

Dementia Friendly Practices Assessment Template – Bronze / Silver / Gold award

Practice details

| | | | |
|-----------------------|--|--------------------------|--|
| Practice name: | | Practice Code: | |
| Address: | | Practice Manager: | |
| | | Email: | |
| Tel: | | Dementia Lead: | |
| Website: | | Email: | |

Assessors' details

| | |
|----------------------------------|--|
| Date of assessment visit: | |
| 1st Assessor: | |
| Email: | |
| 2nd Assessor: | |
| Email: | |

Assessment

| Bronze | Y/N | Silver | Y/N | Gold | Y/N | Comments |
|---|-----|--|-----|--|-----|----------|
| Assessment and Early Identification of Dementia | | | | | | |
| Understanding of health and admin staff of “at risk” patients; why people with dementia and their family/carers should be recognised. | | Systems in place to prospectively identify at “risk” patients. | | Systems in place to identify and screen “at risk” patients with advice given. | | |
| Dementia Data Harmonisation (DDH) | | | | | | |
| Senior admin and one health professional have understanding of process. | | Team involved in review of letters, coding of diagnoses, review of medications all understand DDH. | | Process in place for regular running of DDH searches, reviews and coding of patients who are identified. | | |
| Care Homes | | | | | | |
| Process in place for timely registration of new residents | | Identified responsible person for Care Home residents, agreed | | Collaboration with home for monitoring and regular review of | | |

| Bronze | Y/N | Silver | Y/N | Gold | Y/N | Comments |
|--|------------|---|------------|--|------------|-----------------|
| including obtaining notes and review of medication and history. | | Care Plan template with input from Care Home Staff. | | residents including coordination for QoF reviews, Care Plans, regular meds review with pharmacist, Hospital Passport. | | |
| Care Plans | | | | | | |
| Have an agreed content for a Care Plan that is shared with Post-diagnostic support and Social Care. Understand meaning of: Advance Statements, Advance Decision, LPAs and EOLC. | | Regular review of Care Plans; understanding of Advance Statements, Advance Decision, EOLC and LPAs. | | Regular review of Care Plans; understanding of Advance Statements, Advance Decision, EOLC and LPAs with relevant copies on GP system and communicated to wider team, coordinating health and / or social care professional identified. | | |
| Communication | | | | | | |
| Give written and oral communication to person and understand when details can be given to other people (family, carers). | | Process for obtaining permission to give information to carer / family. Person easily identifiable (forget-me-not) on GP system. | | Dementia "This is Me" leaflet, admin staff call patient / carer prior to appointments. | | |
| Community Engagement | | | | | | |
| Awareness of Dementia Friendly Community initiatives (if available). | | Include person /people with dementia and family / carer representatives on PPG. PPG actively engaged with supporting Advanced Care Planning in the practice. | | Primary care team involved in local dementia events/groups; Leading and facilitating local dementia friendly community. | | |
| Environment | | | | | | |
| Understand about Dementia Friendly signing and communication. | | Provide basic signing. | | Provide comprehensive signing and colour scheme. | | |

| Bronze | Y/N | Silver | Y/N | Gold | Y/N | Comments |
|--|-----|--|-----|---|-----|----------|
| | | | | | | |
| Management of Dementia | | | | | | |
| Understanding of Dementia subtypes, interventions for dementia, causes and management of BPSD (Pharmacological and non-pharmacological). | | Appropriate interventions offered to patients and carers; annual review of meds for dementia and co-morbidities. | | Appropriate interventions offered to patients and carers; prospective monitoring of pharmacological treatments including AChEIs, APs, ADs, BZDs, Hypnotics. | | |
| Carers' Register. | | Carers' Register plus regular review. | | Carers' Register plus review and carer input into patient review; provision for respite. | | |
| Organisation | | | | | | |
| Dementia Lead (Health Professional) in place. | | Identifiable Third Sector contacts (Alzheimer's Society, Dementia Navigator, Wellbeing Centre); Signed up to Dementia Action Alliance. | | At least one Dementia Champion. | | |
| Risk Reduction | | | | | | |
| Understanding of risks for dementia by health professionals in Primary Care Team; information available to admin staff and general public. | | Review of people with "at risk" conditions during annual reviews. | | Provision of information in accessible formats (Visually impaired, ESY Read); register for MCI with defined follow-up. | | |
| Staff Training | | | | | | |
| All staff receives dementia training, updated annually. Each member of staff has received the booklet "customer facing staff guide". | | Health professional Dementia Lead identified; admin member is a Dementia Friend. | | Involve community team, community Pharmacist, PPG with dementia and carer representatives. Process for dealing with IG. | | |

Resources:

Care Plan Template

Dementia Data Harmonisation

NICE commissioning pathway

NICE guidance on dementia <https://www.nice.org.uk/guidance/cg42>

iSPACE resources <http://wires.wessexahsn.org.uk/news-and-events/news-ispac-resources/>

Alzheimer's Society website www.alzheimers.org.uk

Glossary:

AChEIs – acetylcholinesterase inhibitors

APs – antipsychotics

ADs - antidepressants

BPSD – behavioural and psychological symptoms of dementia

BZDs - benzodiazepines

DAA - Dementia Action Alliance

DDH - dementia data harmonisation

ESY - Easy Read

EOLC – End Of Life Care

IG - Information Governance

LPA – Lasting Power of Attorney

MCI - Mild Cognitive Impairment

PPG - Patient Participation Group

QoF - Quality and Outcomes framework

Note to Assessors:

This proforma should be used during a practice visit to help assess whether a practice is Dementia Friendly.

There are three levels of recognition/accreditation: bronze, silver and gold. A practice can be assessed and achieve a bronze level initially and then later progress onto silver and finally onto a gold status of accreditation. This process is to help enable patients who have dementia to be treated compassionately and with respect in an environment that can champion a culture of compassion.

Attainment of the essential criteria required for bronze, silver and gold status to be recorded in the appropriate boxes. All criteria must be met; i.e. to achieve Silver award the practice must meet all Bronze and Silver targets; to achieve Gold award, the practice must meet all Bronze, Silver and Gold criteria.

Assessors will also be looking for soft criteria such as practice culture and attitudes facilitating progress towards a dementia friendly practice and this aspect can moderate achievement significantly.