Connecting People, Connecting Support NHS Greater Glasgow and Clyde

A report on how Allied Health Professionals are contributing to Dementia care within NHS Greater Glasgow and Clyde

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Contents

Glossary

ACP	Anticipatory Care Planning
ACRT	Active Clinical Referral Triage
AHP	Allied Health Professional
CAPA	Care about physical activity
Care Partner	People who have an unpaid caring role. This term was expressed as a preference by members of the National Dementia Lived Experience Panel.
CPCS	Connecting People, Connecting Support
CPD	Continued professional development
EMIS	Electronic information systems used in healthcare.
GTKM	Getting to Know Me
HBMR	Home Based Memory Rehabilitation.
HCSW	Healthcare Support Worker
HSCP	Health and Social Care Partnership
IJB	Integrated Joint Board – integrates health and social care services.
JtD	Journeying through Dementia
MSK	Musculoskeletal – something that affects muscles and joints
MUST	Malnutrition Universal Screening Tool
OT	Occupational Therapy
PDS	Post Diagnostic Support
PEPI	Patient Experience and Public Involvement
POA	Power of Attorney
Portal	Electronic information system used in healthcare.
PWD	Person with dementia
TrakCare	Electronic information system used in healthcare.
WestMARC	West of Scotland Mobility and Rehabilitation Service

Executive Summary

Connecting People, Connecting Support (CPCS) was published in 2017 (Alzheimer Scotland 2017) and provides health and social care partnerships with a framework for restructuring and integrating the contribution of allied health professionals to dementia care so that these professionals are working to greatest effect.

This project was commissioned by Alzheimer Scotland and funded by the Scottish Government for 1 day a week for 1 year and covered three key areas of; engaging with people with lived experience, scoping the dementia skills of our AHP workforce and reviewing the current delivery of AHP services in line with the ambitions of CPCS.

The term AHP or Allied Health Professional is not well known by people with a diagnosis of dementia and their care partners, indeed acronyms are seen as being confusing and unhelpful. The understanding of individual allied health professional roles was variable with access to allied health professionals seen as challenging but for those who had experienced contact with an allied health professional the feedback was overwhelmingly positive. For those who wouldn't know where to access information about allied health professions the most likely point of first contact would be their GP practice followed by online search or websites.

People with lived experience described delays in getting a diagnosis reporting having to follow up or chase information on investigations or referrals to services. This including significant waiting times for scans and access to post diagnostic support after diagnosis.

Knowledge of dementia amongst care partners was varied with many talking about symptoms they didn't realise were part of dementia and there were a number of challenges described by care partners that could be supported by allied health professional self-management advice or intervention. Care partners reported that it was difficult to encourage their loved one to attend community support services. Carer stress, guilt and grief were evident and although carer cafés and support groups are very beneficial, their caring role would often mean they couldn't access community based support groups for themselves.

People with lived experience want to know about what allied health professionals can provide as soon as possible after a dementia diagnosis and felt it was important that all agencies were aware of allied health professions and the referral pathways into them. This included post diagnostic support workers who wanted open communication and advocated for allied health professional educational sessions within the initial post diagnostic support period. Alzheimer Scotland advisors voiced the benefits of having allied health professional information in their carer's information courses or along to present at carers' cafés.

A Dementia event held in East Dunbartonshire presented the role of Allied Health Professionals and the community mental health team allowing for discussions between services and service users. Service users are keen to see formal and informal interaction with allied health professionals either face to face, through information provision and a directory of services.

The allied health profession information available on the Alzheimer Scotland website is not well known and it is clear that service users and care partners would like information presented in a variety of ways with written resources being available for information and included as part of treatment. Some professions who do not have national resources feel that time and funding are barriers to creating these with some concern around opening services to a greater number of self-referrals.

NHS Greater Glasgow and Clyde is the only health board within Scotland to have an AHP Dementia Consultant where improvement is at the heart of the role. A dementia strategy group has recently been established to lead on dementia care within NHS Greater Glasgow and Clyde

aligning with the national strategic priorities. This group includes representation from allied health professionals.

There are many services across NHSGGC that demonstrate ways in which allied health professionals can make a difference and this report highlights some of those within post diagnosis, community services and advanced dementia care.

In a staff survey 56% of allied health professionals within NHSGGC reported that they have personal experience of dementia and 57% of staff reported working with someone with a diagnosis of dementia or their care partners at least once per week.

When it comes to training the majority of staff knowledge and skills has been gleaned from personal and work experience, personal development and in-service training. 45% of staff are aware of the Promoting Excellence Framework but only a small minority could describe where to find the training resources with 23% of staff utilising the framework for staff training and development.

Most staff felt somewhat or fairly confident in their dementia knowledge and skills. When asked what would be helpful in practice there were four key themes.

- Training – some key areas are communication and stress and distress.
- Easily accessible resources for staff, person with dementia and care partners on support services and community information.
- Practical application of theory.
- Electronic systems which share information

Individual professions highlighted key factors for them when it comes to the care and treatment of someone with dementia.

All staff recognised the importance of training with almost everyone seeing it as part of their role but barriers to this include time, competing priorities and knowledge of the training available. Although the value of online training resources is appreciated staff feel their tolerance for online training modules has diminished since COVID. They would much prefer structured face to face training sessions accessible during work hours.

NHSGGC is the largest NHS board in Scotland so this report provides a snapshot from our services and service users. This is their story.

Introduction

Allied Health Professionals (AHPs) apply their unique skills and expertise to improve health, prevent illness and diagnose, treat and rehabilitate people of all ages and conditions. Allied health professions within NHS Greater Glasgow ad Clyde (NHSGGC) included in this report are outlined below.

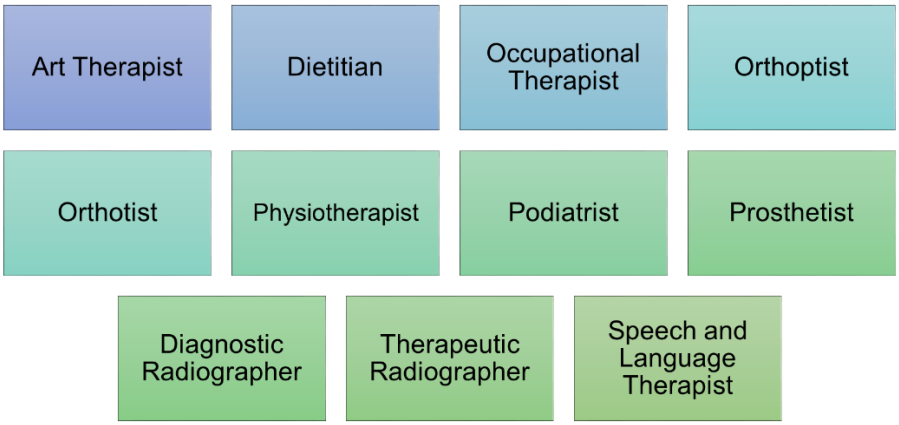


Figure 1 – AHPs in NHSGGC

Art Therapy	The term arts therapies incorporates the four separate professions of art therapy; dance movement psychotherapy; drama therapy and music therapy. Arts therapists use the specialism of art as a therapeutic intervention to help people with physical, mental, social and emotional difficulties.
Dietetics	Dietitians are qualified health professionals who assess, diagnose and treat diet and nutrition problems at an individual and wider public health level. Uniquely, dietitians use the most up-to-date public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate lifestyle and food choices.
Occupational Therapy	Occupational therapists work with people and their families to develop and maintain a routine of everyday activities that creates a sense of purpose and supports a good quality of life. Typically, they look at a person's self-care, leisure and work activities and their hopes and aspirations. They also advise on changes to the home, and on technology and equipment to aid people's memory or help keep them safe.
Orthoptics	Orthoptists assess and manage a range of eye problems, mainly those affecting the way the eyes move, such as squint (strabismus) and lazy eye (amblyopia).
Orthotics	Orthotists assess, diagnose and treat conditions which lead to functional problems and that can be helped with the use of body-worn devices known as orthoses (splints, braces etc.). These provide support to parts of a patient's body to compensate for muscle weakness, provide relief from pain or prevent physical deformities from progressing.

Physiotherapy	Physiotherapists help restore movement and function when someone is affected by injury, illness or disability through movement and exercise, manual therapy, education and advice. Physiotherapists use physical approaches to promote, maintain and restore physical, psychological and social well-being.
Podiatry	Podiatrists, sometimes known as chiropodists, specialise in keeping feet in a healthy condition. They play a particularly important role in helping older people to stay mobile and, therefore, independent.
Prosthetics	Prosthetists assess and provide care and advice on rehabilitation for service users who have lost or who were born without a limb, fitting the best possible artificial replacement.
Diagnostic Radiography	Diagnostic radiographers produce high-quality images using mainly digital recording media, ionising and non-ionising sources of radiation and ultrasound. With advanced education image reports are provided by some radiographers. Radiographers also provide care across a wide spectrum of health services.
Therapeutic Radiography	Therapeutic radiographers treat mainly cancer patients using ionising radiation and, radiographer occasionally, drugs. They provide care across the entire spectrum of cancer services.
Speech and Language Therapy	Speech and language therapists assess, diagnose and manage a range of therapist communication and swallowing needs. The role also encompasses the training of others and making environmental adaptations to support communication, eating and drinking.

Connecting People, Connecting Support (CPCS) was published in 2017 (Alzheimer Scotland 2017) and provides health and social care partnerships with a framework for restructuring and integrating the contribution of allied health professionals to dementia care so that these professionals are working to greatest effect.

In Connecting People, Connecting Support it outlined four ambitions for change for all allied health professionals and allied health professional services to support local implementation. (Figure 2).

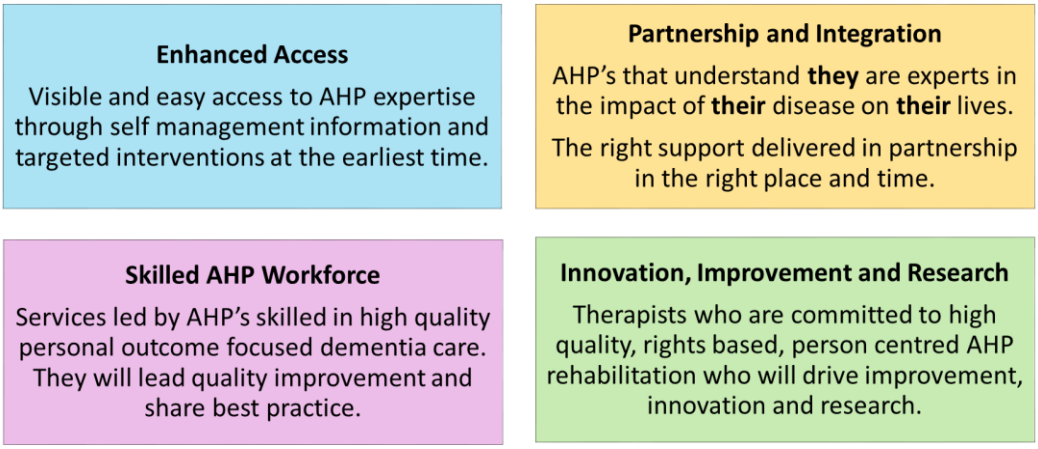


Figure 2. The ambitions of CPCS

The AHP approach outlines five key areas where allied health professionals can make a positive difference to people living with dementia. While the elements of the AHP approach are described separately they must be considered collectively within overall universal targeted and specialist allied health professional led rehabilitation and for support for people living with dementia. (Figure 3)

Figure 3. The AHP Approach (E Hunter, Alzheimer Scotland 2020)

Connecting People, Connecting Support in Action (Alzheimer Scotland 2020) and Connecting People, Connecting Support: looking back looking ahead (Alzheimer Scotland 2024) provides an update on the progress of the allied health professions contribution to dementia in Scotland.

Projected estimates show a 50% increase in the number of people living with dementia over the age of 65 within the next 20 years. (Scottish Government 2023). 57% of AHPs questioned in NHSGGC reported that they come into contact with someone living with dementia or the carer of someone living with dementia at least once per week with a quarter of staff reporting daily contact. Community rehabilitation teams estimate that 30 to 50% of their community caseload will include people with a diagnosis of dementia or cognitive impairment. 56% of AHPs questioned also highlighted personal experience of dementia, the highest reported category under training.

This project was commissioned by Alzheimer Scotland and funded by the Scottish Government for 1 day a week for 1 year and had three key aims:

1. **Lived Experience**

   Engage with people with lived experience their family and carers to learn about their experience of dementia services and AHPs.

2. **Promoting Excellence**

   Scope the dementia skills of our AHP workforce and create a local action plan.

3. **Local Context**

   Review current delivery of AHP services in line with the ambitions of Connecting People, Connecting Support and create a local action plan.

