

NHS GG&C Dementia Services

Workforce Development Plan 2013-2018



Authorship Note

The NHS GG&C Dementia Workforce Development Plan was prepared by the NHS GG&C Dementia Workforce Development Group (DWDG) on behalf of the organisation's Dementia Strategy Group. The Dementia Workforce Development Plan was developed in consultation with key stakeholders as detailed within the Governance and Partnership Engagement section of the plan.

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Executive summary

1. The increasing incidence of dementia provides a challenge to health care providers. In Scotland, the number of people diagnosed with dementia is expected to increase from 86,000 in 2013 to 139,700 in 2031 (EuroCoDe: prevalence of dementia in Europe, [Alzheimer Europe – Consensual Prevalence Rates](#)).
2. Dementia has been identified as a national priority by the Scottish Government. Following the publication of Scotland's National Dementia Strategy (2010) (Scottish Government, Edinburgh, 2010) the Scottish Government recently published their [second dementia strategy](#) in June 2013. A central aspect of dementia policy is the aspiration to develop a workforce with the knowledge and skills to provide a world class dementia service. Clear guidance around the knowledge and skills expected of staff has been laid out in the publication of Promoting Excellence (2011). This should be used in tandem with the Standards of Care for Dementia in Scotland (Scottish Government, Edinburgh, 2011), which describes the services which a person with dementia, their family and/or carers can expect to receive.
3. NHS Greater Glasgow and Clyde is the largest health board in Scotland, providing services for 1.2 million people, and operating with over 38,000 staff. All NHS staff will be expected to have the required knowledge and skills relevant to their work role and which will allow them to work effectively with people with dementia. This knowledge and related skills are detailed in the Promoting Excellence Knowledge and Skills Framework.
4. A short life working group was set up in 2012 to develop the NHSGG&C Dementia Workforce Development Plan 2013-2018. This group reports to NHS Greater Glasgow and Clyde's Dementia Strategy Group. The plan supports workforce development, in order to deliver services in line with Promoting Excellence and the Standards of Care for Dementia in Scotland. The plan recognises and acknowledges existing knowledge and skills within our NHS workforce and describes a number of options which can be used to develop these to the levels described in Promoting Excellence.
5. The NHS GG&C Dementia Workforce Development Plan 2013-2018 was developed using the Six Steps methodology. The plan outlines existing service provision across a range of settings including in-patient mental health services, the Acute Division, primary care, community mental health services and the care home sector. It considers policy drivers and demographic changes influencing dementia care. The plan describes existing workforce development opportunities relevant to dementia care in the Dementia Care Tiered Training Guide, before going on to make recommendations to develop our workforce via the use of a 5 year Action Plan.





Section 1

Background to the Dementia Services Workforce Development Plan







Background to the Dementia Services Workforce Development Plan

1.1 Introduction to the Workforce Development Plan

- 1.1.1 In June 2010, the Scottish Government published Scotland's [National Dementia Strategy](#) outlining a vision for dementia care in Scotland. This prompted the development and publication in June 2011 of [Promoting Excellence](#) - a framework for health and social care staff working with people with dementia and their carers; and [Scotland's Dementia Standards](#) which outline the services which people with dementia and carers have a right to receive.
- 1.1.2 Locally, in response to the Dementia Strategy, a Dementia Convention was held in March 2011. This brought together key staff from NHS GG&C, Glasgow City Council and a range of other partner organisations involved in the care of people with dementia, to reflect on current service provision and to consider actions for positive change.
- 1.1.3 One of the recommendations of the Dementia Convention was the formation of the NHS GG&C Dementia Strategy Group. This is a Board-wide group with responsibility for setting the direction of service delivery for people with dementia and their relatives and carers.
- 1.1.4 One of the key areas in the work plan of the Dementia Strategy Group relates to workforce development. In order to deliver services in line with the Dementia Standards, it is imperative that we develop a strategic plan which takes account of existing knowledge and skills within our health and social care staff and develops these to the levels outlined in Promoting Excellence.
- 1.1.5 A great deal of education and training has already taken place which has the potential to improve services for people with dementia and carers. This paper is concerned with building on this and developing a co-ordinated response to workforce development for NHS GG&C and partners. This paper draws on the action plans developed by individual services, following their self-assessment against the Dementia Standards in December 2011.

1.2 An overview of Dementia Services within NHS GG&C

- 1.2.1 Specialist dementia services in NHS GG&C are mainly provided via Community Mental Health Teams for Older People (OPMHCMHTs) based in secondary care and in-patient mental health services. However, people with dementia and their carers may come into contact with NHS staff and services in a wide range of different settings, especially those which regularly work with older people.
- 1.2.2 Primary Care includes General Practitioners (GPs) and other community health services such as District Nursing and Allied Health Professionals (AHPs), including physiotherapy and dietetics. Primary Care services are often the first point of contact when individuals may be worried about their memory or may have developed symptoms of dementia. Some diagnosis and information provision occurs in primary care, although the majority of GPs generally refer on to OPMH CMHTs for the purpose of diagnosis and to enable individuals to access post diagnostic support (PDS). The Scottish Government has recently introduced a [Dementia HEAT target](#) specifying that services will have to deliver expected rates of dementia diagnosis; and by 2015/16 all people newly diagnosed with dementia will receive a minimum of one year of post-diagnostic support, co-ordinated by a link worker and including a person-centred support plan. GPs record dementia diagnoses on the Quality Outcomes Framework (QoF) and QoF is used to measure progress towards meeting the dementia PDS HEAT Target.
- 1.2.3 Community Mental Health Services are mainly based in Community Mental Health Teams for Older People (OPMH CMHTs), although there is some variation of service delivery. (A small number of teams are also aligned with other services such as Community Rehabilitation teams). The mental health teams are multi-disciplinary and usually include Consultant Psychiatrists, Community



Psychiatric Nurses, Occupational Therapists, Clinical Psychologists and a range of support staff. At the present time most diagnosis and post diagnostic support occurs within such secondary care services.

- 1.2.4 Post Diagnostic Support (PDS) - New multi-agency post diagnostic services are being developed to support the achievement of the new Dementia PDS HEAT Target. The HEAT target places the following requirement on Health Boards:

“From 2015/2016, to deliver expected rates of dementia diagnosis and by 2015/16, all people newly diagnosed with dementia will have a minimum of a year’s worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan.” (Scottish Government, 2013).

Although different models are developing, these are generally provided from existing mental health teams with some additional third sector support and social work input. This HEAT target includes the provision of a designated Post Diagnostic Link Worker for at least a year. The link worker can be a Community Psychiatric Nurse (CPN), Occupational Therapist (OT), third sector Link Worker, or Social Worker, depending on the needs of the client. The aim of this support is to help people with dementia to access the types of services they require. These services can include those provided by health service staff who do not traditionally work in mental health services, such as District Nurses or non mental health AHPs. In effect, all NHS staff who work with people who have dementia will be contributing to aspects of post diagnostic support, as their input supports clients to cope with their condition and live at home for as long as possible.

Delivery and reporting of outcomes against the PDS HEAT Target begins in April 2013, although the target does not need to be met until 2015/16. By this date, it will be expected that at least 50% of the number of people expected to have a diagnosis of dementia will be recorded on QoF as having received a minimum of one year of PDS.

- 1.2.5 In-Patient Mental Health Services includes specialist inpatient beds provided at psychiatric and other hospital sites. Generally, services would aim to avoid admission to hospital for people with dementia, unless absolutely necessary. Such admissions would involve a period of assessment and treatment with a view to supporting the individual to return to their previous living arrangements wherever possible. Unfortunately, this is not always appropriate for all individuals and other options for care and support can be explored during the in-patient admission.

- 1.2.6 Acute Hospitals - People with dementia come into contact with all parts of the acute service; as out-patients, elective admissions and as emergency admissions. Older people are the main users of acute services and it is estimated that 70% of acute hospital beds are occupied by older people, approximately 40% of whom have dementia (RCN 2013). Since the introduction of the first Dementia Strategy for Scotland, emphasis has been placed on improving the care and treatment offered to people with dementia within acute services. A number of staff working within acute services in NHSGG&C have been involved in the Dementia Champions Programme, designed to improve the knowledge and skills of key staff. Similarly, other staff have accessed a range of educational and training opportunities linked to the Promoting Excellence framework.

NHSGG&C also benefits from input to service and workforce development from an Alzheimer’s Scotland Dementia Nurse Consultant and a Scottish Government appointed Dementia AHP Consultant. Both focus their work within acute care settings. At present NHSGG&C is piloting a new model of acute in-patient assessment and treatment for people with dementia in the form of the Dementia Rehabilitation Ward at Mansionhouse Unit. Staff awareness about the needs of people with dementia has also been a priority, with awareness raising sessions now incorporated into nursing induction and over 4,000 staff having completed online training. In addition, specific training has been developed for Band 5 AHP staff and for nursing staff.

- 1.2.7 Care home settings - Primary care services are provided to nursing homes through local GP practices and the Greater Glasgow and Clyde NHS Care Home Services (CHS) which are comprised of the Nursing Homes Medical Practice (NHMP), the Care Home Liaison Nurse Team, a Clinical



Pharmacy Team, and Allied Health Professionals (Speech and Language Therapist and Dietician). This service is provided to around 2,500 patients in 59 nursing care homes in the former Greater Glasgow Health Board area. The wider care homes team extend beyond this to offer services and support to approximately 3,400 residents in 70 nursing homes. Specialist mental health services are provided from secondary care through the mental health liaison teams which are based within the OPMH CMHTs.

- 1.2.8 NHS services also work with younger people with dementia. Such services include Learning Disability Teams, whose clients are at increased risk of developing dementia at a younger age, and Addiction Services, where the development of dementia may be related to alcohol abuse. There are also plans to develop a Young Onset Dementia Team designed to support people to achieve timely access to services, appropriate to their age and life-stage.

1.3 Purpose, aims and objectives

- 1.3.1 The purpose of this Workforce development plan is to enable NHSGG&C and partner organisations to deliver services to people with dementia, their families and carers in line with their rights as described within the Dementia Standards.
- 1.3.2 Underpinning all of the rights outlined in the Standards of Care for Dementia in Scotland (2011) is the right of people with dementia "...to have carers who are well supported and educated about dementia." (Scottish Government, 2011).
- 1.3.3 This requirement for adequate knowledge and skills includes paid care staff working within health and social care. The provision of a well-educated and trained workforce will lead to improvements in the quality of dementia care and improved outcomes for people with dementia, their families and carers.
- 1.3.4 The provision of evidence-based treatments, tailored to the needs of individuals and delivered by competent staff will improve the ability of people with dementia, their families and carers to live well with dementia for as long as possible; to manage the effects of their condition; to remain as independent as they can, for as long as they wish; and will help avoid poor outcomes such as inappropriate hospital admission, delayed discharge or premature admission to longer term care.
- 1.3.5 Ongoing consultation through the NHS GG&C Clinical Services Review, has led to clearer direction regarding the nature of our services for people with dementia over the next 5 years.
- 1.3.6 Alongside the Dementia Standards, the Promoting Excellence framework articulates the knowledge and skills required by all health and social care staff, according to their role in supporting people with dementia. This workforce development plan aims to operationalise the standards and Promoting Excellence framework, to allow these to be used in a more meaningful and immediate way to guide investment in education and training in line with the objectives of the Clinical Services Strategy. The plan also aims to describe the workforce which we will require to deliver services as described in the Clinical Services Strategy.
- 1.3.7 The plan will provide some guidance on which staff should be working at which levels of the Promoting Excellence framework and will describe the range of educational opportunities which can enable staff to develop the requisite knowledge and skills.
- 1.3.8 This will facilitate review of existing knowledge and skills and identify key gaps within services, which can be addressed using the resources identified within this plan.
- 1.3.9 By collating data from services gathered during the Dementia Standards Self-Assessment exercise, this workforce development plan will highlight key service-wide priorities for investment. On an individual basis, identified gaps can be recorded in appraisal documentation and CPD agreed in PDPs to ensure these are reviewed.
- 1.3.10 Educational opportunities identified include online resources, internal training workshops and external workshops or ongoing CPD. This list is necessarily evolving in line with new opportunities and resources becoming available, therefore a link is provided to up-to-date materials.



