and impact of what is being achieved. With continued support from the Scottish Government, NHS Boards and all those who contribute to funding these vital posts, I feel confident the Alzheimer Scotland Dementia Nurses will continue to make a major contribution to improving the experience of people with dementia and their families across Scotland.

Barbara Sharp, Practice Development Manager, Alzheimer Scotland

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