28 January 2013

Dear David

**Dementia Dialogue 2012: Dementia Strategy Consultation**

The Royal College of Nursing (RCN) is the UK’s largest professional association and trade union for nurses, nursing students and healthcare assistants, with around 410,000 members, of which over 39,000 are in Scotland.

The RCN commends the Scottish Government for its continuing emphasis on improving care for people with dementia and their families. The RCN shares this commitment and has invested considerable resource into improving care standards in this area. More information on these resources, which it would be helpful to reference in the new Dementia Strategy and will provide information on questions in the consultation document relating to dementia services in acute settings, is available in Appendix 1. We also support the excellent work of partner organisations such as Alzheimer Scotland in ensuring that this issue remains a priority in Scotland’s overall health strategy.

Since the implementation of the first Dementia Strategy, much has been done in Scotland to ensure that care for people with dementia is person-centred, effective and compassionate. However, there remains a great deal more to be done to ensure that this progress is sustainable in the face of growing need.

Nurses and Health Care Assistants have a key role to play in the delivery of effective dementia care. We have been working with our nursing members, including those working in mental health, older people’s care and dementia services, to engage constructively in this consultation, focusing particularly on quality of care and the importance of a sustainable and highly trained nursing workforce and improving training and education to deliver this. In order to ensure brevity, as our key issues relate to a number of the consultation questions, we have grouped our response around two themes, which we believe require attention from the Scottish Government in its new Strategy.

**Getting workforce capacity and capability right for high-quality care into the future**

**2020 workforce vision**

Given the Scottish Government is currently consulting NHS staff on its new 2020 workforce vision, we would be interested to hear more about the links being made between that consultation and the participation events focused on developing the
Dementia Strategy, given that planning for future staff capacity and capability will be at the heart of successful delivery of quality care in the face of significantly increased demand.

**Safe staffing levels**

In order to ensure that dementia in all settings is of the highest quality, appropriate staffing levels and skill mix that correctly reflect the needs of the service, even as acuity changes, are essential. Despite this, the RCN’s 2011 employment survey for Scotland revealed that 56% of respondents reported a reduction in the number of Registered Nurses (RNs) in their workplace and 38% stated there has been a reduction in the number of Health Care Assistants (HCAs) in the last year.\(^1\)

Scotland has a number of evidence-based and well-supported tools to determine nursing workforce and workload in particular NHS settings – indeed the Cabinet Secretary has recently mandated their use in NHS Local Delivery Plans. However we are concerned that these are not always being used appropriately: they may be used too infrequently to take account of changing complexity and demand, or be driven in practice by overwhelming financial pressures on workforce costs. We would recommend that the new Dementia Strategy refer to **appropriate** use of these Scottish Government mandated nursing workforce and workload planning tools.

Although the tools are designed for NHS use, similar pressures are being faced by the independent sector. We would note here our ongoing concerns at the lack of a widely accepted and used workforce planning tool in the care home sector. A UK-wide RCN employment survey published in 2011 revealed that the majority of care in care homes is delivered by the unregulated support workforce with an average of 23 patients per RNs—an increase from 18 patients per RN in 2009.\(^2\) A 2009 survey showed a significant reduction in skill mix in care homes across the UK—Registered Nurses (RNs) made up 25% of staff in 2009 compared with 34% in 2007.\(^3\) This corresponded with an increase in the number of patients per RN on duty (from 15.5 on average to 18.3).

We would also refer to the concerns we raised regarding contracting for appropriate staffing in our response to the CoSLA consultation on service specification for intermediate care placements in care homes.\(^4\)

**Student nursing numbers**

The RCN’s concerns with regard to ensuring a sustainable future nursing workforce have been well documented. Although the overall total nursing and midwifery student intake is projected to rise this year after two years of cuts, we have particular concerns around the proposed decreased intakes for mental health nursing. We understand that the Scottish Government is recommending cutting mental health nursing places by 10%. This would be the third year of decreases for mental health, meaning a fifth of places would be lost since 2010/11 (-20%). The recommended 2013/14 intake level would then be at the lowest level over the last 17 years since 1997/8.