- 1.3.11 The scope of this workforce development plan extends to all NHSGG&C staff in direct contact with patients or members of the public. The wide scope of this plan relates to the fact that any of our staff can, often unknowingly, have contact with a person with dementia, their family members or carers and the quality of any interaction can have an impact on outcomes for those affected by dementia. This covers staff working within a wide range of services including:
- Primary Care Services
 - Acute Division - the six clinical directorates include: Surgery and Anaesthetics, Emergency Care and Medical Services, Rehabilitation and Assessment Directorate, Regional Services, Women and Children's Services and Diagnostics
 - Rehabilitation and Enablement Services
 - Older People's Mental Health Services
 - Mental Health Services
 - Social Care – for areas where there is fully-established integration/partnership working
 - Community-based post-diagnostic support services for people with dementia, their families and carers
- 1.3.12 The above services employ a range of staff working at all levels of the Promoting Excellence Framework. Current staffing and estimated future requirements will be explored later in the plan.
- 1.3.13 The current workforce development plan is concerned with the period April 2013 – March 2018 as an initial step towards the implementation of Promoting Excellence. The plan will be reviewed on an annual basis, to assess progress towards its aims and to allow for amendments to be made which take account of emerging information and priorities.
- 1.3.14 There is currently a Clinical Services Review underway within NHSGG&C and consultation with a range of stakeholders is ongoing. Publication of the agreed strategy in the near future will offer clear direction regarding the nature of our services for people with dementia over the next 5 years.

1.4 Links to national and NHS GG&C priorities

- 1.4.1 Scotland's National Dementia Strategy (2010) had a focus on the following two key areas for improvement:
- Acute Hospital care
 - Post Diagnostic Support
- 1.4.2 Scotland's 2nd dementia strategy was published in June 2013. It develops further the roll out of initial post diagnostic support, based on the 5 pillars model developed by Alzheimer's Scotland and utilising an outcomes-based approach. It will also pilot the use of the longer-term 8 Pillar approach to supporting people with dementia, their families and carers across throughout their journey with dementia ([Scotland's National Dementia Strategy 2013-2016](#), Scottish Government 2013).
- 1.4.3 There will be a need for greater awareness of different approaches to support since self directed support has been incorporated within the [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#). There has also been the introduction of an outcomes-based approach to the delivery of the Dementia HEAT Target 2013. This will mean practice is driven by a biopsychosocial model which takes account of the wide range of biological, psychological and social factors which interact to influence an individual's experience of dementia. This approach emphasises improved outcomes for individuals through focusing on purposeful activity, community connectedness, health promotion, supported self-management and psychological wellbeing.



- 1.4.4 In terms of post diagnostic support, staff delivering this will require a working knowledge of the 5 pillars approach, using outcomes-based approaches and have knowledge and skills which allow them to work at the Enhanced Level of the Promoting Excellence framework. The 5 Pillars approach involves the provision of information and support to assist individuals to:
- manage their symptoms
 - maintain connections with their community
 - address legal issues including Power of Attorney
 - access peer support
 - and plan for their future

The aim of PDS is to work with people at an earlier stage in their journey with dementia, allowing them to live well with dementia for as long as possible and plan for their needs as their dementia progresses.

- 1.4.5 [Reshaping Care for Older People](#) - The NHS will require a workforce able to deliver dementia services in a more upstream and integrated way as defined in Reshaping Care for Older People and health and social care integration legislation. Dementia service provision in the future is likely to be provided by more integrated teams.
- 1.4.6 Underpinning service delivery is the [National Quality Strategy](#) which emphasizes the following six dimensions of quality which health services should achieve:
- Safe
 - Effective
 - Person Centred
 - Timely
 - Efficient
 - Suitable
- 1.4.7 In addition to national drivers, current Health Board priorities have been considered in the development of this plan. NHS GG&C's [Corporate Plan for 2013/2016](#) also sets out planned changes which describe a move towards our services delivering more integrated, community-based support. In relation to dementia, this includes supporting people to stay at home for as long as they wish, developing anticipatory care services and care planning; and the provision of early evidence-based interventions to address difficulties in effective and efficient ways when they arise.
- 1.4.8 [Facing the Future Together](#) is a Board-Wide strategy and represents a fresh look at how staff support each other to do their jobs, provide an even better service to patients and communities, and improve how people feel about NHS Greater Glasgow & Clyde, as a place to work.
- 1.4.9 Facing the Future Together covers five main areas:
- **Our Culture:** To meet the challenges we face we need to improve the way we work together and we all need to take responsibility for achieving this.
 - **Our Leaders:** All our managers should also be effective leaders. Leadership is management plus. It is more than managing transactions; it is managing with vision and with imagination, with a drive for positive change and with a real focus on engaging staff and patients.
 - **Our Patients:** We want to deliver a consistent and effective focus on listening to patients, making changes to improve their experience and responding better to vulnerable people.
 - **Our People:** Our aim is to develop a workforce which feels positive about being part of the Division; feels listened to and valued; and where all staff take responsibility to identify and address issues in their area of work in terms of quality, efficiency and effectiveness, with a real focus on improving the care we deliver to patients.



- **Our Resources:** We know that we need to reduce our costs over the next five years. We want staff to help us decide how to do that in a way which targets areas of less efficiency and effectiveness and areas where we can improve quality and reduce cost.

1.5 NHS GG&C workforce planning processes and outputs

- 1.5.1 This dementia workforce development plan has been developed in line with the recommendations set out in [CEL 32 \(2011\)](#) and uses the [NHS Six Steps to Integrated Workforce Planning methodology](#) a workforce planning model which enables us to take a coherent view of the workforce across all job families and staff groups.
- 1.5.2 The main aim of the Six Steps Methodology is to set out in a practical framework those elements which should be in any workforce plan. Use of the Six Steps methodology across workforce planning within NHS GG&C ensures that decisions made around the design of our services and the recruitment of our future workforce are sustainable, realistic and fully support the delivery of quality patient care, productivity and efficiency.
- 1.5.3 A detailed outline of the 6 Steps methodology is provided as Appendix A of this plan.

1.6 Workforce development plan governance and partnership engagement

- 1.6.1 The lead responsibility for the content and implementation of this workforce development plan lies with the Chair of the Dementia Strategy Group, Alex McKenzie, Director of North West Sector, Glasgow City CHP. However, for this plan to be effective a range of stakeholders require to continue to be involved in its development and implementation. Key stakeholders include:
 - NHS GG&C Dementia Strategy Group
 - Sector Directors, Glasgow City CHP and East Renfrewshire, Renfrewshire, West Dunbartonshire, East Dunbartonshire, Inverclyde and South Lanarkshire CH(C)Ps.
 - Heads of Primary Care and Community Services within all the above CH(C)Ps.
 - Heads of Mental Health Partnerships within all the above CH(C)Ps.
 - Adult Services Managers within all the above CH(C)Ps – including managers of Older People’s Mental Health services.
 - Acute Operating Division.
 - Local Authority Partners.
 - Third Sector Partners.
 - NHS GG&C Workforce Planning Group.
 - All NHS GG&C employees.
 - Service User and Carer Representatives.
 - Higher Education Institutions.
 - NHS Education for Scotland.
- 1.6.2 This plan has been developed in consultation with representatives from the above stakeholder groups and has been informed by the work of Local Dementia Planning Groups across NHS GG&C. Priorities identified by local groups as part of the Dementia Standards Self-Assessment Exercise which was conducted in 2012 have informed the content of this workforce development plan. The plan, therefore, reflects the workforce development needs identified within services to date. An important part of the process involved in implementing this plan will be involvement from stakeholders in identifying how this relates to and can assist them within their work role.



- 1.6.3 The success of the plan will rely to an extent on it including up-to-date, evidence-based and accessible guidance on development opportunities relevant to particular work roles.
- 1.6.4 Similarly, the success of this plan will rely on senior stakeholders identifying SMART outcomes which are relevant to achieving the aims of the Clinical Services Strategy and which ensure that dementia workforce development is seen as a priority. The degree to which the plan enables services to demonstrate how they are delivering services in line with the dementia standards is key.
- 1.6.5 The output of local workforce development group activity is reported directly to the Dementia Strategy Group who are responsible for onward communication of any workforce implications through the NHS GG&C workforce planning governance structure i.e.
- The NHS GG&C Workforce Plan Reference Group
 - The NHS GG&C Workforce Plan Core Group
- 1.6.6 The NHS GG&C Workforce Planning Reference Group is the partnership group which oversees the development of the workforce plan. This is a corporate group with representation from all parts of the service, some professions and functions and from the staff side. The group supports the development of the NHS GG&C plan and 'sense checks' the plan before it goes onto the full APF, CMT and Staff Governance Committee of the Board.
- 1.6.7 In 2012 a sub-group was formed called the Workforce Plan Core Group and this group was given the responsibility of overseeing the plan development on a weekly/monthly basis to ensure full service and staff engagement.
- 1.6.8 Representatives from Dementia Services Workforce Development Group sit on both the Reference and Core Workforce Plan Groups.
- 1.6.9 This governance structure ensures that changes to the dementia services workforce are included as part of the annual NHS GG&C Workforce Plan.
- 1.6.10 The NHS GG&C Workforce Plan development process ensures that draft copies of the workforce plan document are reviewed by:
- The NHS GG&C Corporate Management Team
 - The NHS GG&C Area Partnership Forum
 - The NHS GG&C Staff Governance Committee of the Board
- 1.6.11 In addition to this formal consultation process the Workforce Planners provide progress briefings to Board Committee's and groups as requested e.g. Area Clinical Forum, Area AHP Committee, Area Medical Committee.





