Transforming Dementia Services: Dementia Friendly Communities, with the GP Practice at the centre (Including education and awareness)
Structure

Dementia Friendly Communities

Dementia Friendly Communities- A Case for Change

Dementia Friendly Communities- Role of the GP Practice

Supporting Dementia Friendly Practices

Buxted Practice

Steps towards Dementia Friendly Practice

iSPACE: 6 Steps to Becoming a Dementia Friendly Practice

Environment-

- Buxted Practice Before
- Changes made
- Buxted Practice After

Next Steps
Dementia-friendly communities

Empowering people with dementia to have high aspirations, confidence and know they can contribute.

- Shaping communities around the views of people with dementia and their carers
- Ensuring early diagnosis, personalized and integrated care is the norm
- Maintaining independence by delivering community-based solutions
- Appropriate transport
- Challenging stigma and building awareness
- Empowering people with dementia and recognizing their contribution
- Businesses and services that respond to customers with dementia
- Ensuring that activities include people with dementia
- Easy to navigate physical environments
- Befrienders helping people with dementia engage in community life

Becoming dementia friendly means:
Dementia Friendly Communities

Alzheimer’s Society and its partners in the Dementia Action Alliance are committed to delivering a social movement where organisations and communities work to change the way society views and supports people with dementia, with the ultimate aim of producing dementia friendly communities.

The Alzheimer’s Society launched a programme of work on dementia friendly communities in March 2012 in response to evidence on the need for age friendly and dementia friendly communities (communities that are more inclusive of older people and those with dementia, and support them to live independently and well). The Dementia Friendly Communities programme focuses on improving inclusion and quality of life for people living with dementia.

In Dementia Friendly Communities:

- people will be aware of and understand more about dementia;
- people with dementia and their carers will be encouraged to seek help and support;
- People with dementia will feel included in their community, be more independent and have more choice and control over their lives.

A dementia friendly community is one in which people with dementia are empowered to have aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them.

Over 80 villages, towns and cities are already taking steps towards becoming dementia friendly, or have an ambition to do so. A dementia friendly organisation or community is one that shows a high level of public awareness and understanding of dementia, is more inclusive of people with dementia, and improves their ability to remain independent and have choice and control over their lives.

For more information about the programme please contact Karishma Chandaria, Dementia Friendly Communities Programme Manager via email dementiafriendlycommunities@alzheimers.org.uk
Dementia Friendly Communities- A Case for Change

Since the launch of the Prime Minister’s Challenge on dementia significant progress has been made in improving health and care for people with dementia and carers, boosting dementia research and creating dementia friendly communities. Despite the progress there is now significant public and political commitment to action on dementia across the UK and the urgency of the situation has never been more apparent.

Research undertaken by the Alzheimer’s Society to inform the Dementia Action Alliance’s National Dementia Declaration identified two outcomes that are strongly related to how people live in the community.

a. I live in an enabling and supportive environment where I feel valued and understood

b. I have a sense of belonging and of being a valued part of family, community and civic life.

In order for dementia friendly communities to succeed, the views and opinions of people with dementia and their carers must be at the heart of any considerations or decisions. The Alzheimer’s Society report ‘Building dementia friendly communities: A priority for everyone’ (2013) provides evidence for dementia friendly communities from the perspective of people affected by dementia.

45% of people with dementia thought their life would be a lot better if their community could help them live well with dementia (with 22% thinking it would be a little better).
Dementia Friendly Communities - Role of the GP Practice

The movement to become dementia friendly encompasses the whole community and experiences within all parts of the community including clinical environments. High Weald Lewes Havens CCG acknowledge that all clinical settings (including hospitals, community services, patient transport and GP Practices), play a vital role in supporting people with dementia and creating dementia friendly communities.
Supporting Dementia Friendly Practices

High Weald Lewes Havens CCG has undertaken a number of steps to support the community to help people with dementia and their carers:

- In 2014, High Weald Lewes Havens (HWLH) Clinical Commissioning Group appointed a Senior Project Manager, to drive a programme of transformation in dementia care and in partnership with the Clinical Lead, (Dr Emma Costello), develop a new model of care. **Buxted Medical Centre will be the pioneer site to test the emerging model of care and as such, will lead the way in becoming a Dementia Friendly Practice.**

- The HWLH Dementia Transformation Team is contributing to the SEC Strategic Clinical Network's Project on **benchmarking Dementia Friendly Practices and associated quality standards**

- Provide Primary Care with education, training and support in understanding dementia, the needs of carers and how a psycho-social approach, can help people with dementia, and their families to ‘Live Well’ with the condition.

