



#healthyplym

**Oversight and Governance**

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## HEALTH AND WELLBEING BOARD – SUPPLEMENT PACK

Wednesday 24 January 2024  
10.00 am  
Warspite Room, Council House

**Members:**

Councillor Aspinall, Chair  
Councillor Dr Mahony, Vice Chair  
Councillors Carlyle, and Laing.

**Statutory Co-opted Members:**

Strategic Director for People, Director of Children's Services, NHS Devon ICB, Director for Public Health, and Healthwatch.

**Non-Statutory Members:**

Livewell SW, University Hospitals Plymouth NHS Trust, and the Voluntary and Community Sector.

Members are invited to attend the above meeting to consider the items of business overleaf.

**Tracey Lee**  
Chief Executive

## **Health and Wellbeing Board – Supplement Pack**

- 7. Healthwatch 'Patient Experiences of Pharmacy Services' Report (Pages 1 - 14)**

To consider the Healthwatch 'Patient Experiences of Pharmacy Services' report.

- 8. Pharmacy and Pharmaceutical Needs Assessment update. (Pages 15 - 30)**

To receive an update on Pharmacy and the 'Pharmaceutical Needs Assessment'.

- 10. Dementia Care (Pages 31 - 46)**

To receive a report on the multi-agency services available for Dementia care in the City.



# healthwatch

in Devon, Plymouth and Torbay

## Patient Experiences of Pharmacy Services in Devon, Plymouth and Torbay

An insight report based on feedback recorded between 1<sup>st</sup> April 2022 and 30<sup>th</sup> September 2023.





## Why we produced this report

- Healthwatch England had identified serious concerns nationally in relation to:
  - Shortages of medication
  - Delays in getting repeat prescriptions issued
  - Shortages of staff
  - Closed pharmacies.
- We had highlighted similar concerns in our [previous report](#) published in May 2022 that were being raised locally around **access to services, waiting times** and **medication delays**.
- We wanted to see if these themes were still evident locally and to identify any new themes emerging
- We wanted to highlight what people had told us about their experiences of local pharmacies, to help inform future service development.

## What we did

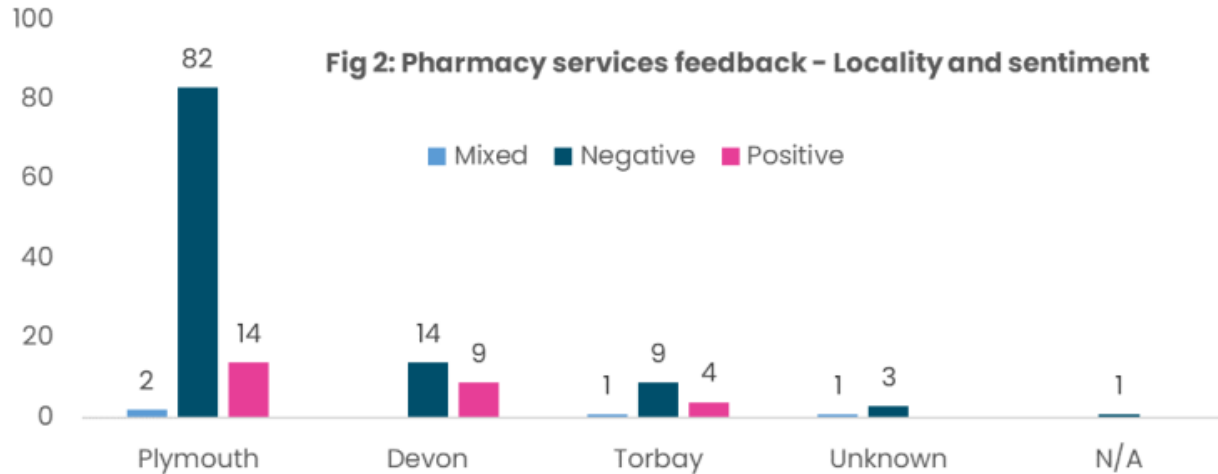
- We notified key NHS stakeholders of our plan to produce a report by escalating our concerns around pharmacy services to NHS Devon, The Primary Care Commissioning Committee, Quality and Patient Experience Committee and to The System Quality & Performance Group, Devon Local Pharmaceutical Committee, and NHS England Southwest.
- We analysed feedback from **141** patients and patient representatives that had been recorded through people contacting us via our contact centres and online feedback centres, between 1<sup>st</sup> April 2022 and 30<sup>th</sup> September 2023.
- We shared the intelligence we gathered from the public and our report with our national partners Healthwatch England, so they can continue to monitor the national picture and raise any concerns nationally with their partners, including the Care Quality Commission.





