

# Implementing an effective multidisciplinary Dementia Care Pathway for people with a learning disability in Worcestershire

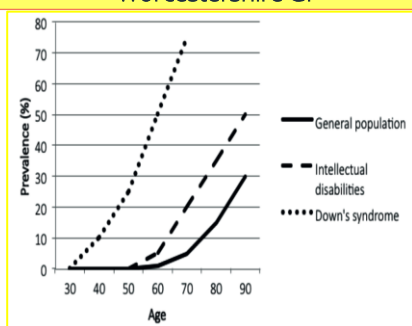
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## Aim

National and local evidence shows that an increasing ageing population of people with learning disabilities will increase the likelihood of them developing dementia.

This project aims to ensure thorough and accurate baseline and ongoing assessment, timely diagnosis, and effective treatment for all adults with a learning disability and Dementia symptoms who are registered with a Worcestershire GP



## Impact

- Utilising the skills of the multidisciplinary teams: assessment and treatment is thorough, accurate, meeting holistic needs
- Aiding consistency across both Community LD teams in Worcs., and across Herefordshire, increasing opportunities for sharing local knowledge, improving the skill base of health professionals, whilst reducing risk of patient experience varying depending on postcode
- Improved skill base & education of carers of people with LD & Dementia (both formal and informal), dispelling myths about diagnosis, reducing risk of diagnostic overshadowing
- Maximising involvement of patient & carers, from point of baseline assessment through to treatment options; care is completely person centred
- Reestablish & embedding 'Dementia Champions' roles
- Reaffirming clinical need; gaining evidence to expand resources

## Approach

- Step 1: Clinical Audit of previous pathway completed using random cross section of patients
- Step 2: Analysis of audit data, involving MDT to expand qualitative data on what has worked well in the past, what needs to change
- Step 3: PDSA cycles identified with expected outcomes, working groups from MDT attached to each

**PDSA #1: identify, through research and national networking, the recommended demographic for baseline assessment and the most effective way to approach this locally**

**PDSA #2: choice of baseline assessment tool; decision made through discussion with MDT steering group for use of single baseline assessment to be completed by Community LD Nurses. This has been implemented and qualitative discussion will monitor outcome; further clinical audit can be completed at an agreed later date.**

**PDSA #3: increase update for referrals to Allied Health Professionals within Community LD teams; a clear referral process needs to be included in the pathway with an aim of 100% increase of referrals to AHPs for all people diagnosed**

**PDSA #4: identify training needs for carers and how to develop their skills to assist each stage of the pathway being a success. A questionnaire was devised and sent to care provider companies. To be analysed and training pack developed and rolled out**

- Step 4: Examine ways to involve 'experts' in the project by looking at methods of Patient and Public Involvement. Where on Arnstein's (1969) 'Ladder of Citizen Participation' would we like to position ourselves?

\*Image source: *Dementia and People with Intellectual Disabilities* Guidance on the assessment, diagnosis, interventions and support of people with intellectual disabilities who develop dementia, The BPS RCPsych, 2015.

## Summary and Next steps

- Complete a trajectory for 2021 to include:
- Internal training for Community LD Nurses to learn more about roles of AHPs;
- Liaise with GP/ Primary Care partners who may be implicated or have a view on the proposed changes;
- Pilot new draft pathway and reflect on real time case studies
- Gain patient and carer feedback;
- Refresh and roll out dementia training for care providers;
- Hold launch event, to include affected demographic, carers, and all other stakeholders;
- Continue to expand networking opportunities including mainstream Dementia services;
- Target relevant publicity and social media platforms to gain support

## Leadership learning

- Importance and value of networking – to share workload, educate oneself and each other, using existing resources, building on previous work
- Increased insight into the process of service development and quality improvement projects
- Not being discouraged by the slow progress and to look for the learning opportunities each small step offers
- Make use of the skills of the people who are willing and able to be involved; identify all 'leaders'
- Encourage group support and reflection
- Challenges of involving people with learning disabilities and/ or Dementia in meaningful ways