Section 2

Demand drivers and service change





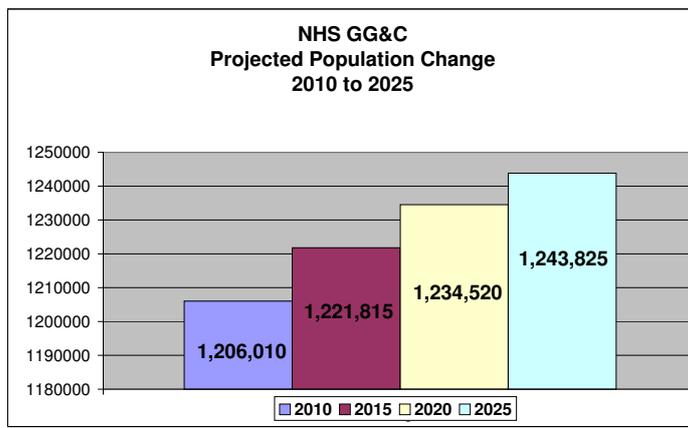


Demand drivers and service change

2.1 Population projections and trends

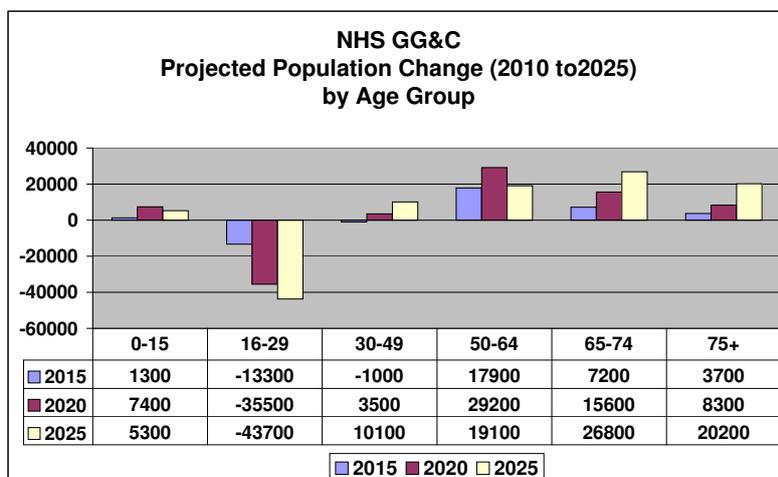
2.1.1 Greater Glasgow and Clyde’s population is expected to continue to rise across the next two decades. During this time, the age profile of the population will change markedly. The number of children and young people will decline, and there will be a steep rise in the proportion of older people. This will impact differently across NHS GG&C with areas such as East Dunbartonshire and East Renfrewshire already experiencing significant rises in numbers of older people.

Figure 1.



2.1.2 In many ways, this represents a success story with many people living longer and healthier lives. Active older people make a substantial social and economic contribution. However, as people get older they are also more likely to need health services. Women predominate in the older age groups and many experience poverty which aggravates poor health and multi-morbidity. If we carry on with current rates of service use, with a larger population of older people, there will be substantial rises in emergency admissions and demand for care home placements and home care.

Figure 2.



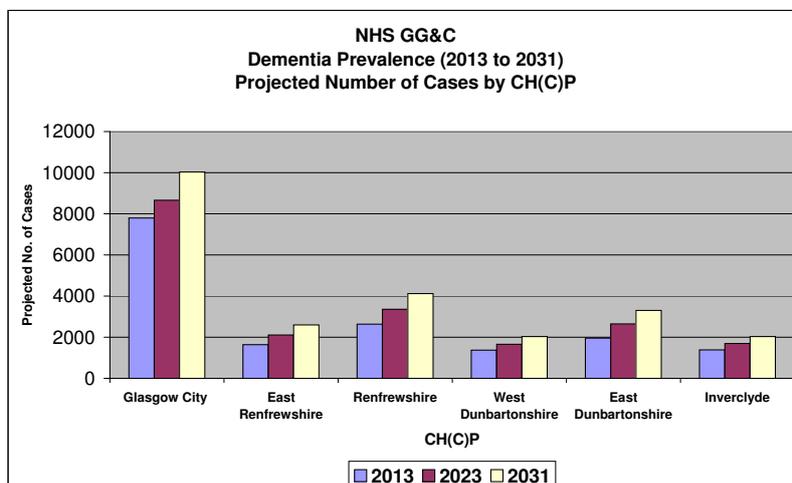


- 2.1.3 A significant rise in the number of people with dementia is also expected, with consequent challenges both for dementia services and for the way in which all services for older people are delivered. At the same time, NHSGG&C will see a growth in the number of single person households. New legal duties to ensure age equality in public services will also shape the way we respond to these changes.
- 2.1.4 A person’s age is a key factor in determining if they are likely to develop dementia. For example, approximately 0.8% of people aged 65-69 have dementia of any type. This rises to 28.5 % for those over 90 years old. (Lobo et al, (2000) Prevalence of dementia and major subtypes in Europe: A collaborative study of population-based cohorts. Neurologic Diseases in the Elderly Research Group, Neurology. 54 (11) s4-9)
- 2.1.5 As the population of Greater Glasgow and Clyde ages, the number of people being diagnosed with dementia will increase. If we look at the prevalence of dementia in Greater Glasgow and Clyde using Eurocode figures we can see the following: (N.B the figures exclude the Camglen population).
(Source EuroCoDE)

Figure 3.

| NHS GG&C Dementia Prevalence Projections 2013-2031 | | | |
|--|--------------|--------------|--------------|
| By CH(C)P Area | | | |
| CH(C)P Area | 2013 | 2023 | 2031 |
| Glasgow City | 7799 | 8660 | 10030 |
| East Renfrewshire | 1636 | 2111 | 2594 |
| Renfrewshire | 2633 | 3358 | 4123 |
| West Dunbartonshire | 1371 | 1654 | 2030 |
| East Dunbartonshire | 1956 | 2645 | 3300 |
| Inverclyde | 1384 | 1697 | 2034 |
| Total | 16779 | 20125 | 24111 |

Figure 4.





- 2.1.6 It can also be seen how the older cohort of the population influence the numbers of new dementia (incidence) in the community. For example in Glasgow City, people aged over 85 are the source of relatively larger numbers of new cases of dementia:
- **2013:** Glasgow City Incidence men and women aged: 65-69 = 77, age 70-74 = 90, age 75-79 = 120, age 80-84 = 165, age 85 + = 352.
 - **2023:** Glasgow City. Incidence men and women age 65-69 = 96, age 70-74 = 106, age 75-79 = 118, age 80 – 84 = 145, age 85 + = 435
 - **2031:** Glasgow City. Incidence men and women age 65-69 = 115, age 70-74=139, age 75-79 = 143, age 80-84 = 172, age 85 + = 466.
- (Source EuroCoDe)*
- 2.1.7 As a result, clients in the group developing most of the newly diagnosed dementias are likely to be the 'older old' or those over 85 years. These clients will also be more likely to have a range of complex health needs due to their age; and be high level users of NHS services in general, from community, through to care homes and hospitals. It is therefore important that all NHS staff who work with this older client group have the right level of skills and knowledge to equip them to provide evidence-based and effective dementia care.
- 2.1.8 As well as demographic changes, our work on the impact of the recession in Glasgow suggests there is likely to be a short and long term impact on health, with rising unemployment linked to poorer mental health and lower income, both of which are in turn linked to longer term ill health.
- 2.1.9 While we will not see the full impact of these trends during 2013-18, they are all issues we are currently beginning to face and 2013-18 will be a critical period in reshaping services to meet these pressures and the expected long term demographic changes.
- 2.1.10 The increasing demand on services from our ageing population will make current models of service and workforce unsustainable and unaffordable very quickly. Service redesign and workforce plans must address the above challenges to ensure an affordable, flexible and adaptable workforce which meet the needs of the changing population.





Section 3

Defining workforce skills







Defining workforce skills

3.1 Knowledge and skills development

- 3.1.1 A range of dementia care related educational resources and training workshops has been developed. These are listed in detail in the Dementia Care Tiered Training Guide at the end of this draft plan (Appendix B). Information is provided to allow managers and staff to identify a range of opportunities which can be accessed at National level via bodies such as NES, by the NHS at Health Board and local level, as well as via external providers such as Universities.
- 3.1.2 Promoting Excellence offers a knowledge and skills framework for all health and social care staff working with people with dementia, their families and carers. Promoting Excellence describes the knowledge and skills staff require, depending upon their role and level of contact with this client group. This is described in terms of four distinct levels, but is seen as developmental in nature. Therefore, those working at higher levels of skill as per the framework can be expected to also possess the knowledge and skill described at the preceding levels. The four levels are defined as follows:
- **Informed Practice Level** – the knowledge and skills required by all staff in direct contact with patients/public. This provides baseline dementia awareness & knowledge.
 - **Skilled Practice Level** - the knowledge and skills required by all staff who have direct and/or substantial contact with people with dementia and their families and carers. Core knowledge and skills in working with people with dementia and their families and carers. Includes symptoms and difficulties; stages of the individual's journey with dementia; impact on family & individual; risk factors; communication; environmental aspects; equality, diversity & inclusion.
 - **Enhanced Practice Level** - the knowledge and skills required by all staff who have more regular and intense contact with people with dementia, provide specific interventions, and/or direct/manage care and services. Specific knowledge and skills regarding working with people with dementia and with their families and carers e.g. assessment tools; intervention tools and techniques; risk enablement; life story work; environmental adaptation; acting as a local trainer or facilitator in aspects of dementia care; acting as a local Dementia Champion.
 - **Expertise in Dementia Practice Level** - the knowledge and skills required by all staff who by virtue of their role and practice setting, play an expert specialist role in the care, treatment and support of people with dementia. Expert/Specialist knowledge and skills, e.g. delivery of highly specialist interventions to people with dementia; delivery of expert advice or training to staff working in dementia care services; research within dementia care; practice development within dementia care services.
- 3.1.3 A complex range of dementia related training exists and no formal benchmarking has yet taken place to assess existing NHS staff against the knowledge, skills and practice outlined in Promoting Excellence and the Dementia Standards. There is a need to formally identify staff groups against Promoting Excellence and benchmark existing knowledge and skills. This will enable gaps to be identified and filled.
- 3.1.4 Feedback from local dementia groups in GG&C has identified the priorities listed below in relation to dementia workforce development (these are presented in detail in Appendix D). These workforce development priorities are listed in order of how frequently they were highlighted as important by local groups:
- **Dementia Awareness-Raising** – aimed at up skilling staff to the Informed Practice Level of Promoting Excellence Framework (staff groups mentioned include all frontline health, social work and housing frontline staff; staff in GP surgeries; Local Authority Care Home staff). Most areas are keen to roll-out training using the Informed About Dementia DVD produced by NES



and SSSC via LearnPro or or via the delivery of workshops by expert staff. Some areas are using existing workshop materials developed in-house or 'My Reality' workshops used in NHS Ayrshire & Arran.

- **Benchmarking against Promoting Excellence, Development of Competences, Training Needs analysis** - this activity was a priority for many areas and represents ongoing work.
- **Post-Diagnostic Support Training** - aimed at Skilled and Enhanced Levels of Promoting Excellence Framework. Various forms of training either undertaken or planned including Stirling Dementia Services Development Centre Best Practice in Dementia Training (Skilled Level); NES/ Alzheimer's Scotland/SSSC Post-Diagnostic Support Training (Enhanced Level); and training in outcomes-based approaches either online via the Sliding Doors resource or via face to face training from NES. Outcomes-based approaches are well used within social work, but have not traditionally been used widely within the NHS.
- **Psychological Interventions in Response to Stress and Distress in Dementia** - NES training in Psychological Responses to Stress and Distress in Dementia (Expertise and Enhanced Levels) already being roll-out or planned in most areas; some work to support carers is being delivered in Renfrewshire.
- **Palliative Care in Dementia Training** - most areas rolling out Alzheimer's Scotland/NES/SSSC Palliative Care training at Enhanced Level. Some areas incorporating Palliative Care in ongoing training needs analysis work.
- **Psychosocial Interventions and Psychological Therapies in the context of Dementia** - some areas have staff undertaking the Diploma/MSc in Cognitive Behavioural Therapy with Older People (East Dun, East Ren, Ren & South Glasgow) which, although not exclusively for people with dementia, can be effective for people with psychological difficulties in the context of mild dementia, or carers; Many areas have accessed/plan to access Cognitive Stimulation Therapy training; East Renfrewshire is keen to continue to access NES Psychological Interventions training and is exploring psychological interventions for sleep problems in dementia.
- **Communication Skills Training** - this was seen as a standalone workforce development priority for some areas although it is recognised that improving communication is a learning outcome incorporated within many strands of dementia workforce development.
- **Risk Enablement** - this is a particular priority within Acute Division where it is important for staff to work with people with dementia in ways which promote rehab, independence and recovery; and prevent delayed discharges from hospital.
- **Capacity and Consent Training** - planned via roll-out and implementation of recent NES guidance: Think Capacity, Think Consent – A Learning Resource (Enhanced Level).
- **Dementia Champions Programme** - this work led by Alzheimer's Scotland, NES and SSSC is ongoing and being accessed by several areas across GG&C. This was identified as a specific priority by one area.
- **Outcomes Based Approach** - PDS will require NHS staff to provide an Outcomes Approach to support. This is poorly developed in NHS although used in Social Work.