Dementia In Scotland, Everyone's Story (Scottish Government 2023) is a 10 year vision for change and was developed in collaboration with people with lived experience and wider partners. The NHSGGC Quality Strategy 2024-2029 (NHSGGC 2024) promotes a quality model that involves co-production, learning and improving to prioritise person centred care. A key part of this project was to engage and learn from people with dementia, their family and carers, our AHP staff across all the professions working within Glasgow and third sector organisations including staff such as post diagnostic support workers (PDS) (Figure 4)

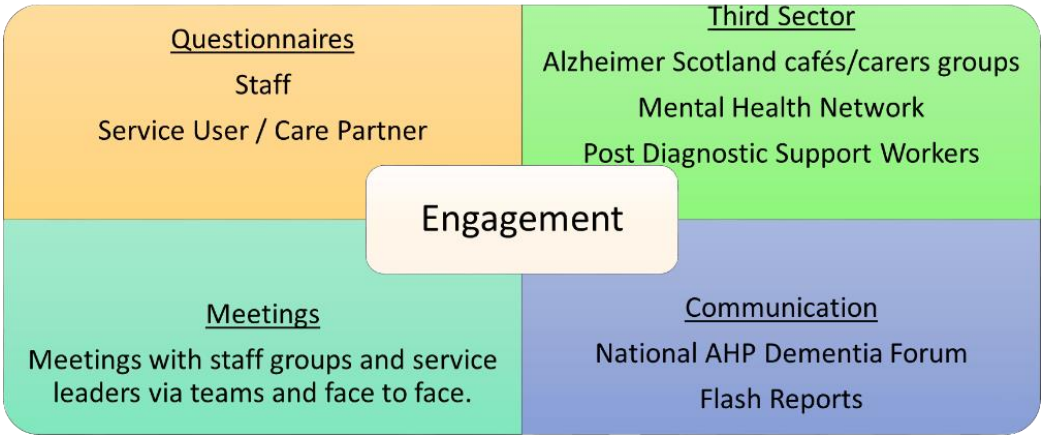


Figure 4. Project Engagement

NHSGGC is the largest NHS board in Scotland so this report provides a snapshot from our services and service users. This is their story.

Section 1 Lived Experience

People living with dementia are the experts on the impact of the disease on their daily lives and will experience AHP services delivered in a partnership approach across teams, voluntary agencies, community resources, and the third and independent sectors (including housing associations), providing the right support for individuals in the right place and at the right time.

What people living with dementia can expect by 2020 as a result of action in this area:

- I am supported to look after my own health and wellbeing
- I feel I get the support I need to keep on with my caring role for as long as I want to do that.

Alzheimer Scotland 2017

NHSGGC Patient Experience and Public Involvement (PEPI) team supported the project by creating a survey which went live in July 2024 and was available for 4 weeks. (Appendix 1)

From this we received 411 responses. No one self-identified as having dementia and only 17 people self-identified as being a care partner, which is lower than we would expect given the subject and demographic profile of respondents. A further 65 people told us that they were not a care partner but someone close to them has/had dementia. When we filtered open text box questions for this group, it was clear from their narrative responses that most of those who identified in this way would be defined as carers, and many did indeed refer to themselves as carers. This is approx. 15% of respondents, much closer to what we would expect to see, and broadly in line with the known % of carers in the overall population. (Figure 5)

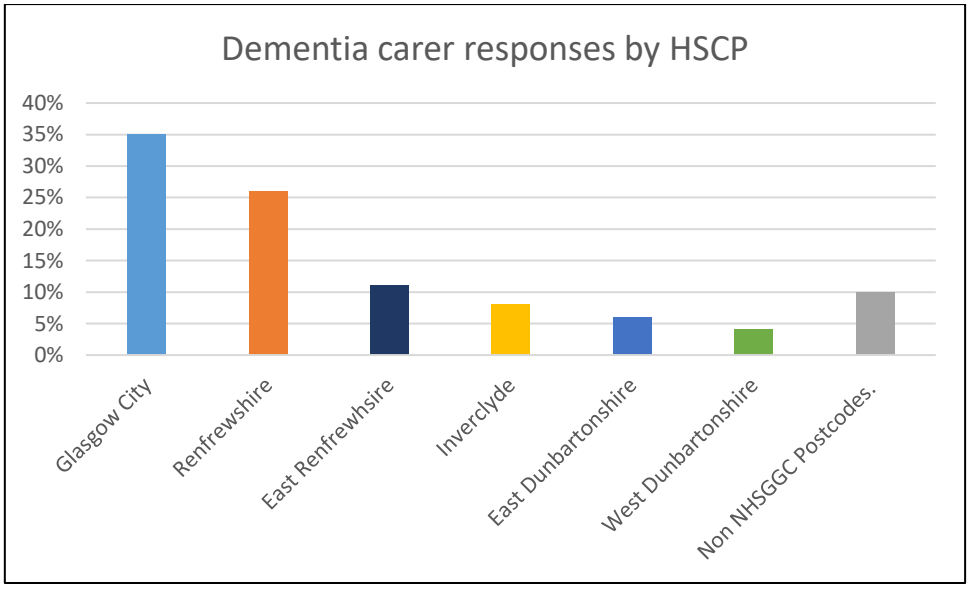


Figure 5. Responses by HSCP area – N = 82

Care partners were less likely to have heard of the term Allied Health Professionals or AHPs compared to the general population (Figure 6). Feedback advised that acronyms are confusing

and unhelpful – particularly in this patient group. They did have some understanding of most of the individual roles with over 93% of care partners having at least some understanding of physiotherapy, podiatry, dietetics, occupational therapy and speech and language therapy (Figure 7).

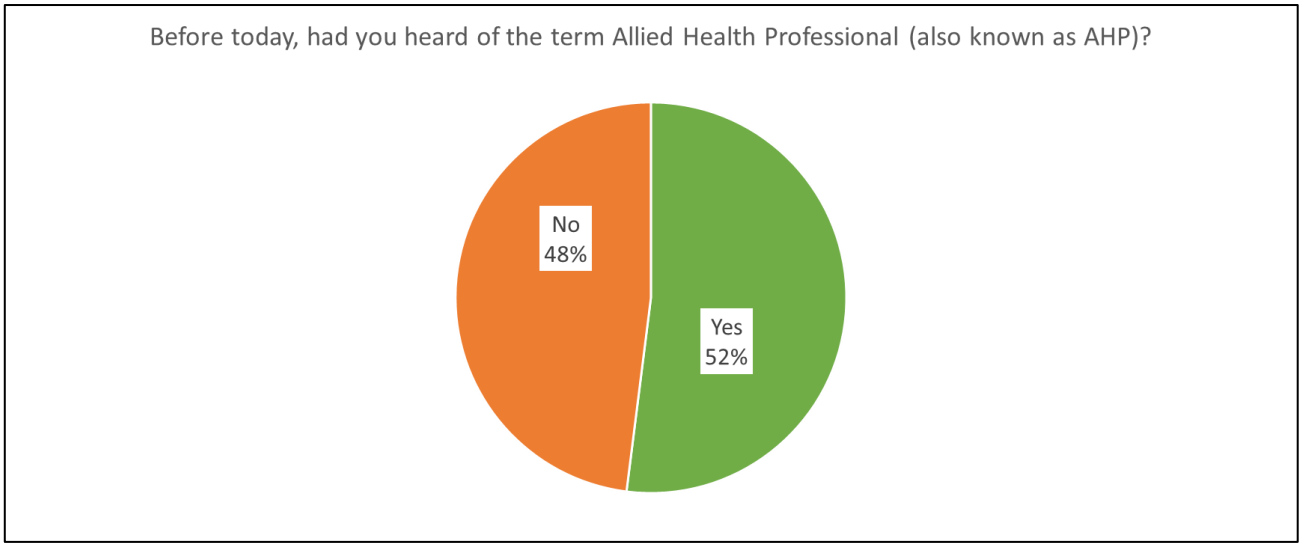


Figure 6. Understanding the term AHP

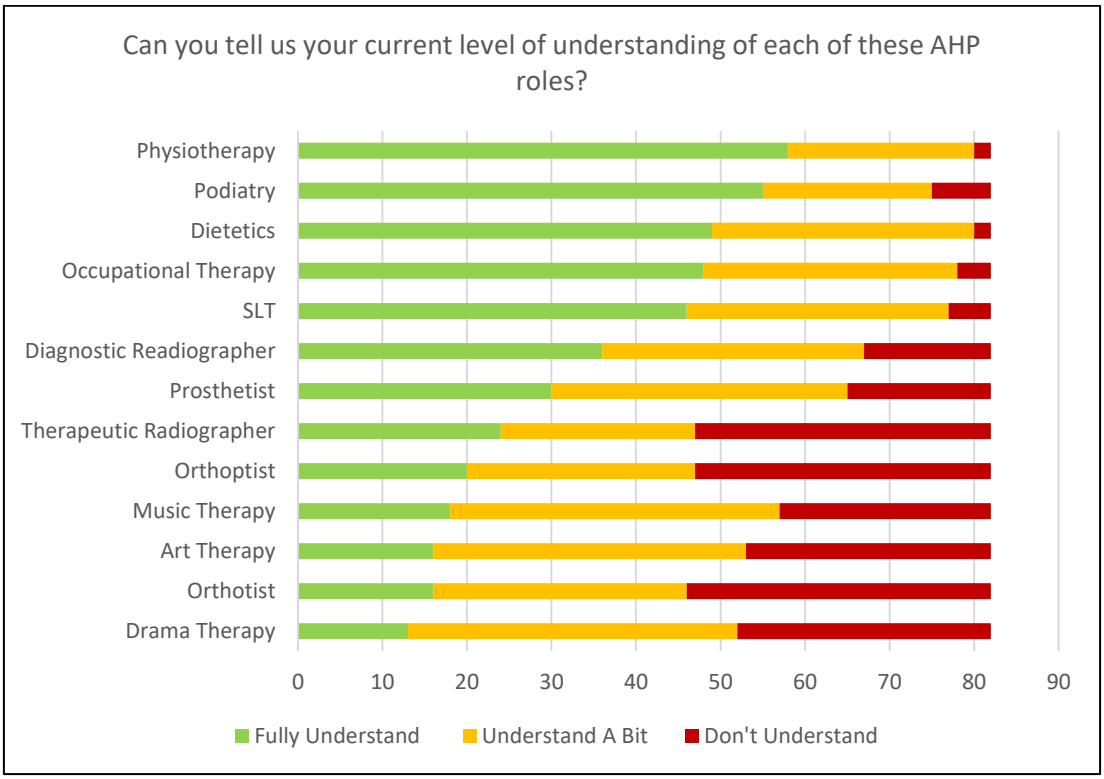


Figure 7. Understanding of each AHPs role

54% of care partners reported that they had received treatment or care from AHPs with a slightly higher number receiving this care within the community. When rating ease of access to AHPs care partners rated an average score of 6/10 with 10 being the hardest. Dissatisfaction was linked to referral systems and processes including lack of awareness of the referral pathway, waiting times and lack of flexibility for appointments.

"Long waiting times and availability of the professional"

How easy was it to access treatment and care from an AHP? (1 is very easy, 10 is very difficult)

6/10

"I did not know that they existed as a distinct group of healthcare professionals and would not know how to contact them."

"Too many phone lines to enquire about service."

"Complicated systems to access some AHP's"

"Had to convince GP to refer me. Self referral was good for physio, however I wasn't sure if referral was received or how to ensure I had done it correctly."

Only 28 people who identified as care partners said they would know where to go to get information about AHP services, compared to 127 non-carer respondents. This is a significant difference in awareness of how to access information and advice (Figure 8).

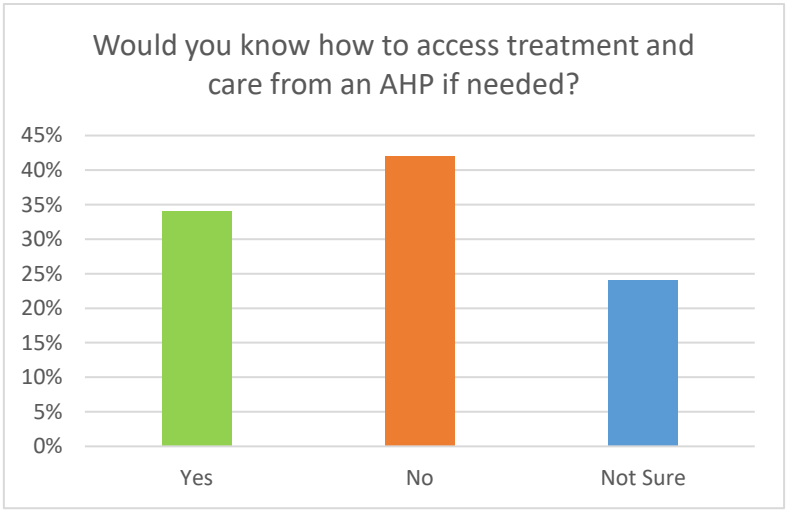
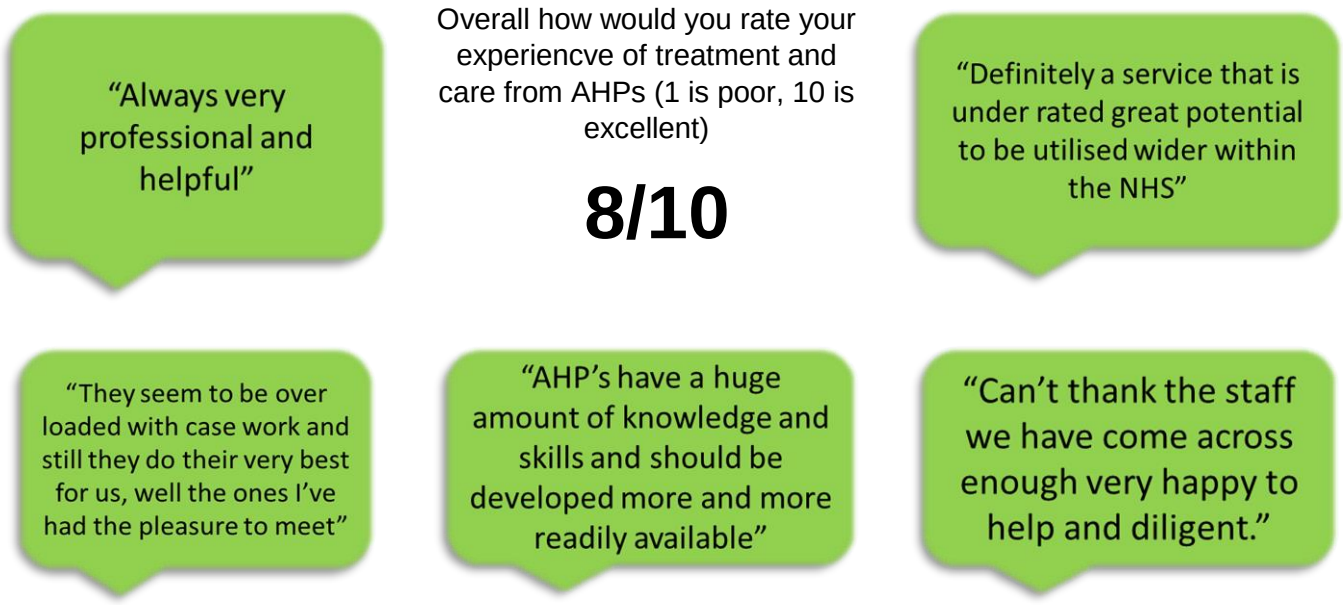


Figure 8. Care partner awareness of how to access AHPs.