- The Dementia Transformation Team **created a GP Check-list** to support education and understanding on initiatives that would help Practices to become more ‘Dementia Friendly’ (Appendix 1).
HWLH CCG supported a number of training opportunities for all staff in HWLH locality

1. **Protected Learning Training**

Protected Learning Time (PLT) is an opportunity for practice staff to address their own learning and professional development needs. On 20\textsuperscript{th} March, 2014 a Protected Learning Training Session was held on Dementia.

64 GPs, 41 Practice Nurses, 17 Practice Managers and 37 Administrative Staff attended. The learning outcomes of the event included; improved understanding and awareness of:

- The national context and case for change
- Advanced Care Planning (ACP)
- Local services
- Front line practice
- Communication and environmental considerations of people living with dementia.

Practices in the locality will also close for an afternoon on Thursday 30\textsuperscript{th} July to allow for Continuing Professional Development (CPD) learning activities focused on Dementia. The dementia PLT will have the following outcomes:

- Dementia Treatment and management
- HWLH Emerging Model of Care - implications and opportunities for Primary Care Management and Post-Diagnosis support
- GP Dementia Lead and Pioneer of framework for Dementia Friendly practices
- Multi-Disciplinary Team (MDT) panel discussion “Managing issues in Dementia”
- Administrative discussion “Communication with Dementia in mind”

2. **Dementia Fellowship in Primary and Community Care, Brighton and Sussex Medical School (BSMS)**

A number of HWLH Primary Care Staff completed the Dementia Fellowship, achieving the following outcomes:

- Advanced skills and knowledge to strive for best practice in Primary Care and community care settings
- Advanced skills and knowledge of psycho-social approaches in the treatment and support of people and families living with dementia
- Development of a peer support, learning network to improve quality of care for people with dementia and their families.
3. **One-to-one Mentoring and Support**

The Clinical Lead for Dementia and the Senior Project Manager, has worked closely with Primary Care Colleagues, offering face-to-face Practice level support, regular email updates and attending Locality Events to inform and support understanding of the new National Enhanced Service (NES) for Dementia, (October 14 – March 15) and the data harmonisation protocol. In addition, with funding support from the South East Coast (SEC) Strategic Clinical Network (Dementia), HWLH CCG commissioned the Medicine’s Management Team to support the data harmonisation exercise. These initiatives delivered the following outcomes:

- 76% Primary Care sign-up to the NES, (Highest quartile in the Country)
- Nearly 100 patients being identified through the data harmonisation protocol for review and consideration of being entered onto the Dementia Quality Outcome Framework, (QOF) Register
- Achieving the largest growth in diagnosis rate improvement on the South Coast with 7.6 % increase (October 14 – February 15).

4. **Primary Care Education and Training**

A range of education and training opportunities have been developed and coordinated. These include the following, with associated learning outcomes:

**Level 1 Foundation and E-Learning for Health Modules 1-3**

The need to establish a base-line of understanding in Primary Care has been incentivised through a Primary Care Scheme offering £20 per staff member who completes all 3 modules.

Intended outcomes:

- Familiarises staff managing patients affected by dementia with recognising and understanding dementia
- Supports staff with skills and knowledge to interact with those with dementia and to be able to signpost patients affected by dementia to appropriate support.

98 Primary Care staff have undertaken Level 1 Foundation Training, as of 31st March, 2015.
Advanced Multi-Professional Primary Care Training, (Including Nurses/Health Care Assistants and Pharmacists)

An external Dementia Specialist Trainer has been commissioned to deliver a 1 day advanced training course on 5th May 2015, to multi-professionals working in Primary Care, delivering the following learning outcomes:

- Understanding of local prevalence, types of dementia, what happens in the brain, clinical symptoms, medication and risk factors
- The experience of dementia: understanding perspectives and feelings
- A social model of dementia: identifying causes of preventable difficulties
- The impact of a diagnosis
- Positive interactions: compensating for difficulties and building on strengths
- Supporting relatives and carers of people with dementia
- Local services for people with dementia and their carers
- Overcoming communication barriers; facilitating communication and choice
- Identifying reasons for behaviours that challenge, including pain, social, environmental and individual factors
- Psycho-social interventions to enhance quality of life
- Positive outcomes: recognising well-being in dementia.

