

2012 WaMH in PC Bursary

Application Categories

Please tick the appropriate boxes to indicate which category/categories you are applying under.

Note: If you are applying for more than one category please tick the relevant boxes

<p>Category 1 – To improve the experience of patients, carers and or staff working in the NHS</p> <p>To apply for a category 1 bursary, individuals and/or organisations must:</p> <ul style="list-style-type: none"> o Work within, or be associated with, the provision of primary care mental health services in Wales 	<input type="checkbox"/>
<p>Category 2 – to support the local delivery of Part 1 of the Mental Health (Wales) Measure 2010</p> <p>To apply for a category 2 bursary, individuals and/or organisations must:</p> <ul style="list-style-type: none"> o Work within, or be associated with, the provision of primary care mental health services in Wales 	<input checked="" type="checkbox"/>
<p>Category 3 – to raise awareness about mental health</p> <p>To apply for a category 3 bursary, applicant(s) are invited from services and organisations from both within and outside the NHS and must:</p> <ul style="list-style-type: none"> o Evidence a demonstrable link and benefit to primary care mental health in Wales 	<input checked="" type="checkbox"/>

Details of Project

<p>1. Title of proposed project for which you are seeking funding: Early identification of dementia in the primary care. The use of an aide memoir 'memory check card'.</p>
<p>2. Summary of Project</p> <p>In this section 'Summary of Project' we are asking for an overview only of your project. This information should be clear and concise and contained within one side of A4.</p> <p>The overview should include</p> <ul style="list-style-type: none"> • The aim of your project i.e. what you are trying to achieve • The outcomes of your project • The total cost of your project • The application category/categories relevant to your project • Evidence of the three hallmarks of positive relationships <p>The aim of the project is to raise awareness of memory problems within the primary care and community environment. The aim is to deliver teaching sessions to a diverse range of professional / non professional staff who regularly come into contact with older people. A 'dementia working group' part of the Bridgend North Locality Network was tasked to plan and</p>

implement improvements to health care for their defined population. A card has been produced as an 'memory check tool' to prompt and educate members of the community. The outcome of the one hour teaching session is to raise awareness of 3 key themes:-

1. benefits of early diagnosis
2. the use of a memory check card to prompt questions
3. useful contact numbers / resources to seek help

All staff that attend receive a primary care dementia pack with contains valuable information on dementia and support, by the end of the session staff will become more confident in discussing / highlighting their concerns regarding memory problems.

Each pack contains: -

- research article regarding the Specialist Older persons Service, particularly single point of access to query or discuss concerns in the Bridgend area (currently project is being rolled out)
- Alzheimer's society and Welsh Assembly Government dementia plan launched 2011
- Memory check card
- Patient information leaflet
- Primary care cognitive screening tool (6 CIT)
- Copy of the CAGE assessment tool
- useful telephone / internet contacts for the primary care worker or information for the person who they suspect as having memory problems, details of the link GP within every surgery, telephone number of specialist referral coordinator in Bridgend, NHS direct, Alzheimer's society and NHS choices.

Training sessions have been completed within the North Community Network - Bridgend Locality. If the bursary application is successful it is proposed to roll out the training programme across ABMU Health Board to include Neath Port Talbot and Swansea Localities. The existing trainer is leaving ABMU Health Board in January 2011 to take up a new role within Swansea University. However it is proposed to arrange a "Train the Trainer" event at Swansea University to enable the roll out across ABMU Health Board.

The application category / categories relevant to our project are category 2 & 3.

The evidence of three hallmarks of positive relationships (trust, good communication and person centeredness where central to the development of this project which are further discussed / elaborated on within point 4.

3. Background to the proposed project:

Applicants are required to detail, in this section:

Why there is a need for your project?

What evidence/research do you have which supports the need for this project to be implemented?

What existing services / strategies have informed the development of your project?

How will your project link into and support/enhance new/existing services/strategies?

What benefits will be achieved through the implementation of this project?

Over the last five years there has been a plethora of articles, strategies and documents published to address the perceived delay in patients receiving a formal diagnosis of dementia. This has been further supported by research on a national - Welsh, UK and World perspective. The World Alzheimer's Report (2011) suggests that three quarters of the estimated 36 million people worldwide living with dementia have not been diagnosed. DH (2009) a national dementia strategy highlights that people currently wait up to three years before reporting

symptoms of dementia to their doctor and in Wales the national dementia vision for Wales (WAG 2011) states commitment to raise awareness by ensuring that dementia issues are communicated to health colleagues in other disciplines through networks. According to Curran and Wattis (2004) one of the challenges of working with older people is the frequency with which dementia presents in a non-specific way. The impact in Wales may be felt more acutely compared with the rest of the UK, by 2021 the number of people with dementia across Wales is projected to increase by 31% and by as much as 44% in some rural areas (WAG 2011). A delayed referral for a specialist assessment when dementia is suspected can not only have negative implications for a patient's physical and mental health but also has ramifications for his or her financial welfare, resulting in a significant effect on the family and a cost to society (Thomas 2010).

