



Dementia Strategic Plan Consultation
Adult Mental Health and Vulnerable Groups
4th Floor North Core
Welsh Government
Crown Buildings
Cathays Park
Cardiff
CF10 3NQ

28th of March 2017

Dear Sir / Madam

RE: Draft national dementia strategy

The Royal Pharmaceutical Society (RPS) Wales welcomes the opportunity to respond to the draft national dementia strategy. We are pleased that the Welsh Government is committed to creating a dementia friendly nation and welcome the publication of Wales' first ever Dementia Strategy.

Risk reduction and health promotion

We would like to highlight the opportunities that community pharmacies bring to achieving this ambition. With 716 community pharmacies in Wales, the accessibility of the community pharmacy network on the high street, in supermarkets and rural communities provides a gateway to health and medicines advice from a healthcare professional without the need for an appointment. Pharmacists can offer reassurance and empower people to take greater control of their own health and wellbeing.

An essential service that a community pharmacy provides is the promotion of healthy lifestyles and wellbeing. One way this is undertaken is via public health campaigns. Each community pharmacy in Wales is contracted to undertake public health campaigns every year. Multidisciplinary national and local campaigns including the network of community pharmacies across Wales could provide a real opportunity for consistent messages to be delivered to all individuals around dementia.

Raising awareness and understanding

We welcome the proposals to encourage the uptake of 'creating a dementia friendly generation'. Many community pharmacies and hospital pharmacy departments are already actively ensuring staff are undertaking dementia friends training. We have received information from our members that demonstrate the benefit of dementia friendly communities;

Case study 1 : form the RPS Wales *Improving Care for people with Long term conditions* policy.

"I am a Manager of a busy pharmacy in Flint. We recognise that our local demographic consists of predominately an ageing population. My colleagues and I were keen to gain practical knowledge of how to best support our increasing number of patients being diagnosed with dementia, and their families or carers, so we jumped at the chance to undertake dementia friends training.

Once we became dementia friends, I began to research local support groups for people living with dementia and collated this information. We obtained leaflets and contact details to keep and display in the pharmacy so we could signpost people more effectively. We then decided to hold a dementia friends event in store and invited a home help living aids company to the event along with members of social services. We had such a positive response from the local community that we and the social services team agreed to roll this out on a bigger scale across the whole town. I visited local businesses to see if they would be interested in joining me to create a steering group and began the journey of creating a dementia friendly town. We went on to organise a Christmas shopping event which involved a few local businesses and the church. Mini buses came from the local home with residents and their families. We provided a safe environment for them to spend precious time with loved ones and staff in a 'normal' festive setting, enjoying light refreshments, carols and shopping.

During this event I had a lady tell me that this was the first time for her to go out shopping with her mother since she went into the home as she was so worried about how people would react (people with dementia can become confused, upset, frustrated and then angry or aggressive). I had another lady from the home who attended with a carer tell me she had not left the home for 7 years; she was so happy and excited to be out and socialising with new people who understood her needs.

My team and I now look for early signs and symptoms of dementia in regular customers and are able to offer support if appropriate by sign posting. Unfortunately, dementia does still seem to be a 'taboo' subject for many people, which comes from a lack of understanding. It was amazing that once all the staff where wearing the dementia friends badges how many customers would ask questions or for advice for a family member for whom they had concerns. We had customers return and tell us either they or their partner have now been diagnosed which meant they could now get the help they needed. It has been great to be able to give people an opportunity to speak about their concerns and for us to be able to point them in the right direction. People with dementia cannot always remember who you are or where they have seen you but they do remember how you made them feel."

Recognition and Identification

We agree that a skilled health and social care workforce that can confidently identify and support an individual who is presenting with symptoms of dementia is vital. Health and social care professionals should have access to advanced training in dementia to support their relevant practice to fully contribute to improving diagnosis rates and supporting individuals and their carers throughout the care pathway.

