Living well with dementia: connecting people to occupational therapy and Home Based Memory Rehabilitation

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Aims and objectives

- Improve access across Scotland to an evidence based, occupational therapy led, post diagnostic intervention in dementia.
- Aligned with the National Dementia Strategy 2013-16 and the ambitions in “Connecting People, Connecting Support” 2017, this project aims to build capacity within AHP services, ensuring timely access to therapy after diagnosis by:
  - Increasing partnership working, collaboration and communication
  - Developing clear implementation pathways for Home Based Memory Rehab (HBMR)
  - Improving the ability to evaluate and measure impact
  - Expanding the AHP evidence base
  - Developing an improvement model to support future expansion within AHP services

Methods

Partnership working

A strategic partnership was formed between lead clinical staff in NHS Dumfries and Galloway (NHS D&G), Alzheimer Scotland’s AHP consultant and Queen Margaret University to underpin the project.

Occupational therapy teams from across Scotland were invited to participate and supported to develop their own project charters, based on a National Charter template, setting out their commitment to the partnership.

These have facilitated a planned process of testing new ways of working in these services and have improved communication between national and local stakeholders.

Developing an implementation pathway for HBMR

HBMR is an evidenced based, early intervention in dementia. Developed by a specialist occupational therapist1, it is a 6-session programme based on principles of cognitive rehabilitation. The team in NHS D&G developed a set of resources which structure the intervention and supports fidelity of provision. These have been provided for no-cost to participating teams, enabling an initial test cycle at each site including implementation, data collection and a review of process.

Collaboration and communication

In addition to ensuring access to the HBMR resources, active engagement by each of the clinical teams within participating areas was recognised as fundamental to successful adoption and implementation of the intervention. A range of spaces have been created to develop, maintain and facilitate engagement.

Building capacity to evaluate outcomes

Effectively evaluating the impact of interventions is central to quality assurance and future planning but can be difficult to achieve in practice4. To build capacity for evaluation we:

- Identified core outcomes and reviewed available measurement tools
- Collaboratively agreed a basic uniform data set measuring: function/occupation (Lawton-Brody ADL scales), cognition (MoCA), self-reported memory problems, and quality of life (AQOL-8D), as well as key process indicators.
- Developed paper-based and electronic spaces for teams to record data, with outcomes analysis and case management calculations embedded within these
- Maintained an evaluation thread on the list serve for quick responses to issues encountered in daily practice

Results

Improving access

Since 2015 when NHS D&G was the only provider, occupational therapy services from another 11 areas have begun offering HBMR (Fig 1). The current test cycle aims to deliver HBMR to 72 people living with dementia (6 from each board area) before review in summer 2017.

Successfully adoption in these areas will mean HBMR is available in the regional boards responsible for providing services to approximately 94% of people who could benefit (Fig 2).

Clinical outcomes

Initial evaluation in NHS D&G focused on measuring the number of strategies learned and retained by HBMR recipients and the number of everyday problems they encountered because of memory difficulties5.

Review of measures over a year indicated that people were able to adopt and partially maintain the use of compensatory strategies over time (Fig 3).

Qualitative outcomes

A range of qualitative feedback methods are used when reviewing the HBMR process with people.

Data collected so far indicates that strategies and tools adopted during HBMR support people to maintain and re-engage with activities which they find important and meaningful.

Conclusions

Initial progress resulting from the partnership is promising.

There has been a positive response and commitment from occupational therapy services across Scotland with twelve areas involved in the national pilot of HBMR.

1. Review of current collaborative test cycle in summer 2017
2. Establish if positive clinical and qualitative outcomes are replicated across Scotland
3. Review and update HBMR resources including branding for NHS Scotland use
4. Progress from the current test cycle into future research work to consolidate the evidence base and explore improvement options
5. Develop an initial model for successful sharing and implementation of other AHP interventions for post diagnostic support in dementia
6. Consider expanding the reach of occupational therapy led HBMR across integrated and social care providers

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References