For care partners who said they didn't know where to go or were unsure, the most likely point of first contact would be their GP practice followed by online search or websites. Carer cafés also suggested the library as an excellent source of information and that resources or information should be given in leaflets or videos as well as online. Social work services, social care staff and

pharmacies barely registered as a source of information on AHP services across both care partner and non-carer groups.

In terms of treatment and care from AHPs care partners rated their experience on average as 8/10.



When asked about the key issues for people with dementia there were differences in the care partner group compared to the non-carer group.

Care Partner / Carer	Non Carer Group
• Knowing where to go to access information, advice and support • Access to respite • Support services for Carers • Early intervention to support independent living/staying at home • Financial – care home costs • Quality of and access to residential care • Access to regular NHS services being much harder for people with dementia – services not dementia friendly • Legal – from anticipatory care planning (ACP) through to power of attorney (POA) and guardianship.	• Knowing where to go to access information, advice and support • Having a poor quality of life • Loss of independence (personal and financial) • Lack of carer services and challenges getting social care • Emotional impact/stress for individual with dementia and families • Population changes and increasing number of people living alone • Staying safe at home • Cuts to support organisations/3rd sector projects who often plug gaps in statutory services

When attending service user and carer groups with Alzheimer Scotland and the Mental Health Network as well in discussions with Glasgow City Carers Network there were some similar themes.

The term Allied Health Professional or AHP is not well known and there is a lack of understanding on how to access these services as well as what these services can provide. Those that had contact with AHPs were wholly positive in their feedback of the service they received.

> ‘My mum and our family had no awareness of AHPs and referral pathways. It was difficult to get support – my mum felt alone’
>
> Care Partner

> ‘They come out and ask “what can we help with today” – that’s the thing we don’t know. They should say “here’s what I can help with”.’
>
> Care Partner

> ‘The therapist was excellent, they made sure to include both of us, provided written information and gave us a longer appointment to make sure my husband received the best care’
>
> Care Partner

> ‘We have an OT in our family and they helped us to arrange all the support we needed for my dad from railings to aids’
>
> Care Partner

Community rehabilitation staff expressed that it could be very difficult for people to accept help or further assessment where a cognitive impairment was suspected or recognised. There were concerns over delays in diagnosis and waiting times for PDS services as well as the amount of time spent chasing up appointments and or results. People expressed once the diagnosis is given it’s the “then what”.

> ‘We are often the only ones seeing the patient and it is a concern when we clearly see the daily struggles and safety concerns. Some families don’t want any further help and I feel really stuck as to how to help further’
>
> Allied Health Professional

‘There are waiting times, access to brain scans is long – we paid for a private scan but are still waiting on the diagnosis and we cannot access support until we have this – it’s harder for us as a family as the deterioration is so quick’

Care Partner

‘The wait for PDS was long – my father died before we reached the top of the list’

Care Partner

Knowledge of dementia and the symptoms it can cause was varied amongst care partners. This was echoed by community rehabilitation teams where AHPs were going out to see people with dementia in their own homes.

‘I only thought it was memory loss, I didn’t know other things could be affected’

Care Partner

‘We need “more training for care partners to fully understand this debilitating condition”

Care Partner

‘As physiotherapists going into families homes, often at a crisis point, there is an expectation that we could make things better and although there are lots of things we can do it’s not always possible to meet the expectations on us’’

Allied Health Professional

Carers also expressed concerns about getting their loved ones engaged in services specifically designed for them.

‘Although there are drop in centres, day centres and groups it is very difficult to accept that there is something wrong (dementia diagnosis) and go and try these centres’

Care Partner

Sign 168 Assessment, diagnosis, care and support for people with dementia and their carers (Health Improvement Scotland 2023) talks about the levels of grief experienced for both people with dementia, their families and carers throughout the dementia journey. Carer stress, guilt and grief was observed alongside the benefits of carers support groups and peer support from others with more experience.

There were also a number of issues observed that AHPs could potentially help with either via self-management or intervention such as:

- lethargy or disengaging with normal activities
- loss of appetite and weight loss
- communication and word finding difficulties
- poor mobility and falls
- joint contractures
- weak swallow
- stress and distress
- safety in the home and when leaving the home

When asked about what could or can help there were three key themes.

Allied Health Professional Information

"I think at least two members of the relative with dementia should be provided with a list of AHPs and how to access them"

"contacting people who are newly diagnosed with conditions for which there is an AHP service"

"info given early instead of trying to find it yourself"

Care Partners

"leaflets in surgeries and hospitals, advertising on social media, GGC website, TV, bus stops. Email newsletters, proactive surgeries sending out age related advice via email, an advert or leaflet through the door could be read at leisure"

Care Partners

Access to services

"Services should be more "preventative focused" rather than wait until the deterioration happens and step in. Eligibility within health and social care prevent early intervention support"

Care Partner

"AHPs should have written information to give to patients and also good verbal skills to describe their role – even pro-active visits to day care services may help"

Care Partner

"perhaps recruit some volunteers in hospitals and in the community who can speak with patients and families about the services that AHPs can provide and signposting where appropriate"

Care Partner

Communication

"Being able to make/change appointments on their behalf (alerts could be added to records more easily perhaps by GP or ward staff)"

Care Partner

"People may need help to access services, this may include help with form filling, transport etc."

Care Partner

Summary

Lived Experience
The term AHP or Allied Health Professional is not well known, indeed acronyms are seen as being confusing and unhelpful. The largest understanding of individual profession roles was with physiotherapy, podiatry, dietetics, occupational therapy and speech and language therapy. Access to allied health professionals was seen as challenging with dissatisfaction linked to referral systems and processes including lack of awareness of the referral pathway, waiting times and lack of flexibility for appointments. For those who wouldn't know where to access information about allied health professions the most likely point of first contact would be their GP practice followed by online search or websites. For those who had experienced contact with an allied health professional the feedback was overwhelmingly positive. Community teams reported that some service users and their families didn't want further investigation or input for a suspected cognitive impairment and a key theme were delays in getting a diagnosis including waiting times for scans and access to post diagnostic support after diagnosis. People with lived experience also described having to follow up or chase information on any investigations or referrals to services. Knowledge of dementia amongst care partners was varied with many talking about symptoms they didn't realise were part of dementia – this was echoed amongst allied health professional community staff where expectations of a full recovery were often very high. There were a number of challenges described by care partners that could be supported by allied health professional self-management advice or intervention. Care partners also reported that it was difficult to encourage their loved one to attend community support services. Carer stress, guilt and grief were evident and although carer cafés and support groups are very beneficial, their caring role would often mean they couldn't access community based support groups for themselves. People with lived experience want to know about what allied health professionals can provide as soon as possible after a dementia diagnosis. This could be included in post diagnostic support or third sector advice or by allied health professionals running community events or visiting already established community groups. This allows for services to be "preventative focused" rather than reacting to a problem or crisis. Alzheimer Scotland advisors can see the benefits of having allied health professional information in their carer's information courses or along to present at carers' cafés. People with lived experience felt it was important that all agencies were aware of allied health professions and the referral pathways into them. People wanted those pathways to be as clear as possible with promotion of where self-referral is available. GP practices are seen as being a key source of this information. The allied health profession information available on the Alzheimer Scotland website is not well known. People with dementia and their care partners would like information to be easily accessible in digital and paper format with content suitable for all. Too much information at once can cause overload so any face to face advice should be condensed with an opportunity for discussion and questions.

Section 2 Skilled Workforce

People living with dementia will experience services that are led by AHPs who are skilled in dementia care (as defined by the Promoting Excellence framework (Scottish Government, 2021)) and committed to a leadership and quality-improvement approach that drives innovation, shares best practice, and delivers high-quality, personal outcome-focused and AHP-led therapies.

What an AHP workforce skilled in dementia care should expect:

- I feel I get the support and resources I need to do my job well

Alzheimer Scotland 2024

Promoting Excellence is a development framework for all health and social services staff working with people with dementia, their families and carers (Scottish Government 2021). It sets out the knowledge and skills staff should achieve.

A survey was produced and shared with all NHSGGC AHP leaders for dissemination- this ran from June 2024 for 4 months. (Appendix 2) Meetings and visits were also included to engage AHP staff groups and to expand on the key focus of the questionnaire.

216 staff responded to the survey with representation from every allied health profession within NHSGGC and every grade. 48% of staff were Band 6 and 59% of staff have worked for 10 or more years as an AHP. (Figures 9-11).

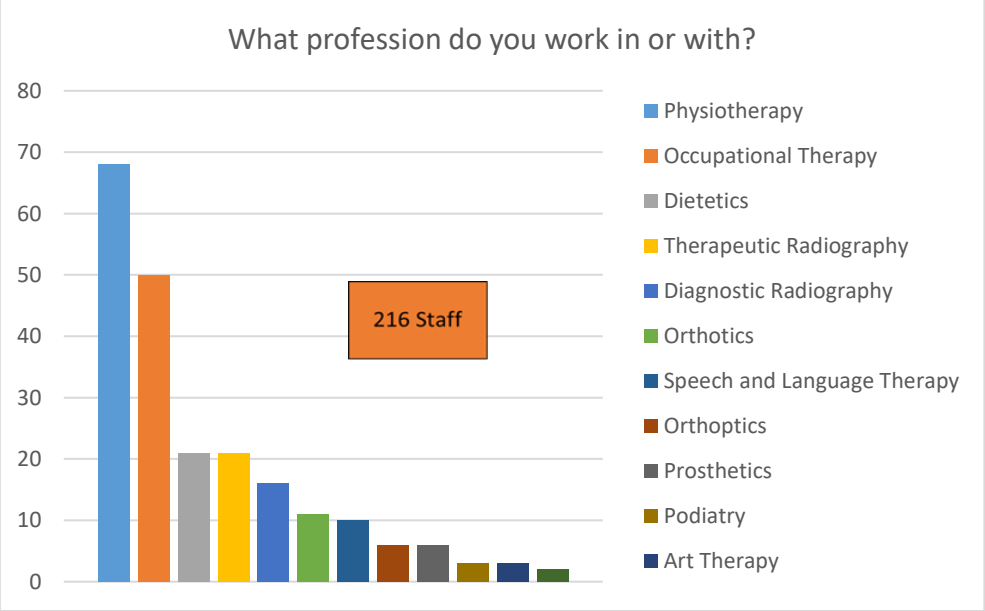


Figure 9. Survey responses by Allied Health Professional

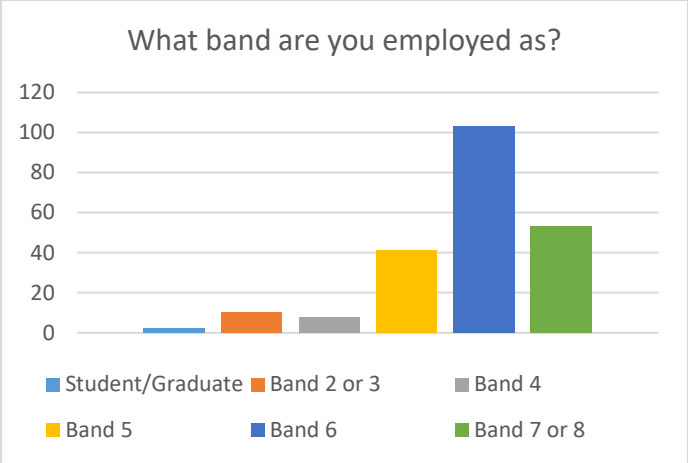


Figure 10. AHP Band

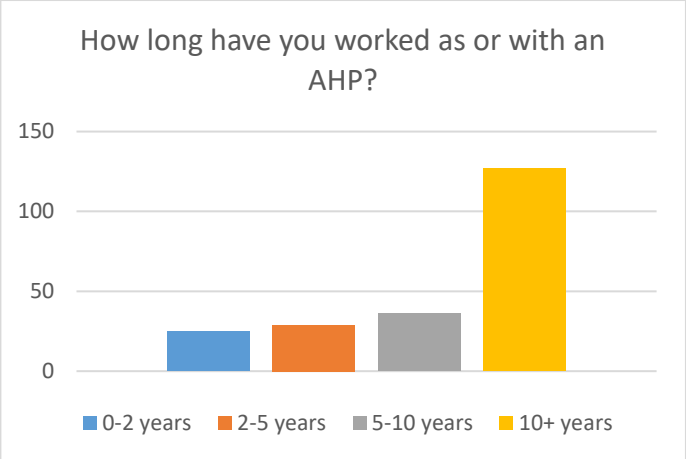


Figure 11. Length of service.