Alzheimer’s Society Dementia Road-Show (Bus and Support Staff)

To improve general awareness-raising and sign-posting support, the Alzheimer’s Society Road show visited the following Primary Care locations between 16th – 19th June 2015.

- Meridian Anchor Healthcare
- Buxted Medical Centre
- River Lodge Practice in Lewes

The Bus will also attended the Heathfield Agricultural Show on 23rd May, 2015.
Buxted Practice is a five doctor partnership providing a full range of services and facilities for NHS patients. It is also a training practice where, as well as the regular doctors, they sometimes have qualified doctors working with them for up to 12 months who are learning about general practice. The Practice also has assistants who work part time, and locum doctors are employed to cover staff absence. Buxted Medical Centre is a dispensing practice and is able to dispense medicines to all of their patients. They have an in-house pharmacy which can sell over-the-counter medication such as Paracetamol and Ibuprofen.

Wealden MP Charles Hendry officially opened the new Buxted Medical Centre on Saturday, May 19, 2012. The double height space in the rotunda, a key feature of the design, serves as the surgery’s waiting room and provides ample circulation space. The glazed entrance and windows allow natural light to flood into this space and coupled with the wall and floor finishes help create a calming environment. Extending from the rotunda are two wings housing Consulting Rooms, Minor Procedure suites, Nurses Rooms, utility and storage rooms. The topography of the site has been used in the design to accommodate a lower ground to the west end of the building allowing staff and administrative functions to be located away from the main patient access areas.
Steps towards Dementia Friendly Practice

Buxted Medical Centre will be the pioneer site to test the emerging model of care and as such, will lead the way in becoming a Dementia Friendly Practice. This will encompass a number of parts such as: training for staff, (at both awareness-raising and advanced level), as well as environmental changes with support from an Occupational Therapist and input from Dr Nicola Decker from the Oakley and Overton Partnership, who developed the National Dementia Friendly Practice tool-kit.

In addition, the HWLH Dementia Transformation Team is contributing to the SEC Strategic Clinical Network’s Project on benchmarking Dementia Friendly Practices and associated quality standards.

The intended outcomes of this work are:

- To improve understanding of what is meant by a ‘Dementia friendly’ practice
- To develop a programme to support practices to become more dementia friendly
- To define how the programme is to be delivered and identify clear success criteria
- To set this programme in the wider context of dementia friendly communities and good post diagnostic support for dementia across Kent, Surrey and Sussex (KSS).

A number of Task and Finish Groups have been established to support development of the Pilot phase of the new emerging Dementia Model. These include:

- **Task and Finish Group 1** – Dementia Friendly Communities, GP Practice and Community Resources, (including education and awareness)
- **Task and Finish Group 2** - Primary Care-Based, Golden Ticket Clinic and Peer Support Café
- **Task and Finish Group 3** - Golden Ticket (design, content, development and advanced care planning)
- **Task and Finish Group 4** - Dementia Pathway and Transformation
- **Task and Finish Group 5** - Patient and Carer perspective
‘iSPACE: 6 Steps to Becoming a Dementia Friendly Practice’

Background:
The Dementia Friendly Primary Care project, iSPACE, was put into practice as a pilot initiative in April 2014 by Dr Decker at Oakley & Overton Practice, with funds awarded by the Wessex Academic Health Science Network (AHSN). The evidence underpinning this initiative was the Royal College of Nursing (RCN) Dementia survey of 2,184 professionals, patients and carers in 2011, from which the SPACE principle was developed for use in hospital care. Dr Decker adapted this for primary care and named it iSPACE, with the purpose of improving patient and carer experience, teamwork and clinical consultations.

Aim:
The overall aim of the iSPACE pilot was to improve the patient journey for people with dementia and their carers.

What is iSPACE?