## What we found

109 of the 141 experiences shared with us (77%) were negative in sentiment and of those, 82 experiences (75%) recorded related to pharmacy services in Plymouth.





## What we found continued

We found that the most common themes relating to patient experiences centred around:

- **Medication** - 53 experiences (38%) - Supply issues, incomplete prescriptions and waiting times
- **Staff** - 37 experiences (26%) - staffing levels, capacity and quality of service
- **Administration** - 18 experiences (13%) - systems and protocols
- **Access to services** - 17 experiences (12%) - pharmacy closures and unanswered telephone calls

## What people told us about their experiences

"Closed for whole afternoons without warning, very inconvenient."

"Phoned to check on prescription and told it was ready. Arrived at 4pm to find it closed and no info when it would be open."

"I had a phone call saying prescription was ready. Went to collect. Waiting for ages to be attended to. Then to top it off they could not find my prescription and I came away empty handed. Being told the

"They never answer the phone, hard to pick your prescription up as always shut when I drive past."

Despite being overrun with insufficient numbers, they provided a very good and kind service with a smile. The delays are down to understaffing

Queues are terrible, prescription never ready, not enough staff, staff not enough knowledge.

"I get regular prescriptions from here and can't fault them. I've also needed the advice of the pharmacists on more than one occasion always receiving excellent information and signposted to

"Slow - prescriptions not ready - not answering telephones - can't find if prescriptions ready."

"My partner who is at the end of his life recently had his "Just in case" medication replaced because one or two items was out of date instead of just replacing the two items, they replaced everything. I had to go to 2 pharmacies before I found one who had the medication in stock. What a waste of medication, although I was told it does not cost very much!!"



## Our recommendations



- We asked NHS stakeholders in Devon to respond to the experiences presented in our report and to provide details as to how the issues raised in this report will be addressed.
- Where pharmacies do not have capacity to answer telephone calls, we recommended that they consider introducing either an answerphone or a message facility so that patients can have their queries responded to as soon as possible.
- That NHS Devon considers our findings and provides Healthwatch with a response as to how the information will help to inform future strategy development.

## Our recommendations continued

- That in line with Healthwatch England's recommendations, NHS Devon and NHS England Southwest plans how to develop capacity of the existing pharmacy workforce within the more comprehensive primary care teams across the NHS, as set out in the NHS Long Term Workforce Plan and that Healthcare Leaders locally and nationally should urgently consider how to tackle medicine shortages for the longer term.
- That University Hospital Plymouth NHS Trust considers working with Healthwatch Plymouth in monitoring patient experience feedback once proposed changes to the Outpatient Pharmacy Service are fully implemented.



## Responses from the NHS to our report

- **NHS Devon** will use the outputs of our report to directly inform the development of its Pharmacy strategy, which is currently in development (2023/24) enabling us to show how the experiences of patients in Devon have been used to develop and improve services for pharmacy services and patients.
- **Community Pharmacy Devon** will review all recommendations made by the report and ensure that they are considered in full as part of processes for developing and improving pharmacy services, with the providers and the commissioners in Devon.



## Responses from the NHS to our report

**University Hospitals Plymouth** provided an apology for the poor service experienced by patients and families at the outpatient pharmacy. In addition to already taking action to increase staff numbers, offer temporary seating and a courier service to the most vulnerable patients, they have recently procured a new outpatient pharmacy in 2024 which will move to a new, larger onsite location and will allow for a wide range of changes to take place such as:

- Recruitment of more staff
- Increased use of automation, with the opportunity to offer the most recent innovations around our service
- A home delivery service for patients who meet certain criteria, as well as looking to maximise the use of local pharmacies where possible.

All of which is aimed at improving the patient experience and



## Next steps

- We will present our findings to key audiences such as Local Authority Health and Wellbeing Boards and Health Overview and Scrutiny Committees in Devon, Plymouth and Torbay in 2024.
- We will work with NHS Devon to ensure the public voice and involvement remains central to the development of the pharmacy strategy for Devon.
- We will continue to monitor patient feedback relating to pharmacy services and will continue to report our feedback data periodically to NHS Devon, NHS England Southwest, Devon Local Pharmaceutical Committee and Healthwatch England.





