





Scotland's Dementia Strategies: a look at rights, education and diagnosis

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#### Our beliefs





At the Alzheimer Scotland Centre for Policy and Practice we believe that people affected by dementia deserve high quality care and support.

We know that this is possible when:

- Practitioners have enhanced dementia knowledge and practical skills
- When enlightened policies are put into practice
- When society respects the rights of people with dementia
- When we listen to what people with dementia and family carers are saying.
- When we work in partnership with people with dementia, their family and friends to develop care, caring interventions and education.



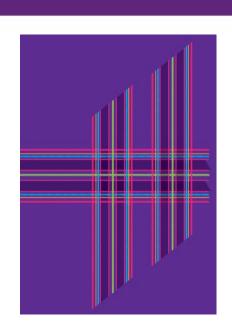




#### Talk Plan

Focus on 3 themes within all three strategies

- Rights
- Education
- Diagnosis and post diagnostic support





# Rights – underpinning concept





Between 2003 and 2009 people living with dementia organised themselves.





# Rights – underpinning concept







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## Strategy 1 2010-13 Rights

#### Standards of Care for Dementia in Scotland

Action to support the change programme, Scotland's National Dementia Strategy

June 2011

#### I have a right to

- 1. a diagnosis
- be regarded as a unique individual and to be treated with dignity and respect
- 3. access a range of treatment, care and supports
- 4. be as independent as possible and be included in my community
- 5. have carers who are well supported and educated about dementia
- 6. end of life care that respects my wishes



#### Strategy 2 2013 -16 Rights





People with dementia & family caregivers report back

'Moral imperative' to improve Standards of Care - acute hospital settings

Big lottery funding – Life Changes Trust to support grassroots community initiatives





#### Strategy 3 2017-20 Rights



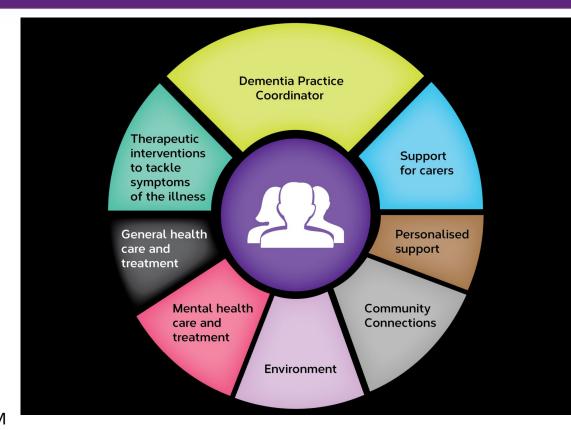


Dementia and equalities

Post diagnostic support

**Communities** 

Fair Care



https://www.alzscot.org/assets/0001/9484/ADPM \_Summary.pdf

https://www.alzscot.org/fairdementiacare



### Strategy 1 2010-13 Education

# Promoting Excellence:

A framework for all health and social services staff working with people with dementia, their families and carers

Educational response to change care practices –PE framework for all staff working in health and social care Not mandatory

**Evidence** based

Underpinned by Charter of rights

Supports delivery of Standards of Care

http://www.knowledge.scot.nhs.uk/home/portals-and-topics/dementia-promoting-excellence.aspx



### Strategy 1 2010-13 Education





Acute care - National Dementia champions Programme

Jack-Waugh A., MacRae R & Ritchie L. (2018) Assessing the educational impact of the dementia champions programme in Scotland: implications for evaluating professional dementia education. Nurse Education Today. Vol 71, Pp 205-210 https://doi.org/10.1016/j.nedt.2018. 09.019





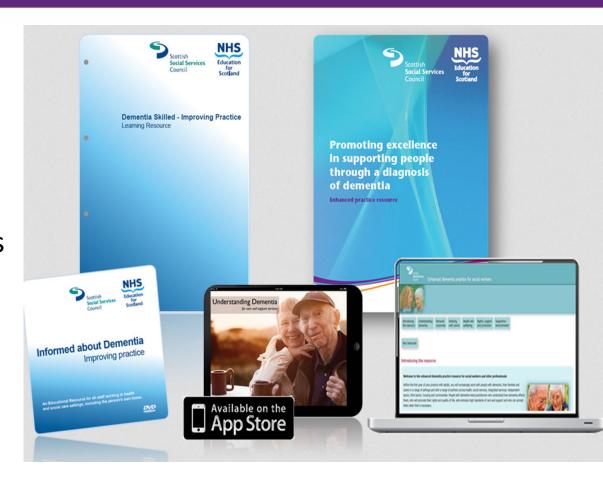
#### Strategy 2 2013 -16 Education





Continue programme to support workforce development –

- Educational resources
- Training programmes
- Develop infrastructures to ensure spread & sustainability
- Dementia education included nursing curricula