57% of staff reported working with someone with a diagnosis of dementia or their care partners at least once per week. (Figure 12).

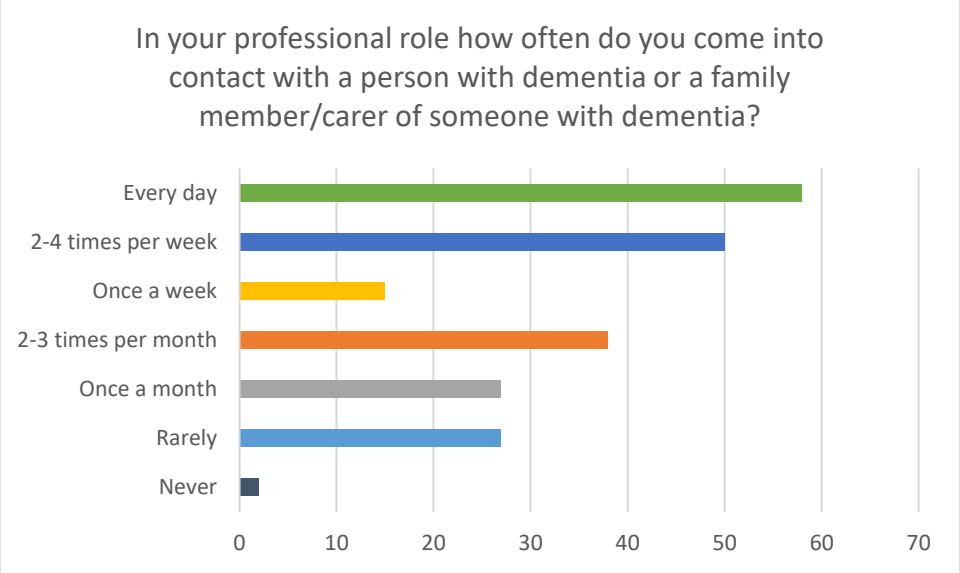


Figure 12 – Staff contact

When it comes to training staff the majority of staff knowledge and skills has been gleaned from personal and work experience, personal development and in-service training. For those who selected other this included webinars, lived experience, Best Practice in Dementia Care and no training (Figure 13).

45 % of staff are aware of Promoting Excellence.
8 % of staff know training is available on Turas.

23% of professionals supporting staff development utilise Promoting Excellence.

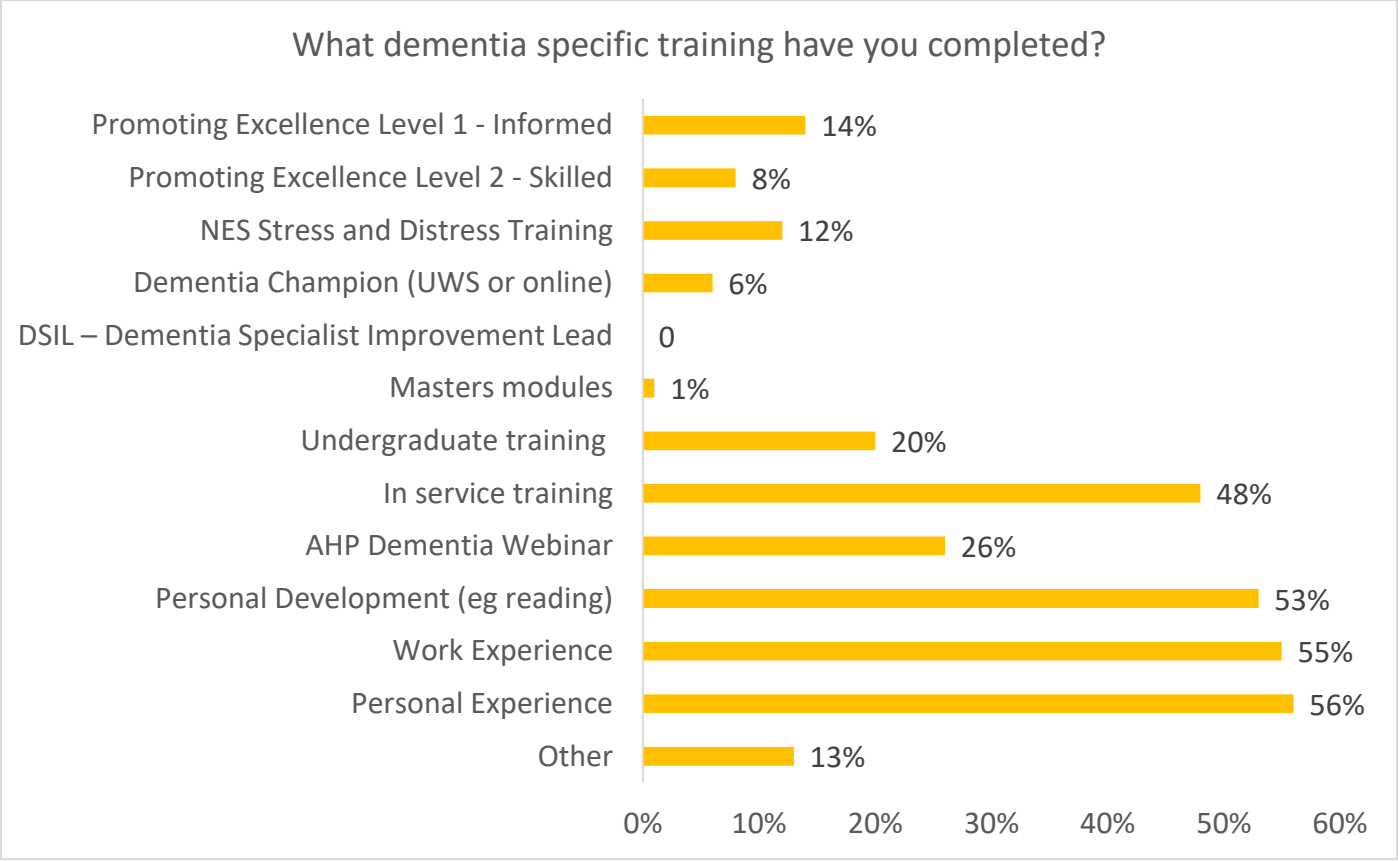


Figure 13 – AHP Training

Confidence in knowledge and skills and application of those knowledge and skills are very similar with the majority of staff reporting they were fairly or somewhat confident (Figure 14)

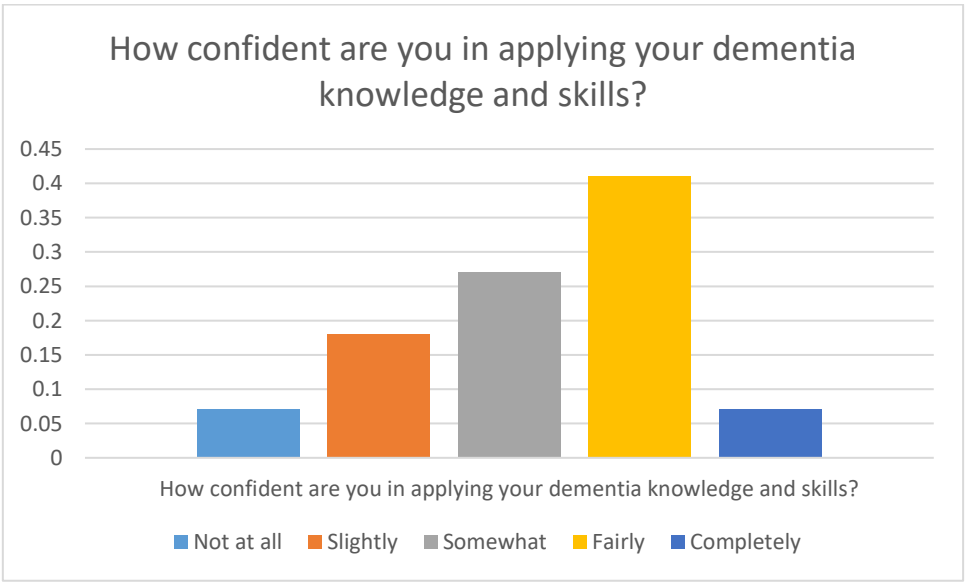


Figure 14 – Staff confidence

The main barriers to training include awareness of the available training, time and competing priorities with no one identifying that dementia specific training was not important to their job as an AHP. For those who selected other they had no barriers to identify or reported multiple competing priorities that all require attention (Figure 15).

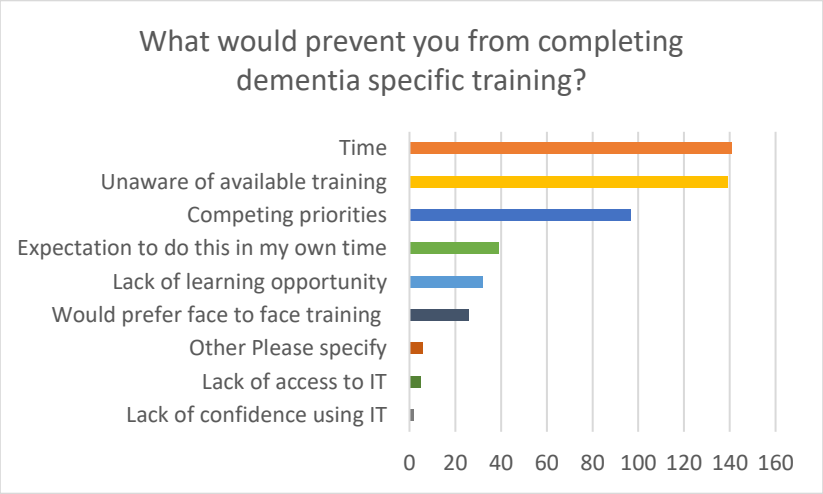


Figure 15 – What prevents AHPs from engaging with training?

When asked what would be helpful in practice there were four key themes.

- Training – some key areas are communication and stress and distress.
- Easily accessible resources for staff, person with dementia and care partners on support services and community information.
- Practical application of theory.
- Electronic systems which share information

Art Therapy

There are currently no art therapists working specifically in dementia care within NHSGGC.

What would be helpful to your practice in regards to working with people with a diagnosis of dementia, their family or carers?

Resources to signpost people to.

Offering groups where families can see their loved ones in a calmer setting

To have more training.

'Art therapies are an untapped resource of staff – lots of trained staff available'

'We are trying to organise student placements in music/drama in dementia care'

'There is (untapped) opportunity for a test of change to improve psychological wellbeing through music and art'

Dietetics

What would be helpful to your practice in regards to working with people with a diagnosis of dementia, their family or carers?

'For dietetics specifically time is needed to contact the carers to give advice for supporting these patients with meals at home'

'Simple tips and tricks can help before weight loss and referral '

'We need to make sure the advice is given to everyone who provides care'

Training on how to support carers including information on community resources/services.

More practical training

Time to contact carers to give advice for supporting the person they care for.

Additional MUST step 5 guidance for care homes.

Better education for PWD/care partners at the start of the dementia journey eg film, group sessions.

Occupational Therapy

'We have a range of training needs from new graduate to those with years of experience working in older people's mental health'

What would be helpful to your practice in regards to working with people with a diagnosis of dementia, their family or carers?

Training – focusing on communication capacity, stress and distress, PDS.

Resources for PWD, their family and carers. Extended services specifically for carers.

Space for community groups.

Understanding how services sit within partnerships.

'OT's work in different sectors – This can sometimes lead to duplication of referrals'

'We need training on working with families and information on resources for signposting– it can be hard to support relatives'

Orthoptics

What would be helpful to your practice in regards to working with people with a diagnosis of dementia, their family or carers?

'All orthoptists are based in the hospital setting and this includes the emergency eye department'

'We have a dedicated paediatric service so less likely to be in contact with PWD '

'We have a role in glaucoma so this links with the older person and dementia'

Communication skills for the PWD, family, carer and support staff.

Capacity and how to find out about POA / who to get information from and who to share with.

Training appropriate to own area of specialty.

Understanding life with dementia.

Orthotics

What would be helpful to your practice in regards to working with people with a diagnosis of dementia, their family or carers?

Awareness that the person has a diagnosis of dementia – from patient/carer or electronic records.

Communication skills with PWD, family/carer including simple written instructions for donning/doffing orthotic device.

Increased flexibility in appointment times.

Knowing where to signpost to.

'When prescribing a device we need to get that information across to the right person/people'

'Capacity is challenging – balance of confidentiality and duty of care. Knowing who to contact and when'

'Having a dementia champion in the team has been so valuable'

Physiotherapy

'There is a greater role for education of PWD and their care partners about changes to mobility as part of dementia and how to be proactive with this'

'Communication and managing stress and distress are key challenges with assessment of pain/injuries difficult '

What would be helpful to your practice in regards to working with people with a diagnosis of dementia, their family or carers?

Training – focusing on communication, stress and distress, practical application of theory/case studies. .

Resources for PWD, their family and carers to signpost to.

Suitable working environments for treatment sessions.

Resources for staff in easily accessible place.

Podiatry

What would be helpful to your practice in regards to working with people with a diagnosis of dementia, their family or carers?

‘In the community the majority of our contact with people with dementia is within care homes’

Training – refreshing current knowledge.

Resources for PWD, their family and carers.

‘We have a range of self-management resources for people with dementia including general foot care’

Prosthetics

What would be helpful to your practice in regards to working with people with a diagnosis of dementia, their family or carers?