## To find out more

Healthwatch England's findings - '*Your experiences of getting prescription medication*' is available [here.](#)

The latest Healthwatch in Devon, Plymouth and Torbay experiences of pharmacy services report is available [here.](#)

**healthwatch**  
in Devon, Plymouth and Torbay

[healthwatchdevon.co.uk](http://healthwatchdevon.co.uk)  
[healthwatchplymouth.co.uk](http://healthwatchplymouth.co.uk)  
[healthwatchtorbay.org.uk](http://healthwatchtorbay.org.uk)



**#your  
voice  
counts**

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# Pharmaceutical Needs Assessment - UPDATE



**Robert Nelder, Consultant in Public Health, Plymouth City Council**  
**David Bearman, Director of Strategy, Community Pharmacy Devon**

# Outline



- **What is a Pharmaceutical Needs Assessment (PNA) and what are the H&WB's responsibilities in that regard**
- **Which Pharmacies have closed or are planning to close**
- **Supplementary statements to the PNA**
- **The reasons for the proposal to 'go early' with the next version of the Plymouth PNA (for publication in March 2025)**
- **Current situation**
- **The opportunities this presents**
- **The NHS Devon Pharmacy Strategy, the links to the PNA, and the opportunity for H&WB members to get involved**
- **Recommendations**

# What is a PNA and what are the H&WB's responsibilities



- **A Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing appliance contractors, and dispensing doctors in rural areas (where relevant)**
- **The Health and Social Care Act 2012 transferred the responsibility to develop and update PNAs from Primary Care Trusts to H&WBs from 1 April 2013**
- **This means that Plymouth's H&WB has a legal duty to ensure the production of a PNA for Plymouth**
- **H&WBs were required to publish their first PNA by 1 April 2015 and publish a statement of its revised assessment within three years of its previous publication, or sooner if changes to the need for pharmaceutical services are identified which are of significant extent**
- **Plymouth's last PNA was published in September 2022 (for the period October 2022 to September 2025)**

# What is a PNA and what are the H&WB's responsibilities



- **The PNA for Plymouth 2022-2025 presents a picture of community pharmacy need and provision in Plymouth**
- **If a pharmacy or a dispensing appliance contractor wants to provide pharmaceutical services in Plymouth, they are required to apply to NHS Devon to be included in the pharmaceutical list**
- **In general, their application must offer to meet a need that is set out in the H&WB's PNA, or offer to secure improvements or better access similarly identified in the PNA**
- **As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required**
- **Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.**

# What is a PNA and what are the H&WB's responsibilities



**In summary, the PNA will be used by NHS Devon to inform:**

- **decisions regarding which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors in Plymouth**
- **whether new pharmacies or services are needed**
- **decision-making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services**
- **the commissioning of locally enhanced services from pharmacies**

**Providers of pharmaceutical services will also use the PNA to inform their applications to provide pharmaceutical services by demonstrating that they are able to meet a pharmaceutical need (or gap in service) as set out in the PNA.**

# Which pharmacies have closed or are planning to close



Lloyds Pharmacy	Sainsbury's, Plymouth Road, Marsh Mills, Plymouth, PL3 6RL	04-May-23
Boots Pharmacy	Plympton Health Centre, Mudge Way, Plympton, PL7 1AD	18-Nov-23
Boots Pharmacy	Chard Road Health Centre, Chard Road, St Budeaux, Plymouth, PL5 2UE	06-Jan-24
Boots Pharmacy	7 Claremont Street, Plymouth, PL1 5AQ	06-Jan-24
Boots Pharmacy	6-8 Eggbuckland Road, Mannamead, Plymouth, PL3 5HE	06-Jan-24
Boots Pharmacy	Units 4b & 4c, East End Community Centre, Cattedown Road, Plymouth, PL4 0AY	22-Mar-24
Boots Pharmacy	58, Salisbury Road, St Judes, Plymouth, PL4 8SY	23-Mar-24

# Supplementary statements to the PNA



**Supplementary statements are statements of fact; they do not make any assessment of the impact the change may have on the need for pharmaceutical services.**

**Effectively, they are an update of what the pharmaceutical needs assessment says about the availability of pharmaceutical services.**

**They are not a vehicle for updating what the pharmaceutical needs assessment says about the need for pharmaceutical services.**

# Supplementary statements to the PNA



<b>Date PNA published</b>	29 September 2022
<b>Supplementary Statement No.</b>	SS01
<b>Date of Issue</b>	8 January 2024
<b>Issued by:</b>	Plymouth Public Health Intelligence Team