The project is a new initiative and made possible by WAG (2010) Setting the direction – primary and community services strategic delivery programme, which led to the formation of the North Community Network in Bridgend and the early identification of memory problems project. The project has been possible via joint working with a variety of disciplines including General Practitioners, Practice Managers, District Nursing service, Social services, Public Health and the Voluntary Sector.

The project will link into and enhance existing services and strategies such as:-

- ABMU Changing mental health services for the better discussion document (ABMU 2011)
- The mental health (Measure) Wales (WAG 2010)
- National Dementia vision for Wales (WAG 2010)
- Setting the direction - Primary and Community services (WAG 2010)

The key benefits / learning outcomes achieved through the implementation of this project are :-

- Primary care organisations to understand and become more tolerant of memory problems in primary care
- Ability to query memory problems and how to address issues and signpost to most appropriate service
- Development of a proactive rather than reactive approach

4. Purpose of the proposed project:

Applicants are required to detail, in this section:

The methods you would use to develop their project

Evidence of the three hallmarks of positive relationships:

- *Trust – demonstration of honesty, competence and openness*
- *Good Communication – a meaningful interaction between living beings.*
- *Person Centredness – seeing the client/ practitioner as a person, sharing power and responsibility*

Trust - working in conjunction with a number of agencies professional and non professional to communicate best practice. The delivery of the teaching session to primary care staff with very limited experience in mental health problems particularly dementia, the ability to discuss the subject of dementia and provide an honest, competent and openness to the content. The sessions will be delivered by a specialist nurse in mental health nursing (older person's team) and where possible service users with a diagnosis of dementia who wish to share their experiences.

Good communication - network support meetings to discuss the proposal and implementation of project, how to target appropriate audiences to deliver each teaching session. Teaching sessions will deliver content to a varied audience of primary care workers, communicating with key leads / managers for a variety of services to agree appropriate dates and venues.

Person centeredness - the content of the teaching session focuses on the personal experience of the individual with dementia, this will enable every person with suspected memory problems to have a unique and individual service experience specific to their needs. Where possible it is hoped that service users / family members and carers with / living with dementia will be able to highlight their experience by becoming a part of delivering the content and telling their story. Primary care staff who attend the training are also encouraged to empower patients / service users to appropriate resources so they are able to make informed choices for themselves. This will be achieved through patient information leaflet on memory problems and contact details to obtain further information printed on the memory card.

5. Planned Outcomes for dissemination, sustainability and evaluation

How will you evaluate the success of the project?

What are the main outcomes and successes?

How have you actively raised awareness of your project?

Within the Bridgend area, older persons mental health services (over the last 8 years) has adopted a single point of access service for referring patients with suspected memory problems. This has been supported by an Excel database to monitor and manage numbers of referrals from a variety of primary / secondary care services and enable the monitoring of referral numbers. The referral coordinator supported by education facilitator have agreed to monitor, record and evaluate numbers of referrals received into specialist service particularly tracking numbers of new referrals for diagnosis.

The main outcome of this project is to increase the number of referrals for early diagnosis and a decrease in the numbers of crisis / urgent referrals. A further outcome and success of the project is for service users to receive support, advice, diagnosis and the relevant treatment options for their stage of dementia.

Awareness of the project has already commenced in the Bridgend area within the North Network; via email, fliers and meetings to promote the project. If the bursary application is successful the project will be extended across the whole of the ABMU geographical area.

6. Supporting Evidence / References

Welsh Assembly Government (2011). National Dementia Vision for Wales Dementia Supportive Communities. Welsh Assembly Government / Alzheimer's Society. Cardiff. Wales.

Welsh Assembly Government (2011). Setting the direction - primary and community services strategic delivery programme. Welsh Assembly Government. Cardiff. Wales

Alzheimer's disease international (2011). World Alzheimer's report 2011 shows early diagnosis of Alzheimer's disease has health, financial and social benefits. accessed on 14th November 2011 at www.alz.co.uk/media/110913.

ABMUHB (2011). Discussion document: Changing mental health services for the better. ABMUHB.

Thomas H (2010). Monitoring referrals to mental health services. Nursing Older person Journal. Vol 22. No 1.

Thomas H (2010). Attitudes of primary care team to diagnosing dementia. Nursing Older people Journal. Vol 22. No 3.

Curran S & Wattis J (2004). Practical management of dementia. Radcliffe. Oxford.

7. Commencement Date: 1 April 2012

8. Completion Date: 31 March 2013