Community pharmacists are ideally placed to help identify early symptoms of dementia, one of our members informed us of a recent incident where she was able to support a patient;

Case study 2: Community Pharmacy identifying and supporting patients with dementia.

'As a community pharmacist working in a village in the Rhondda valley, I have regular contact with my patients, some patients I will literally see them on a daily basis. On one occasion, a Saturday morning, an elderly lady who I know well came to the pharmacy to ask if her medicines were ready. I could see that her medicines had been delivered that week. I confirmed this with my delivery driver and could also see that they had been signed for. I had a chat with the lady and she said she'd pop home to check. An hour later the same lady returned, she asked again for her tablets. I could see that she was very confused by this point and even asked me how to get home. I was obviously concerned and asked the lady if she wouldn't mind if I rang her son to come and get her, she agreed.

As my staff live in the area they were able to help me find a contact number for the lady's son who was also a patient of ours. He was so pleased that we'd called and informed me that he'd been concerned about his mother's 'forgetfulness' over the last few weeks but presumed it was a normal part of aging. Both the lady and her son were happy for me to contact the doctor for a discussion and make her an appointment, which I did first thing Monday morning. In the meantime, I asked her son to check that she had enough tablets at home and arranged for the two of them to come back to seem me to go through all her medicines to see if we could simplify her regimen or give her some aids to help her with her medicines.

Within a few weeks the lady was diagnosed with dementia. We worked with the family to help with her medication and discussed in detail all new medicines she was prescribed. We were also able to give the family some contact numbers for local support groups.'

We would welcome the introduction of advanced dementia friends training for healthcare professionals, recognising the more clinical aspects of dementia. Frontline healthcare professionals such as pharmacists could then be better used to directly refer to memory clinics where appropriate.

Assessment and diagnosis

Timely diagnoses are vital to help people access services early in the dementia journey. We want to see a more ambitious target for dementia diagnosis. We firmly believe that a multidisciplinary and joined-up approach between health and social care is needed to achieve these targets.

We are pleased that there is a recognition in the strategy that the tools to assess individuals need to be in their language of choice. The strategy recognises that Welsh language is a clinical need for many, not simply a preference. We believe that the Dementia Strategy should work to spread best practice and ensure action is taken to mainstream the “Active Offer” principles of ‘More than Just Words’ into dementia services as they are designed and implemented.

Living as well as possible for as long as possible with dementia

Individuals living with dementia and their families must have access to the right care at the right time. Dementia support post diagnosis should include access to multi-disciplinary care from a range of health and social care professionals. It must be ensured that individuals have access to a range of therapists including occupational therapists, physiotherapists, speech and language therapists, dietitians etc to promote independence and support people to develop the skills they will require in the later stages of dementia.

Many people living with dementia, they will also have other long term conditions and hence be taking a number of different medicines. Better utilisation of the clinical expertise of the pharmacist, as part of a multidisciplinary team (MDT), can ensure people get the best outcomes from their medicines, reduce adverse events, minimise avoidable harm and un-planned admissions to hospital, while ensuring resources are used more efficiently to deliver the standard and level of care that individuals deserve.

The Welsh Government must ensure that patients and their carers have access to a pharmacist for appropriate medication support ensuring they are enabled to make informed choices about their medication and treatment options. Antipsychotic medicines should not be routinely prescribed to treat behavioural and psychological symptoms of dementia. In line with NICE guidance, when an antipsychotic medicine is required, the lowest dose should be prescribed for the shortest time with regular review by an appropriately skilled pharmacist as part of the MDT.

The need for increased support in the community

Individuals living with dementia must be able to access care close to home. Cluster networks offer a real opportunity to increase multidisciplinary team working and we are already seeing more pharmacists, nurses and allied health professionals working in general practice. A whole system approach across all sectors of health and social care is now required. We strongly support the views of other Royal Colleges including the Royal College of Physicians that primary care clusters should build on pockets of good practice where the skills of specialists are used across hospital and community to establish speciality care in the community.