## Details of change

Type of change	Closure
Effective date	14 May 2023
Company Name	Lloyds Pharmacy
NHS pharmacy contractor code	FGQ71
Pharmacy address	Sainsbury's Plymouth Road, Marsh Mills, Plymouth PL3 6RL
Plymouth PNA locality profile area	South locality
Contractual hours	100 hours
Opening hours	Total 101 Opening hours Monday 07:00-23:00 Tuesday 07:00-23:00 Wednesday 07:00-23:00 Thursday 07:00-23:00 Friday 07:00-23:00 Saturday 07:00-22:00 Sunday 10:00-16:00

In additional to essential pharmaceutical services, the pharmacy provided the following locally commissioned service:

- Voucher Scheme for NRT in Community Pharmacy



# The reasons for the proposal to 'go early'



**Each H&WB must make a revised assessment as soon as is reasonably practicable, after identifying changes since the previous assessment which are of a significant extent, to the need for pharmaceutical services in its area, having regard, in particular, to changes to:**

- (a) the number of people in its area who require pharmaceutical services**
- (b) the demography of its area; and**
- (c) the risks to the health or well-being of people in its area,**

**Unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.**

***Source - The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013***

# Current situation



- **The sector is under unprecedented challenge. Concerns focused around: financial challenges, workforce issues, medication and supply chain concerns, operational challenges and workload leading to a reduction in access.**
- **We have seen a significant decline in pharmacies in Plymouth this will reach nearly 20% by the spring. This has led to a small shift from multiples to independent owners.**
- **On 9th May 2023, DHSC and NHSE published the Delivery plan for recovering access to primary care, this included a commitment to commission a Pharmacy First service, allowing the treatment of seven common conditions by community pharmacists.**

# Opportunities



- **Maximise existing services such as the New Medicines Service and the Discharge Medicines Service which have the potential to impact system demand.**
- **Utilise new services : Pharmacy First (which includes the CPCS and GPCPCS) enabling Community Pharmacies being able to offer as well as minor ailments and emergency repeats, clinical pathway consultations in seven conditions: Sinusitis, sore throat, acute otitis media, Infected insect bites, impetigo, shingles, uncomplicated UTI. In addition, contraceptive services where pharmacies will be able to initiate oral contraception as well as manage contraceptive supply**
- **Maximise the opportunity highlighted by the Independent Prescribing pathfinder sites exploring how we best utilise Independent prescribing as it develops in Community Pharmacy teams.**

# Opportunities



- **Take advantage of the relaunch of the NHS Hypertension Case Finding Service, expanding the use of ABPMs and clinician involvement. This service is one of the key preventative interventions.**
- **Pharmacy technicians' scope is expanding providing greater potential service capacity**
- **Medicines Supply is being centralised and automated enhancing efficiency and capacity**
- **There are greater system linkages improving integration and safety but opportunity to go further**
- **Utilise Pharmacies prevention role to support areas of inequality**
- **NHS Devon follow other ICBs by appointing a small pharmacy team to tackle CP resilience and exploit these opportunities**

**Community Pharmacy has significant potential to provide increased capacity to support patient care**

# The NHS Devon Pharmacy Strategy



- **Being developed to link into the NHS Devon primary care strategy it will build local examples of integrated working incorporating the recently published Kings Fund and Nuffield Trust vision for community pharmacy**
- **Engagement events are underway including with Health and Wellbeing boards which will:**
  - **Explain the national context in which Community Pharmacists are practicing.**
  - **Outline the number of Community Pharmacies in Devon, recent changes and the contracting arrangements for services provided.**
  - **Highlight the challenges facing this primary care contractor group.**
  - **Promote some good news stories.**

# The NHS Devon Pharmacy Strategy



- **The strategy will be developed using the engagement sessions and stakeholder survey questions to explore the opinions of key stakeholders regarding current Community Pharmacy service provision and the opportunities for developing Community Pharmacy services.**
- **Health and Wellbeing boards will be participants in these sessions**
- **The strategy is planned to be completed by May 2024**

**It is important that we utilise the PNA to enable the delivery of the vision for pharmacy working in partnership with NHS Devon.**

# Recommendations



The recommendations are for the **Health and Wellbeing Board** to:

- **Accept the proposal to ‘go early’ with the publication of the next Plymouth PNA (March 2025 as opposed to September 2025)**
- **Support and engage in the development (in the coming months) of the NHS Devon ICB Pharmacy Strategy (which in turn will inform the 2025 version of the Plymouth PNA)**