The Government has published the *Mental Health Strategy for Scotland 2012 – 2015* with the focus on prevention, anticipation and supported self management, and is still building on previous work, such as *Towards a Mentally Flourishing Scotland (2009)* and *Delivering for Mental Health* (2006). Given this ongoing commitment to improving

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mental health, we are not clear how a proposed cut in mental health nursing will secure the capacity to deliver quality nursing care to increasing numbers of people with dementia over the coming years.

**Succession planning for specialist staff**

With increasing numbers of people with dementia who are likely to live into older age with multiple morbidities, specialist care and support from nurses will become an ever greater need. Funding should be in place for specialist nurse roles in dementia in a range of settings, in particular in primary and community services where care can be offered on a long-term basis. These specialist roles could be involved in assessing and screening for cognitive impairment, supporting improved understanding of dementia in all care settings and promoting continuity and coordination of care. Planning for such roles will not only require access to appropriate post-registration training opportunities now, but also adequate succession planning reflected in the modelling for student nurse intakes to deliver in the future.

**Education, Training and Development**

The RCN recognises the work that NES and other partners have done in order to build on Promoting Excellence and understands that the Dementia Champions programme will continue to support staff across all sectors in engaging with Promoting Excellence. The RCN runs a number of training programmes and best practice sharing workshops, which support staff working in dementia, mental health and older people’s care, most recently through a workshop on care for older people and people with dementia. It was clear from the high level of participation at this event that there is an appetite for advanced learning with respect to dementia and additional forums are required to share best practice.

Additionally, we expect the newly appointed Alzheimer Scotland Dementia Nurse Consultants to have a significant role to play in supporting wider colleagues from health and social care as well as people living with dementia and their carers. We look forward to seeing the evaluation into their impact in March 2014.

However we are aware that, in the current climate, access to training can be far more difficult for frontline staff, both in terms of course funding and available backfill to release time to attend. The training, education and development needs for successful delivery must be fully articulated and costed as part of the next Strategy. The Scottish Government may also need to consider what incentives are available for professionals across all sectors to benefit from dementia-focused training.

**Improving planning and delivery of care**

**Joint Strategic Commissioning Strategies**

Joint Strategic Commissioning Strategies for older people must give adequate attention to the full spectrum of service needs across a robust integrated journey for people with dementia and their carers. This will include ensuring adequate funding, in the current financial climate, for early intervention social services designed to increase social interaction, reduce isolation, improve re-ablement and build independence. However, they must also ensure access is available to specialised clinical staff based on sound forecasts of need. It would be helpful for the new Dementia Strategy to reference how planning for improvements in dementia care should be linked to the development, delivery and monitoring of joint strategic commissioning strategies.
Integration of care
The next Dementia Strategy must take account of the Scottish Government and CoSLA’s plans to integrate health and social care and reflect how this will impact on the future of service delivery. We hope that the RCN’s Principles for Delivering the Integration of Care⁵ might help to support this.

As identified in the June 2012 review of the previous Strategy, progress to accelerate implementation of dementia Integrated Care Pathways has not been as successful as originally hoped. The Strategy should outline how this could be improved. Mapping patient journeys for service users and carers across agencies needs a whole systems integrated approach to dementia which reflects the complexity and longevity of the condition from ensuring early diagnosis to end of life care. It must recognise the input of professionals across providers, including the contribution of nursing. This will only be possible in practice if there is ongoing communication between care providers in the acute sector, community and primary care, care homes and the third sector, supported by robust information sharing governance and IT infrastructures that speak to each other. Addressing gaps in this area must be a priority for Scottish Government within and beyond the new Dementia Strategy.

Care co-ordination
In order to further deliver on the key commitments of the Dementia Strategy, authoritative and knowledgeable care co-ordination is essential. Care co-ordinators should always be appointed to best meet the predominant needs of the individual. Whether this is through the role of Dementia Practice Coordinator outlined in the Eight Pillars Model,⁶ or the Link Worker in the Five Pillars Model,⁷ nurses can clearly act as an essential first point of contact for people with dementia and their families by: supporting people to live well with dementia; bringing clinical expertise to managing a care plan in collaboration with the service user and their carer, and brokering access to the full range of professional supports as required. However, adequate training and support must be in place for appropriate staff to take on these roles. The new Strategy should address these issues in a fully-costed way.