One of our members has informed us of a home medicines support services that has been running in Conwy and Denbighshire which is supporting many patients with dementia;

Case study 3 : Conwy and Denbighshire Home Medicines Support Service

This service has been running for five years and involves multidisciplinary teams working across the interface. Patients are identified in the community from various sources, namely; care agency staff, district nurses, social workers, GPs, practice staff, occupational therapists, and community pharmacists. The criteria for referral, is based on a validated tool developed by Professor Nina Barnett and colleagues in 2011.

1. **Physical** Impairment (difficulty swallowing, poor manual dexterity, vision, hearing or poor mobility).
2. **Risk** from specific high risk medication (anticoagulants, insulin, Non-steroidal, antihypertensive, digoxin, benzodiazepines and drugs requiring therapeutic monitoring).
3. **Adherence** Issues- not collecting or ordering all repeat medication, Lots of unused medication in the home, poor understanding of condition or how to administer.
4. **Cognitive** impairment-Acute or chronologically confused, are assessed for "Mini Mental State" examination and referred on to the memory clinics.
5. **Exacerbation** of an existing condition or new diagnosis causing recurrent admissions (COPD, Heart Failure, Parkinson's disease and Diabetes)
6. **New request** for compliance support
7. **Social** issues- Difficulty with day -to -day activities, social isolation, housebound, neglect, unknown to GP.

The practice based pharmacist will look at the patient's medication, disease history recent blood tests and conduct a clinical medication review. A pharmacy technician or pharmacist will then go to visit the patients and gather further information, which will include, adverse effects, societal issues, amount of medication in the home and discuss with the patient or carer any other concerns they may have.

A full discussion is had with the GP and a plan put in place with the patient's consent to optimise their medication regimen, change doses, use larger print and an administration chart etc depending on the problems identified.

Many of the patients were identified as having memory difficulties, and if not already diagnosed are forwarded on to the local memory clinics for assessment and diagnosis. The earlier the diagnosis of dementia the sooner we can support the patients at home and ensure they are taking only the medication they absolutely need. The pharmacy team follow up new patients every two months to see if any further help is needed, some of the families and carers need on going medicines advice and have benefited from having a local contact.

As well as the home support practice pharmacists also liaise regularly with local community pharmacies who supply and deliver medicines in compliance aids to improve independence. The need to use these is carefully managed and monitored by our staff and as soon as this is no longer an option we link again with the social

workers and care agencies for further support. We help streamline this service to ensure the patients receive only what they need and any supply issues are limited.

The local memory clinics have supported this service now for over four years and we regularly contact them to discuss patients and their progress. We also have links with the British Red Cross, Age Cymru and Carers Outreach who help with day to day activities, social networks and financial issues.

As pharmacy services grow and expand and new models of care develop, there may be opportunities for similar services to take place all over Wales, giving our most vulnerable patients the support they need at home.

Being proactive allows for early identification, support and a local link with families and their GP. The pharmacy team can therefore act quickly and prevent harm from taking the wrong medication, too much or too little medication and risking admission to hospital.

Multidisciplinary support and regular medicines reviews from a pharmacist should be available to all people with dementia, including those living in care homes, to help optimise individual medication regimes and reduce inappropriate use of antipsychotics.

With patient consent, all pharmacists directly involved in care should have full read and write access to a patient's health record in the interest of high quality, safe and effective care in all settings.

We would welcome the opportunity to discuss any of the above points in more detail.

Yours faithfully



Suzanne Scott-Thomas, Chair, Welsh Pharmacy Board

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain. We represent all sectors of pharmacy in Great Britain and we lead and support the development of the pharmacy profession including the advancement of science, practice, education and knowledge in pharmacy. In addition, we promote the profession's policies and views to a range of external stakeholders in a number of different forums.