Evaluation:
The evaluation has found improvements to patient and carer experience, staff delivery of iSPACE and clinical consultations, with the caveat that this study was not able to control for the effects of other national schemes occurring simultaneously.

In addition, the evaluation has identified encouraging signals in the following: good fit with current best practice; low resource costs to implement; positive potential for spread of practice across Wessex.

Evaluation – Centre for Implementation Science, University of Southampton (2015)
Identify a Dementia Champion

Current positions held:  NIHR lead for clinical trials as "community pharmacy champion" for Kent, Surrey and Sussex (KSS).

I am undertaking independent prescriber’s course through Medway School of Pharmacy concluding Dec, 2015.

Statement:

“Being asked to attend the dementia fellowship was both an exciting and daunting prospect. Mainly as a pharmacist, how could I have any influence or impact on the condition and would I be the only pharmacist amongst other Allied Health Professionals (AHPs)? This turned out to be not true, as a healthcare professional I was engaged and was able to bring alternative ways of thinking regarding medicines management as well as practical applications. I was the only pharmacist in 3 cohorts and so, have queried with the Royal Pharmaceutical Society why this is the case when we are meant to be working closer together nationally - a good question as Pharmacy can make a huge difference to patient lives regarding concordance, compliance, changing to more suitable drug forms, compliance aids etc. My experience applying theory into practice is, from my perspective, invaluable as I have been supportive with the surgery’s transformation/environmental changes/training facilitation/increasing awareness with other Pharmacies locally (incl. Kamsons and Tesco and locums too). Pharmacist input is not limited to medicines use, but also to signposting and supporting changes to lifestyles. We are often the first port of call for both patients and carers alike and are ideally placed in communities to support dementia in both a practical sense and in a networking sense. Nationally, we are ideally placed and located to make a huge difference to dementia patients care.”
In addition to Buxted Medical Centre staffs attending training events across the locality the practice invited Staff to attend one of a number of Know “Dementia Friends” Awareness Sessions. This low-level awareness raising will be delivered initially in Buxted/East Hoathly/ Heathfield Practices, with a view to rolling out, across HWLH. The immediate schedule of events, are as follows:

Intended outcomes:

- Dementia Friends will learn about dementia and how to give support to people with the condition
- Dementia Friends will be able to use their know-how to help people with dementia to feel understood and included in their community.

**Dementia Awareness Sessions**

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<thead>
<tr>
<th>Time and Date</th>
<th>Location</th>
<th>For who</th>
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</thead>
<tbody>
<tr>
<td>Saturday 11(^{th}) April 10.00-11.00</td>
<td>Buxted Medical Centre</td>
<td>Community &amp; Staff</td>
</tr>
<tr>
<td>Tuesday 14(^{th}) April 13.00-14.00</td>
<td>Dementia Friends Level Training at Buxted Medical Centre</td>
<td>Buxted Practice Staff</td>
</tr>
<tr>
<td>Tuesday 21(^{st}) April 18.30-19.30</td>
<td>Buxted Medical Centre</td>
<td>Community &amp; Staff</td>
</tr>
<tr>
<td>May, Tuesday 5(^{th})</td>
<td>Bowls Club</td>
<td>Community</td>
</tr>
<tr>
<td>Tuesday 19(^{th}) May 13.00-14.00</td>
<td>Buxted Medical Centre Advanced Training</td>
<td>Buxted Practice Staff</td>
</tr>
<tr>
<td>Tuesday 19(^{th}) May</td>
<td>Buxted Inn</td>
<td>Community &amp; Staff</td>
</tr>
<tr>
<td>Saturday 23(^{rd}) May 11am and 2pm</td>
<td>Victoria Pavilion, Uckfield. Run by Alzheimer’s Society</td>
<td>Community</td>
</tr>
<tr>
<td>Tuesday 30(^{th}) May Evening</td>
<td>Rotherfield</td>
<td>Community</td>
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<tr>
<td>Monday 27(^{th}) July TBC</td>
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Partnership working- with carers, family and friends

Practice feedback will be gathered from:

- Patient representatives- Our Dementia Champion has identified a potential patient to approach to contribute to the Dementia Friendly environment audit
- Critical friends
- Patient Participation Group (PPG) Members. The PPG’s group role is to help drive forward dementia friendly practice initiatives. The PPG members have agreed to set up a Feedback Board containing information about Dementia in the reception of the practice. The board will include a phrase similar to: “We are aiming to become a dementia friendly GP practice, do you have any suggestions?” with a suggestions box placed underneath.
- The King’s Fund’s checklist.