‘Prosthetists work in Westmarc which provides a service to 6 NHS boards in Scotland. It’s a lifelong service and staff can often recognise changes in the service users’ presentation’

Notification of a diagnosis of dementia.

Training – communication and onward referral to other services.

‘The service user may not always come with their care partner ’

‘The greatest challenge is deciding on when the person is no longer safe to use a prosthesis ’

Understanding of consent and capacity.

Information that is easy to access.

‘The support staff or care team may not always know how to fit the prosthesis correctly, we have a role to educate ’

Diagnostic Radiography

What would be helpful to your practice in regards to working with people with a diagnosis of dementia, their family or carers?

Training – both face to face and online

Communication skills for both family and carers including managing distress.

Knowing the person has dementia.

Dedicated time for training.

'Staff might not realise that the person has dementia (due to electronic systems or detail in the referral), understanding their capacity is really important'

'HCSW's and admin staff do a lot of the work in an imaging department'

'A&E is a key area for our imaging services and that brings challenges'

Therapeutic Radiography

'Our main contact is with care partners – they struggle being away from their caring role'

'With cancer survival rates increasing it is likely we may see more people with dementia in the future'

What would be helpful to your practice in regards to working with people with a diagnosis of dementia, their family or carers?

Training – framework or handbook.

More information before the patient arrives.

Extended appointment times.

Specialist radiographers within the department.

Speech and Language Therapy

What would be helpful to your practice in regards to working with people with a diagnosis of dementia, their family or carers?

Training/Study Days. Communication in dementia training modules for all MDT staff.

Earlier involvement via earlier referral.

Ways to reduce waiting times.

Feedback from service users and carers.

Support from a full MDT.

'Involvement from the moment of a diagnosis is important to implement effective strategies'

'Frequently I encounter service users in care homes where the background of their disease is fractured or lacking'

Summary

Allied Health Professional Skills
56% of staff reported that they have personal experience of dementia and 57% of staff reported working with someone with a diagnosis of dementia or their care partners at least once per week. When it comes to training the majority of staff knowledge and skills has been gleaned from personal and work experience, personal development and in-service training. 45% of staff are aware of the Promoting Excellence Framework but only a small minority could describe where to find the training resources with 23% of staff utilising the framework for staff training and development. Most staff felt somewhat or fairly confident in their dementia knowledge and skills. When asked what would be helpful in practice there were four key themes. • Training – some key areas are communication and stress and distress. • Easily accessible resources for staff, person with dementia and care partners on support services and community information. • Practical application of theory. • Electronic systems which share information Individual professions highlighted key factors for them when it comes to the care and treatment of someone with dementia. Art Therapy: There are currently no art therapists working in dementia care in NHS Greater Glasgow and Clyde despite there being lots of trained art therapists available. There are no drama or music therapists working within NHS Greater Glasgow and Clyde. Dietetics: Recognise the importance of having time to advise carers and family on how best to support the person with dementia. They would like better education at the start of the dementia journey and an additional step 5 added to the Malnutrition Universal Screening Tool (MUST) for care homes. Occupational Therapy: There is an awareness of the possibility of duplicate referrals due to the specialist areas of work in the community. Finding group space in the community can be challenging and staff are keen to understand how services sit within partnerships. Orthoptics: All orthoptists are based within the hospital setting Sharing of information is difficult with knowledge about capacity and power of attorney highlighted as key to their specialty. Orthotics: When they prescribe a device they need to ensure that people who support the person with dementia have knowledge of it. Awareness of a dementia diagnosis and communication skills are key alongside increasing the flexibility around appointment times. Physiotherapy: Staff see education about changes in mobility as an important part of post diagnostic support. The assessment of pain and injury is often challenging with communication difficulties and stress and distress. Suitable working environments are seen as a key part of successful treatment. Podiatry: Have a number of self-management resources available for people with dementia and their families and carers. The majority of community based treatment for people with dementia is within a care home setting. Prosthetics: Provide a regional service to 6 NHS health boards via the WestMARC service. As it's a lifelong service they can often identify changes in the person's presentation which may

indicate a cognitive decline. There are challenges in ensuring someone can access the right pathway for assessment and diagnosis as well as making the clinical decisions as to when it is no longer safe for someone to carry on using a prosthesis.

Diagnostic Radiography: Staff may not realise someone has a dementia diagnosis secondary to the high throughput and electronic systems in use. Health care support workers and administration staff usually have the most contact with service users and communication skills are key to this role. Staff feel there are benefits to having dedicated time for training.

Therapeutic Radiography: Their main contact is with the care partner of someone with dementia and it can therefore be challenging for them to attend for cancer treatment. Sometimes the person with dementia has to attend with their loved one. Staff feel like they would benefit from having dementia specialist radiographers and extended appointment times.

Speech and Language Therapy: Involvement from the moment of a diagnosis is important to implement effective strategies. They feel their role in communication is key to educate staff when working with a person with dementia.

All staff recognized the importance of training with almost everyone seeing it as part of their role but barriers to this include time, competing priorities and knowledge of the training available. Although the value of online training resources is appreciated staff feel their tolerance for online training modules has diminished since COVID. They would much prefer structured face to face training sessions accessible during work hours.

Section 3 – Ambitions of CPCS

The ambitions of CPCS describe national and local board priorities (Figure 16). This section will cover some of the themes not already presented in sections 1 and 2.

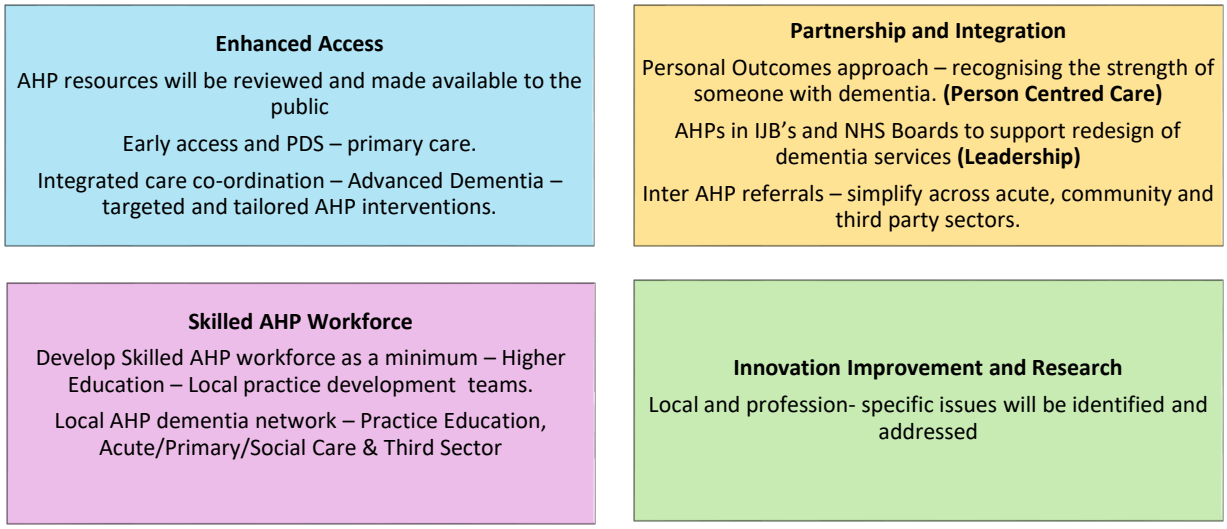


Figure 16 - CPCS Ambitions - Local Board Priorities

AHP Resources

> It is clear that service users would like information presented in a variety of ways and not just electronically. There is a preference for leaflets and information about services and how to refer to them as well as personalised written information or leaflets when receiving input from AHPs.
>
> Lauren Gallagher, Specialist Physiotherapist (as part of a dementia assignment)

Post diagnostic support link workers also expressed a need for hard copies of resources as not everyone can access them from an electronic source.

Part of the national focus for Connecting People, Connecting Support has been to produce self-management resources including a brochure "Who are AHPs". There was also a lack of awareness around the national allied health professional resources on the Alzheimer Scotland website with service users and carers. This extended to allied health professionals working within NHS Greater Glasgow and Clyde. When visiting Alzheimer Scotland resource centres Alzheimer Scotland dementia advisors recognised that information about AHPs could be included in carer education sessions and within carer cafés.

> 'I don't talk about AHPs in the carers education sessions and I really should'
>
> 'It would be great to have AHPs along to talk to our groups'
>
> Alzheimer Scotland Dementia Advisors

Some professions like orthotics and prosthetics also recognised that they would like more support to produce resources that would meet the needs of service users with communication issues or cognitive impairment and their carers. Time and funding to create resources, particularly film based information, was seen as a barrier to progressing this.

For those professions who do not have any national resources there were some concerns that having more information about their service may increase people trying to access them even though there was overwhelming support for ensuring any resources would be suitable for all service users.

AHP Referrals

All allied health professions will accept referrals from health professionals. Some will also accept self-referral including referrals from other agencies and third sector (Figure 17)

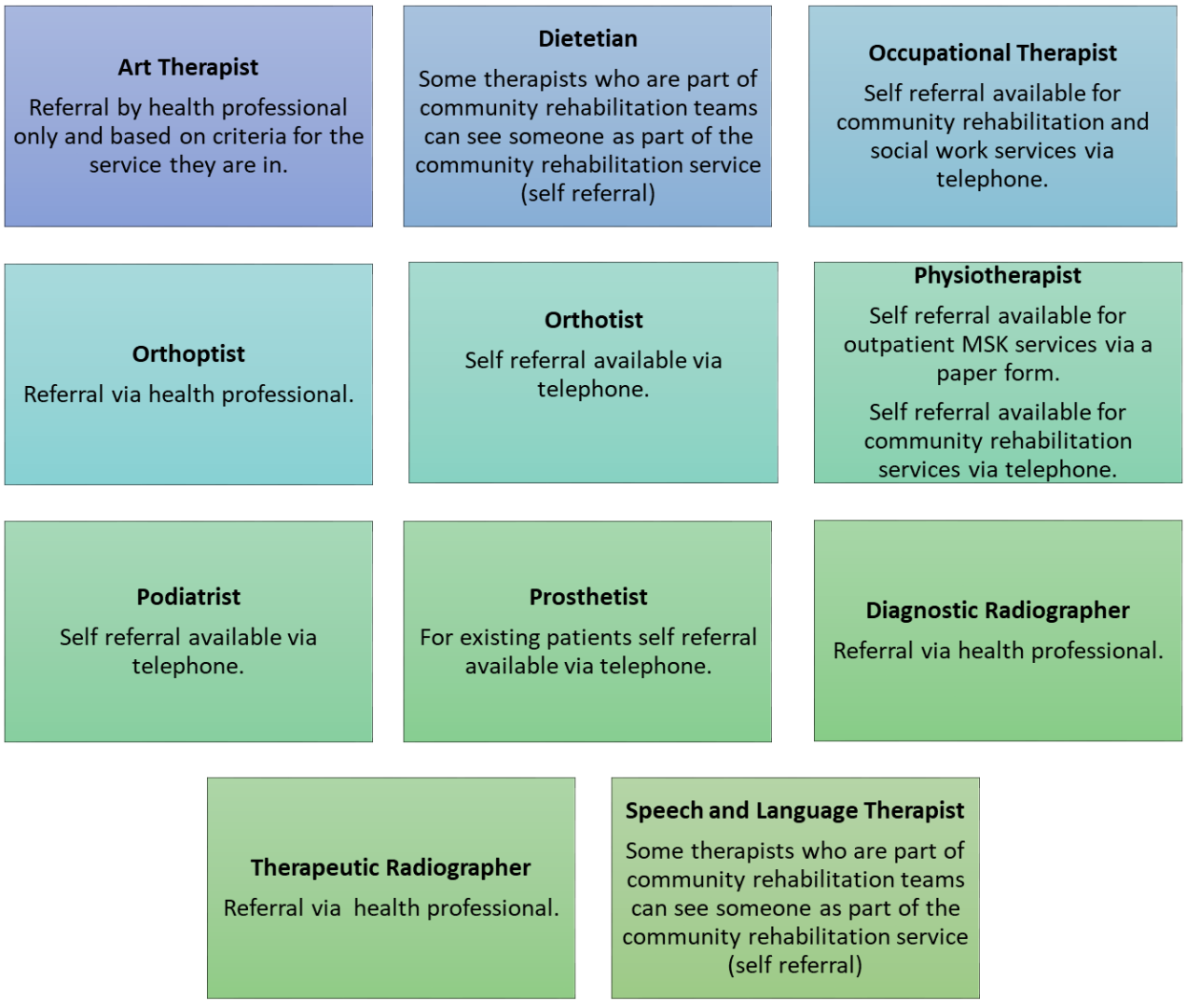


Figure 17. Allied health professions referral pathways.

Skilled Orthotics Service

The NHSGGC orthotic service has a Dementia Champion who supported a dementia CPD session in October 2024 to follow on from the contact made for the project. There were 7 key themes highlighted by orthotic staff (Figure 18).