3.2. Minimum standards for staff

3.2.1 The following list (taken from the Tiered Training Guide) offers guidance to NHS staff groups in relation to where their role might sit within the Promoting Excellence Framework

Suggested target staff groups for levels of development

NB: The levels of knowledge and skills are constructed in an incremental way. Staff who operate at the 'Dementia Enhanced Practice' level, for example, should also possess (or develop, as a prerequisite to addressing Level 3 learning needs) the knowledge and skills described at Levels 1 and 2.



| Level | Description of Target Staff | Key Areas for Development Activities | Examples of Specific Target Staff within NHS Greater Glasgow & Clyde |
|---|--|---|--|
| 1 'Informed Practice Level' | All staff in direct contact with patients/public. | Baseline dementia awareness and knowledge. | <ul style="list-style-type: none"> • Hotel Services staff • Reception staff • Patient Services staff • Minimum requirement for all non-registered Nursing and AHP staff ¹ • Registered nursing and AHP staff working in Children's Services or CAMHS |
| 2 'Skilled Practice Level' | All staff that have direct and/or substantial contact with people with dementia and their families and carers. | Core knowledge and skills re working with people with dementia and their families and carers. Includes symptoms and difficulties; stages of journey; impact on family and individual; risk factors; communication; environmental aspects; equality, diversity and inclusion. | <ul style="list-style-type: none"> • Minimum requirement for all medical staff • Minimum requirement for all registered nursing and AHP staff working in Acute, Adult Mental Health or Primary Care services |
| 3 'Enhanced Practice Level' | Staff who have more regular and intense contact with people with dementia, provide specific interventions, and/or direct/manage care and services. | Specific knowledge and skills re working with people with dementia and their families and carers (depending on role). e.g. assessment tools; intervention tools and techniques; risk enablement; life story work; environmental adaptation; evidence-based low intensity psychological interventions; acting as a local trainer or facilitator in aspects of dementia care; acting as a local Dementia Care Champion. | <p>All medical, nursing and AHP staff working in:</p> <ul style="list-style-type: none"> • Older People's Mental Health Services • Rehabilitation and Assessment/Enablement services • Staff involved in Respite or Palliative Care • Continence services • Trainers/facilitators for staff working at 'Skilled Practice Level' |
| 4 'Expertise in Dementia Practice Level' | Staff who by virtue of their role and practice setting, play an expert specialist role in the care, treatment and support of people with dementia. | Expert/Specialist knowledge and skills, e.g. delivery of highly specialist interventions to people with dementia; delivery of expert advice or training to staff working in dementia care services; research within dementia care; practice development within dementia care services. | <ul style="list-style-type: none"> • Relevant specialist medical staff / nurses/ AHPs / Clinical Psychologists / Advisors • (Specialists in, e.g. Dementia Care, Palliative Care, Memory Clinics, etc.) |

¹ Staff working in areas with more contact with people with dementia and their families and carers will require training at a higher Levels – see subsequent Levels and examples.





Section 4

Recommendations







Recommendations

4.1 The success of this plan will rely on senior stakeholders identifying SMART outcomes which are relevant to achieving the aims of the Clinical Services Strategy and which ensure that dementia workforce development is seen as a priority. The degree to which the plan enables services to demonstrate how they are delivering services in line with the dementia standards is key. Some initial recommendations are outlined below:

| Recommendation | Responsibility | Timescale |
|---|---|----------------------|
| The Dementia Care Tiered Training Guide to be disseminated across NHS Greater Glasgow & Clyde and used to inform local Learning Plans. | Dementia Strategy Group/Service Leads | Before December 2013 |
| The Promoting Excellence: Informed Practice Level - Informed About Dementia resource to be provided via LearnPro and included in NHS Greater Glasgow & Clyde Corporate Induction training. | Learning and Education | Before December 2013 |
| Awareness of the dementia agenda to be improved for existing staff through the use of the Promoting Excellence: Informed Practice Level - Informed About Dementia resource. | Service Leads/Line Managers | Before March 2014 |
| Dementia Care learning activities, at the appropriate Promoting Excellence Level of Practice (as indicated in the Tiered Training Guide), to be included in local Learning Plans for all relevant services. | Service Leads | From April 2014 |
| Further learning needs in relation to dementia care (at the appropriate Promoting Excellence Level of Practice) to be identified at Personal Development Plan Reviews and appropriate priority given to related learning activities in staff PDPs. All OPMH staff to have appropriate dementia learning activities identified within their PDP. | Line Managers | From April 2014 |
| Establish a medium/long term Dementia Workforce Development Sub-group to: <ul style="list-style-type: none"> support delivery, governance and evaluation of training liaise with other groups/stakeholders, including the Dementia Strategy Group and NES. | Dementia Strategy Group | Before March 2014 |
| Summaries of dementia training to be included in annual Clinical Governance Reports. | Partnership and Acute Directorate Clinical Governance groups. | From January 2014 |
| Data on training carried out within NHS Greater Glasgow & Clyde to be collated and analysed. Sources to include: <ul style="list-style-type: none"> LearnPro reports Empower/OLM (Oracle Learning Management) reports Annual Clinical Governance reports | Dementia Workforce Development Group | From April 2014 |
| The desired implementation and impact of investment in specific Dementia Care training programmes to be clearly identified. | Dementia Strategy Group | From April 2014 |

Table continues on next page



| Recommendation | Responsibility | Timescale |
|---|---|---|
| Guidance for measuring the implementation and impact of investment in specific Dementia Care training (as identified by the Dementia Strategy Group) to be developed; evaluation of specific training programmes to be monitored and reported on. | Dementia Workforce Development Group | Before September 2014 |
| Benchmarking exercise regarding knowledge and skills in relation to the appropriate Promoting Excellence Level of Practice (as indicated in the Tiered Training Guide) to be carried out for all core NHSGG&C staff groups. | Dementia Strategy Group/Service Leads | Before March 2014 |
| All NHS staff involved in Post Diagnostic Support Link Worker role to be trained at Enhanced Level. Training must also include the use of an Outcomes Approach. | Post Diagnostic Support Link Workers/Line Managers | From April 2014 |
| All relevant staff in Mental Health and Acute Services to complete the NES/SSSC on-line Promoting Excellence: Skilled Practice Level Resource , or equivalent training. | All existing professionally qualified staff working with older people on a regular basis. | By April 2015 |
| All staff in Mental Health or Acute Services who have more regular and intense contact with older people to access appropriate online or face-to-face training appropriate to their role. | e.g. OPMH CMHT / DME staff | Ongoing – should be identified in PDPs for these staff. |
| Dementia Care elements of undergraduate training for nurses and AHPs, at Skilled Level or above, to be agreed with local HEIs. | Dementia Workforce Development Group | By April 2014 |



Section 5

Workforce Plan implementation and monitoring







Workforce Plan implementation and monitoring

5.1 Progress reports and monitoring

- A Dementia Workforce Development Group (DWDG) will be established to support implementation of the recommendations in Section 4. The DWDG will work for the lifespan of this plan (2013-2018).
- DWDG will monitor progress of the plan and report back to the Dementia Strategy Group
- The DWDG will develop an implementation plan to help co-ordinate and support the recommendations made. This will include liaison with the range of stakeholders identified in the recommendations section to monitor progress.
- A six monthly update report on the progress of the Workforce Development Plan will be prepared by the DWDG.





Appendices





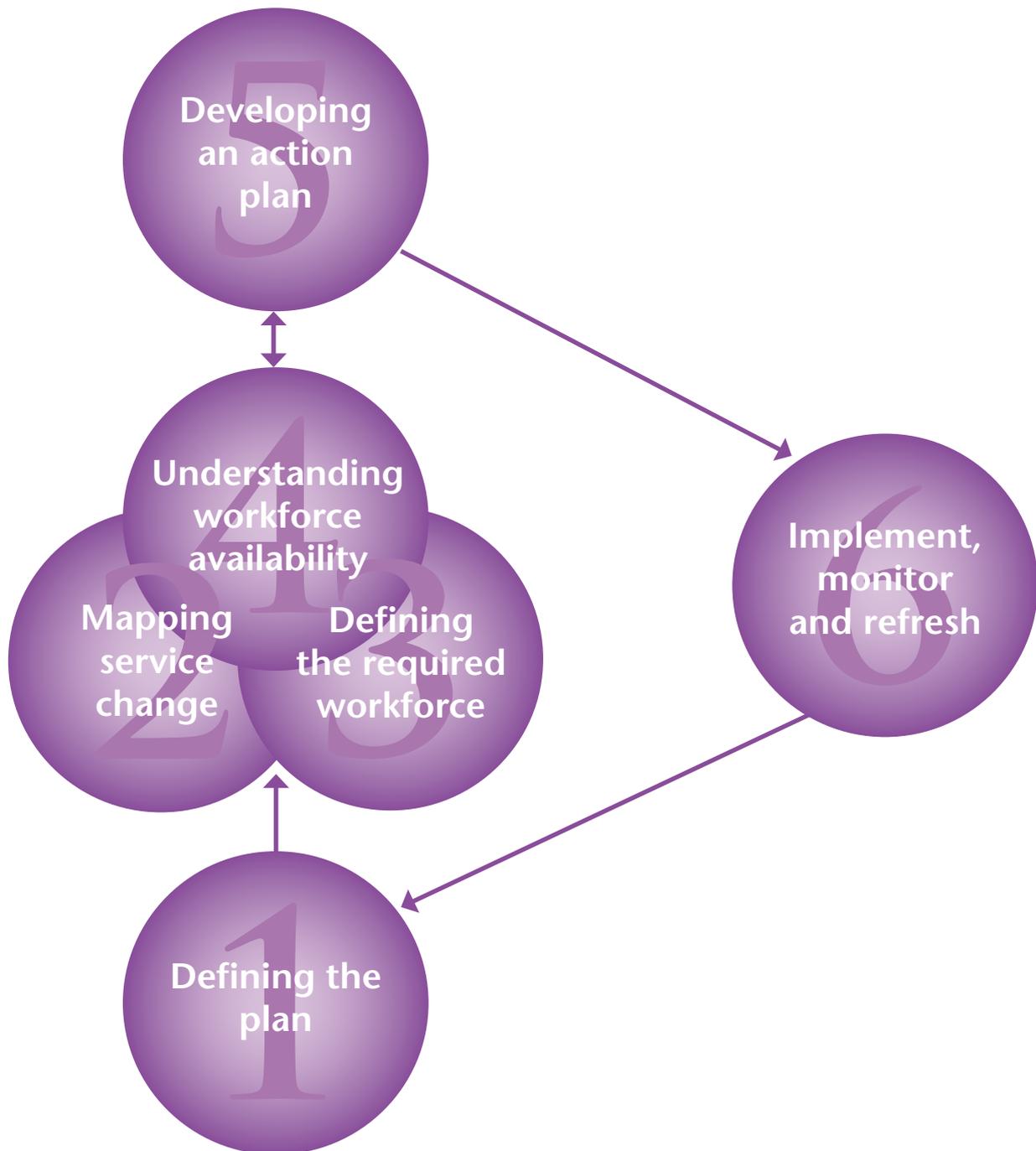


Appendix A

The 6 Steps Methodology

The 6 Steps Methodology sets out a consistent, practical framework that outlines the elements that should be contained in workforce plans whether they be at departmental, service or board level.

