



Creating Better Dementia Care

Kent, Surrey and Sussex Dementia Fellowship Programme

Dementia Care Improvement Network

Overview & Summary report

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The Dementia Fellowship

1 Background to the Dementia Fellowship

In 2012 Professor Sube Banerjee joined the Brighton & Sussex Medical School (BSMS). As the former UK Department of Health senior professional advisor on dementia, Professor Banerjee brought a strong interest and commitment to the challenge of creating better dementia care in the South East, which has the highest elderly population in the country.

A key goal was to bring together clinicians and educators with individuals and families living with dementia to identify how best to improve services. The need was urgent, with the number of people living with dementia across Kent, Surrey and Sussex forecast to grow by up to 50% by 2030.

Against this backdrop, Higher Education England (HEE) identified dementia as one of its priority programmes for the Kent Surrey and Sussex (KSS) skills development strategy 2013 to 2018.

In 2012, Professor Banerjee and Breda Flaherty, Director of the BSMS M.Sc. in Healthcare Leadership and Commissioning, had piloted a Dementia Education programme with GPs in London. A GP attended from every London Borough, and each doctor was required to put in place a practical change to dementia care in their GP practice by influencing or leading their GP colleagues in the practice to support and implement a change.

Low rates of dementia diagnosis were identified as a key shared issue across the boroughs, with a negative impact on families' access to treatment and experiences of care. The GPs took practical action by joining forces to improve their diagnosis rates.

<https://bmjopen.bmj.com/content/3/12/e004023>

2 What we learned from the London GP pilot programme

What we learned from the GP pilot programme were ways to meet the needs of clinicians who were not dementia specialists yet would regularly meet in their daily work individuals and families seeking help with dementia.

We found that an innovative modular development course which focused both on the clinical issues in dementia, and on how to lead, improve and organise the way services work, could support healthcare professionals to create better dementia care.

By 2013, focusing on the whole of the South East, we developed the Dementia Fellowship programme. It became one of the four workstreams supported by HEE in Kent, Surrey and Sussex, targeted at 'professionals in practice.'

Between 2014 and 2017, four cohorts of Dementia Fellows, totalling 102 healthcare professionals and practitioners (GPs, nurses, hospital doctors, therapists, pharmacists and healthcare commissioners) took part in the Brighton and Sussex Medical School– HEE KSS Dementia Fellowship programme.

3 Summary of the BSMS -KSS Dementia Fellowship Programme design principles

The GP programme had highlighted that professionals wanted to know more about dementia and to take practical steps to improve care. In developing a larger-scale programme, our challenge was to deliver improvements in professionals' clinical knowledge of dementia, support them to make real practical service changes with and for patients and families, and have a longer-term impact on dementia care across the wider health system.

Our aims were to improve:

- Clinical knowledge of dementia, and participants' sense of competence and confidence in understanding how to offer good quality dementia care.
- Leadership and influencing ability, to enable participants to lead positive change in their services for people living with dementia
- Change management and service improvement skills, both to make practical local changes and to impact more broadly on the ways the wider health system was organised for people living with dementia.

4 Building the Facilitation Team

With these wider ambitions, we broadened the programme team to meet the design challenge we had set. It included:

- Team members with clinical expertise, led by Professor Banerjee and drawing on colleague clinical leaders with national profiles in dementia care
- Leadership development expertise from Breda Flaherty and Pippa Gough, formerly Leadership development faculty associates at The Kings Fund, to enhance individuals' ability to lead and to manage change
- Project management, service and quality improvement expertise from Vikki Pearce, a former leader within the NHS Modernisation initiative, to help services design, deliver and measure better care
- Lived experience of using, receiving, offering, leading and designing dementia care services from Pippa Gough and the Alzheimer's Society, and from Buz Loveday of Dementia Trainers, to bring patient and family expertise to the heart of our approach.

5 The underpinning principles of the programme design

- An evidence-based approach rooted in models of best practice in clinical care and in well-evidenced material on leadership and service improvement.
- A multidisciplinary approach with a strong emphasis on participants improving their mutual knowledge of each other's disciplines, care challenges and ways of working
- Growing supportive networks across the disciplines to make links for the benefit of patients and carers, enabling people to share good models of care
- Engaging participants in the sometimes emotional and often deeply affecting experiences of living with dementia, building a trusted learning environment where professionals would feel able to share some of the challenges and rewards of caring.