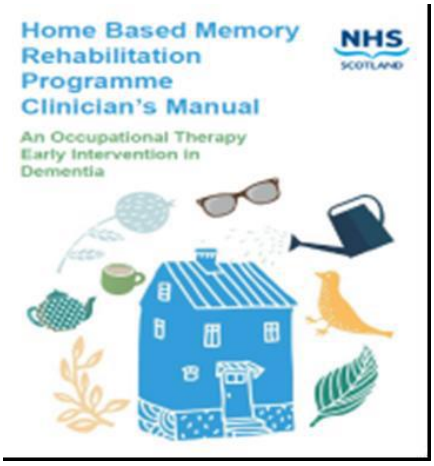
Person centered inclusive goal setting and care	Ensuring the patient is the focus of the appointment Include everyone in shared decision making Empower independence
Communication	Don't patronize Provide two letters with written information - carer and service user – if this is felt to be helpful and meets with data protection guidelines. Offer for a second person to attend with the service user Provide suitable written information and/or links to videos and other virtual Orthotic information – it's important those supporting the service user know about the orthosis. Use documents like 'Getting to Know Me' to help understand someone better Anything that allows a person with dementia to have the same level of autonomy and access to services that doesn't discriminate them. To have the ability to signpost to community resources and support services.
Information for staff	Have an alert on Trakcare to share a dementia diagnosis and include information on power of attorney. Trakcare should include up to date contact details for next of kin/power of attorney/guardian. Know where to look for this information on other electronic systems such as portal. Ability to access community care information – currently only use Trakcare and Portal – this information is usually on EMIS.
Outcome measures	To have suitable outcome measures for people with a diagnosis of dementia.
Referral routes and responsibilities	To know where and how to refer someone if dementia is suspected but not been diagnosed. To be able to make referrals on someone's behalf.
Access to orthotic service	Facilitate easy access by making sure the service is sufficiently accessible. Use Active Clinical Referral Triage (ACRT) to establish any issues in advance to ensure carers and the Orthotic Team are aware of all relevant information. Important to establish who the person with dementia wishes involved in their care, especially when big families are involved. Really useful to know patients are happy to have care discussed with a relative/carer, so we can talk to them about things before formal arrangements are in place. More flexible appointments to allow adequate time.
Staff education and training	Education and training on signs, symptoms and how to communicate. Refresher about up to date resources that person with dementia can be signposted to. Refresher on Promoting Excellence Framework. Improve knowledge of where to find information on diagnosis/power of attorney and guidance on what can and can't be shared. Learning from lived experience.

Figure 18. Orthotic dementia care key themes (Susie Fraser, Advanced Specialist Orthotist)

Inverclyde Occupational Therapy Mental Health Developments

HBMR is an evidenced based, early intervention in dementia. Developed by a specialist occupational therapist, it is a 6-session programme based on the principles of cognitive rehabilitation. It is aimed at those with a mild dementia or cognitive impairment with carer and family support preferable.

Journeying through Dementia (JtD) is an occupation-based group programme that aims to support people at an early stage of their dementia journey to engage in meaningful activities and maintain community connectedness. JtD links with the ambitions of “Connecting People, Connecting Support in Action” in particular enhanced access to AHP-led information and interventions. It also won the Inverclyde Health and Social Care Partnership Innovation of the Year award in 2023.



Physiotherapy and Physical Activity

Mental health physiotherapists in NHS Greater Glasgow and Clyde worked with Alzheimer Scotland to produce three resources for physical activity. These along with exercise films sit on the Alzheimer Scotland website within AHP resources (www.alzscot.org/ahpresources). This won a Silver award in the NHSGGC Better Health category in 2021.

Advanced Dementia Care

Mental Health In-Patient Settings

Across NHS Greater Glasgow and Clyde there are older people's in-patient services who provide specialist assessment, treatment and where necessary ongoing care for people with a diagnosis of dementia. AHPs are an integral part of the multi-disciplinary team and include occupational therapy, physiotherapy and dietetics. Speech and language therapy, podiatry, orthotics and wheelchair services provide an in-reach service where necessary.

Physiotherapists and occupational therapists working in these wards have skills that are included in the enhanced and expertise levels of promoting excellence such as stress and distress and the management of complex physical health issues. Assessment and treatment focus on promoting independence, inclusion and preventing secondary complications of dementia by promoting 24 hour postural care (Figure 19).

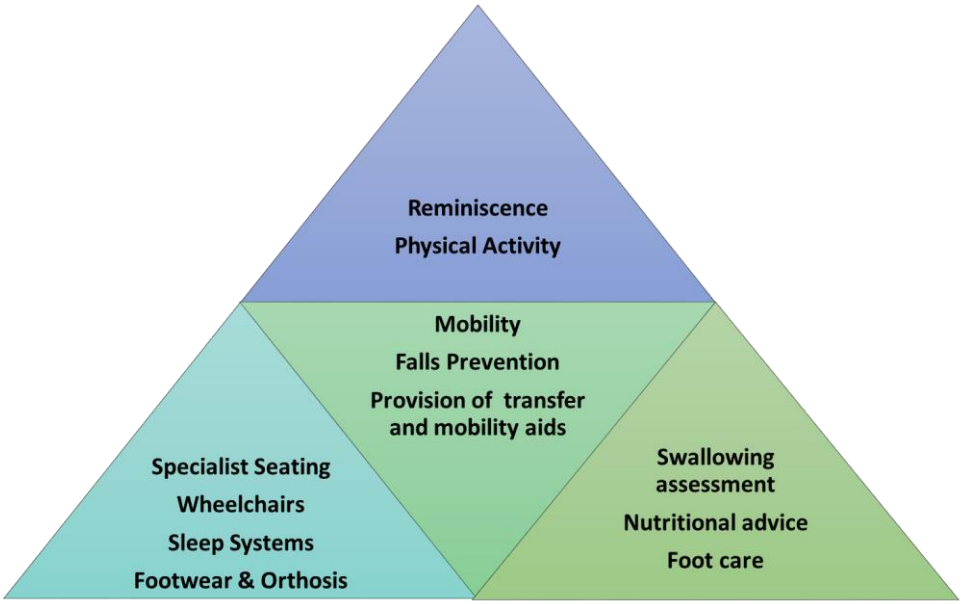


Figure 19. Care within advance dementia, mental health in-patient settings.

East Dunbartonshire CAPA Team

CAPA stands for Care About Physical Activity and the team including physiotherapy, occupational therapy and senior health care support worker provide a service to the 14 care homes including the dementia units. This specialist team works closely with the wider community rehabilitation team which includes nursing liaison, dietetics, speech and language therapy, pharmacy, physiotherapy and occupational therapy.

Team aims:

- to increase the knowledge and skillset of activity co-ordinators – some examples are Body Boosting Bingo and Summer Cycling Workshops (utilising a film combined with the use of static pedals). They also run events for activity co-ordinators to allow the sharing of ideas and networking.
- identify sedentary behaviour and create an individualised personal activity plan
- prevent and manage falls including the review of 24 hour postural care

AHP Leadership

AHP Dementia Consultant

Christine Steel, AHP Dementia Consultant for NHS Greater Glasgow and Clyde is the only allied health profession dementia consultant employed within a health board.

She works with all different AHP groups and her role offers a huge variety of opportunities. Improvement is at the heart of this making sure allied health professional skills and knowledge are maximised to get the best possible outcomes for people living with dementia who access services. This can include teaching, quality improvement work and being part of groups to support change and development of best practice.

> "It's too easy for it to become about the dementia and for the person just to be seen as the diagnosis. We need to say "what are the things that keep you going and keep you motivated" …. How can we try to join up those dots so you can still be that person? For me that's what AHPs do. Simple changes do actually make a huge difference to somebody's day and to somebody's clinical outcome."
>
> Christine Steel, AHP Dementia Consultant, NHSGGC

NHS Greater Glasgow and Clyde Dementia Strategy Group

This group has recently been established and is chaired by Lynne Haughey. It will align to the national priorities and has allied health professions represented on the group.

Post Diagnostic Support Workers

Post diagnostic support has been Scotland's flagship policy in dementia for 12 years. The ambition is that support is available and accessible to people for a minimum of 12 months after a diagnosis of dementia.
In NHSGGC post diagnostic support link workers sit within all Health and Social Care Partnerships (HSCPs). In Glasgow City, Inverclyde, East Renfrewshire and West Dunbartonshire link workers are employed by Alzheimer Scotland. In East Dunbartonshire and Renfrewshire they are employed by the NHS.

On meeting with the 18 post diagnostic support link workers within Glasgow City they expressed that they are often seen as the sole contact by service users and carers which results in link workers taking on a lot of their emotional needs. They recognise the importance of the skills AHPs can bring to support people with dementia and part of their role is to refer onto them. Criteria for referral, how to refer, waiting times and lack of communication after referral are some of the challenges highlighted by link workers (Figure 20).

Occupational Therapy Link workers advised that the referral pathways into occupational therapy is challenging as they work in lots of different areas such as acute, rehabilitation, mental health and social work. Link workers are keen to have more information to understand who the best service to refer to is based on service user need to avoid extended waiting times for the wrong service. They are aware of the occupational therapy role in Cognitive Stimulation Therapy (CST) and Journeying Through Dementia.
Physiotherapy Link workers are aware of the role of Physiotherapists based in the community rehabilitation teams but are less aware of the service provided by musculoskeletal physiotherapists and how to refer to this service.
Podiatry Link workers are unaware of the referral criteria as in practice they see some of their referrals being accepted whilst others aren't. They understand that waiting time for podiatry are long.
Speech and Language Therapy Strong awareness of their important role in managing swallowing difficulties.

Figure 20. Challenges highlighted by dementia post diagnostic support link workers.

For all services link workers refer onto they often don't get any further communication after the referral has been made which results in time required to follow up on the referral. This can result in finding out the service user is on a waiting list or that the referral has been rejected.

Link workers advised that carers can struggle to access support for themselves as they cannot leave their caring responsibilities to attend groups and there are varying levels of support across the city. Another barrier to attending community resources or groups is the availability of adequate transportation. Link workers feel that more carer peer support workers are required.

When asked how AHPs can help there were four requests:

- Information on AHPs, referral criteria and how to refer for each particular area (in Glasgow City services are divided into North East, North West and South)
- Hard copies of AHP resources.
- For AHPs to have knowledge of Getting to Know Me (GTKM)
- Educational sessions for service users and care partners.

Local Area Event – East Dunbartonshire Health and Social Care Partnership (HSCP) 1st April 2025

> Presentations to local groups and organisations, involvement of potential users would produce active contributions of needs and potential solutions to the best means of delivery
>
> Survey Response, Care Partner

This event engaged service users and care partners through an established dementia group, Ceartas De Café. The concept involved presentations from five AHP groups and post diagnostic support including the role of the Community Mental Health Team (Figure 21).

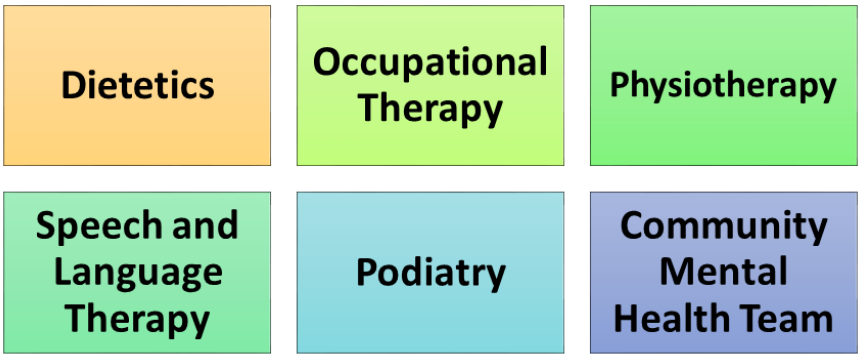


Figure 21. Presentations

The second part of the day involved round table discussions with two key questions considering a person centred approach (Figure 22).

1. How can we promote the understanding of AHP roles?

2. How can we improve access to our AHP skills?

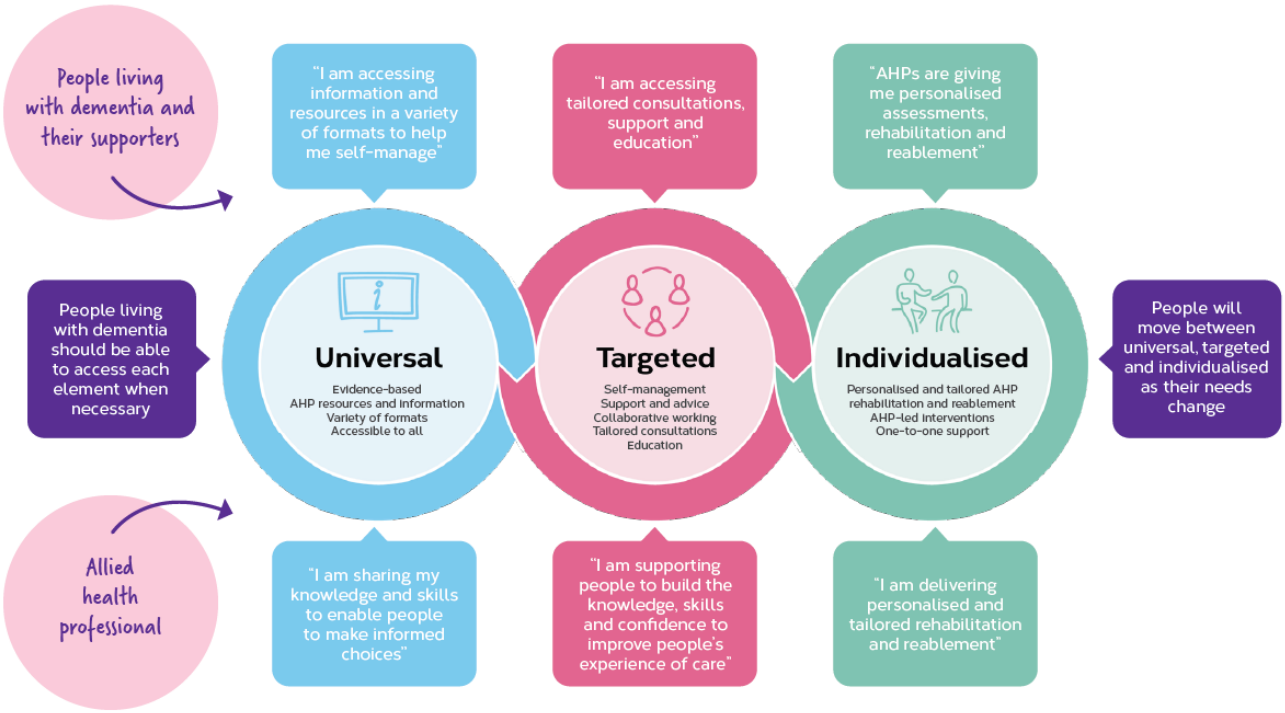


Figure 22 – Personalised and tailored access to the skills and expertise of AHPs (Alzheimer Scotland 2024)

On the day there was attendance from the East Dunbartonshire community rehabilitation team, the community mental health team, fire and police, third sector, service users and carers.