Working with the community

Buxted Medical Centre is working in partnership with its Patient Participation Group and ‘Dementia Friendly Communities, GP Practice and Community Resources, (including education and awareness)’ Task and Finish Project Group to stimulate a cohesive interest in the village and surrounding area to become ‘dementia friendly’.

The Practice is driving the initiative with Dr Elizabeth Gill and PPG Volunteers, championing it locally. A letter from the Practice (Appendix 2), together with Dementia-Friend’s Sessions, posters and ‘customer-facing resource packs’ have been distributed.

At the awareness session’s organisations were informed of how they could do more as a business and as part of their community. Organisations who wanted to do more to become dementia friendly were invited to formulate and join a local Dementia Action Alliance (DAA). Interested parties were supported to sign-up to a High Weald Lewes Havens local DAA, which was be formalised on 9th June 2015, at CCG Headquarters. The CCG will continue to support the DAA to grow and build Dementia Communities.
Assessment- and early identification of Dementia

The NHS is making a national effort to increase the proportion of people with dementia who are able to get a formal diagnosis, from under half, to two-thirds of people affected or more. The objective for the NHS is to continue to make measurable progress towards achieving this in 2015/16. This includes ensuring timely diagnosis and the best available treatments for everyone who needs them, including support for carers.

Nationally there has been promotion of ‘awareness’ of dementia and MCI via
1. ‘Worried about your memory’ campaign; and
2. Public Health education and awareness prevention and vascular lifestyle factors ‘what’s good for the heart is good for the head’.

The emerging model of care for dementia will be piloted at Buxted Medical Centre. As part of the new model of care a system-wide ‘alertness’ and sensitivity to identification of dementia will be encouraged. **Opportunistic and targeted screening will occur in Primary Care:**

1. Dementia Enhanced Service (DES)
2. Avoiding unplanned admissions and over 75’s home assessment
3. Risk stratification
4. Other health and social care professionals involved in non-dementia related assessment and/or case management
5. NHS health checks
6. Frail and elderly Care pathways
7. National hospital Commissioning for Quality and Innovation (CQUIN) scheme
8. General Dementia Awareness
Environments - that are Dementia Friendly

The Task and Finish Group 1 – Dementia Friendly Communities, GP Practice and Community Resources, (including education and awareness), undertook a number of objectives to improve Buxted Medical Centre’s environment:

- The Dementia Transformation Team has created a GP Check-list to support education and understanding on initiatives that would help Practices to become more ‘Dementia Friendly’ (Appendix 1)

- To walk around the practice with the checklist and identify points which could be improved

- Know Dementia shared the “The Triangle of Care” which is an assessment tool for medical centres. Red, Amber, Green rating systems. This form of assessment focuses attention and helps set up action plans. It should be used to drive agendas; however this is more of a long-term instrument.

- Invite an Occupational Therapist (OT) to come and do an assessment on the environment (Page 23-24)

- Using feedback from Task and Finish Group, visual checks with checklist and OT feedback, draw up a list of Action Points to make the environment Dementia Friendly (pages 28-29)

- With support from the CCG, the Practice Manager, Jackie Smith, and Dementia Champion, Paul Scott-Harris, led the changes to become a Dementia Friendly GP surgery.
OT Feedback-
From Marney Walker (who has undertaken Stirling University Training).

Issues discussed include:

1. Ensuring that wherever possible the flooring is a continual tone
   - Significant contrast on floors can be perceived as steps, holes or three dimensional/moving, and can cause people to hesitate or need help over thresholds etc. There may be risk of mats in the entrance causing an issue with depth perception.
   - In terms of technical specifications, a continuous tone is defined by: a maximum variation of 5 Light Reflectance Value (LRV) between 2 areas. NB: As discussed these guidelines are intended to promote independent orientation, and reduce the need for supervision. In a GP Practice you may feel that as people will always be accompanied that this is less important.
   - There are two opening doors and no hand rail in the entrance. Perhaps during the day we could freeze the second set of doors open.

