A guide to making general practice dementia-friendly
What is in this guide?

This guide includes a checklist for GP practices to help people with dementia and carers access high quality care and support. People with dementia, carers and staff in GP practices have worked together to co-design, develop and pilot the checklist.

It includes areas such as flexible appointments, information provision and signposting post-diagnosis, personalised care plans, and an accessible environment. Small changes can make a huge difference and many do not require significant time or financial resource.

The checklist covers:

- General practice systems
- General practice culture
- Patient diagnosis and care
- Physical environment

This guide helps general practice provide accessible care and support for people with dementia, to improve outcomes for both patients and practice.

Introduction

GPs open the door to diagnosis, information, support, planning, and ongoing management and review for people with dementia and their carers.

This support is vital. For people with dementia, day-to-day tasks become more challenging and it becomes increasingly difficult to live well – challenges that only increase as the condition progresses. Dementia often impacts on the ability to manage other conditions as well, and seven in 10 people with dementia are living with another long-term health condition.

People with dementia also experience difficulties in accessing general practice, which can create barriers when even the best care and support is in place. They may experience difficulties with:

- navigating the physical environment of the practice
- not remembering to attend appointments
- not being able to express their concerns in the short time available with the GP
- not recalling details of discussions regarding their care.

If people with dementia do not receive the care and support they need, this can impact not only on their quality of life and health, but can also impact on the usage of primary care, emergency admissions to hospitals and transition to residential care.
What are the benefits for general practice?

A dementia-friendly general practice has benefits including:

- improving quality of care and support for people with dementia
- improving quality of care and support for other patients, especially other vulnerable groups such as the frail elderly
- supporting national frameworks and standards for dementia including the NHS England Well pathway and the CCG improvement and assessment framework
- fulfilling Care Quality Commission requirements
- reducing missed appointments and repeat appointments
- increasing dementia awareness and understanding for all practice staff, as well as contributing to personal development and job satisfaction.

‘If your practice is geared up to thoughtfully and respectfully consider the needs of the patient with dementia, you will be able, almost by default to know that you’re providing a caring environment for all those most vulnerable and in need.’

Practice Manager

Developing dementia-friendly practice

Follow these steps to develop a dementia-friendly general practice.

- **Arrange an awareness session for all staff.** The session is provided by Alzheimer’s Society, free of charge, and lasts around an hour and a half. As a result of the session, each person becomes a Dementia Friend. The session applies learning about dementia directly to general practice, with discussion of real life case studies of patients, and also introduces the checklist.

- **Use the checklist to identify changes that can be made within your practice to better support people with dementia.** Start by reading the tips section for guidance on using the checklist including how it can be used flexibly.

- **Access a range of free resources from Alzheimer’s Society.** These include a cognitive assessment toolkit, Worried about your memory? Information materials on the symptoms of memory loss, and The dementia guide, which provides comprehensive information and signposting for anyone recently diagnosed with dementia.
Arrange the dementia awareness session first, before starting the checklist. This will give the whole practice a greater understanding of dementia and can support all staff to understand the reasons for the items in the checklist and the impact the changes can have. Contact dfgp@alzheimers.org.uk to arrange an awareness session for your practice.

- **Involv**e people with dementia and carers if possible. This could be through the patient participation group (PPG). People with dementia and carers co-designed the checklist, but it is important to involve them where possible in applying the checklist to your individual practice.

- **Choos**e how you implement the checklist and who is responsible for this. In the pilots, different approaches were tried including lead from the patient participation group or a volunteer member of staff. It is a good idea to have a lead even if responsibility for various actions is shared between different people.

- It can be helpful to **set a specific review date** to check that improvements are sustained. You may wish to do this on the date you started, or as part of Dementia Awareness Week which takes place in May each year.

- **Share best practice.** Talk to other practices in your area about changes they are implementing. You could for example join together to hold the awareness session jointly. We will also be sharing examples of best practice on our website.

- Please note that **resources and further information** to support many items in the checklist are available online.

The checklist is **flexible** – you can tailor it to your needs and priorities. Not every item will be appropriate for your practice and you do not need to carry out or work through them all.

