LUTON & DUNSTABLE UNIVERSITY HOSPITAL

Communicating well

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Key national drivers

- National Dementia strategy - DoH 2009
- Triangle of care – Carers trust & RCN 2013
- National CQUIN 2013 – 2016 F,A,I,R
- Dementia friendly action alliance – DAA 2014
- Prime minister's challenge on Dementia 2020 - DoH 2015
- Care Act 2015
- Fix dementia care - Alzheimer's. Society 2016

- The key message from the primary prevention of dementia was ‘What’s good for the heart is good for the brain’.

- NHS England GP health checks for >65yrs now includes; making people aware about Dementia and the signs and symptoms.

- In secondary prevention there is a growing body of evidence to promote a timely diagnosis of dementia and good evidence to support cognitive stimulation and peer support were identified.

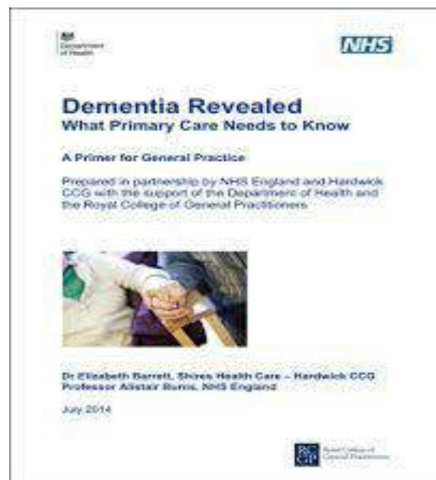
- The review for tertiary prevention focussed on strategies to help people manage the condition such as supporting people to live alone, appropriate use of antipsychotic medication, supporting carers through education and respite provision, and advance planning for long term care.(2016)
- www.jsna.centralbedfordshire.gov.uk/jsna/info/6/ageing_well/51/dementia

- ‘I’ statements – DAA’ 2016/17 reviewed and now ‘We’ statements
- We have the right to an early and accurate diagnosis, and to receive evidence based, appropriate, compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us.

- An analysis of stakeholders views in Central Bedfordshire (2016) identified a need for better communication with people with dementia, a lack of out of hours care, and a number of hidden populations (e.g. people with dementia living alone in rural areas).
- Qualitative research among people with dementia and their carers highlighted several key issues, including providing the right information at the right time and the importance of having consistent care.(2016)
- www.jsna.centralbedfordshire.gov.uk/jsna/info/6/ageing_well/51/dementia

GP resources

- NHS DoH – Dementia revealed; what primary care needs to know (2014)
- NHS England Dementia diagnosis & management. A brief pragmatic resource for GP’s.



NHS

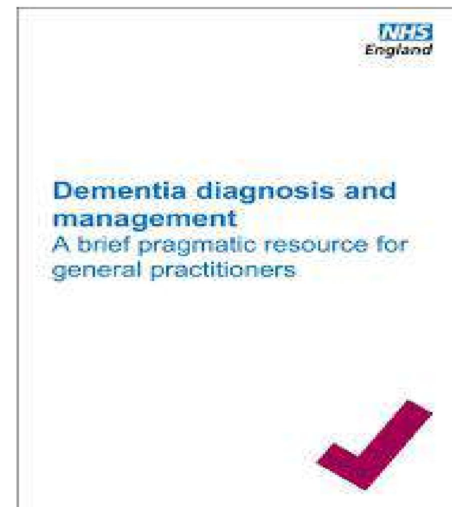
Dementia Revealed
What Primary Care Needs to Know

A Primer for General Practice

Prepared in partnership by NHS England and Hardwick CCG with the support of the Department of Health and the Royal College of General Practitioners

Dr Elizabeth Barrett, Shires Health Care – Hardwick CCG
Professor Alistair Burns, NHS England

July 2014



NHS England

Dementia diagnosis and management
A brief pragmatic resource for general practitioners

A Doctors life

- A doctor's communication and interpersonal skills encompass the ability to gather information in order to facilitate accurate diagnosis, counsel appropriately, give therapeutic instructions, and establish caring relationships with patients.
- These are the core clinical skills in the practice of medicine, which are essential for the effective delivery of health care.
- Patients want doctors who can skilfully diagnose and treat their sicknesses as well as communicate with them effectively.