The RCN is supportive of the national post-diagnostic support target and considers the Five-Pillar model to provide an excellent framework for its delivery, while the Eight-Pillar model will set the way forward beyond initial diagnosis. However, we would like the Strategy to detail how the two models, with their different care co-ordination roles, will link together to ensure continuity of care for people with dementia across Scotland and what additional resources, if any, would be required to fund the anticipated workforce. Additionally, given the likelihood that the Dementia Practice Coordinator will be a practising health professional with an existing caseload, we would like to hear what provisions will be in place to ensure that caseloads for care-co-ordinators remain manageable.

National standards of treatment care and support for people with dementia and their carers
The RCN welcomes the 2011 Dementia Standards as a positive step forward to support improvements in dementia care. However, it is important that dementia-sensitive standards are in place across the entire health and social care sector. As such, we remain concerned that the Standards for Older People in Acute Care have not been updated since 2002 and that the long-awaited review of the National Care Standards has still not commenced. We are keen to see this new Strategy used as a

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⁵ www.rcn.org.uk/scotlandintegration
lever to hasten the overdue reviews of these important national documents impacting on the quality of care for people with dementia.

**Ongoing improvement in service quality**

The RCN is undertaking a UK-wide joint project with the Department of Health in England, looking at improving the care of people with dementia in general hospitals. The project found that education and training of staff, involvement of carers as partners, availability of specialists and improved assessment and identification were rated as the most important factors required in supporting improvements in care.\(^8\) The recommendations we have made throughout this response to the Dementia Strategy consultation are intended to support these findings.

In addition, we need to ensure that the best practice that we are currently identifying is shared widely across Scotland and the large number of existing available resources are joined up and used consistently across health boards. We require better core data sets relating to dementia to support the robust measurement of what works. And we need to support opportunities for practitioners, people with dementia and carers to proactively identify barriers to service improvement and innovations to overcome these. The Dementia Strategy could usefully identify how Scottish Government, and others, could deliver on these activities.

Scrutiny remains an important part of ongoing improvement. The RCN is supportive of the current review of the methodology for the inspections of older people in acute care and are pleased to have a seat on the Review Group given the importance and value of the inclusion of nursing leadership in this ongoing design and development process. We are particularly pleased that there is to be a greater focus on improvement within the inspection methodology ensuring that the outcomes of these scrutiny processes will identify a range of strengths in care. We would like to see the Scottish Government’s new Strategy for Dementia clearly link to this ongoing scrutiny and improvement activity led by HIS, as well as to the newly developing methodology for joint inspections of integrated services led jointly by HIS and the Care Inspectorate.

Finally, we note that the dementia dialogue paper includes reference to the importance of ongoing research in ensuring high-quality dementia care. The RCN supports this direction of travel, and welcomes the recently opened Institute of Older Persons’ Health and Wellbeing at the University of the West of Scotland and considers institutes such as these to be key to building the evidence base of what is effective in dementia care.

**Medicines management**

The RCN is supportive of the current move towards reducing the unnecessary use of psychoactive medication for people with dementia. We welcome steps to ensuring that effective alternatives to psychoactive medication are always considered and support the need to continually review medicines prescribed to people with dementia. In order to help support a reduction in the inappropriate prescribing of psychoactive medication, we hope that the Government will continue its important work in this area, including that there is training available for nursing staff and healthcare workers on dealing with patients who are stressed and distressed in an appropriate manner. We note that the Scottish Government is now developing an options paper following the academic report into the prescribing of antipsychotic and other psychotropic medications to older people with dementia to inform action to reduce inappropriate prescribing of psychoactive medication. We look forward to seeing this options paper, and hope that work will also be ongoing to ensure that members of the clinical professions, including pharmacists, doctors and nursing staff, continue to

\(^{8}\) [http://www.rcn.org.uk/development/practice/dementia/rcn_demelia_project](http://www.rcn.org.uk/development/practice/dementia/rcn_demelia_project)
work together on this matter. This work would be usefully incorporated into the next Strategy.