To support this flexibility, a **downloadable version of the checklist is available online** making it easy to check off items already in place, set priority levels, sort by short and long-term changes and assign people responsible.
Ensure that appointments are flexible and meet the needs of the patient

☐ Offer double appointments where appropriate.
☐ Offer telephone consultations where appropriate.
☐ Remind patients with dementia by phone on the morning of an appointment.
☐ Offer home visits for people with dementia and carers where appropriate.
☐ Provide a summary of key details of the appointment for the patient and/or carer.

Put appropriate consent procedures in place

☐ Obtain consent to discuss the patient’s diagnosis and care plan with the carer.
☐ Arrange for the carer to be present during consultation if appropriate.
☐ Enable carers to meet the GP separately about a patient.
☐ Obtain consent to share a patient’s information with health and social care organisations.
☐ If the carer is registered at another practice, seek consent from the carer to contact that practice when appropriate.

Use computer systems to assist monitoring

☐ Install computer flag-up alert systems that display a patient’s dementia diagnosis.
☐ Ensure that when patients check in, the flag-up system alerts reception staff that patients may need physical and orientation assistance to go to the consultation room.
☐ Update any pre-diagnosis codes such as ‘cognitive decline or mild memory disturbance’ to a dementia code after a diagnosis is made.
☐ Monitor missed appointments for patients with dementia or a potential dementia diagnosis.
☐ Conduct a coding clean-up exercise on an annual basis.
Value the views of patients and carers within the practice
- Include people with dementia and/or carers in the PPG where possible.
- Actively seek the views of people with dementia or carers if not already represented through the PPG.
- Offer separate Dementia Friends sessions for the PPG or with practice staff.
- Make outcomes from patient and carer consultation available in a format that is accessible to all patients.
- Involve the PPG in a walk through exercise.

Provide appropriate dementia training for practice staff
- Make dementia awareness sessions part of all staff inductions.
- Train all staff in recognising neglect or abuse of people with dementia and/or their carers.
- Appoint a dementia champion within the practice.
- Ensure all health care professionals have undergone dementia awareness training relevant to their level with the HEE tier 1 (or similar course) as the minimum standard.

Commit to the development of a dementia-friendly culture in the practice
- Allow enough time for people with dementia whose appointments may be complex and require further time.
- Include dementia diagnosis in all referral letters to hospital services (and other health care services).
- Ensure all safeguarding policies and procedures include dementia-specific sections.

Respect carers as a key partner in the patient’s journey
- With permission, identify and include carer(s) within the patient’s notes, copy into hospital appointment letters and include in all stages of a patient’s journey.
- Include every new patient taking on a carer role in a carer register within the practice.
- Flag carer status on the computer system for patients taking on a caring role.
- Check the carer register regularly to ensure carers are offered appropriate health checks including flu jabs.
- Ensure advice about how to access carer-specific information is available and clearly visible within the practice, for example on noticeboards.
- Contact any other practice where a carer is registered to ensure they are placed on a carers’ register and recommended for carer-specific support.
- Refer carers to carer support agencies or the local authority, for a carer’s assessment.

Checklist

General practice culture
- Carers respected as a key partner
- Valuing patient and carer’s views
- Dementia training for staff
- Dementia-friendly culture
- Dementia-friendly communities

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Sign the practice up to relevant current Enhanced Service Specifications or CQUIN.

Put mechanisms in place to meet QoF requirements.

Include dementia-specific information on the GP practice website.

Welcome people with dementia personally.

Promote patient involvement in dementia research.

**Ensure the practice is part of a dementia-friendly community**

- Join the local Dementia Action Alliance as a supporter.
- Establish a referral system for patients to access a dementia support worker.
- Establish links with the local mental health services for older people team.
- Establish links with social care specialists who can provide information on day care and respite options.