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# Health & Wellbeing Board

## Dementia support in Plymouth

- Nicole Quinn, Lead Dementia Advisor, Livewell Southwest
- Kate Smith, CEO, Memory Matters
- Louise Barnes, CEO, Elder Tree
- Sarah Carlson, Lead Nurse for the Elderly, University Hospitals NHs Trust
- Emma Crowther, Interim Head of Commissioning, Plymouth City Council



# Dementia - prevalence

- In 2020, 3,514 people over the age of 65 were estimated to be living with dementia in Plymouth. By 2040 it is projected that this number will have risen to 5,163
- 850 patients are on the case load of the Dementia Advisor Service, run by Livewell Southwest
- Devon ICB – 11,731 people living with a diagnosis of dementia, estimated 20,373 living with dementia
- Diagnosis rate for Devon (total number divided by estimated number) 57.6% against a national average of 64.06%
- Estimate 1 million people nationally with dementia in 2021, by 2025 anticipated to rise to 1.6 million.
- **One in two of us will be affected by dementia in our lifetime**

**(Sources: NHS Digital Primary Care Dementia data, October 2023 & Alzheimer's Research UK)**

# Dementia symptoms

## **Common early symptoms:**

- memory loss
- difficulty concentrating
- finding it hard to carry out familiar daily tasks, such as getting confused over the correct change when shopping
- struggling to follow a conversation or find the right word
- being confused about time and place
- mood changes

## **Possible diagnoses:**

- Alzheimers – the most common form of dementia
- Vascular Dementia – second most common form of dementia
- Dementia with Lewy Bodies
- Frontotemporal dementia

# Diagnosis

Dementia is not a normal part of ageing. Any symptoms or changes noticed should be discussed with GP to commence screening including:

GP will rule out/exclude:

- other medical conditions that may have similar symptoms such as: depression, chest and urinary tract infections, severe constipation, thyroid problems, vitamin deficiencies and delirium.
- other possible causes of confusion such as poor sight or hearing, emotional changes and upsets (for example, moving house or bereavement), or the side effects of certain drugs (or drug combinations) being taken for other conditions, or lifestyle (alcohol intake, substance use, stress).
- GP can undertake cognitive testing such as GP Cog and refer for brain imaging or onto Memory Pathway as appropriate.
- Initial Memory Assessments are undertaken by Community Memory Practitioners (RMNs, OTs , SWs). Assessment may take place in the home, or in an outpatient's department at the Local Care Centre.
- Test of memory, orientation, language and visuospatial skills can be very good at helping to determine the type of problem a person may have, particularly in the early stages. The assessment can be used as a baseline to measure any changes over time, which can help with making a diagnosis. Test commonly used is known as ACE III or Mini ACE.
- A score less than 82 out of 100 indicates a mild cognitive impairment or dementia.

# Diagnosis

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In more complicated cases the outcome of the initial memory assessment is discussed at a weekly MDT. Further assessment by a clinical psychologist or neuropsychologist may be required or onward referrals to support identified care needs such as Dieticians, Speech & Language Therapists, and Adult Social Care.

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A Consultant Psychiatrist will bring together all the information from the history, symptoms, physical examination, tests and any scans to allow diagnosis to be made. However, several appointments may be required if GP has not previously arranged for a brain scan.

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If the diagnosis is dementia, the consultant should be able to determine the type. A follow up appointment for diagnosis will usually cover how the dementia is likely to progress and any treatments (drug or non-drug) as part of a care plan. There is lot to adjust to. Information packs are provided.

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Once a diagnosis of dementia is confirmed, people are automatically referred to an 'opt out' **post diagnostic support group (DAS)** or for people with a MCI the **memory strategy group** . These sessions usually cover living well, driving, benefits, local support services, planning ahead and more.