2. Using Tonal Contrast to draw attention to key items
   For example on doors, signage, sanitary ware, handles etc. where you want to draw attention. There should be a minimum of 30 LRV between key items.
   - Toilet seat covers and hand rails (blue)

3. Signage –
   Use combination of pictograms and text (avoid whole words in uppercase) with strong tonal contrast and consider positioning e.g.
   - The reception sits at 90 degrees so when people come in they may not be able to see the reception sign on the front. So if two were placed they could see them (on the front and on side of Reception where people look to the left as soon as they come in).
   - Add signage to WCs
   - Consider signage on floor /low to account for people with mobility impairments whose eye-line tends to be towards the floor - and/or use lighting to spotlight key entrance. There needs to be regular checks that lights are working. This could be built into the new cleaning contract.

3. Hand Rail along access path and inside the practice - might be useful for some people.
There are no hand rails on stairs outside.
Also the railings outside are not smooth for someone to run their hand along.
If there are railings on both sides outside would this cause a tunnel effect?
Hand rails on walls should have a ‘return’ at each end - that acts as an intuitive clue for people with visual impairments that you are approaching a door, or opening, but also prevents coat sleeves getting caught on ‘blunt’ end.
Hand rails should also be a contrasting colour to wall.

4. WCs

- Make WCs unisex so that there are more options (especially for urgency etc). This also prevents there being confusion as to where the toilets are.
- To be consistent use the dark blue rails and toilet seats in all the WCs - add a horizontal rail on the wall next to the WCs
- Provide hooks and shelves so that people can hang up coats etc. if they need to attend to catheters etc.

5. Rearranging seating in the waiting area so that it is as easy as possible for people with mobility impairments to get to and from a chair.

- The practice has moved tables and chairs spacing so that Zimmer frames and wheelchairs can fit between them. This needs to be encouraged with reception staff and cleaners to check this regularly.
- Magazines have been moved down the middle of rows. PPG don’t want magazines, however the group agreed it’s nice for people to have a read if they wished.
Exterior

- A Sensory Garden - currently the exterior of the building has neat planting on the grounds; however the use of scented plants would enhance the existing gardens. Potential plants could be rosemary bushes or lavender in the gaps at the front of the building.

- Opportunity for a couple of benches at the front of the building

- Currently as you walk through the door there are two sliding doors. Each set of doors has a silver transition strip, this can been seen as a barrier between doorways. To eradicate the perceived barrier black anti-slip tape will be put down (to blend in with the entrance carpet).
• In the waiting area the colour of the chairs currently blends in with the red floor. To create some contrasts the surgery will look into swapping the red chairs for purple chairs (from East Hoathly Practice).

• There is no way out sign within the reception area. It has been discussed getting “Exit” signs on the glass doors (like the “Entrance” signs on the door on the way in.

• The reception area has many posters across the front and no signs for the reception desk. The surgery proposed to remove the signs off the front of the reception and replicating the Pharmacy signage with large ‘RECEPTION’ lettering across the front of the reception desk.

• To resource a large Dementia Friendly clock for positioning behind the reception desk.

• To place a cup/water/drink sign above the water cooler.
The possibility of a hand-rail on the right-side wall, from the waiting area, to the toilets and beyond to the end of the corridor.

In the waiting area have 2 large stethoscope images in primary colours to indicate that the corridors lead to doctors’ consultation rooms.

To place exit signs with arrows along the corridors.

To place tactile sensory pictures on the walls (1 large and 3 small).
Toilets

- Clear dementia friendly toilet signs.
- Add door handle and hand-rails in the toilet areas as someone with dementia may not necessarily equate themselves with the wheelchair sign.
- Toilet seat needs to be in a contrasting colour (as per disabled toilet with handrails in the same colour).
Pharmacy consultation room needs improved signage.
Actions Taken-

Exterior

Sensory plants- lavender plants

Transition slip-
Reception

To resource a large Dementia Friendly clock

To Remove posters from reception desk and putting clear signage letting across reception desk
To place a cup/water/drink sign above the water cooler

To create some contrasts in the surgery swapping red chairs with other colours to add contrast
PPG to utilise a Dementia Board in waiting area
Corridors