The importance of the carer

- “The willingness to involve the carers & utilise their knowledge can increase the ability to get things right first time, saving resources & time, & using everyone’s expertise for the good of all” (‘The Triangle of care’. RCN 2013)

- Data protection – GMC code of conduct suggests Drs should not refuse to speak to someone close to the patient on the grounds of confidentiality.

A Carers life

- Aim to build a partnership for care
- Engaging with the carer is as important as engaging with the patient.
- If the patient is capacitous and can give consent, arrange cc. This will help to avoid DNA and maintain good communication between GP and carer.
- Most local authorities have carer support access. please refer the carer to local support services to avoid crisis.

Carers – Triangle of care (2013)

Equip the carer

- Knowledge is a wonderful thing;
- Delirium
- BPSD- what to expect
- Lasting power of attorney
- Encourage the carer to discuss future planning & advance wishes with their loved ones.

The patient V The person

- Know the person;build a personal biography to hold on file.
- Understand what is important for the person to live well at home.
- Give them time to articulate their needs.
- Listen to the carer.
- Consider any sensory loss - have some equipment ready;hearing amplifier, spare spectacles.

‘Chunking’ – use of short sentences, allow time for a response.

Communication is more than just words:

- Gaining attention - Non verbal communication includes good eye contact, touch, gaining their attention before engaging in care or conversation.
- Think about the environment – too much stimulation, distractions, noise , too many people.

The person living with Dementia

- Other things to discuss and consider;
- Driving – responsible for informing the DVLA
- Sharing info. set up CC if possible
- Voluntary and statutory organizations can offer support services; telecare, fire services, Herbert protocol, befriending, Age Concern.
- Communication with local hospital - additional support for appointments or procedures.
- Local support; www.dementiaroadmap.info/bedfordshire

Care home residents

- DiaDem tool for diagnosing in care homes
- https://dementiapartnerships.com/resource/diadem-diagnosis-of-advanced-dementia-mandate-in-care-homes/
- End of life - Gold standard framework

- Mental capacity assessment & consent to treatment.

Recognising & preventing Delirium;

- Effective Pain assessment & management.
- Bowel and bladder management
- Nutrition – not eating or drinking
- Recognising end stages of Dementia

Pain assessment

- There is evidence that pain goes undetected amongst people with dementia and in part this reflects difficulties with communication and the recognition of pain by clinicians (Marzinski, 1991; Ferrell *et al.*, 1995; Cook *et al.*, 1999).
- Abbey pain score – non communicative patients unable to score their pain.

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Abbey Pain Scale

For measurement of pain in people with dementia who cannot verbalise.

How to use scale: While observing the resident, score questions 1 to 6

Name of resident: ....

Name and designation of person completing the scale: ....

Date: ....**Time:** ....

Latest pain relief given was...**at** ....**hrs.**

Q1. **Vocalisation**
eg. whimpering, groaning, crying
Absent 0 Mild 1 Moderate 2 Severe 3
Q1 ☐

Q2. **Facial expression**
eg: looking tense, frowning grimacing, looking frightened
Absent 0 Mild 1 Moderate 2 Severe 3
Q2 ☐

Q3. **Change in body language**
eg: fidgeting, rocking, guarding part of body, withdrawn
Absent 0 Mild 1 Moderate 2 Severe 3
Q3 ☐

Q4. **Behavioural Change**
eg: increased confusion, refusing to eat, alteration in usual patterns
Absent 0 Mild 1 Moderate 2 Severe 3
Q4 ☐

Q5. **Physiological change**
eg: temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor
Absent 0 Mild 1 Moderate 2 Severe 3
Q5 ☐

Q6. **Physical changes**
eg: skin tears, pressure areas, arthritis, contractures, previous injuries.
Absent 0 Mild 1 Moderate 2 Severe 3
Q6 ☐

Add scores for 1 – 6 and record here ⇨ **Total Pain Score** ☐

Now tick the box that matches the Total Pain Score ⇨

0 – 2 No pain	3 – 7 Mild	8 – 13 Moderate	14+ Severe

Finally, tick the box which matches the type of pain ⇨

Chronic	Acute	Acute on Chronic

Dementia Care Australia Pty Ltd
Website: www.dementiacareaustralia.com

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