**Ensuring person-centred care**

The RCN is keen to ensure that services and pathways for people with dementia take into account individual needs and desires. The recommendations and actions set out in the new Dementia Strategy should be tested to ensure they are sensitive to the differing needs and circumstances of people with dementia. For example, people with early onset dementia will have different physical and emotional needs and concerns to those diagnosed with dementia later in life. In addition, we would be keen to see the new Strategy set out how it is linking to the refreshed work of the Ministerial Task Force on Health Inequalities to examine and reduce variation in access and outcome for those people with dementia who are most likely to experience health inequalities.

As a final note, we would draw your attention to how often, even in this short response, we have referenced other streams of important Scottish work and policy initiatives that impact on the future of dementia care in Scotland. In the next iteration of the Dementia Strategy it would be helpful for the Scottish Government to map these different strands of work, and their potential impact, to ensure alignment and assure practitioners and the general public that dementia policy is fully integrated within the Government’s wider priorities for health and social care improvement.

For further information or to discuss any of the points raised please contact Chloe Swift at chloe.swift@rcn.org.uk

Yours sincerely

Theresa Fyffe
Director
Appendix 1:

An overview of RCN work and resources on Dementia to support development of the next Scottish Strategy

During 2010/11, the RCN undertook a UK-wide project supported by the Department of Health in England, looking at improving the care of people with dementia in general hospitals. Dissemination of this work is now being supported by the RCN Foundation.

As part of this project, the RCN conducted a survey of healthcare professionals\(^9\) and of people with dementia and carers\(^10\) to identify examples of best practice that help to promote dignity, improve understanding and enhance the delivery of care.

Findings from these surveys were used to develop a *Commitment to the care of people with dementia in hospital settings*\(^11\) which sets out five principles (Staff, Partnership, Assessment, individualised Care and Environments)\(^12\) for promoting a positive experience for people with dementia and their families. It is currently being used by both people living with dementia and their families to support the delivery of dignified care and by staff to help support improvements and make positive changes.

In October 2012 the RCN also launched a practical how-to guide\(^13\), which includes tools and resources to support the Commitment and a film, *Supporting good dementia care*. These resources have achieved a high level of interest amongst nursing staff and health and social care professionals and were showcased at a workshop on the care of older people and people with dementia in Edinburgh, which was attended by senior nurses.

A new workstream, *Dignity in dementia; promoting best practice and continuity of care* was subsequently developed to continue to increase understanding of dementia, support improvements in care and highlight best practice across other sectors. As part of this, the RCN is currently working with partners to:

- Develop a Triangle of Care Framework and Self-Assessment Tool, which will be designed to improve partnership working between stakeholders involved in the care planning and treatment of people with dementia.
- Explore the role and contribution of nursing, and in particular dementia nurse specialist posts, in acute hospitals. As part of this, a report of a survey circulated to nurse consultants and specialists will be published in March 2013 which will include a recommended role descriptor, along with best practice examples and an outline business case.
- Develop a community of practice to support the sharing of good practice in dementia care and identify models that promote continuity and coordination of care across different settings for people with dementia and their carers. We aim to develop this late Spring as a task and finish group which will focus on developing links with local communities and reducing unnecessary hospitalisation.
- Deliver a development programme for nursing staff in acute care settings to support them in delivering improvements in patient and carer related outcomes for dementia care.

More information, including the resources outlined above, can be found at the RCN Dementia website: [www.rcn.org.uk/dementia](http://www.rcn.org.uk/dementia).

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\(^9\)[http://www.rcn.org.uk/__data/assets/pdf_file/0019/405109/RCN_Dementia_project_professional_survey_findings_.pdf]


\(^12\)[http://www.rcn.org.uk/development/practice/dementia/commitment_to_the_care_of_people_with_dementia_in_general_hospitals/make_space_for_good_dementia_care]