To have dementia friendly signage

The practice worked with Find Signage to create cohesive signs throughout the practice. Above are the prototypes of the signs.
To have clear signage: Consulting Rooms
To have clear signage: Toilets

Feedback from the Task and Finish group found that, when patients left consultation rooms or toilets, there was no clear signage as to the way out. This had resulted in patients walking towards fire exit doors to try and get out. So patients do not get disorientated ‘Exit’ signs have been put up on the walls opposite consultation room and toilet doors.
To be able to easily identify rooms: Uniquely coloured door handles

Future Suggestions: Doctors having a picture on their door: Door pictures representing different local features/scenes (e.g. Buxted Church) to be agreed with GPs as this will feature upon their doors.

Tactile signage: GPs consider specific dementia tactile items off the peg or something like crochet?
Toilets

To make bathroom furnishing easily identifiable: good colour in toilets, tonal contrast:

Future Suggestions: make the toilet seat as easy to see against the floor and sanitary ware.
Next Steps

Training for Lead GP and Nurse

HWLH CCG will progress discussions with Brighton Medical School in pursuit of a programme of education and training for Lead GPs and Nurses. It is not anticipated that this will lead to accreditation but to a higher level of knowledge and understanding of dementia, that will facilitate empowered leadership at Practice Level and potential delivery of the Primary Care-based model of care and post-diagnosis support.

Protected Learning Training Session

A second Primary Care Protected Learning Training Session is scheduled for 30th July 2015. The session will support the following learning outcomes:

- Scene-setting, national context, Prime Minister’s Challenge 2020 and changing landscape.
- Proposed New Model of Care in HWLH
- Dementia Friendly GP Practices
- Prevention
- Mild Cognitive Impairment and Management of Slow Declining Dementia in Primary Care.

On-going Dementia Awareness sessions

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<td>Evening</td>
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<td>Saturday 24th</td>
<td>Buxted Inn</td>
<td>Community &amp; Staff</td>
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<td>October</td>
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<tr>
<td>Saturday 24th</td>
<td>Rotherfield St Martin- Part of the Church</td>
<td>Community &amp; Staff</td>
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On-going collaboration with PPG and organisations working towards Dementia Friendly Communities.
Appendix 1

Dementia Friendly GP Surgeries

As part of the Prime Minister’s Dementia Challenge (http://dementiachallenge.dh.gov.uk/) there has been a drive towards developing dementia friendly communities. Being a part of a dementia friendly community can be achieved in a Primary Care setting with few organisational adjustments being made. These adjustments can have a huge impact on the patient with dementia and their carers.

Oakley and Overton Surgery have become recognised as a dementia friendly practice. To become a dementia friendly practice they have followed i-SPACE principles.

- Identify a Dementia Champion
- Staff who are skilled and have time to care
- Partnership working with carers
- Assessment and early identification of dementia
- Care plans which are person-centred and individualised
- Environments that are dementia friendly

Further information can be found at:
http://www.oakleyandovertonsurgery.co.uk/website/J82046/files/Summary_Document_for_becoming_a_Dementia_Friendly_Practice_April_14[1].pdf

If you are interested in becoming a dementia friendly practice, you may want to reflect on the following:

- Is there a system to alert staff to dementia patient's appointments on the day to allow staff to call and remind them of their appointments on the morning of their appointment?
- Are patients offered longer consultation slots (20 minutes instead of 10)?
- Are staff able to identify when a dementia patient has come for their appointment?
- Are they well supported whilst in the surgery? Is special support offered when phoning or visiting the surgery?
- Are dementia patients invited to identify their main carer? This is so that GPs can offer them carer support and discuss plans for emergency care.
- The carer may be notified of relevant information relating to the patient where appropriate, such as dates and times of hospital appointments the patient has been referred to by the GPs.
- Patients diagnosed with dementia are offered regular health checks and flu vaccinations.

Going to the GP surgery can be frightening for someone with dementia. Below is a dementia friendly Environment checklist.

General Areas

- Plain surfaces
- Surfaces should not be shiny or reflective
- Colour/tonal contrast is used to make things clear
- The door handles are easy to understand
Glass doors should be clearly marked
Is there a system in place to identify a dementia patient?