#### Strategy 3 2017-20 Education



Continue Promoting Excellence programme of work

Advanced Dementia care education – masters & Palliare

Palliative & end of life care education - DSILs

https://www.uws.ac.uk/research/research-areas/health/alzheimer-scotland-centre-for-policy-and-practice/

https://www.uws.ac.uk/study/postgraduate/postgraduate-course-search/gerontology-with-dementia-care/

http://www.knowledge.scot.nhs.uk/dementia.aspx



## Strategy 1 2010-13 Diagnosis





2008 Target to increase diagnosis rates

2012 Target to increase diagnosis rates

2013 Target to provide PDS

The need for PDS higher than estimated and growing



By 2013 estimated 64% of people were getting diagnosed



#### Strategy 2 2013 -16 Diagnosis & PDS





Emphasis on timely & accurate diagnosis

Models of support developed

PDS needs very diverse

Recognition many getting diagnosed later

- PDS Target not being met
- Not enough Link workers
- CPNs being co-opted in



# Dementia Estimated Diagnosed Incidence in Scotland 2014-20





| Year | Total  | Under<br>60 | 60-64 | 65-69 | 70-74 | 75-79 | 80-84 | 85-89 | 90+  |
|------|--------|-------------|-------|-------|-------|-------|-------|-------|------|
| 2014 | 16,712 | 268         | 343   | 878   | 1742  | 3198  | 4336  | 3699  | 2246 |
| 2015 | 17,097 | 268         | 344   | 899   | 1766  | 3228  | 4430  | 3812  | 2349 |
| 2016 | 17,496 | 268         | 348   | 911   | 1818  | 3223  | 4516  | 3945  | 2466 |
| 2017 | 17,994 | 268         | 356   | 875   | 1972  | 3254  | 4590  | 4106  | 2572 |
| 2018 | 18,489 | 268         | 364   | 861   | 2058  | 3322  | 4708  | 4232  | 2675 |
| 2019 | 18,989 | 268         | 372   | 857   | 2117  | 3403  | 4807  | 4356  | 2809 |
| 2020 | 19,493 | 267         | 381   | 861   | 2170  | 4360  | 4876  | 4503  | 2954 |



#### Strategy 3 2017-20 Diagnosis & PDS





PDS needs to be more flexible, personalised.

2016/17 - PDS to 47% newly diagnosed

**HEAT** target for PDS removed

Campaign to improve PDS



# **Current Landscape: Integration**





Integration of Health and Social Care – 31 Integrated Joint boards

Responsible for adult social, primary & community care and some hospital services – A&E, general, geriatric, rehab medicine, palliative and mental health.

Dementia strategies and plans will be locally developed & implemented, not nationally driven and coordinated





#### Where are we now?





- World leading policies
- World leading educational resources
- Rights shifts thinking
- Stigma & discrimination
- Voice of people with dementia
- Skilled and educated workforce
- Care remains inequitable
- Poorer health outcomes
- Grassroots community work







Lillo-Crespo, M., Riquelme Galindo, J., Macrae, R., Abreu, W., Hanson, E., Holmerova, I., Cabanero, M.J., Ferrer, R and Tolson, D (2018) Experiences of Advanced Dementia Care in seven European countries: Implications for Educating the Workforce. Global Health Action. Vol 11 (1) DOI: <a href="https://doi.org/10.1080/16549716.2018.1478686">https://doi.org/10.1080/16549716.2018.1478686</a>

Hvalič-Touzery, S., Skela-Savič, B., MacRae, R., Waugh, A., Tolson, D., Hellström, A., Abreu, W. & Pesjak, K. (2018). The provision of accredited Higher Education on dementia in six European countries: an exploratory study. Nurse Education Today. 60, p. 161-169 DOI: 10.1016/j.nedt.2017.10.010. Epub 2017 Nov 6.

Tolson, D., Holmerova, I., MacRae, R., Waugh, A., Hvalič-Touzery, S., de Abreu, W., Lillo-Crespo, M., Merta, A. & Hanson, E. (2017). Improving Advanced Dementia Care: An Interprofessional Palliare Learning Framework. Journal of the American Medical Directors Association. Vol 18, Issue 7, pp 561-563. DOI: <a href="https://doi.org/10.1016/j.jamda.2017.03.014">https://doi.org/10.1016/j.jamda.2017.03.014</a>

Hanson, E. Hellstrom, A., Sandvide, A., Jackson, G., MacRae. R., Waugh, A., Abreu, W and Tolson, D. (2016). The extended palliative phase of dementia- an integrative literature review. Dementia: the International Journal of Social Research and Practice. 0 (0) 1-27 DOI: 10.1177/1471301216659797.







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