**Patient diagnosis and care**

**Timely diagnosis**

**Integral care plans**

**Post-diagnosis support**

**Ensure patients receive a timely diagnosis**

- Arrange for a formal assessment for patients with concerns about their memory.
- Make a referral for further assessment where a diagnosis cannot be confidently made within the practice.
- Offer screening for dementia for at risk groups, where appropriate.
- Ensure some GPs within the practice are able to diagnose (where referral for further assessment is not required).
- Work with care homes to carry out informal assessment and refer for formal assessment where required, for patients within care homes with symptoms of dementia.
- Use assessment tools including DeAR-GP (for case-finding and referral) as appropriate with patients in care homes.
- Ensure all clinical staff are aware of the specific issues relating to dementia and delirium.
- Offer health promotion advice on how to reduce risk factors in the prevention of dementia.

www.alzheimers.org.uk/info/20136/resources_for_gps/515/resources_for_gps/2
Ensure care plans are integral to the overall care of the patient

- Offer a person-centred care planning discussion for patients with dementia. This should include physical, mental health and social needs as well as referral/signposting to local support services.
- Ask about a patient’s life story and record relevant details in their care plan.
- Record missed appointments in the care plan.
- Make annual (or more frequent) appointments with the same named GP to review medication and monitor physical and cognitive changes.
- Review care plans and advanced care plans annually or more frequently, as needed.
- When appropriate, conduct mental capacity assessments to support decision-making.
- Refer to ‘Dementia: Good care planning’ guidance from NHS England to support care planning.
- Add patients with dementia in care homes to the QOF register and contribute to appropriate care plans.
- Offer end of life care discussions and record these in the patient’s care plan.
- Include and promote the use of This is me (or any similar document) to support patient care in all settings and use during consultations.
- Advise on completion of the Herbert Protocol* (or other local tool) for people with dementia at particular risk of going missing.

Ensure post-diagnosis support is a key component of follow-up care

- Distribute Alzheimer’s Society’s post-diagnosis resource, The dementia guide to patients after receiving a diagnosis.
- Provide information on the local dementia support service immediately after a diagnosis has been given.
- Display information on local dementia support details clearly on practice noticeboards.
- Establish good relationships with local pharmacies to ensure that prescriptions are dealt with appropriate to the needs of the patient and to support the carer.
- Work with a named dementia adviser/support worker attached to the practice.
- Signpost to information on day care and respite options that are available through local social care specialists.

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*www.southyorks.police.uk/help-and-advice/herbert-protocol
Ensure the physical environment and practice layout allows the patient to navigate the building independently

☐ Ensure the entrance is well signed and easy to find.

☐ Position reception desks and waiting areas clearly so they are easily identifiable.

☐ Display visible internal signs stating the name and location of the practice.

☐ Ensure all signage is clear, of a good size and is positioned at the right height in contrasting colours.

☐ Make sure signs that assist navigation through corridors are clear and easily understood.

☐ Signpost consultation/treatment rooms clearly.

☐ Use clear, appropriate signs and symbols for toilets and ensure they are visible from all areas.

☐ Use doors with clear transparent panels so people can see where they lead to.

Ensure patients’ are comfortable with and within the physical environment

☐ Minimise glare and reflection on floors that can make them look wet or shiny.

☐ Keep floors free of clutter.

☐ Label hot and cold taps clearly.

☐ Allow sufficient space for a wheelchair and a carer throughout the practice.

☐ Allow sufficient ‘on’ time if sensor lights are used in toilets.

☐ Keep noticeboards tidy and not crowded.

☐ Keep the reception area calm and quiet and/or make a separate, calm and uncluttered waiting area available to patients with dementia.

☐ Keep floor colours plain, matt and consistent.

☐ Contrast floor colours with those of the walls and furniture.

☐ Avoid change of pattern or colour and keep any mats, threshold strips etc in a similar tone/colour.

☐ Use natural lighting wherever possible and balance levels in areas according to brightness.

☐ Install even lighting that avoids stripy, patchy shadows.

☐ Paint toilet doors a distinctive colour.

☐ Fit traditional styles for toilet seats, flush handles, taps, toilet paper holders, handrails etc to make them easy to use, of similar design and in contrast to the walls.

☐ Ensure entrances are clear and uncluttered. Set aside separate areas for bikes, pushchairs etc.
Next steps

1. Request an awareness session for your practice.
2. Access the downloadable version of the checklist and supporting resources.
3. Order free Alzheimer’s Society publications.

Visit alzheimers.org.uk/dfgp
Email dfgp@alzheimers.org.uk
Alzheimer’s Society is transforming the landscape of dementia forever.

Until the day we find a cure, we will create a society where those affected by dementia are supported and accepted, able to live in their community without fear or prejudice.