

Ambitions to transform AHP practice

The four ambitions for change outlined in Connecting People, Connecting Support.

Enhanced access

People living with dementia will experience visible and easy access to AHP expertise and services at the earliest time to derive maximum benefit to address the symptoms of the illness, now and in the future. This will include the availability of, and access to, AHP-led self-management information and supported self-management advice. It will also feature evidence-informed AHP-led targeted interventions from integrated and co-ordinated AHP services that integrate the five key elements of the AHP approach

Partnership and integration

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

AHP workforce skilled in dementia care

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

Innovation, improvement and research

People living with dementia will experience AHP services delivered by therapists who are committed to an approach that drives improvement, innovation and research in the delivery of high-quality, responsive, rights-based and person-centred AHP rehabilitation.

Next steps

Deliver commitment 10 from Scotland's National Dementia Strategy 2017-2020

Implementation will be supported nationally by the National Alzheimer Scotland AHP Consultant in partnership with the Scottish Government, NHS Education for Scotland and Healthcare Improvement Scotland.

The Alzheimer Scotland AHP Dementia Forum will provide an infrastructure of clinical leadership and strengthening of partnerships for delivery and co-design of local solutions.

AHPs must work differently and collaboratively with people living with dementia and their families and the communities in which they live and work.

Implementation of the AHP approach needs to focus on what matters most to the people living with dementia and their families.

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Blog http://www.alzscot.org/talking_dementia

You can find the full report here:

https://www.alzscot.org/assets/0002/7356/AHP_Report_2017_WEB.pdf

Connecting People, Connecting Support

Transforming the allied health professionals' contribution to supporting people living with dementia in Scotland, 2017-2020

Summary of the allied health professionals' approach in dementia care and ambitions for putting it into practice

Introduction

An estimated 90,000 people have dementia in Scotland in 2017, around 3,200 of whom are under the age of 65. Dementia can have a considerable impact on the quality of life of people with the condition, as well as on their families and other carers. People with dementia experience declining cognitive function that, over time, affects their ability to live independently and can shorten life expectancy. Those providing most of the care, usually spouses or adult children, often experience quite heavy demands on their time and energy, which can have a lasting impact on their own health, employment and wellbeing.

Connecting People, Connecting Support is about how allied health professionals (AHPs) in Scotland can improve their support for people with dementia, their families and carers to enable them to have positive, fulfilling and independent lives for as long as possible. The aspiration is that people living with dementia have better access to a range of AHPs regardless of age or place of residence, early in their diagnosis and throughout their illness.

Dementia is every AHP's business

All AHPs will most probably meet someone living with dementia at some point in their professional or personal lives, but for some, such as occupational therapists, physiotherapists, dietitians, and speech and language therapists, working with people living with dementia will be the prime focus of their role.

Dementia is increasingly becoming part of the core remit for AHPs in acute settings as people with dementia over 65 occupy about one quarter of hospital beds at any one time.

An estimated two thirds of people living with dementia live in the community, and one third in care-home settings. People living with dementia also have a high prevalence of comorbid medical conditions. AHPs in community settings will therefore be working with people with dementia in their day-to-day practice.

For the benefits of AHP-led contributions to be realised for all people living with dementia, and for the AHP contribution to be integrated and co-ordinated, AHPs require new ways of thinking and working that increase their visibility and access to the people who will benefit from their involvement. People need person-centred services from a skilled AHP workforce who see treating the symptoms of dementia as very much "their business". Connecting People, Connecting Support sets out to make this happen in Scotland.

The allied health professionals include:

Arts therapist
Diagnostic radiographer
Dietitian
Occupational therapist
Orthoptist
Orthotist
Paramedic
Physiotherapist
Podiatrist
Prosthetist
Speech and language therapist
Therapeutic radiographer

The AHP approach in dementia care

The document presents an evidence-informed case to support an approach to practice for all AHPs working with people living with dementia – what we call the *AHP approach*. People living with dementia benefit greatly from a biopsychosocial approach of care that acknowledges the interactions of neurological, psychological, physical, environmental, social and emotional elements. The AHP approach therefore combines the biopsychosocial approach with an integrated and co-ordinated approach to providing AHP interventions to people living with dementia and their families.

The AHP approach reflects the fact that dementia affects people in very individual ways, and that people require tailored responses to best meet their needs, aspirations and wishes. It provides a foundational underpinning from which AHPs will be able to build, using their own skills, experience and understanding of the person to provide a service truly tailored to individual needs.



Supporting families and carers as equal partners



This is about families and carers being fully involved in the AHP approach. They are equal partners in areas such as education and skills training as potential co-therapists, and are potential recipients of AHP-led interventions to meet their own health and wellbeing needs (developing coping strategies and accessing support to maintain their own hobbies and interests, for example).

Enhancing daily living



The ability to wash and dress, prepare food, use transport, engage in everyday life, do things around the house, have fun, work, study, and take part in family and leisure activities is important for overall health and wellbeing. People with dementia can be supported to continue to engage in the life of their community, whether that be a city, town, village, neighbourhood or care home, extracting value from their everyday participation in activities and enhancing their wellbeing. A range of evidence-informed, home based AHP rehabilitation interventions exist to support people in their activities of daily living, with emerging evidence on the role of vocational rehabilitation for those of working age.

Adapting everyday environments



Adapting everyday environments relates to where the person is staying, whether in their own home, a care home or in hospital, as well as community settings and outside spaces. Changes can be small, such as improving lighting in a room or enhancing environments by using everyday technology, or making things easier for people through installing equipment or other adaptations.

Maximising psychological wellbeing



The central importance of finding ways to communicate (verbal and non-verbal) that work for each individual and which make meaningful connections that may have wide-ranging benefits in relation to overall wellbeing and quality of life. Psychological interventions of different intensities are reflected to promote emotional health and psychological wellbeing, with the provision of psychological interventions for depression, anxiety, and expressions of stress and distress. This element builds on established AHP psychological interventions and therapies.

Maximising physical wellbeing



This is about encouraging people to be more active, with the aim of preventing the potential negative outcomes of dementia. The primary focus is mobility, physical activity and fitness, falls reduction, foot care, identification of previously undetected pain or discomfort, management of pain, diet, nutrition and hydration, and swallowing, and inclusion in physical rehabilitation approaches delivered by AHPs.

5 things you need to know about the AHP Approach:

1. The AHP approach is applicable for all people with a diagnosis of dementia in all care settings
2. It is underpinned by principles of human rights using the ₂PANEL approach as a framework
3. The fundamental understanding driving the approach is that people living with dementia **can** benefit from AHP-led interventions.
4. The AHP approach combines a biopsychosocial approach of care with an integrated and co-ordinated approach to providing AHP interventions.
5. The five elements in the AHP approach are described separately, but must be considered collectively within overall universal, targeted and specialist AHP interventions