The format of the guidance reflects the 6 Step Methodology to Integrated Workforce Planning and contains workforce planning checklists at each step of the process and sign-posts to other data and information sources that will be of particular help in ensuring that workforce plans are evidence based.





Step 1 – Defining the Plan

Is the first step in any planning process and outlines why a workforce plan is necessary and how it will support the achievement of wider corporate goals and objectives. The purpose, scope and ownership of the workforce plan is made explicitly clear within this section.

Step 2 – Service change

The second step of the plan indicates the goals and benefits of change, the future context for how services will be delivered. At this point it important to identify the options for future service delivery, the drivers for and/or constraints against future changes and what any preferred option(s) might look like.

This step is an excellent way of ensuring appropriate engagement with a range of stakeholders in the planning process.

From here is it possible to determine the specific benefits, goals and objectives of any future service delivery. It is also possible to begin to create a range of service scenarios for the future and how this may specifically impact on the workforce.

Care must be taken not to unduly replicate information that is available in other plans such as the Local Delivery Plan (LDP), finance plan, service plans etc. The intention is not to duplicate reams of information but to ensure that underpinning information and context is taken into consideration.

Step 3 – Defining the required workforce

This step should outline the workforce required to meet the predicted service needs and requires all of the key issues local and national which will impact on workforce design and deployment to be taken into account.

Step 4 – Workforce capability

Describes the characteristics of the current workforce (i.e. baseline data), how any supply data can inform workforce forecasting and to identify what options can be implemented in managing future supply.

Step 5 – Action plan

Developing an action plan is a high priority in the process because it identifies the actions and sets out how these will be progressed and managed.

Step 6 – Implementation and monitoring

Step 6 is the monitoring process for plans, it also allows for reflection on actions and taking account of any new drivers and any unintended consequences of developments.

CEL 32 presents two clear obligations on NHSGG&C with regard to workforce planning:

- Firstly, to develop a Workforce Planning Document to be available on the Board's website
- Secondly, to provide detailed Workforce Projections for each of the NHS Job Families, (using a nationally agreed template format)

NHS Greater Glasgow and Clyde's workforce planning process and the consequent content of this workforce plan has informed the completion of the workforce projections which are described in section 3 of this document.

Along with the details provided by other NHSGG&C Workforce planning groups this will allow the Board to submit the required template and consequently the Scottish Government to develop a national picture of trends across all staff groups and to inform annual student intake to the 'controlled' groups of staff including medical, dental and nursing and midwifery.



Appendix B

Dementia care: tiered training guide

(Based on “Promoting Excellence” framework)

August 2013

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Introduction

In June 2010, the Scottish Government launched Scotland's National Dementia Strategy. To support delivery of the aspirations and change actions outlined in the strategy, NHS Education for Scotland (NES) and the Scottish Social Services Council (SSSC) then developed *Promoting Excellence: A framework for health and social services staff working with people with dementia, their families and carers*.

The NES/ SSSC Promoting Excellence framework details the knowledge and skills all health and social services staff supporting people with a diagnosis of dementia, and their families, and carers should aim to achieve.

The purpose of this guide is to support implementation of the NES/ SSSC framework within NHS Greater Glasgow & Clyde.

The courses listed in this guide are categorised into 4 levels:

1. Informed Practice
2. Skilled Practice
3. Enhance Practice
4. Expertise in Dementia Practice

The level of training you, or your staff, will need will depend on your service, or the individual member of staff's role in Dementia Care. It may be, for instance, that a team generally function at Level 2, but a specific member of staff within that team has a dementia champion role, or has a specific caseload of patients with dementia, and therefore requires development at Level 3.

The appropriate level of development for each member of staff can only be fully decided on an individual basis – usually at Personal Development Planning Reviews. The table overleaf offers a broad guide, to serve as a starting point for your decision-making.



Suggested target staff groups for levels of development

NB: The levels of knowledge and skills are constructed in an incremental way. Staff who operate at the 'Dementia Enhanced Practice' level, for example, should also possess (or develop, as a prerequisite to addressing Level 3 learning needs) the knowledge and skills described at Levels 1 and 2.

| Level | Description of Target Staff | Key Areas for Development Activities | Examples of Specific Target Staff within NHS Greater Glasgow & Clyde |
|-------|--|--|--|
| 1 | 'Informed Practice Level' | All staff in direct contact with patients/public. | Baseline dementia awareness and knowledge. <ul style="list-style-type: none"> Hotel Services staff Reception staff Pt Services staff Minimum requirement for all non-registered Nursing and AHP staff ² Registered nursing and AHP staff working in Children's Services or CAMHS |
| 2 | 'Skilled Practice Level' | All staff that have direct and/or substantial contact with people with dementia and their families and carers. | Core knowledge and skills re working with people with dementia and their families and carers. Includes symptoms and difficulties; stages of journey; impact on family and individual; risk factors; communication; environmental aspects; equality, diversity and inclusion. <p>Minimum requirement for all medical staff Minimum requirement for all registered nursing and AHP staff working in Acute, Adult Mental Health or Primary Care services</p> |
| 3 | 'Enhanced Practice Level' | Staff who have more regular and intense contact with people with dementia, provide specific interventions, and/or direct/manage care and services. | Specific knowledge and skills re working with people with dementia and their families and carers. E.g. assessment tools; intervention tools and techniques; risk enablement; life story work; environmental adaptation; acting as a local trainer or facilitator in aspects of dementia care; acting as a local Dementia Care Champion. <p>All medical, nursing and AHP staff working in:</p> <ul style="list-style-type: none"> Older People's Mental Health Services Rehabilitation and Assessment/Enablement services Staff involved in Respite or Palliative Care Continence services Trainers/facilitators for staff working at 'Skilled Practice Level' |
| 4 | 'Expertise in Dementia Practice Level' | Staff who by virtue of their role and practice setting, play an expert specialist role in the care, treatment and support of people with dementia. | Expert/Specialist knowledge and skills, e.g. delivery of highly specialist interventions to people with dementia; delivery of expert advice or training to staff working in dementia care services; research within dementia care; practice development within dementia care services. <p>Relevant specialist medical staff / nurses/ AHPs / Advisors (Specialists in, e.g. Dementia Care, Palliative Care, Memory Clinics, etc.)</p> |

² Staff working in areas with more contact with people with dementia and their families and carers will require training at higher Levels – see subsequent Levels and examples.

See 'How to use this guide' on next page



How to use this guide

Once you have decided what level of training you or your staff require, you can look for a specific resource or course in one of two ways:

By level:

If you don't know what resources/courses are available, you can go to Section A and look at the courses listed under the appropriate level. To then get some details on any of the resources/courses and find out how to get more information and/or book a place, you can then look for your selected course in the alphabetical list in Section B.

By course title:

If you already know the name of the resource/course you are looking for, you can go straight to Section B and look through the alphabetical list for the resource/course you want.

Before booking a course

Before you book a place on a course, you should be clear about:

- What impact you hope to achieve in terms of patient care, what you or your staff need to be able to do to achieve this impact and how any success in achieving it might be measured. The more investment the course requires, in terms of either money or staff release, the more detailed impact measurement should be.
- What you or your staff need to learn to be able to do what is required to achieve the desired outcome.
- How well the stated Learning Outcomes for the course match with your or your staff's specific learning needs.
- How your or your staff's learning will be applied back in your workplace and how this implementation will be demonstrated and measured.
- How realistic it is for you or your staff to undertake this course at this time, or to be released to attend.

For any **training for trainers/facilitators programme**, there should also be a **clear commitment to subsequently deliver training/ facilitation** and a **SMART action plan** in place to support this.

Additional resources for more generic issues relevant to older people's care are listed in Section C.

Finally, please remember that whilst this guide focuses on training, going on a course may not be the best way to achieve the learning you or your staff require. Often, work-based or informal learning activities will be a more effective and practical option, particularly for skills development or topics where variable working contexts might be a key factor.



Appendix B: Section A

Tiered learning resources/training provision

| | Level of Provision | | | |
|--|---|--|--|---|
| | National Resources | GGC-wide | Local (GGC or partner agencies) <i>See local training plans for updates</i> | External Providers |
| 1. Informed Practice (Baseline Knowledge) | <ul style="list-style-type: none"> Promoting Excellence: Informed Practice Level - Informed About Dementia DVD Sliding Doors to Personal Futures: A Learning Resource | <p>All</p> <ul style="list-style-type: none"> Adult Support and Protection (AS&P) – Tier 1 AS&P – Tier 2 GGC AS&P e-module Introduction to the Adults with Incapacity Act Introduction to the Mental Health Act Acute Partnerships Specialist Services Principles of Care Programme – Dementia Standards (MH) | <p>Glasgow Inverclyde</p> <ul style="list-style-type: none"> Adult Support and Protection Awareness (Multi-agency) ½ day Child Support and Protection Awareness 1/2 day <p>Renfrewshire East Renfrewshire</p> <ul style="list-style-type: none"> Dementia Awareness session (part of Core Skills Training) Adult Support and Protection Awareness (Multi-agency) ½ day Coming Soon: “My Reality” 1-day Dementia Awareness workshop (Adult Support and Protection) Supporting Protection of Adults <p>East Dunbartonshire West Dunbartonshire</p> | <p>Social Care Institute for Excellence dementia e-module</p> |



Tiered learning resources/training provision (continued)

| | Level of Provision | | | |
|--|--|--|--|--------------------|
| | National Resources | GGC-wide | Local (GGC or partner agencies) <i>See local training plans for updates</i> | External Providers |
| <p>2. Skilled Practice (Direct and/or substantial contact)</p> | <ul style="list-style-type: none"> NES/SSSC Improving Practice Learning Resource: Promoting Excellence: Skilled Practice Level Resource Risk Enablement: "Nothing Ventured, Nothing Gained" (Best Practice Guidance) | <p>All Acute</p> <ul style="list-style-type: none"> Dementia Care in Acute Care Settings (e-modules and resources) Dementia Care in the Emergency Department (e-modules and resources) <p>Partnerships Specialist Services</p> | <p>Glasgow</p> <ul style="list-style-type: none"> Dementia – Improving Practice, Promoting Excellence 2 day training programme for in-patient Older People’s Mental Health support staff in NW Glasgow <p>Inverclyde Renfrewshire East Renfrewshire</p> <ul style="list-style-type: none"> Psychological and Self Help Interventions (WISH Programme) <p>East Dunbartonshire West Dunbartonshire</p> | |