6 Who did we encourage to join the Dementia Fellowship programme?

Our intention was to reach healthcare professionals who had regular contact with individuals needing support with dementia care, but were not themselves dementia care specialists. View a short film about the approach [here](#).

How did we select people:

Potential participants were targeted through direct mailing and interested individuals; both were asked to complete applications which demonstrated clear objectives for their learning, related to the roles they held with the NHS.

Over the four Fellowship programmes, cohorts were designed to be multi-disciplinary, including staff from primary care (43%), emergency care, and general hospital care (44%) and other disciplines including physiotherapists, occupational therapists, pharmacists, and healthcare commissioners. (The Fellowship was restricted to NHS staff, by the terms of its funding arrangements, which meant that those working in the voluntary sector and social care were largely outside the scope of the scheme)

Cohort 1:

GPs, nurse leaders and commissioners, a number of them strongly committed to the need for urgent changes in dementia care, who came together as a group of enthusiasts keen to take up the opportunity to make service improvements.

Cohort 2:

Designed specifically for primary care: This cohort aimed to address the dementia care learning needs of GPs and primary care, a first point of contact for many individuals experiencing signs and symptoms of dementia. This design decision enabled a safe learning space, and the ability to target learning effectively at a primary care participant group, drawing on exposure to other disciplines to broaden people's networks and create a wider knowledge of other services.

Cohort 3:

Urgent care staff: Designed specifically to address the dementia care learning needs of multi-disciplinary A&E staff, given that a number of individuals with dementia are admitted to hospital through A&E, where they may have experiences of poor care due to inappropriate service design issues or gaps in staff knowledge of dementia care needs.

Cohort 4:

Multi-disciplinary cross-system staff group: Designed to build relationships across local services at a system-wide level, building on the gains and progress of earlier cohorts.

7 Evaluating our Impact

We commissioned an independent evaluation of cohort 1 to 3. You can read a summary report [here](#)

Data collected during the evaluation was collated and analysed in relation to three identified dimensions of development:

- changes made in individuals' own professional practice
- changes made in specific services
- changes grounded in an ambition to affect the system of care

Own professional practice: 84% of Fellows reported improved self-development and professional practice through completing the Fellowship

Changes in specific services: 86% of Fellows introduced changes in their own services, in every setting including primary care, hospitals and a hospice. The result was tangible improvements in dementia care across Kent, Surrey and Sussex

Changes grounded in an ambition to affect the system of care: At a system level, learning from the Fellowship was translated into one or more of the following strategic aims:

- Reducing or avoiding hospital admissions
- Redesigning or improving care pathways
- Improving diagnosis rates in dementia care
- Taking a system-wide approach to raising awareness of dementia, improving dementia care knowledge and skills, and improving experiences of care.

You can read the full evaluation of the Dementia Fellowship programme [here](#)

Presentation of Dementia Fellowship and development of the KSS Dementia Care Improvement Network can be seen [here](#)

The Dementia Care Improvement Network (DCIN): Encouraging continuous learning & development in dementia care

8 Why did people want a Network?

After the Dementia Fellowship programme ended, it became clear that Dementia Care practitioners in the south-east had an interest in creating a practical network to support them in making further Dementia care improvements:

Consultation with Dementia Fellows identified a combination of varied network activities that could be useful including:

- A regular Newsletter, offering updates on current issues and innovations in care. This would focus on clinical and research updates, on shared learning about how changes were being implemented, metrics for success and what worked in practice
- An improvement fund offering small financial grants to encourage the testing of new ideas and approaches to improving dementia care - accessed via a twice yearly 'Dragon's Den' style event chaired by families and carers, clinicians and research specialists.
- Masterclasses to develop skills in making changes and improving services
- Digital learning solutions in the form of webinars and teleconferences
- Network events to facilitate Fellows in connecting with each other and use time out for reflection and sharing learning

9 What did the Dementia Care Improvement Network (DCIN) set out to do?

During 2014-18, a series of reports on healthcare innovation (including Adoption & Spread of Innovation in the NHS, The Kings Fund, London, 2018) had demonstrated consistently that good service ideas and improvements are often held back by the lack of small amounts of funding.

“Innovators and adopters in the NHS need to be able to access small amounts of funding quickly and easily to support rapid adoption and spread of effective innovations.”

This funding might be to help something to get started, to help something spread from one setting to another, or to educate others and share learning and skills about good approaches to care.