# Dementia Advisor Service

Support, information and guidance to people with dementia or cognitive impairment, and their carers /supporters

## 4 week Livewell with Dementia course

- Following a diagnosis of dementia people will be automatically referred to post diagnostic sessions which will take place at various locations across Plymouth. The two and a half hour sessions will run weekly over four weeks and cover the following key issues:
- My dementia
- Staying me
- My wellbeing
- My future
- About me - creating my dementia plan
- Sessions are run by Dementia Advisors who help create an individualised support plan which focuses on enhancing people's wellbeing and current needs as well as forward planning around their dementia. Review appointments will be offered to meet the needs of the individual and carer every 6 months. 2022- 2023 = 692 people attended 200 LWWD sessions.
- 2024 = 850 patients are on the case load of DAS, minimum contact 2 x annual

## Stand alone sessions

- A range of one-off sessions designed to meet the presenting needs
- Following a diagnosis of mild cognitive impairment people will be automatically referred to a four-week **Memory Strategy Group** course where they will be able to learn about how memory works, in a group of people who also experience memory difficulty



- **Supporting 200 people living with dementia and their carers.**
- Receives referrals from and works in partnership with Livewell Southwest, Memory Matters, Primary Care, social prescribers and other relevant organisations as well as family and friends of those living with dementia.
- Weekly contact through social activity groups or 1:1 befriending in the beneficiaries' homes (whichever is appropriate).
- **Groups include:-**
  - Social Inclusion activity groups across the city close to where people live to help reduce social isolation and improve quality of life.
  - Specific Breathing Space programme in 6 locations across the city (8 from Spring 2024) supporting people living with dementia and providing respite for their carers, with support offered in different rooms within the same venue.
- 48 weeks of regular and consistent provision each year. As well as at groups, project workers provide support in between sessions on the phone or at home visits if necessary.



The Memory Matters Hub at Moments Cafe offers a range of services for people with dementia and their carers:

- Advice and support on dementia - this year we supported **752** people
- Cognitive stimulation therapy - **98** people took part in our CST Groups
- Memory cafes - a bi-weekly group with up to **50** people living with dementia and carers for 50 weeks a year
- Dementia-friendly activities - **at least nine free sessions a week**
- From July 2022- June 2023 Moments Cafe had **54,036** visitors- each visitor understanding there is support available
- Memory Matters continues to share knowledge by providing training in a variety of areas, primarily in Cognitive Stimulation Therapy (CST) and in sharing what it's like to live with dementia to enable others to truly understand.
- Currently training 100 Plymouth care home staff in **Behaviours that Challenge Us.**
- This includes online Insight into Dementia Courses for the family carers of Caring of Carers.
- From July 2022 - June 2023 we have delivered CST training and Exploring Dementia in person, online and live via zoom



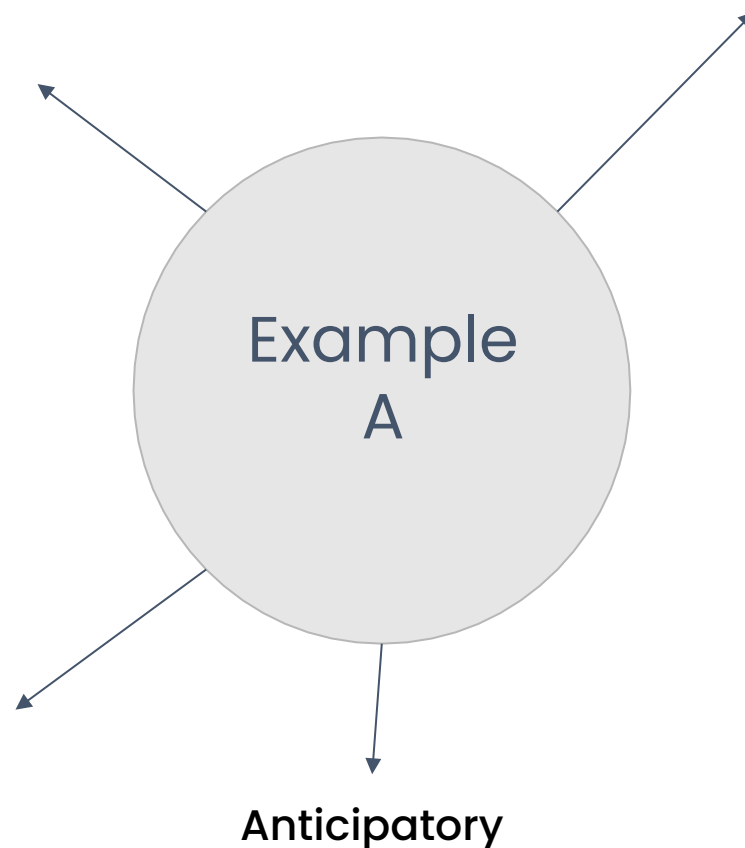
## Issues

- Moving back to Plymouth after living In Spain and receiving diagnosis in Spain.
- Housing ,Understanding Diagnosis of Dementia.
- Carers Awareness and lack of understanding.
- Relationship breakdown between PWD and carer/ wife.
- **Psychological, Emotional and Physical Abuse**

## Outcome

- Built a relationship with both carer and PWD so we could check in to see how things were going.
- MM enabled weekly monitoring of PWD wellbeing.
- Provided a safe space for both of them to drop into. If PWD and carer didn't turn up at Moments, whilst the carer was threatening and shouting, what would have happened?
- Supported PWD and carer from the start of their diagnosis until they went into a care home.
- Emotional Support for PWD.