The round table discussions provided three key themes including ideas for engagement through events, a service directory and information sharing (Figure 23)

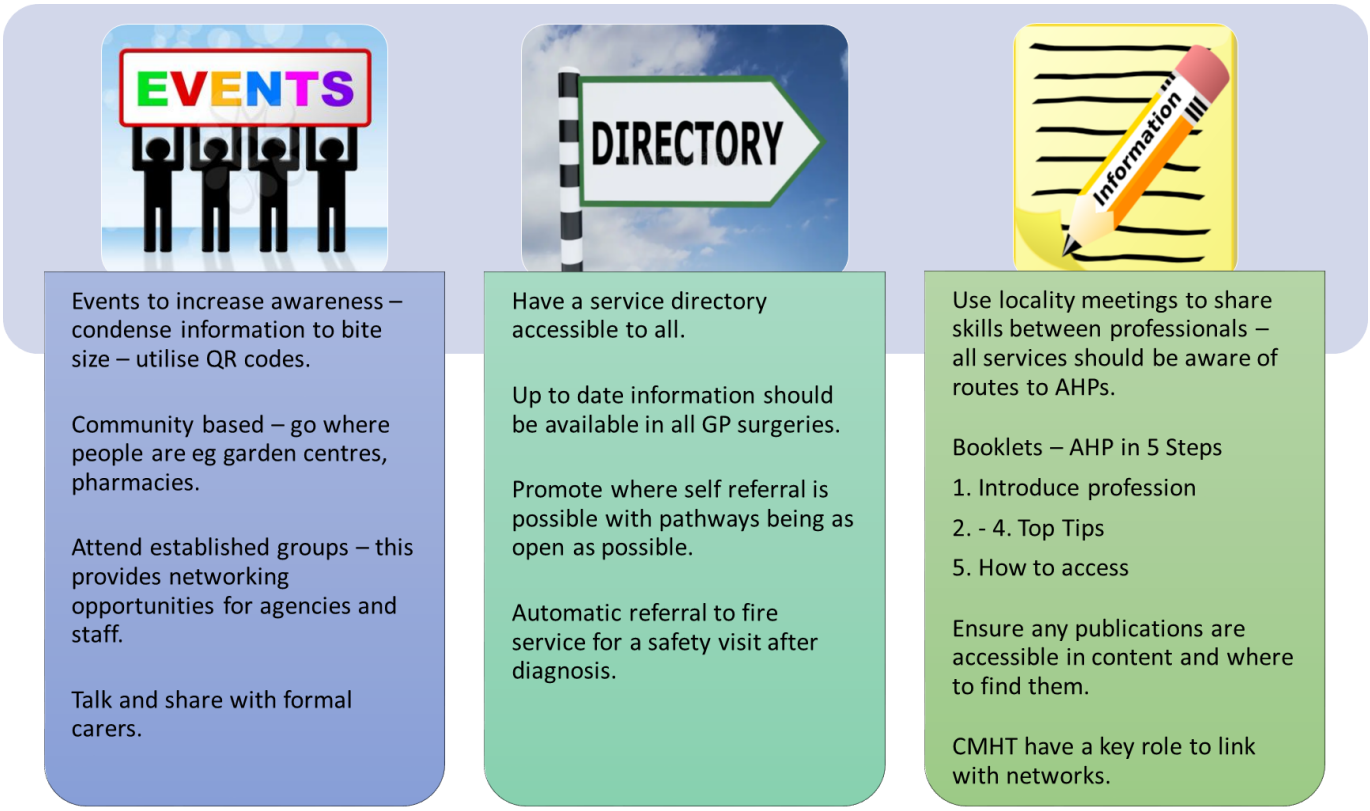


Figure 23. Event key themes from round table discussions.

Service users and carers expressed their gratitude to the organisers and staff who presented and provided some very useful feedback around future events and information sharing (Figure 24). AHP staff who participated enjoyed being part of the event and being able to share their knowledge. They were very keen to continue to engage with service users and carers.

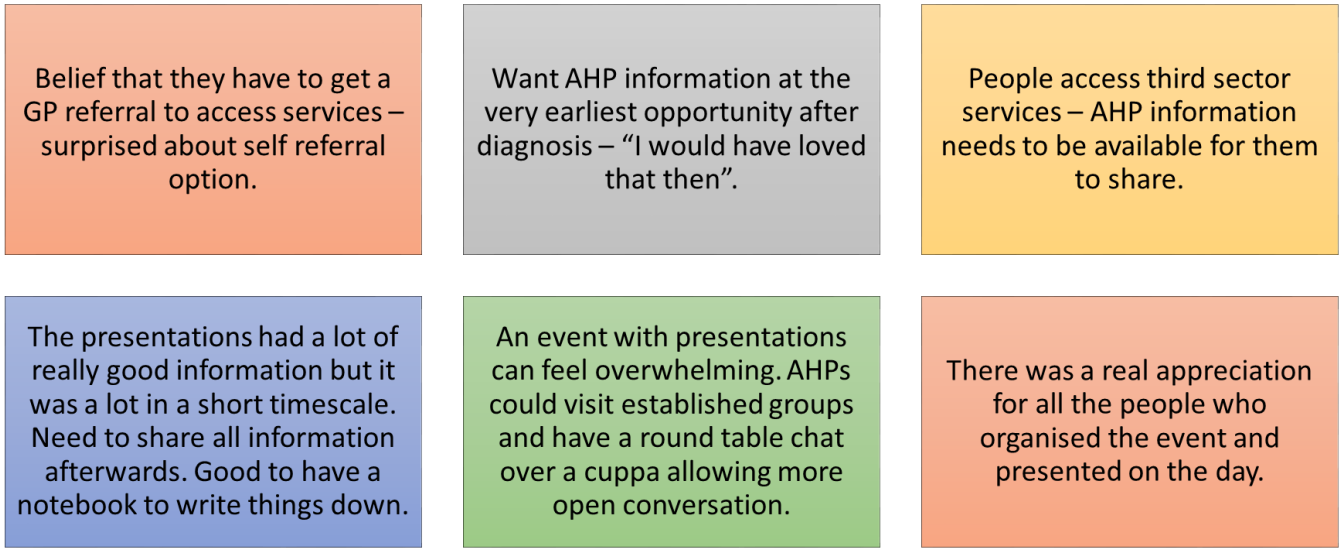


Figure 24. Service user and carer feedback

Summary

Ambitions of CPCS
It is clear that service users and care partners would like information presented in a variety of ways with written resources being available for information and included as part of treatment. Some professions who do not have national resources feel that time and funding are barriers to creating these with some concern around opening services to a greater number of self- referrals. The orthotic service, Inverclyde occupational therapy service and mental health physiotherapy service have demonstrated ways in which allied health professionals can make a difference in dementia care through focused continues professional development sessions (CPD), specialist groups for service users and care partners and dementia friendly self-management resources. Advanced dementia care within NHS Greater Glasgow and Clyde is demonstrated within Mental Health in-patient settings and specialist care home teams which includes reminiscence and physical activity, mobility promotion and falls prevention and aids and adaptations to support independence and 24 hour postural care. Treatment is available from a range of allied health professions. NHS Greater Glasgow and Clyde is the only health board within Scotland to have an AHP Dementia Consultant where improvement is at the heart of the role making sure allied health professional skills and knowledge are maximized to get the best possible outcomes for people living with dementia who access services. A dementia strategy group has recently been established to lead on dementia care within NHS Greater Glasgow and Clyde aligning with the national strategic priorities. This group includes representation from allied health professionals. Post diagnostic support workers highlighted 4 key areas for improvement: • Information on AHPs, referral criteria and how to refer for each particular area (in Glasgow City services are divided into North East, North West and South) • Hard copies of AHP resources. • For AHPs to have knowledge of Getting to Know Me (GTKM) • Educational sessions for service users and care partners. A Dementia event held in East Dunbartonshire presented the role of Allied Health Professionals and allowed for discussions between services and service users. Services are keen to see formal and informal interaction with allied health professionals either face to face, through information and a directory of services. Service users were very clear that they wanted information about AHPs as early as possible in their diagnosis and were pleased to learn about self-referral opportunities. They would like further contact with AHPs and for third sector organisations to understand AHP roles and referral pathways.

Recommendations

This report highlights what is important to people with dementia, their families and carers, allied health professional staff, agencies and third parties. It provides areas of good practice, key concerns and the types of change people would like to see.

It will be shared locally and nationally with those who contributed to it and with the leaders in NHS and social care. It will be presented to the NHS Greater Glasgow and Clyde Dementia Strategy group and Allied Health Professional Leadership group.

The recommendations of this report are:

- For Connecting People, Connecting Support to be part of the Dementia Strategy work plan.
- For the work plan to take the learning from this project to develop change ideas based on the areas outlined in the driver diagrams (Figure 25 & 26).
- For lived experience to be central to all change ideas by engaging with people with dementia, their families and carers.

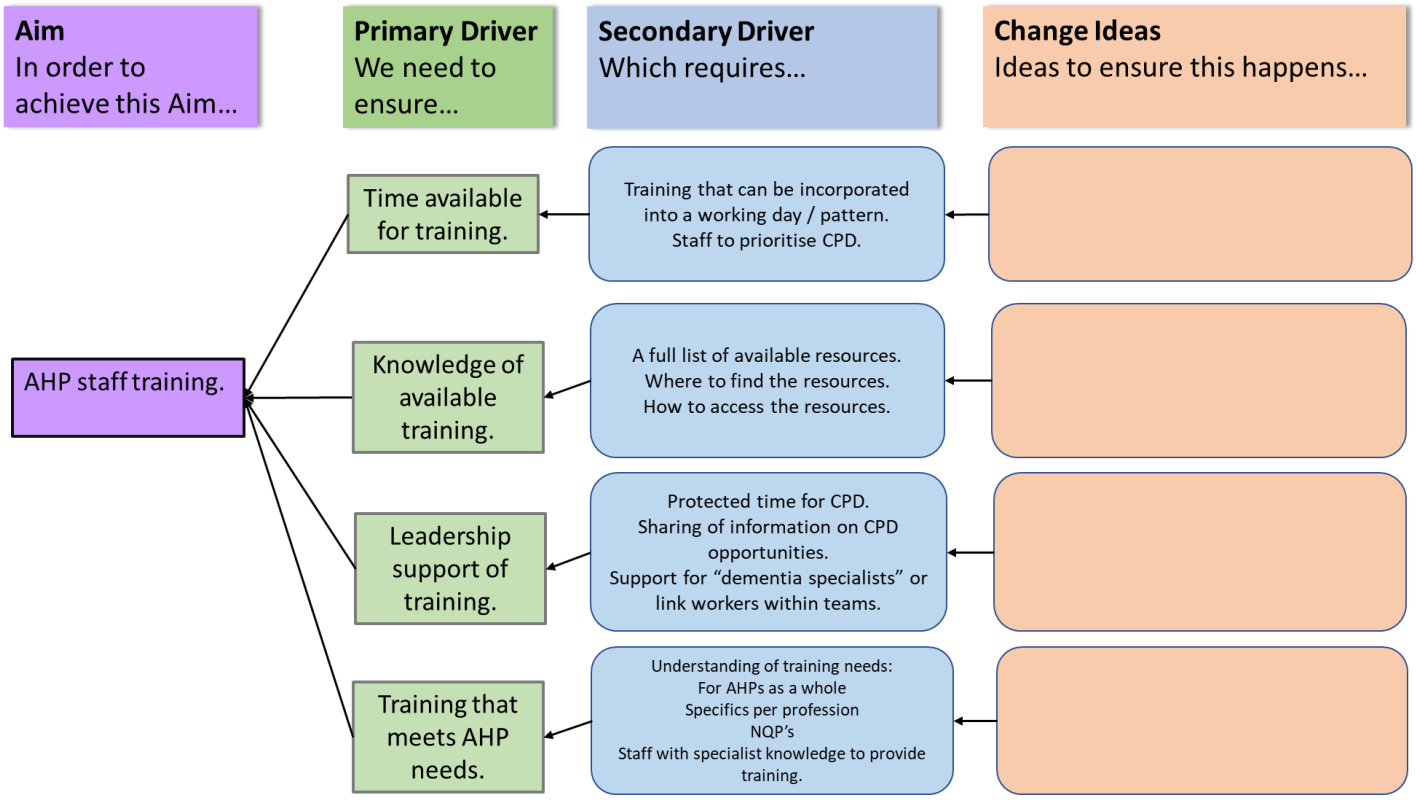


Figure 25. Driver diagram staff training.