Tiered learning resources/training provision (continued)

| | Level of Provision | | | |
|---|--|---|--|--|
| | National Resources | GGC-wide | Local (GGC or partner agencies) <i>See local training plans for updates</i> | External Providers |
| <p>3. Enhanced Practice (Intense contact, providing specific interventions)</p> | <ul style="list-style-type: none"> NES Dementia Champions Programme NES/SSSC Improving Practice Learning Resource: Dementia Enhanced Practice Level – Core Curricular Content NES Promoting psychological wellbeing for people with dementia and their carers: An enhanced practice resource ACE-III (Addenbrooke’s Cognitive Examination - III) Trainer (NES Psychology Directorate/ University of Glasgow) Coming Soon: Cognitive Rehabilitation in Dementia Learning Resource (NES Psychology) Dementia Standards – Supporting Change Programme (NES/SSSC) Psychological interventions in response to stress and distress in dementia – Training for Trainers (NES Psychology) Think Capacity, Think Consent (NES/SSSC) Coming Soon: NES resources re pharmacology - monitoring and promoting concordance NES Psychology Directorate - Cognitive Stimulation Therapy training workshops | <p>All</p> <ul style="list-style-type: none"> Post-Diagnostic Support Roll out of training in psychological interventions in response to stress and distress in dementia (NES-trained local trainers) Capacity and Consent (‘Think Capacity, Think Consent’ materials) – LearnPro module <p>Acute Partnerships Specialist Services</p> | <p>Glasgow</p> <ul style="list-style-type: none"> Dementia – Improving Practice, Promoting Excellence 2 day training programme for qualified staff working in in-patient Older People’s Mental Health wards in NW Glasgow <p>Inverclyde</p> <ul style="list-style-type: none"> Dementia Awareness for nursing assistants (local trainer) Palliative and End of Life Care in Dementia Palliative Care (generic - Ardgowan Hospice) <p>Renfrewshire</p> <p>East Renfrewshire</p> <ul style="list-style-type: none"> Best Practice in Dementia (facilitation of local programmes; based on Stirling Uni course) Palliative and End of Life Care (local trainers) <p>East Dunbartonshire West Dunbartonshire</p> | <ul style="list-style-type: none"> Dementia Studies – online modules: post graduate cert or diploma level – Stirling Uni Best Practice in Dementia: facilitator training + 6-part self-study courses for delivery to nursing assistants or care home/day care/ domiciliary care workers - Stirling Uni – Stirling Uni Leadership and Management in Dementia care – Stirling Uni Short courses/events on specific aspects of Dementia – Stirling Uni Learning Disability and Dementia – Edinburgh Uni Meaningful activity: Interests and Activities Toolkit For Use With People With Dementia (NHS Dumfries and Galloway) |



Tiered learning resources/training provision (continued)

| | Level of Provision | | | |
|---|--|--|--|---|
| | National Resources | GGC-wide | Local (GGC or partner agencies) <i>See local training plans for updates</i> | External Providers |
| <p>4. Expertise in Practice</p> <p>Expert/ specialist roles</p> | <ul style="list-style-type: none"> NES/SSSC Improving Practice Learning Resource: Dementia – Expertise Practice Level Resources Leadership Programme for Alzheimer Scotland Dementia Nurse Consultants and Consultant AHPs (NES/SSSC) Psychological interventions in response to stress and distress in dementia – Training for Trainers (NES Psychology) | <p>All Acute Partnerships Specialist Services</p> <ul style="list-style-type: none"> MoCA Screening Tool – training via Older People’s Psychology Service | <p>Glasgow Inverclyde Renfrewshire East Renfrewshire East Dunbartonshire West Dunbartonshire</p> | <ul style="list-style-type: none"> Dementia Studies – online modules: MSc level – Stirling Uni MSc Dementia: International Experience, Policy and Research – Edinburgh Uni Palliative and End of Life Care in Dementia: Training for Trainers – Alzheimer Scotland, via NES/SSSC Assessment: specialist neuropsychological assessment – University of Glasgow |



Appendix B: Section B

Accessing learning resources/training

| Course | Tier | Provider | Details | Contact for further info/booking |
|---|------|---|--|---|
| ACE-III Trainer | 3 | NES Psychology Directorate/ University of Glasgow | Online training programme designed to help staff working at the Enhanced/Expertise Dementia Practice Level to develop cognitive assessment skills and to administer and score the ACE III reliably. The ACE III trainer includes video clips of a health professional conducting pre-diagnostic conversations with individuals and administering the ACE-III. It also covers how to administer and score the measure reliably; and how to give feedback in the clinic. Video vignettes of case examples provide the opportunity for practice in live test scoring. | http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/psychology-and-psychological-interventions-in-dementia/ace-iii-trainer.aspx |
| Acceptance and Commitment Therapy-based Interventions for Dementia Caregivers – Training Workshop | 4 | NES Psychology Directorate | Provides training in an innovative psychological approach towards working with carers of people with dementia. As such it targets individuals with the level of expertise to be able to deliver highly specialist psychological interventions. | Dates circulated regularly or alternatively contact: Shereen.Arabshahi@nes.scot.nhs.uk |
| Adult Support and Protection: e-module | 1 | GGC (LearnPro) | An introduction to Adult Protection, raising awareness of the content and implications of the Adult Support and Protection (Scotland) Act 2007 and local Adult Protection guidelines and procedures. | Access via Staffnet page or go directly to Learnpro website |
| Adult Support and Protection Awareness (Multi-agency) ½ day (ER) | 1 | East Renfrewshire | Basic Awareness; multi-agency. | See local training calendars, or contact Deirdre.watson@eastrenfrewshire.gov.uk |
| Adult Support&and Protection - Supporting Protection of Adults (ER) | 1 | ER CHCP L&D | Part of the Core Training Programme for Home Carers, Day and Respite Care staff. | See L&D Training Calendar, or contact: Peter.mchugh@eastrenfrewshire.gov.uk |
| Adult Support and Protection: Tier 1 | 1 | GGC; various Local Authorities | An introduction to Adult Protection, raising awareness of the content and implications of the Adult Support and Protection (Scotland) Act 2007 and local Adult Protection guidelines and procedures. | See local training calendars, or contact danny.crawford@ggc.scot.nhs.uk |
| Adult Support and Protection: Tier 2 | 1 | GGC; various Local Authorities | A 1-day, multi-agency course covering the 2007 Act, Code of Practice for the Act, Protection Orders and confidence in implementing Adult Support and Protection procedures. Includes summaries of actual case examples. Prior completion of Tier 1 e-module, above, required. | See Staffnet L&E Training Calendar ; completed Course Nomination Form to be sent to: central.bookingservice@ggc.scot.nhs.uk |



Accessing learning resources/training (continued)

| Course | Tier | Provider | Details | Contact for further info/booking |
|---|------|----------------------------------|--|---|
| Adult Support and Protection: various | 1 | Various | Training on specific aspects of Adult Support & Protection. | See local training calendars, or contact danny.crawford@ggc.scot.nhs.uk |
| Adults with Incapacity Act: Introduction | 1 | GGC | Introduction to the Adults with Incapacity Act | Calendars issued quarterly by ailen.smith2@ggc.scot.nhs.uk |
| Assessment – Specialist Clinical Neuropsychology | 4 | University of Glasgow | MSc/PgDip Clinical Neuropsychology This programme is open to UK qualified clinical psychologists and those who have trained overseas and have a British Psychological Society Statement of Equivalence in Clinical Psychology. | For further information, contact: Prof Jon Evans, Programme Director Section of Psychological Medicine Email: j.evans@clinmed.gla.ac.uk |
| Best Practice in Dementia: 6-part self-study resource | 2 | Stirling Uni | For healthcare assistants or care home staff. Involves participants completing a set of six self study booklets, supported by local facilitator. | See Website: http://dementia.stir.ac.uk/training , or contact: Lynsey Manson or Dawn Humble, tel. 01786 467740, e-mail lynsey.manson@stir.ac.uk , or d.a.humble@stir.ac.uk |
| Best Practice in Dementia: facilitator training | 3 | Stirling Uni | Consists of: 2 days facilitator training self-study group facilitated sessions self-study materials | |
| Best Practice in Dementia -Facilitation (ER) | 2 | ER CHCP In-house facilitators | Workplace-based, team-approach to developing best practice in dementia care, led by local facilitator who has completed the Stirling University 6-part Best Practice in Dementia facilitator training. | Carol.sallows@eastrenfrewshire.gov.uk |
| Cognitive Rehabilitation in Dementia – An enhanced practice learning resource | 3 | NES Psychology Directorate | This resource equips staff with an understanding of how cognitive rehabilitation may help people with dementia and facilitates the development of core skills in relation to supporting individuals to implement cognitive rehabilitation interventions. There will be an accompanying patient/carer cognitive rehabilitation resource that staff can use to facilitate the cognitive rehabilitation process with patients and their carers. | Available by Spring 2013 For more information contact: Shereen.Arabshahi@nes.scot.nhs.uk |
| Cognitive Stimulation Therapy Training Workshops | 3 | NES Psychology Directorate | CST represents a combination of the most effective non-pharmacological interventions for dementia and leads to improvements in cognition, quality of life and language skills in people with dementia. This one-day workshop will equip staff with the knowledge and skills to develop and deliver group-based CST in their work role. | Dates are advertised at regular intervals or alternatively contact: Shereen.Arabshahi@nes.scot.nhs.uk |



Accessing learning resources/training (continued)

| Course | Tier | Provider | Details | Contact for further info/booking |
|---|------|--|---|--|
| Dementia Awareness (ER) | 1 | ER CHCP L&D | Basic awareness-raising session for home carers, Day Unit, Residential Unit and Supported Accommodation staff, as part of Core Skills Training. | See L&D Training Calendar, or contact: Peter.mchugh@eastrenfrewshire.gov.uk |
| Dementia Care in Acute Settings (GGC/NES e-modules and resources) | 2 | NHS Greater Glasgow & Clyde/NES | This resource is structured around the pathway of care for people with dementia, delirium and cognitive impairment in the acute general hospital setting. Modules in the resource cover: coming into the ward; recognising and assessing care needs; the care experience; meeting the needs of the person who is distressed; leaving the ward and transitions. | Access via NHS Learn Pro – see e-learning pages on Staffnet for more details or via the NES Portal or order hard copies by emailing Mental.Health@nes.scot.nhs.uk |
| Dementia Care in the Emergency Department | 2 | NHS Greater Glasgow & Clyde/NES | An online educational resource with sections covering initial contact, screening, assessment; intervention and resolution. | Access via NHS Learn Pro – see e-learning pages on Staffnet for more details or via the NES Portal |
| Dementia Champions Programme | 3 | NES | Supports the development of champions as change agents in improving the experience, care, treatment and outcomes for people with dementia, their families and carers in general hospitals and at the interface between hospital and community settings. | Nominations invited at regular intervals. More information from Dementia Champions website on Dementia MKN |
| Dementia: International Experience, Policy and Research | 4 | Edinburgh Uni | Online, part-time course: Postgraduate Certificate: 9 months Postgraduate Diploma: 21 months MSc: 2 or 3 years | Programme Director - Dr Heather Wilkinson: E-mail dementia@ed.ac.uk or Tel 0131 650 3890 |
| Dementia – Improving Practice, Promoting Excellence | 2 | NHS Greater Glasgow & Clyde – NW In-patient Management Team Support Nurses | Developed out of the NES Supporting Change Programme, this 2-day programme is designed to develop the knowledge and skills of support staff working in in-patient Older People's Mental Health Wards. Covers topics including: <ul style="list-style-type: none"> • Understanding Dementia • Standards of Care for Dementia • Person-centred Care • Communication and overcoming barriers • Working with Relatives • Professional Standards for Staff • Managing Stress and Distress in Dementia | Margaret Fitzpatrick Inpatient Management Team Support Nurse Margaret.Fitzpatrick@ggc.scot.nhs.uk |