There had also been a series of publications about healthcare networks, suggesting some important principles for effective networking (Effective Networks for Improvement, The Health Foundation, London, 2014).

The Dementia Care Improvement Network (DCIN) set out to offer a network which could meet the six key requirements set out in the Health Foundation networks document:

Primary Functions of Networks	Relevance to Dementia Care Improvement Network	Activities
Community-building: promoting & sustaining values	DCIN potentially able to support embedding values about good quality Dementia care across a range of practitioners in a range of settings	Building on the success of the Dementia Fellowship, DCIN offered regular Network events for practitioners to share values about dementia care, and update on approaches
Facilitating and learning - connection	Creating connection, a shared investment in quality & achievement, pooled learning, helping members carry out activities more effectively and efficiently	DCIN, with its online platform, regular events, and Newsletter enabled network members to share improvements, ideas and information efficiently
Filtering-organising knowledge and relevant information	A regular, targeted newsletter could filter relevant knowledge and learning and make it more easily accessible for use by the Dementia care community in the South east	DCIN offered a quarterly newsletter, targeted at the South east area, bringing together research updates, improvements in practice and news of national initiatives
Amplifying – helping make known & comprehensible little-understood areas	Creating a visible platform for sharing & promoting good dementia care work –	The DCIN Newsletter on practice issues combined over time with the BSMS Centre for Dementia Studies research news update, bringing a comprehensive series of information bulletins on dementia care to wider non-specialist audiences
Investing and providing – offering members resources to achieve goals	Offering a fair process to bid for and secure small funding sources to support local projects focused on improving dementia care	A structured application & bidding process was set-up for sources of funding; members were supported with training sessions for the bidding process to increase their skills in making funding bids; successful bidders received ongoing support on implementation from the project team. Summaries were produced for all projects, sharing their learning; funding bids were live-streamed to allow maximum participation by a wide audience to enable engagement

<p>Convening – bringing together people or groups with distinct strategies to support their diverse needs.</p>	<p>Bringing together disparate groups of practitioners; identifying crossover links – for example between research and practice; between differing service settings.</p>	<p>DCIN focused on bringing those with lived experience of dementia care into the decision-making process as Panel members; the diverse needs of service users were at the core of the thinking on decision-making about project funding.</p>
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10 The achievements of the Dementia Care Improvement Network

10.1 Dragons Den Funding process

From 2018, the DCIN network offered the opportunity twice-yearly to develop bids for small pots of funding of up to £5000 and pitch to a “Dragons’ Den” panel to win a funding award. Awards needed to be spent within 12 months.

The Award categories focused on 3 areas of service improvement in dementia care eligible for Awards

- A specific service improvement (planned or implemented)
- Scaling up a service improvement (for example, enabling a service improvement to be adopted by more people, or in another service or setting)
- Spread of Learning about a service improvement (focused on educating others and sharing learning and skills)

Judges were looking for projects where DCIN funding would make a significant difference to the service improvement work being able to take place. Applications needed to show how a project or good idea could improve the lives of people living with dementia &/or enable staff to work more effectively with people living with dementia.

10.2 Improvement fund: Successful bids and projects

Three rounds of the Dragon’s Den distributed funds to nine projects. These were,

1. Combatting loneliness in rural communities
2. Using new technology to prevent hospital admissions
3. Participatory music making at the bedside
4. Relieving stress and anxiety in hospital using Lulla Dolls
5. Pop-up dementia information hubs
6. Learning and support for carers of people living with dementia
7. A toolkit for Advanced Care Planning
8. Improving system working by actively networking health and social care workers
9. Sensory stimulation with creative participation and crafting

Unfortunately the last two projects were heavily impacted by the Covid-19 pandemic and at the time the Network closed were unable to report on their implementation and impact.

You can see the pitches to the dragons and read summary reports of the funding improvement projects [here](#)

10.3 The Newsletter

Over the lifespan of the Network the newsletter evolved into a quarterly publication distributed to over 100 subscribers and Twitter followers. Each edition had a feature on current research with news items and updates on education and training opportunities.

Past copies of the [Newsletters](#)

10.4 Masterclasses: Further education and training

Feedback from Network members suggested that they wished to continue developing their skills and knowledge in the areas included in the original Dementia Fellowship programme. Master classes were held on service improvement tools and techniques and leading and influencing change in the Autumn 2020.

We hope you find this summary of the work of the dementia fellowship and the dementia care improvement network helpful. There is a lot of material on the [BSMS website](#) so please do have a look around.