## Memory Matters Support



## Anticipatory

- Consistent Monitoring of Wellbeing
- Prevention of Harm from Abuse
- Alerting Potential Crisis

## Memory Matters Action

- Both the PWD and wife attend Memory Cafe.
- PWD attended 15 weeks of Cognitive Stimulation Therapy at MM.
- Provided therapeutic value and a safe space for PWD to attend alone.
- Educate the carer of the Symptoms of Dementia and the use of appropriate responses.
- Safeguarding referral was made when PWD didn't feel safe and had suicidal thoughts.
- Supported the Safeguarding Social Worker to talk to PWD alone whilst at a MM group.
- Updated Dementia Team of PWD low mood and living situation.
- Consistent updates to DAS.
- Referral made to adult social care Called 101 when carer arrived at MM shouting and threatening PWD.
- Supported PWD whilst talking to Police officer.

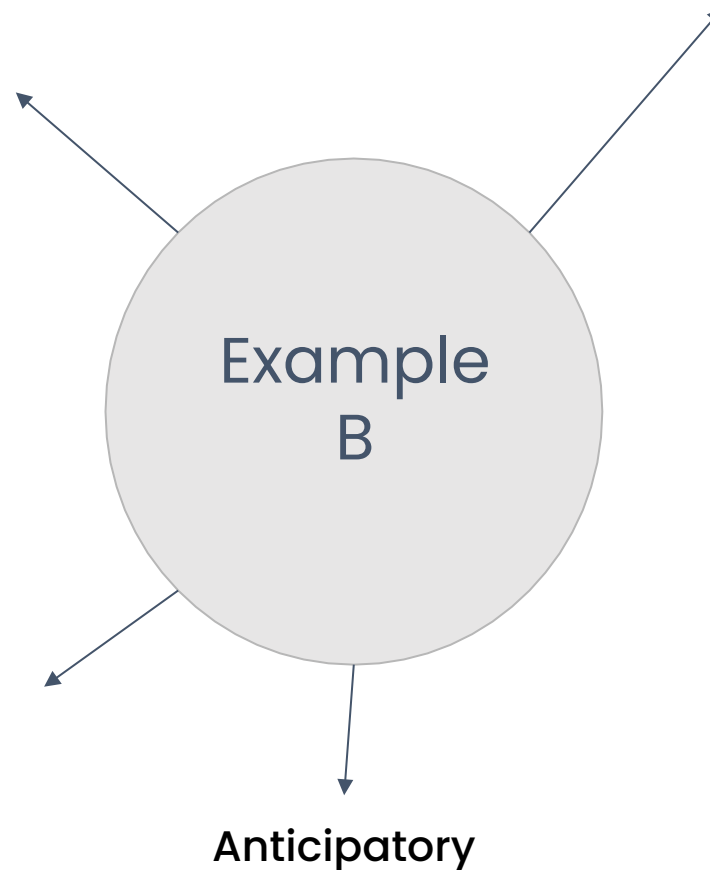
## Issues

- Young Onset – diagnosed with Alzheimer's at 62.
- Carer/ Husband understanding and engagement
- Carers own poor health.
- Carer working full time and accommodating loss of income from PWD
- Rapid decline and ability of PWD.
- **Getting Lost and some police involvement**
- **Increased Anxiety, became very tearful**

## Outcome

- Built a relationship PWD so we could check in to see how things were going.
- MM enabled weekly monitoring of PWD wellbeing and noticed appearance had declined, so liaised with DAS of the changes.
- Carer got other carers support through the assessment so carers were coming in 3 times a day which allowed him to work.
- First point of contact for family to contact when they didn't know where to go whilst carer was in hospital with his own poor health. Our number was found on a letter that was sent about the Young Onset Group.
- Emotional Support for PWD.