Accessing learning resources/training (continued)

| Course | Tier | Provider | Details | Contact for further info/booking | | | | | | | | | | | | |
|--|-----------------|--|---|---|-------|-----------------|-------------------|-------------|--------|-----------|---------|---------|-----------|-----|---------|-----------|
| Dementia – Improving Practice, Promoting Excellence | 3 | NHS Greater Glasgow & Clyde – NW In-patient Management Team Support Nurses | <p>Developed out of the NES Supporting Change Programme, this 2-day programme is designed to develop the knowledge and skills of qualified staff working in in-patient Older People’s Mental Health Wards. Covers topics including:</p> <ul style="list-style-type: none"> • Understanding Dementia • Standards of Care for Dementia • Delivering person-centred care • Communication and overcoming barriers • Working with Relatives • Professional Standards for Staff • Managing Stress and Distress in Dementia – how to understand and address an individual’s unmet needs | <p>Margaret Fitzpatrick Inpatient Management Team Support Nurse Margaret.Fitzpatrick@ggc.scot.nhs.uk</p> | | | | | | | | | | | | |
| Dementia Standards – Supporting Change Programme | 3 | NES | 3 days face-to-face training over 6 weeks; during this period, participants will initiate a practice based project to support the implementation of the Dementia Standards. They will then go on to design and deliver a training programme using materials from NES/SSSC Improving Practice Learning Resource: Dementia Skilled – Improving Practice learning resource (See Level 2 and details on p11). | <p>NHS Greater Glasgow & Clyde co-coordinator for nominations – Stephen.mcginness@ggc.scot.nhs.uk</p> | | | | | | | | | | | | |
| Dementia Studies (online): MSc level | 4 | Stirling Uni | A part-time, distance learning programme consisting of six modules: | <p>Programme secretary: tel. 01786 467746, or e-mail DempPG@stir.ac.uk, or see website: www.dementia.stir.ac.uk</p> | | | | | | | | | | | | |
| Dementia Studies (online): post graduate cert/ diploma level | 3 | Stirling Uni | <table border="1"> <thead> <tr> <th>Award</th> <th>Length of Study</th> <th>Number of Modules</th> </tr> </thead> <tbody> <tr> <td>Certificate</td> <td>1 year</td> <td>2 modules</td> </tr> <tr> <td>Diploma</td> <td>2 years</td> <td>4 modules</td> </tr> <tr> <td>MSc</td> <td>3 years</td> <td>6 modules</td> </tr> </tbody> </table> | | Award | Length of Study | Number of Modules | Certificate | 1 year | 2 modules | Diploma | 2 years | 4 modules | MSc | 3 years | 6 modules |
| Award | Length of Study | Number of Modules | | | | | | | | | | | | | | |
| Certificate | 1 year | 2 modules | | | | | | | | | | | | | | |
| Diploma | 2 years | 4 modules | | | | | | | | | | | | | | |
| MSc | 3 years | 6 modules | | | | | | | | | | | | | | |
| Leadership and Management in Dementia care | 3 | Stirling Uni | For leaders and managers working in dementia care settings across health and social care. Four days consisting of two 2-day sessions with a workplace project in between. | | | | | | | | | | | | | |
| Leadership Programme for Alzheimer Scotland | 4 | NES/SSSC | For Dementia Nurse Consultants and Consultant AHPs. | <p>Details of programme circulated to relevant staff. More information from: Theresa.Douglas@nes.scot.nhs.uk</p> | | | | | | | | | | | | |



Accessing learning resources/training (continued)

| Course | Tier | Provider | Details | Contact for further info/booking |
|--|------|----------------------------------|---|--|
| Learning Disability and Dementia – Training for Trainers. | 3 | Edinburgh Uni | 1 day course which equips staff in suitable roles to roll-out the Supporting Derek training package which is aimed at the Dementia Skilled Practice Level. | See website: http://dementia.mvm.ed.ac.uk/ |
| Meaningful activity | 3 | NHS Dumfries and Galloway | Interests and Activities Toolkit For Use With People With Dementia | http://www.nhsaaa.net/media/131254/iatoolkit.pdf |
| Mental Health Act: Introduction | 1 | GGC | Introduction to the Mental Health Act | Calendars issued quarterly by aileen.smith2@ggc.scot.nhs.uk |
| “My Reality” workshop (ER) | 1 | ER CHCP L&D | 1-day Dementia Awareness workshop, originally developed in NHS Ayrshire and Arran | Carol.sallows@eastrenfrewshire.gov.uk |
| Palliative and End of Life Care in Dementia: Training for Trainers | 3 | Alzheimer Scotland, via NES/SSSC | This 2-day T4T course is part of a wider workforce development plan NES and SSSC are taking forward to support implementation of Promoting Excellence and the Dementia Standards. | Marie Gibson, Development Team, Alzheimer Scotland – tel. 01387 261303, or e-mail marie.gibson@alzscot.org |
| Palliative Care in Dementia (Inv) | 3 | Inverclyde CHCP | 1-day course run in collaboration with Ardgowan Hospice. | Stuart Milligan, Practice and Development coordinator. Ardgowan Hospice Greenock –tel. 01475 726830 |
| Palliative and End of Life Care in Dementia (Inv) | 3 | Inverclyde CHCP | 3 day course for nurses and carers. Three workbooks completed over the three days. Communication and the person with dementia Communication towards the end of life for the person with dementia, their families and friends Communication with family members and friends The workbooks are marked by the facilitator and may be accredited by Glasgow University. | Iris.quirk@ggc.scot.nhs.uk |
| Palliative and End of Life Care in Dementia (ER) | 3 | ER CHCP L&D | 2-day course, led by in-house facilitators who have completed the Alzheimer Scotland T4T. | See L&D Training Calendar, or contact: Carol.sallows@eastrenfrewshire.gov.uk |



Accessing learning resources/training (continued)

| Course | Tier | Provider | Details | Contact for further info/booking | |
|--|--|----------|--|---|--|
| Post-Diagnostic Support | 3 | NES | A 5-day course for frontline staff supporting people with dementia during the period following diagnosis. Participants will be expected to develop their practice in highly personalised, outcome focused support. It is essential that people who undertake the programme are in a relevant post and will receive organisational support to maintain contact with families following a diagnosis of dementia. | Nominations to be coordinated by local leads. Further information available from kwilson@alzscot.org | |
| Promoting Excellence: NES/SSC Practice Learning Resources | Informed Practice Level: Informed About Dementia DVD resources | 1 | NES | A DVD resource for all health and social care staff that that can be used for self study or as a facilitated learning session. The resource covers all knowledge and skills at the Dementia Informed level of Promoting Excellence. | Knowledge Net link or order hard copies by emailing Mental.Health@nes.scot.nhs.uk |
| | Dementia Skilled – Improving Practice Learning Resource | 2 | NES | A video and 5 modules, written at Level 7 of the Scottish Credit and Qualification Framework, covering the knowledge and skills set out at the Dementia Skilled Level of Promoting Excellence: <u>Module 1</u> : Understanding dementia <u>Module 2</u> : Promoting person and family centred care and community connections <u>Module 3</u> Promoting health and well being <u>Module 4</u> : Meeting the needs of the person with dementia who is distressed <u>Module 5</u> : Supporting and protecting people’s rights | Knowledge Net link |



Accessing learning resources/training (continued)

| Course | | Tier | Provider | Details | Contact for further info/booking |
|---|--|------|----------------------------|--|--|
| Promoting Excellence: NES/SSSC Practice Learning Resources | NES Promoting psychological wellbeing for people with dementia and their carers: An enhanced practice resource | 3 | NES Psychology Directorate | <p>Building on learning from the Informed and Skilled level resources, these six modules are designed to enhance your understanding of dementia from a psychological perspective, and to enable you to apply this learning to supporting people with dementia, their families and carers.</p> <p>Contents include:</p> <ul style="list-style-type: none"> • What makes us who we are? • Understanding dementia from a psychological perspective • Assessment of dementia; Introduction to the most common dementias • Communication – People with dementia and caregivers • Evidence-based psychological interventions in dementia care • Psychological approaches to distressed behaviour | <p>Access the resource here</p> <p>or contact:</p> <p>Shereen.Arabshahi@nes.scot.nhs.uk</p> |
| | Dementia Enhanced Practice Level – Core Curricular Content | 3 | NES | <p>In addition to <i>Promoting psychological wellbeing for people with dementia and their carers</i> modules (see separate entry for details), this resource offers links to key learning resources on:</p> <ul style="list-style-type: none"> • Understanding Dementia • Person centred care • Promoting Wellbeing • Legislation and Policy • Valued Lives • Managing Change | Knowledge Net link |
| | Dementia -Expertise Practice Level Resources | 4 | NES | <p>Outlines the knowledge and skills required for health and social services workers who by virtue of their role or practice setting play an expert specialist role in the care, treatment and support of people with dementia. Provides a library of journals, articles, databases and books to aid research.</p> | Knowledge Net Link |



| Course | Tier | Provider | Details | Contact for further info/booking |
|--|------|-------------------------------|--|--|
| Psychological interventions in response to stress and distress in dementia | 3 | NHSGG&C Local Trainers | Provides training in an individualised, formulation-driven approach to understanding and responding to distressed behaviours. This approach has been shown to reduce the frequency of distressed behaviour in people with dementia and caregiver distress. | Susan.Cross@ggc.scot.nhs.uk |
| Psychological interventions in response to stress and distress in dementia – Training for Trainers | 4 | NES Psychology Directorate | Clinical Psychologists and other health and social care staff in appropriate clinical and/or practice development roles will be trained in the above model of intervention and trained as trainers, with a remit to roll this training out to other staff in their team. | Dates advertised at regular intervals or contact: Shereen.Arabshahi@nes.scot.nhs.uk |
| Psychological and Self Help Interventions (WISH Programme) (ER) | 2 | ER CHCP | 2 day training on widening access to Cognitive Behavioural Therapy for staff working in Older People services (Day Care and Community) | Carol.sallows@eastrenfrewshire.gov.uk |
| Risk Enablement: “Nothing Ventured, Nothing Gained” (Best Practice Guidance) | 2 | DoH | Guidance on best practice in assessing, managing and enabling risk for people living with dementia, based on evidence and person-centred practice. | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/en/@ps/documents/digitalasset/dh_121493.pdf |
| Short courses in specific aspects of Dementia | 3 | Stirling Uni | 1 or 2 day courses on a range of topics, e.g. Dementia and LD; End of Life in Dementia Care; Parkinson’s Disease and Dementia; Managing Disturbed Behaviour; Assessment of People with Memory Problems, Meaningful Activities for People with Dementia. | See website: http://dementia.stir.ac.uk/training |
| Sliding Doors to Personal Futures: A Learning Resource | 1 | NES/SSSC | An online resource to support the Reshaping Care for Older People policy agenda, by detailing what it means for older people, their families and friends and for those working with them. | See website: http://www.knowledge.scot.nhs.uk/home/portals-and-topics/care-for-older-people-portal/reshaping-care-for-older-people/sliding-doors-learning-resource.aspx |
| Social Care Institute for Excellence dementia e-module | 1 | SCIE | An in-depth introduction to dementia and the experience of living with the disease. 7 modules (2009) | See website: http://www.scie.org.uk/publications/elearning/dementia/index.asp |
| Think Capacity, Think Consent | 3 | NES | A short learning resource on the appropriate application of AWI relating to consent to treatment in acute general hospital settings. The resource has been designed specifically for Medical, Nursing and AHP staff working in these settings to support the development of knowledge and understanding of the powers provisions and principles of Part 5 of AWI relating to consent to treatment. | Access via Staffnet page or go directly to learnpro website or Download from MKN website: Click here or order hard copies by emailing Mental.Health@nes.scot.nhs.uk |



