



Developing a Sustainable and Equitable Model of Dementia Care

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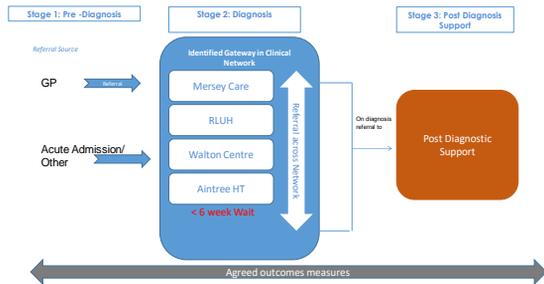
The Problem



Receiving a Diagnosis of Dementia in Liverpool



Clinical Network for Dementia: Referral for Diagnosis Process



Commissioning an effective post diagnostic service



Developing the Model

- Costing the model
- Population modelling
- Reference to existing standards:
 - MSNAP standards for Psychosocial interventions
 - NICE
 - BPS guidance on dementia services
- Make up of team and skill mix



What is the post diagnostic offer

What is commissioned

- Post diagnostic Support groups
 - 7 weeks in duration
 - 2 hour session per week
 - 6x cohorts a week across the city
- CST
 - 7 weeks in duration
 - 2x 2 hour sessions per week
 - 3x cohorts per week

What is offered!



- Commissioned services
- Monthly memory groups
- Monthly carer group
- Making memories trips
- Everton in the Community
- SURF



Making the Model Sustainable

- Commitment that post diagnostic support is everyone's business
- Needed buy in from managers



Staff development

- Training (particularly in areas that had historically not run as many groups)
- Group training
- Buying in CST training
- 50 practitioners in team and most had CST training
- Ensured that quality was maintained as the service expanded



Maintaining Quality in an Expanding Service

- Self assessment of current quality
- Defining quality and setting quality priorities
- Measuring quality
- Quality governance
- Staff engagement in quality and quality improvement

Kings Fund (2014)



Development of Competencies

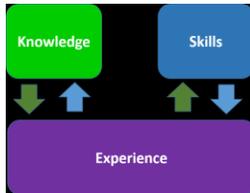


- Attempt to maintain quality
- There are a number of requirements in relation to achieving the competencies:
 - Observing at least one complete group
 - Co-facilitating one complete group
 - Facilitating one complete group with co facilitator present
 - Completing a reflective account of facilitating a group
 - Attending PDGS meetings
 - Attending PDGS supervision
 - Keep competency record up to date and get each competency signed off (it must be signed off by a PDGS facilitator)

Competencies	How the competency will be achieved	Signed	Dated
Observe a complete group	Observation of a PDGS (must attend all 7 sessions).		
Co-facilitate a complete group	Co-facilitate a PDGS (must complete all 7 sessions). Familiar with PDGS Handbook.		
Facilitate a complete group	Must be observed facilitating all 7 sessions of the PDGS.		
Complete group documentation	Complete Group Notes/ EPIX Take responsibility for end of group letters		
Establishment of a group	Sending out invitation letters Identifying potential participants for the group		
Preparation for a group	Setting up room etc Process time for the group Allow preparation time for the group		
Notes about Evidence:			

Areas of Competencies

- Linked into existing structures – KSF & PDR
 - Knowledge
 - Communication
 - Safety
 - Service Improvement
 - Reflective Practice



Knowledge



Skill	How the competency will be achieved	Signed	Dated
Understanding of Dementia and issues associated with it.	Completed Tier 2 Health Education England training as a minimum. Observation in group.		
Understanding of each session content	Knowledge of PDGS Handbook Observation in group.		
Understanding of issues around communication, carer issues, equality and diversity.	Complete mandatory training on: Carer issues Equality & Diversity Communication		
Have a working knowledge of local provision of dementia services	Familiar with resource pack. Attended session 7 of PDGS.		
Knowledge around group dynamics	Attend introduction to group work session Observation in group		
Notes about Evidence:			

Communication



Skill	How the competency will be achieved	Signed	Dated
Ensure all members are actively involved in the group	Observed in the group Produce reflective report		
Manage difficult conversations/ situations in a group setting	Observed in the group Considering vignettes		
Facilitate relationships between group members	Observed in the group Produce reflective report		
Challenge negative interactions and language between group members	Observed in the group Produce reflective report		
Communicate what has happened in the group to the wider team	Discussion in group meetings. Accurate note keeping		
Adapt communication according to the group	Observed in the group		
Adapt to the varying levels of need within each group	Observed in the group		
Manage distress within the group	Observed in the group Produce reflective report		
Notes about Evidence:			

Challenges and Reflections



Resistance

- Working with teams that were already stretched
- Needed sensitivity to introduce



Ironing out referral pathways with referrers

- Communication difficulties between Trusts
- Different electronic records systems
- Clear communication between clinicians required
- New referral form/template



Amount of admin support required

- Huge task to coordinate the groups
- Needed exclusive time
- This was included in the bid to commissioners
- Needed someone who understood the system



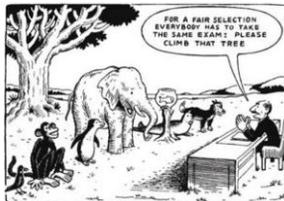
Feeling of being on a treadmill

- Clear targets been that groups need to be ongoing
- Rolling programme
- Important someone has overview of this
- Staff need a break!



Staff feeling more at ease with one intervention than another

- Playing to strengths
- Listening to concerns and acknowledging them
- Making it safe to express difficulties
- Ongoing development work



The Future