## Memory Matters Support

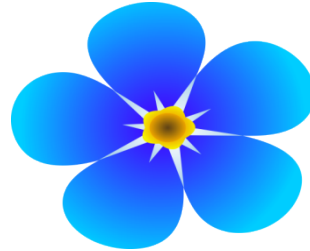


## Anticipatory

- Consistent Monitoring of Wellbeing
- Liaising with statutory services.
- Alerting Potential Crisis

## Memory Matters Action

- Attended YOG Group and Memory Cafe regularly but attended alone.
- Engaged with carer when they reached enough was enough and needed support.
- Supported carer to access benefits. Carer had a bad experience with PIP application as PWD became very upset. Encouraged carer to try again and they were successful.
- Encouraged carer to engage with DAS Liaised with DAS as PWD has had no review since diagnosis.
- Supported Carer to access carers support groups.
- Given Herbert Protocol to carer and advice about relevant tracking.
- Supported to contact Adult Social Care.
- Made arrangements for a carer assessment.
- Son contacted MM to ask for support on PWD diagnosis as the carer was in hospital and didn't know what to do.



## Getting to Know You

Additional Information about patients in hospital, regarding individual details, preferences and wishes, for people unable to readily explain these needs to staff

Patient's Name .....

Prefers to be called .....

Whilst you are a patient in this hospital, we would like to get to know you better, your likes, dislikes, usual routines and preferences. This will enable us to treat you with respect and dignity and ensure that the care you receive is tailored to you personally



Please complete whichever parts of this booklet which you feel would help us care for you as an individual and achieve our aim of getting to know you better during your hospital stay. If you are unable to complete this, we will ask someone to help you



If you have a "This is me" leaflet or "Hospital Passport", please let us know, as it would be useful if this could be brought into hospital too.



- **Identification of the patients with Dementia**

Use of Forget me not Flower

1 in 4 patients in an acute Trust have Dementia

- **Information gathering**

Getting to know you leaflet

Ensures more person centred care

- **Carers**- open visiting – John's campaign

**I AM A CARER** NHS University Hospitals Plymouth NHS Trust

My name is .....

and I am the named carer for .....

This card allows me access to visit to facilitate and/or deliver care as appropriate.

As well as open visiting, additional agreements are:

.....

.....

Signed: ..... End Date: .....

Print: .....







- **Dementia friendly Environments**
- Improve wayfinding and reduce anxiety
- **Dementia Friendly Accreditation**
- Ward and departments
- Improvements to Dementia care
- **Staff Education and training**
- Level 1,2 and 3- including Partnership module with University of Plymouth.





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- **Enhance Positive Stimulation**

- Pet and doll therapy, Puzzles, daily sparkle, Activity Boxes.

- **Dementia Volunteers**

- Provide company and help with meaningful activities

- **Nutrition Improvements**

- finger foods
- Appropriate crockery and utensils





# Plymouth Dementia Action Alliance

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- The Plymouth Dementia Action Alliance (PDAA) was established in 2011 and is made up of over thirty organisations committed to transforming the quality of life of people living with dementia and the people who care for them in Plymouth. Key projects have included Dementia Friendly City
- The Alliance meets again in early February, with a proposed focus on the following themes:
- Advice, Information & Guidance - *Where do people go for help, what needs to be available, benefits, LPA, Specialist advice and problem-solving, Dementia Directory, referral pathways.*
- Timely Diagnosis and Pre and Post Diagnostic Support - *referral, while waiting support, prep for assessment, linked in with other orgs, post-diagnostic support, physical, emotional and social support, LD & Dementia, social care assessment, risk mitigation, anticipatory action*
- End of Life Care - *EoL Pathway for dementia*
- Carers' Support - *Carers needs assessment, recognised within the system as a carer, dementia carer information sessions, carers card?*
- Skilled, Knowledgeable and Effective Workforce and Community - *professionals, public services, dementia-friendly businesses*
- Inclusion in Service Design, Delivery & Monitoring - *nothing about us without us, co-design and consultation*
- Early Onset Dementia (Under 65) - *neurology pathway, support available*
- Navigating the system - *Mild, Moderate, Severe Dementia. Transition phases ( respite, professional care), respite, crisis, extra care housing and enhanced dementia bed services.*

# Challenges & Opportunities



Waiting lists for assessment and diagnosis – how do we better support people while they are waiting for a diagnosis?



How do we support people earlier in their dementia journey – when symptoms are mild to moderate?



How do we better understand the pressure on carers who are caring for someone with dementia?



Greater focus on Healthy Ageing and Live, Longer, Better programmes will improve our understanding of the impact of dementia

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