Appendix B: Section C

Additional older people's care resources

| Resource Title | Description | Access via: |
|--|---|---|
| Capacity: specific aspects | Advice/customised training available on request | Andrew.strachan@ggc.scot.nhs.uk |
| Care of Older People Portal | NES Knowledge Services have developed this portal which provides extensive information, resources and education for all health and social care staff who support older people in Scotland. The portal has a number of topic areas on nutritional care, falls and fractures, dementia and tissue viability. There is the facility to establish communities of practice to share learning via this portal. | http://www.knowledge.scot.nhs.uk/home/portals-and-topics/care-for-older-people-portal.aspx |
| Carers' rights | Literature from Carers Scotland Coming soon – NES/SSSC training | http://www.carersuk.org/our-services/itemlist/category/537-publications-scotland |
| Covert administration of medicines | National guidance | NMC guidance MWC guidance |
| Mobility: Fall prevention | Staffnet links re Falls Prevention | Community Falls Prevention Programme homepage |
| Nutritional care in hospitals online learning resource | A resource which supports all staff involved in nutritional care in hospitals, ensuring that they have the knowledge, skills and capabilities to optimise nutritional care as part of the patient experience. It serves to promote the development of nutritional thinking at each of the key stages in the nutritional care process. The resource includes activities and tools for all staff groups linked with each stage of the nutrition pathway, and some resources for specific disciplines. | http://www.nutritioncare.scot.nhs.uk/home.aspx |
| Malnutrition Universal Screening Tool | E learning modules in the MUST - Malnutrition Universal Screening Tool | http://www.nutritioncare.scot.nhs.uk/elearning-for-nutrition.aspx |
| Dysphagia resource | On line resource to provide advice on the care of people with eating, drinking and swallowing difficulties. | http://www.nes.scot.nhs.uk/about-us/whats-new/dysphagia-dvd.aspx |
| Prevention and Management of Pressure Ulcers | This resource is suitable for a wide range of learners, from registered professionals to support workers in the NHS and the independent sector. | http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/educational-programmes/tissue-viability.aspx |
| Resuscitation | Staffnet pages on Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Policy | DNACPR Policy |
| Tissue Viability: Creating Viable Options Tool | Sets out key content areas for education to support progressive development in tissue viability for health care staff as they progress through their careers. | http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/educational-programmes/tissue-viability/creating-viable-options-tool.aspx |



Appendix C

List of figures

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| Figure 1 | 17 | NHSGG&C Projected Population Projections 2010 to 2025 |
| Figure 2 | 17 | NHSGG&C Projected Population Projections by Age 2010 to 2025 |
| Figure 3 | 18 | Table of NHSGG&C Projected Dementia Prevalence 2013 to 2031 |
| Figure 4 | 18 | Chart of NHSGG&C Projected Dementia Prevalence 2013 to 2031 |



Appendix D

Workforce Development Priorities – by Sector/CH(C)P; Listed in order of frequency i.e. how commonly reported as a priority by local groups.

| Priority for Workforce Development Activity | Glasgow W Sector | Glasgow E Sector | Glasgow S Sector | In-patient OPMH | East Dunbartonshire | West Dunbartonshire | Inverclyde | Renfrewshire | E Renfrewshire | Acute | NHS Lanarkshire |
|--|------------------|------------------|------------------|-----------------|---------------------|---------------------|------------|--------------|----------------|-------|-----------------|
| Dementia Awareness-Raising – aimed at Informed Practice Level of Promoting Excellence Framework (staff groups mentioned include all frontline health, social work and housing frontline staff; staff in GP surgeries; Local Authority Care Home staff). Most areas keen to roll-out sessions using the Informed About Dementia DVD by NES and SSSC either by using LearnPro or delivery of workshops by expert staff. Some areas using existing workshop materials developed in-house or ‘My Reality’ workshops used in NHS Ayrshire and Arran. South Glasgow also targeting awareness of Post-Diagnostic Support available. | ✓ | ✓ | ✓ | | ✓ | | ✓ | ✓ | ✓ | ✓ | |

Table continues on next page



| Priority for Workforce Development Activity | Glasgow W Sector | Glasgow E Sector | Glasgow S Sector | In-patient OPMH | East Dunbartonshire | West Dunbartonshire | Inverclyde | Renfrewshire | E Renfrewshire | Acute | NHS Lanarkshire |
|--|------------------|------------------|------------------|-----------------|---------------------|---------------------|------------|--------------|----------------|-------|-----------------|
| Benchmarking against Promoting Excellence, Development of Competences, Training Needs analysis – this activity was a priority for many areas and represents ongoing work. For some areas, awareness-raising will be required to enable staff to make the link between P.E., the Dementia Standards and service delivery. South Glasgow benchmarking staff against Enhanced Practice level of Promoting Excellence Framework. East Glasgow has also been looking at person-centred goal planning. | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | |
| Post-Diagnostic Support Training – aimed at Skilled and Enhanced Levels of Promoting Excellence Framework. Various forms of training either undertaken or planned including Stirling Dementia Services Development Centre Best Practice in Dementia Training (Skilled Level); Alzheimer’s Scotland/SSSC Post-Diagnostic Support Training (Enhanced Level); and training in outcomes-based approaches either online via the Sliding Doors resource or via face:face training from NES. | | ✓ | ✓ | | ✓ | ✓ | | ✓ | ✓ | | |

Table continues on next page



| Priority for Workforce Development Activity | Glasgow W Sector | Glasgow E Sector | Glasgow S Sector | In-patient OPMH | East Dunbartonshire | West Dunbartonshire | Inverclyde | Renfrewshire | E Renfrewshire | Acute | NHS Lanarkshire |
|---|------------------|------------------|------------------|-----------------|---------------------|---------------------|------------|--------------|----------------|-------|-----------------|
| Responses to Stress and Distress in Dementia – NES training in Psychological Responses to Stress and Distress in Dementia (Expertise and Enhanced Levels) already being roll-out or planned in most areas; some work to support carers being delivered in Renfrewshire; South Glasgow also using the NES Supporting Change programme. | | | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Palliative Care in Dementia Training – most areas rolling out Alzheimer’s Scotland/NES/SSSC Palliative Care training at Enhanced Level. Some areas incorporating Palliative Care in ongoing training needs analysis work. | | ✓ | | | ✓ | ✓ | | ✓ | ✓ | ✓ | |
| Psychosocial Interventions and Psychological Therapies in the context of Dementia – some areas have staff undertaking the Diploma/MSc in Cognitive Behavioural Therapy with Older People (East Dunbartonshire, East Renfrewshire, Renfrewshire and South Glasgow) which although not exclusively for people with dementia can be effective for people with psychological difficulties in the context of mild dementia, or carers; Many areas have accessed/plan to access CST training; East Renfrewshire is keen to continue to access NES Psychological Interventions training and is exploring psychological interventions for sleep problems in dementia. | | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | | |

Table continues on next page



| Priority for Workforce Development Activity | Glasgow W Sector | Glasgow E Sector | Glasgow S Sector | In-patient OPMH | East Dunbartonshire | West Dunbartonshire | Inverclyde | Renfrewshire | E Renfrewshire | Acute | NHS Lanarkshire |
|---|------------------|------------------|------------------|-----------------|---------------------|---------------------|------------|--------------|----------------|-------|-----------------|
| Communication Skills Training – this was seen as a standalone workforce development priority for some areas although it is recognised that improving communication is a learning outcome incorporated within many strands of dementia workforce development. | | | | ✓ | | | | | | ✓ | |
| Risk Enablement – this is a particular priority within Acute Division where it is important for staff to work with people with dementia in ways which promote rehab, independence and recovery; and prevent delayed discharges from hospital. Also identified as a priority for East Glasgow. | | ✓ | | | | | | | | ✓ | |
| Capacity and Consent Training – looking at roll-out and implementation of recent NES guidance: Think Capacity, Think Consent – A Learning Resource (Enhanced Level) | | | | | | | | | | ✓ | |
| Dementia Champions Programme – this work led by Alzheimer’s Scotland, NES and SSSC is ongoing and being accessed by several areas across GG&C. This was identified as a specific priority by one area. | | | | | ✓ | ✓ | | | | ✓ | ✓ |

1. Staff working in areas with more contact with people with dementia and their families and carers will require training at higher Levels – see subsequent Levels and examples.
2. Staff working in areas with more contact with people with dementia and their families and carers will require training at higher Levels – see subsequent Levels and examples.

Appendix E

Glossary of terms

| | |
|----------|---|
| AfC | Agenda for Change |
| AHP | Allied Health Professional |
| AHPWMMP | Allied Health Professions Workforce Measurement and Management Project |
| APF | Area Partnership Forum |
| CH(C)P | Community Health Partnership or Community Health and Care Partnership |
| CMS | Chronic Medication Service |
| CMT | Corporate Management Team |
| COSOP | Cabinet Office Statement of Practice on Staff Transfers in the Public Sector 2000 |
| CSR | Clinical Services Review |
| CSSD | Central Sterile Services Department |
| eESS | Electronic Employee Support System |
| EMI | Elderly Mentally Ill |
| FE | Further Education |
| FTFT | Facing the Future Together |
| GPs | General Practitioners |
| HEAT | Health, Efficiency, Access and Treatment |
| HNC | Higher National Certificate |
| HND | Higher National Diploma |
| HR | Human Resources |
| ISD | Information Services Department |
| IT | Information Technology |
| KSF | Knowledge & Skills Framework |
| LBC | Leading Better Care |
| LDP | Local Delivery Plan |
| NES | NHS Education for Scotland |
| NHS GG&C | NHS Greater Glasgow and Clyde |
| NMAHP | Nurses, Midwives and Allied Health Professionals |
| NMWWP | Nursing and Midwifery Workload and Workforce Planning Programme |
| OD | Organisational Development |
| PAA | Predicted Absence Allowance |
| PDP | Professional Development Plan |
| PIDs | Project Initiation Documents |
| PPSU | Pharmacy Prescribing & Support Unit |

| | |
|-------------|--|
| QOF | Quality Outcomes Framework |
| RTTC | Releasing Time to Care |
| SGH | South Glasgow Hospital |
| SPS | Scottish Prison Service |
| SVQ | Scottish Vocational Qualification |
| TUPE | Transfer of Undertakings (Protection of Employment) Regulations 2006 |
| WRWPN | West Region Workforce Planning Network |
| WTE | Whole Time Equivalent |
| GG&C | Greater Glasgow And Clyde |
| OPMH CMHT | Older Peoples Mental Health Community Mental Health Team |
| QOF | Quality Outcomes Framework |
| PDS | Post Diagnosis Support |
| CPN | Community Psychiatric Nurse |
| OT | Occupational Therapist |
| RCN | Royal College of Nursing |
| CPD | Continual Professional Development |
| PDP | Personal Development Plan |
| CEL | Chief Executive Letter |
| SMART | Specif Measurable Attainable Relevant Time Bound |
| SSSC | Scottish Social Services Council |
| CAMHS | Child and Adolescent Mental Health Services |
| HEI | Higher Education Institution |
| DWDG | Dementia Workforce Development Group |
| AS&P | Adult Support and Protection |
| MoCA | Montreal Cognitive Assessment |
| ER CHCP L&D | East Renfrewshire Chcp Learning and Development |
| MSC/PGDip | Master of Science/Post Graduate Diploma |
| CST | Cognitive Stimulation Therapy |
| MKN | Managed Knowledge Network |
| T4T | Training for Trainers |
| NMC | Nursing and Midwifery Council |
| MWC | Mental Welfare Commission |
| P.E | Promoting Excellence |

