Dementia

Scoping the role of the dementia nurse specialist in acute care (2013)

Findings from a report prepared by the University of Southampton on behalf of the Royal College of Nursing

Supported by
Introduction

Dementia is a significant challenge and a key priority for the NHS with an estimated 25 per cent of acute beds occupied by people with dementia. Hospital care for people with dementia has become an area of particular concern. When people with dementia come into acute care, their length of stay is longer; they are vulnerable to potentially avoidable complications such as dehydration and falls, and are often subject to delays in leaving hospital and returning home safely\(^1,2,3\). The outcomes for people with dementia are poor compared to people without it, and their families often report poor experiences of care. The estimated additional costs of poor outcomes of hospital care for people with dementia are in excess of £250,000,000 per year.

Recent policies and guidance have recommended having a dementia clinical lead in hospital to support improvements in care but implementation is varied\(^4,5,6\). Whilst the impact and evaluation of dementia specialist nurses is limited\(^7\), it is considered that dementia nurse specialists working in the acute and/or community settings can improve health outcomes for people with dementia and their carers in the hospital.

This report was developed in response to the Prime Minister’s Challenge on Dementia\(^8\) to scope the role of dementia nurse specialists working in the acute care setting and develop recommendations for future developments. The research report forms part of ongoing work at the Royal College of Nursing (RCN) focusing on dementia care.

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Background

Over the last two years the RCN has facilitated a project designed to influence and guide the provision of dementia care in acute care settings. This led to the development of a Commitment to the Care of People with Dementia in General Hospitals (launched in 2011) and resources to support its implementation.

These resources have been extremely well received and bring together a number of initiatives designed to improve the experience of care for people with dementia and their families, in support of national dementia strategies.

The success of specialist nurses in other fields suggests an opportunity for specialists in dementia care to support their nursing colleagues and others in delivering high quality and safe care.

In support of this, and in response to the recent Prime Minsters Challenge on Dementia, the University of Southampton was commissioned by the RCN and the RCN Foundation in November 2012 to explore the role and contribution of dementia nurse specialists in acute care settings.

The full report provides an outline of their findings following a literature review and from a survey of dementia nurse specialist roles across the UK. It is acknowledged that the evidence for the impact of dementia nurse specialists is limited as the role remains untested and further evaluation is required.

Report findings

There are a wide range of roles being developed to support improvements in dementia care in hospitals in response to national policies and drivers.

This report highlights the significant contribution dementia nurse specialists could make in the acute care setting to deliver benefits for people with dementia and their families/carers. This includes improving patient and family experiences, optimising patient outcomes, including reducing length of stay and preventing adverse events such as falls and readmissions, and providing education and leadership to other staff.

If dementia specialist nurses are able to reduce hospital stays for older people by one day on average, an annual return on investment of 37 per cent could be achieved with a net saving of nearly £11,000,000 nationally.

However, the role of the dementia nurse specialist needs to be clearly defined to ensure that the post holder has:

- sufficient knowledge and skills
- the capacity to support direct patient care, provide consultancy and liaise with community services
- the knowledge to provide education and leadership to non-specialists within the organisation.

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9 www.rcn.org.uk/development/practice/dementia/rcn_dementia_project [Accessed 19 March 2013]
Summary and recommendations

There is reason to suppose that a properly trained and educated dementia specialist nurse, undertaking a clearly defined role and working directly with people with dementia and their family carers for a significant proportion of the time, could benefit people with dementia in hospitals in a number of different ways.

The report highlights that a number of dementia nurse specialist roles have already been developed in some acute hospitals in response to the needs of this population group. However, as this is a relatively new untested role, there are a wide range of interpretations for the role, of activities undertaken and of expected impacts.

Based on learning from other specialist and advanced nurse roles, the RCN is making the following recommendations.

1. A systematic approach is required for the development of a ‘specific job’ for dementia nurse specialists, with therapeutic intent and a defined ‘caseload’, with clear competences and skills for the role.

2. All health and social care organisations should work closely with those bodies within education, training and workforce planning responsibilities, to plan and develop the specialist nursing workforce. An immediate priority should be to identify the current number and location of specialist nurses within different settings.

3. Significant investment is required to support the education and training of nurses. This will lead to adequately prepared specialist nurses who can support, and lead on, the delivery of evidence-based care for people with dementia and their families.

4. A progressive approach to the implementation of dementia nurse specialists and roles needs to be developed in conjunction with existing stakeholders, resources and services to avoid isolation and duplication. This should be a priority for commissioning bodies.

5. There should be at least one whole time equivalent dementia specialist nurse for every 300 hospital admissions for people with dementia per year.

6. Investigation is needed into the impact of dementia nurse specialists in other settings.

7. Senior strategic clinical leaders at nurse consultant level are required to support and develop care standards across the organisation, bridge boundaries between professional groups and provider sectors.

8. We recommend workforce planning and service development be much more closely aligned and integrated to ensure a workforce that is fit for the future.

See Appendix 1 overleaf for summary of key findings from the report.

Prepared by Rachel Thompson, Dementia Project Lead, Royal College of Nursing.

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Appendix 1

This work was commissioned and jointly funded by the Royal College of Nursing and the RCN Foundation in support of their work to meet the Prime Minister’s Dementia Challenge. For full report see: Griffiths P, Bridges J, Sheldon H, Bartlett R, Hunt K (2013) Scoping the role of the dementia nurse specialist in acute care. University of Southampton Centre for Innovation and Leadership in Health Sciences: http://eprints.soton.ac.uk/id/eprint/349714

Summary of key findings from the report by Griffiths et al., (2013)

- There is ample evidence that gives confidence that a dementia specialist nurse working in an acute setting could deliver substantial benefit for people with dementia and their family carers.

- To deliver these benefits, the role needs to be carefully designed, the post holder needs to be properly trained and have sufficient skills. They must draw on existing mechanisms and interventions known to have beneficial effects on improving patient and family experiences, optimising patient outcomes - including reducing length of stay and preventing adverse events, such as falls and readmissions.

- If these benefits addressed only a fraction of the excess stays experienced, significant return on investment could be obtained. If dementia specialist nurses were able to reduce hospital stay for older people by one day on average, an annual return on investment of 37 per cent could be achieved with a net saving of nearly £11,000,000 nationally.

- A survey of dementia specialist nurses working in the UK found a wide range of interpretations of the nurse specialist role, of activities undertaken by specialists, and of expected impacts.

- An overview of evidence, focusing on areas identified as important drivers of excess cost of hospital care, identified a number of ways in which dementia specialist nurses could have an impact. These include: direct patient care/consultancy on care of individuals, leadership and education.

- It is suggested, that to have a realistic chance of success, there should be at least one whole time equivalent dementia specialist nurse for every 300 hospital admissions for people with dementia per year.

- Where specialists are required to give strategic leadership they need to be positioned and have the expertise, seniority and authority to do so.

- The existing capacity of the workforce to assume these roles is unclear. It seems likely that there will be a significant requirement for training.
The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

www.rcn.org.uk/dementia