

What is the impact of the Allied Health Professional Dementia Consultants in Scotland?

An evaluation commissioned by
Alzheimer Scotland
[Executive Summary]

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Foreword

Since dementia was made a national priority by the Scottish Government in 2007, Alzheimer Scotland has been an active partner and critical friend supporting the design and implementation of two dementia strategies. This partnership approach was extended in 2012 to work with the Chief Health Professions Officer in Scottish Government to work in partnership with allied health professional colleagues in both the NHS and social services.

As an organisation over the past three years we have seen crucial role of the allied health professionals as dementia champions, their contribution to post diagnostic support and their role to integrated community support. They have shared this with the public through three publications, developing an AHP leaflet in partnership with the professional bodies and sharing their skills and expertise on social media. All have been developed to inform and support the delivery of our commissioned work for commitment 4 of Scotland's dementia strategy, of an evidence based policy on the AHP contribution to the key messages in Scotlands Dementia Strategy. This current research will also inform this AHP evidence based policy document.

This evaluation is robust and timely, at a time of transformational change in dementia in Scotland. The research focuses on the role of the Allied Health Professional Dementia Consultant; setting out what is working well, offering ideas on the way forward to ensure that the progress that has started in AHP practice continues.

The AHP Dementia Consultants, as senior strategic leaders of transformational change working alongside Alzheimer Scotland dementia nurses, dementia champions and the recently established Alzheimer Scotland AHP Dementia expert group, are a substantial force for change and for delivering improvement in dementia in Scotland. The AHP Dementia Consultants are a valued resource and this evaluation demonstrates they have been highly effective leaders who have increased knowledge skills and good dementia practices in targeted settings

Much has been achieved with the current leadership models in allied health professionals however we have still much to do. We will work alongside our partners going forward, looking at the detail of this evaluation, integrating the findings in commitment 4 to maintain a strategic direction and support the transformational change of allied health professionals to enable their therapeutic skills and expertise to be realised for people living with dementia and their carers.

A handwritten signature in black ink that reads "Henry Simmons". The signature is written in a cursive, slightly slanted style.

Henry Simmons, Chief Executive, Alzheimer Scotland

Executive summary

In January 2015, Alzheimer Scotland commissioned an evaluation focusing on the role of the Allied Health Professional [AHP] Dementia Consultant [hereafter, ‘the Consultant’] – a position funded by the Scottish Government.

There are four Consultants in Scotland – three based in local NHS boards and one in Alzheimer Scotland. The three posts in the territorial health boards have been funded since 2010. The Alzheimer Scotland post has been funded since 2012.

About the evaluation

The purpose of the evaluation was to identify the Consultant’s impact – actual or likely – on the organisations in which they work, on Allied Health Professionals working across Scotland, and on people living with dementia. As well as aiming to identify impact, the evaluation was to uncover views on what has worked well and less well, and why. The findings were intended to inform work being undertaken by Alzheimer Scotland in addressing Commitment 4 of Scotland’s Dementia Strategy.

The evaluation was outcome-focused [i.e. focused on what the Consultants had achieved] and theory-driven [how the Consultants achieved these outcomes]. A logic model was developed in advance, and the short-term outcomes set out in the logic model provided a framework for the evaluation.

Evaluation methods included: depth interviews with the Consultants; interviews with key national and local stakeholders; a survey of AHPs across Scotland; and interviews with a sample of the survey respondents.

It is important to emphasise that the evaluation sought to understand the impact of the Consultant role. It was not a performance appraisal of the four individuals involved. Therefore, the findings concentrate on the effectiveness of the Consultant role rather than seeking to differentiate between, and report on, individuals.

Key findings

Feedback from the national and local strategic stakeholders was overwhelmingly positive: they talked of Consultants’ successes in ways that were consistent with the outcomes defined in the logic model. Moreover, when they talked about what the Consultants actually did [their activities], they built a convincing case for these outcomes having been achieved [in full or in part] *because of* Consultant involvement.

The Consultants were considered to have been highly effective as leaders within their own key result areas, not simply raising awareness but also increasing good dementia practices in targeted settings, and across a range of organisations. There was consensus this leadership role provided a platform to progress work and to lead change that would not otherwise have happened.

The Alzheimer Scotland AHP Expert Group, convened by the national Consultant and comprising representatives of the AHP ‘community’ from local authorities, NHS boards

and professional bodies, was considered to be an important part of the picture. Through its involvement, not only had the strategic profile of AHPs been [further] promoted, but greater strategic buy-in was also believed to have been achieved across Scotland.

Evaluation participants highlighted evidence of increased joint working between AHPs and Link Workers, and of strengthening relationships between the third sector and the universities involved in AHP education. The important role of Alzheimer Scotland in supporting this work was seen as a factor that had contributed to its success.

The survey findings and interviews with AHPs suggested that although the reach of the Consultants among the wider AHP workforce has been somewhat limited, their impact among those they *have* reached has been substantial. AHPs gave numerous examples of how their knowledge, skills and practice had changed as a result of their contact with the Consultants. It is particularly notable that AHPs who reported some form of contact with the Consultants were **more** likely than those who did not, to say that they had: [i] learned about new approaches in the last 24 months; [ii] had found those approaches very useful / relevant to their work; and [iii] had incorporated those approaches regularly into their own practice.

There was also evidence that the Consultants had played a role in bringing about a deeper understanding – within services and within AHPs themselves – of how AHPs can contribute to the care and support of people living with dementia by getting involved at an *earlier* stage in a person's care. The findings of this evaluation suggested that AHPs are beginning to understand this role, and that services (particularly acute services) are also beginning to recognise the benefits of involving AHPs earlier.

Finally, there was praise among the national stakeholders for what the Consultants had achieved in raising awareness among community organisations and services about the need to tailor approaches to better support people living with dementia. This aspect of the Consultants' work was about making dementia everyone's business. There was also some modest evidence of this message being spread by AHP dementia champions in their local areas.

It is perhaps too early to consider whether the Consultants' work has impacted positively on people affected by dementia in a significant way: their focus in the short-term has been primarily about building AHP capacity, capability and leadership. Nevertheless, given that: (a) the Consultants' work was considered to be relevant and useful, and (b) changed practices were reported, it is highly plausible that improved experiences and outcomes for *some* people affected by dementia may have come about because of this work.

While national and local stakeholders commented that there will be limitations in how much can be achieved by four Consultants since the establishment of the role, it was notable that a high percentage of survey respondents were unaware of the outputs produced by the Consultants and/or had had no contact with any of them. This is perhaps unsurprising as the Consultants were often reliant on other conduits to reach AHPs across Scotland. However, as noted above, the survey findings also indicated that those who were familiar with the content of the three Consultant-produced publications considered them to be relevant.

Some developments to date were considered to be sustainable, most notably those focused on increasing capacity and capability of the AHP workforce, and those that had a high level of interagency buy-in such as dementia friendly communities. At a national level, the Alzheimer Scotland AHP Expert Group was seen to be pivotal; therefore, a need to maintain [and fund] this 'collective collaboration' was identified. Moreover, it was felt that the momentum across the full range of the Consultants' intended outcomes would best be achieved through continuation of the posts.

Conclusion

It is suggested that any future deployment of the Consultant role should take an outcome-focused approach. This should involve consensus building on the changes that the Consultants intend to achieve, and be partnered with sound, proportionate and ongoing monitoring and evaluation. Doing so will not only enable assessments of where changes are being made and to what level, but will also provide a stronger basis for making decisions on whether and how activities should be refined. Doing so will strengthen both evidence and effectiveness on the AHP workforce's contribution to a Scotland in which people affected by dementia flourish for longer.