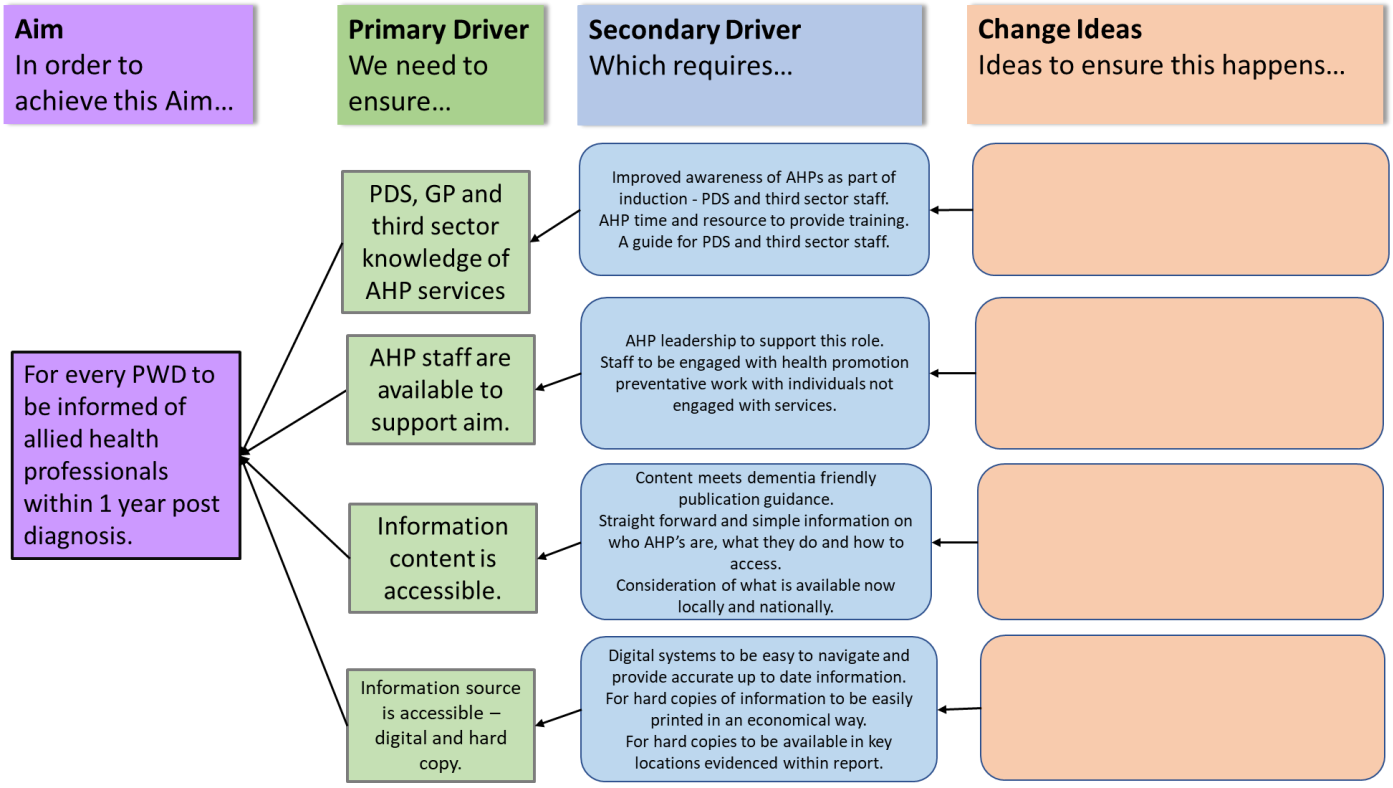


Figure 26. Driver Diagram – AHP Enhanced Access

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Appendices

Appendix 1 – Understanding the role of Allied Health Professionals Survey.

Allied Health Professionals (also known as AHPs) are the third largest clinical workforce in Scotland, but not everyone is aware of the vital role they play in providing treatment, care and support. NHS Greater Glasgow and Clyde is committed to listening to our patients, carers and communities and using feedback to improve how we deliver our services now and in the future. We want to find out how aware you are of the role AHPs play, if you know where to go to get access to an AHP and what type of support you think an AHP might be able to help you with now, and in the future. We are especially interested to hear from people with dementia, their families and carers. Your feedback will help us improve how we provide our AHP services.

This survey is anonymous and your answers are confidential. If we use a direct quote from your feedback we won't include any information that could identify you. The feedback report from this survey may be shared with others including NHS Greater Glasgow and Clyde board members, local health and social care partnerships or other health boards if required. All data will be managed and stored in line with the Data Protection Act and in line with the General Data Protection Regulation (GDPR).

How to complete the survey:
The survey will take approximately 5 minutes to complete. Please answer all the questions in one attempt as you won't be able to save your answers. When you have answered all the questions click Submit. A message will appear inviting you to complete our Equalities Monitoring Form. We would be most grateful if you would please answer these questions as they help us better understand how we can improve the way we ask for feedback and engage with you. The survey closes on: Friday 9th August 2024.

If you need this survey in a different format, or have any questions please email: Public.involvement@ggc.scot.nhs.uk

Thank you for taking time to share your feedback with us.

*Required

1. Please tell us the first part of your postcode e.g. PA4. If you don't know it, please tell us the area you live in e.g. Renfrew. We can't identify you from this information, but telling us helps us to understand the experiences of people living in different parts of the NHSGGC board area. Thank you. *

2. Before today, had you heard of the term Allied Health Professional (also known as AHP)? *

- ◯ Yes
- ◯ No

3. Can you tell us your current level of understanding of each of these AHP roles? (choose one option for each role that best matches your level of understanding). *

	Fully understand what this role is	Understand a bit about what this role is	Don't understand what this role is
Art therapist	◯	◯	◯
Music therapist	◯	◯	◯
Drama therapist	◯	◯	◯
Dietician	◯	◯	◯
Occupational therapist	◯	◯	◯
Diagnostic radiographer	◯	◯	◯
Orthoptist	◯	◯	◯
Physiotherapist	◯	◯	◯
Podiatrist	◯	◯	◯
Orthotist	◯	◯	◯
Prosthetist	◯	◯	◯
Speech and language therapist	◯	◯	◯
Therapeutic radiographer	◯	◯	◯

4. Have you ever received treatment and care from an AHP? *

- ◯ Yes
- ◯ No
- ◯ Not sure

5. Did you receive this treatment or care in: *

- ◯ In hospital
- ◯ In the community or at home
- ◯ Both

6. How easy was it for you to access treatment and care from an AHP? (where 1 is very easy and 10 is very difficult). *

1	2	3	4	5	6	7	8	9	10

7. Can you tell us a bit more about why you answered this way? (please use the space below).

8. Overall, how would your rate your experience of treatment and care from AHP/s? (where 1 is poor and 10 is excellent): *

1	2	3	4	5	6	7	8	9	10

9. Would you know how to access treatment and care from an AHP if needed? *

- ◯ Yes
- ◯ No
- ◯ Not sure

10. If no, or not sure where would you be most likely to go for information on accessing treatment and care from an AHP? *

- ◯ GP practice
- ◯ Local pharmacy
- ◯ Other health professional
- ◯ Social worker
- ◯ Other social care professional
- ◯ Local community organisation or charity
- ◯ Online/websites on health and care services
- ◯ Other

11. You do not have to answer this question but any information you can provide will help us better understand the experience of people with dementia, their care partners and loved ones. *

- ◯ I have dementia
- ◯ I am a care partner for someone who has dementia
- ◯ I am not a care partner but someone close to me has dementia
- ◯ None of the above
- ◯ Prefer not to answer

12. What are the key healthcare issues facing you as someone with dementia? (please use the space below).

13. What are the key healthcare issues facing you as a care partner for someone with dementia? (please use the space below).

14. What do you think are the key healthcare issues facing people with dementia and their care partners? (please use the space below) *

15. What is the best way for us to provide information and advice to the public about AHP's and how to access them? (please use the space below). *

16. Is there anything else you'd like to tell us about your experience of AHP's? (please use the space below).

17. We are interested in learning more from you on how we can improve the way AHP services are provided in the future. We especially want to hear from people who have used AHP services and their care partners.

    If you would like to take part in further feedback and engagement opportunities please email your name and a contact number to: Public.involvement@ggc.scot.nhs.uk. Please put 'AHP' in the title or message.
    *

- ◯ I am interested in taking part in further feedback and engagement and will email my details to the address given above.
- ◯ I do not wish to take part in further feedback or engagement.

Appendix 2 – AHP Dementia Training – Promoting Excellence Survey

This survey is intended for NHSGGC AHP staff of all grades.

The Connecting People, Connecting Support Policy is about how allied health professionals in Scotland can improve support for people with dementia, their families and carers. A 2 minute presentation about the policy and my role as AHP Clinical Lead for Connecting People, Connecting Support can be found here @AngelaWPhysio - CPCS Presentation.

Part of this role is to gather information on training needs within AHP staff across NHS GGC / AHP graduate students – our future workforce. This information will be used to inform what training and resources would be beneficial to you as AHP staff and how we can best support you to improve AHP services for those of all ages living with dementia and their care partners.

Many thanks

Angela Watson

AHP Clinical Lead – Connecting People, Connecting Support

@AngelaWPhysio

ggc.ahpcpcs@ggc.scot.nhs.uk

1. What profession do you work in or with? *

- ◯ Art Therapy
- ◯ Dietetics
- ◯ Occupational Therapy
- ◯ Orthoptics
- ◯ Orthotics
- ◯ Physiotherapy
- ◯ Podiatry
- ◯ Prosthetics
- ◯ Diagnostic Radiography
- ◯ Therapeutic Radiography
- ◯ Speech and Language Therapy
- ◯ Other _____

2. What band are you employed as? *

- ◯ Student/Graduate
- ◯ Band 2 or 3
- ◯ Band 4
- ◯ Band 5
- ◯ Band 6
- ◯ Band 7 or 8
- ◯ Other _____

3. How long have you worked as or with an AHP? *

- ◯ 0-2 years
- ◯ 2-5 years
- ◯ 5-10 years
- ◯ 10+ years

4. Where are you based? *

- ◯ Acute
- ◯ Glasgow City HSCP
- ◯ Renfrewshire HSCP
- ◯ East Renfrewshire HSCP
- ◯ Inverclyde HSCP
- ◯ East Dunbartonshire HSCP
- ◯ West Dunbartonshire HSCP
- ◯ Other _____

5. In your professional role how often do you come into contact with a person living with dementia or a family member/carer of someone living with dementia? *

- ◯ Never
- ◯ Rarely
- ◯ Once a month
- ◯ 2-3 times per month
- ◯ Once a week
- ◯ 2-4 times per week
- ◯ Every day

6. Are you aware of the Promoting Excellence Framework for Dementia? The framework sets out the knowledge and skills all health and social care staff should achieve in their roles in supporting people with dementia, their families and carers? *

- ◯ Yes
- ◯ No

9. How confident are you in your dementia knowledge and skills? *

- ◯ Not at all
- ◯ Slightly
- ◯ Somewhat
- ◯ Fairly
- ◯ Completely

10. How confident are you in applying your dementia knowledge and skills? *

- ◯ Not at all
- ◯ Slightly
- ◯ Somewhat
- ◯ Fairly
- ◯ Completely

11. What dementia specific training have you completed? Tick all that apply *

- ☐ Promoting Excellence Level 1 - Informed
- ☐ Promoting Excellence Level 2 - Skilled
- ☐ NES Stress and Distress Training
- ☐ Dementia Champion (UWS or online)
- ☐ DSIL – Dementia Specialist Improvement Lead
- ☐ Masters modules
- ☐ Included in profession specific undergraduate training
- ☐ In service training
- ☐ AHP Dementia Webinar
- ☐ Personal Development (eg reading)
- ☐ Work Experience
- ☐ Personal Experience
- ☐ Other _____

12. What would prevent you from participating in dementia specific training? Tick all that apply *

- ☐ Unaware of available training
- ☐ Time

- [ ] Competing priorities
- [ ] Lack of learning opportunity
- [ ] Lack of access to IT
- [ ] Lack of confidence using IT
- [ ] Would prefer face to face for dementia training
- [ ] Expectation to do this in my own time
- [ ] I do not feel this is important to my job
- [ ] Other Please specify _____

13. Does your role support staff training and development? *

- ◯ Yes
- ◯ No

15. What would be helpful to your practice in regards to working with people with a diagnosis of dementia, their family or carers? *

_____

_____

_____

_____

_____

_____

_____

_____

16. We are also developing listening sessions for NHSGGC staff /student graduates to get further detail of what would be helpful to you when working with people diagnosed with dementia and their carers. If you would like to be involved please add your name and email address below.

Name _____

Email _____

Appendix 3 - AHP Dementia Training – Promoting Excellence Survey Resource Information Page

AHPs have created a suite of information resources for people with dementia and those who support them:

Social Media: follow us @AHPDementia where the AHPs share daily hints and tips or follow our weekly blog at letstalkaboutdementia.wordpress.com

Self-management AHP resources: 21 resources including practical tips to help with memory, physical activity and tips for talking found at www.alzscot.org/ahpresources

Connecting People, Connecting Support Online: 32 topics of information and resources supporting health promoting activities and occupations www.cpcs.online

AHP Dementia webinars: sharing the work of AHPs in Scotland on topics such as driving, music therapy and brain health www.alzscot.org/ahpwebinars

Learning resources and NHSGGC contacts

- Turas Dementia learning site learn.nes.nhs.scot/24388

- Christine Steel, AHP Dementia Consultant: christine.steel@ggc.scot.nhs.uk
- Angela Watson, AHP CPCS Lead: ggc.Ahpcpcs@ggc.scot.nhs.uk

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