Seating
- Provide a selection of chairs in different heights and sizes
- Seats need to contrast with both the floor and the background wall
- Tables should be in contrast with the floor
- Cushions may be able to assist with visibility
- Do the seats look like seats (not art)- is there plenty of seating available?

Hand Rails
- Visible hand rails, which are easy to grip
- They should be in contrast to a wall colour
- They should have a feature to indicate where they have reached the end of the hand rail; such as a knob or the rail turning inwards

Flooring
- The floor should be a consistent colour without contrasting threshold strips
  - Consistent flooring should run through rooms
  - No dark floor mats
  - Avoid sparkly or speckled carpet
- Skirting boards should be painted a contrasting colour to floor- this should continue round doorways’ architecture where possible

Lighting
- Good lighting
- Both natural and artificial lighting should be used
- Pools of bright light or deep shadows should be avoided- consider shadows through windows at certain times of day
- Remove trees blocking windows
- Remove objects blocking windows
- Curtains should be plain and light coloured with blackout lining
- Provide blinds to control glare

Signs
- Good directional signs
- Are signs placed at key decision points for someone who is trying to navigate your premises for the first time?
- Clear directional signs should be visible when coming out of lifts or stair areas
- Signs should be a combination of words and a clear picture
- Bold faced signs/ images
- Signs should not be highly stylised
- Signs should be consistent in design
- Generally, light lettering on a dark background
- Signs should be in contrast with the background they are against
- Signs should be mounted no more than 1.2 metres from the floor (at eye level) and be well lit
- Disabled signs should be replaced/ accompanied by signs for people with cognitive disabilities
- Signs should be fixed to the door which they refer to

Stairs
- Sloping or stepped skirting to make steps clear
Highly visible sloping handrails
Flooring should try and be the same tone, perhaps changes in texture of flooring rather than tone to identify the presence of stairs (e.g. carpet to wooden)

**Toilets**
- Good colour in toilets, tonal contrast
- Toilet roll holder should be easy to see and understand and is within reach of patient
- Bathroom utilities are easy to understand
- Traditional and easy to operate fittings
- The toilet seat and sink are easy to see against the floor and sanitary ware.
- All toilet doors are the same, easy to identify
- Unisex toilets
- Big enough to fit person and carer
- Minimise shadows in bathroom where possible.

**Outside**
- Drop-off points
- Wide footpaths

**Layout**
- Quiet - sound absorbing materials/ panels
- Able to see staff at all times
- Busy entrance areas should be out of sight
- Private areas such as toilets should not open directly into public area.
- Are there “landmarks” to help navigate around inside and outside. E.g. a picture or a plant

**Sources**
- Housing LIN
  http://www.housinglin.org.uk/Topics/browse/HousingandDementia/
- Dementia Action Alliance
  http://www.dementiaaction.org.uk/resources/environments
- Kings Fund
  http://www.kingsfund.org.uk/node/3083/done?sid=18865&token=25e2c0253303cdf7ad4f0c97cc6290bc&webformregister=136b910bd6a345056f00e0e2f4540b3b1
Dear Members of the Buxted Community,

Buxted is proud to be part of a project (under the umbrella of a national initiative) to make our village and GP surgery ‘Dementia Friendly’. Dementia is a growing problem and affects more people than ever before and can cause loneliness and isolation. We would like to invite you to one of two awareness sessions that are being run by ‘Know Dementia’ at our GP Surgery; the aim is to raise awareness of dementia in our community and support people to ‘live well’ with dementia.

The two one–hour, free of charge ‘Dementia Awareness’ sessions will be held at Buxted Medical Centre. The first one is on Saturday 11th April. Doors will open at 09:45hrs then the session will run from 10:00 – 11:00hrs. There will be a chance to network afterwards and enjoy some tea and cake until midday.

The session will be repeated in the evening on Tuesday 21st April. Doors will open from 18:00 hrs (refreshments will be provided) and then the session will run from 18:30 – 19:30hrs.

At both sessions there will also be some stalls to look around and gather further information. You will also receive a ‘Dementia Friends’ badge.

You do not have to register your attendance – so please do just turn up on the day and we look forward to seeing you there.

Yours sincerely

Dr Elizabeth Gill

Buxted Medical Centre

20th March 2015