Dementia education to be standardised at degree level

Universities will receive guidance on core topics that should be included in curriculum, reports Sophie Blakemore

BY 2021, dementia charities estimate that there will be one million people living with the condition in the UK, rising to 1.7 million by 2051.

An ageing population, better awareness and more accurate diagnoses mean that the number of people with dementia is steadily rising. This means that nurses working in any healthcare setting, not just older people’s nurses, are likely to come into contact with someone with the condition at some point during their careers and need to recognise the symptoms and know how to treat each patient sensitively.

However, according to expert members of the Higher Education for Dementia Network (HEDN), a collaboration of 53 UK universities with an interest in or responsibility for dementia courses, the education healthcare professionals receive, particularly at undergraduate level, is patchy. Chair of HEDN Rachel Thompson says that some nursing degrees offer only three hours of dementia education throughout the whole three-year course.

In an attempt to increase and standardise dementia education at degree and postgraduate levels, the network has developed the Curriculum for UK Dementia Education. The document offers a guide to universities for developing the content of higher education programmes for health and social care professionals, including nursing, occupational therapy, physiotherapy and social work. The evidence-based approach can be integrated in part or fully into new or existing curricula to provide in-depth, standardised and holistic dementia education across the UK. HEDN members hope all UK universities will use the document to address the core knowledge and skills all health and social care staff need to care for people with dementia.

Courses inconsistent

The HEDN realised the importance of developing a new curriculum after research conducted in 2005 revealed that coverage of dementia in most UK university health and social care courses was inadequate.

Ms Thompson, who is also dementia project lead at the RCN, says to ensure people with dementia and their families are cared for by knowledgeable, skilled practitioners, a consistent, systematic approach to dementia education is needed.

The curriculum contains ten core topics that HEDN believes should be included in undergraduate health and social care courses (see box), and an additional seven topics for inclusion in dementia-specific programmes.

Ms Thompson says: ‘Dementia awareness training is important but we also need to be developing professionals who can lead and inform best practice; we need staff who have general understanding but also those with expert knowledge.

‘It is essential that all education and training focuses on the development of emotional competency of staff as well as knowledge and skills, to help practitioners adopt person-centred approaches and deliver effective relationship-centred care.’

The curriculum is underpinned by 11 values, including that people with dementia should feel empowered and treated with dignity and respect; are made

Ten core topics for health and social care courses

- Prevention and keeping well.
- Identification of dementia.
- Understanding the experience of and communicating with people with dementia.
- Creating effective partnerships with carers and families.
- Equality, diversity and inclusion in dementia care.
- Developing person-centred care, assessment and care planning.
- Understanding legal and ethical aspects of working with people with dementia.
- Holistic health and supporting the daily life of people with dementia.
- End of life palliative care.
- Key professional abilities and collaborative working.
to feel part of the community; are enabled to maintain valued relationships; their families are supported to become partners in care; and they can expect a good death.

Chris Knifton, senior lecturer in dementia, learning disability and mental health at De Montfort University Leicester, and a member of HEDN, says the curriculum can also be used for refresher courses for nurses who trained 20-30 years ago and who may have no dementia training.

He says: ‘There is general understanding in the higher education community that dementia is a priority but there is not necessarily certainty about what they should be teaching; who decides what goes into each course?’

‘This document will act as a template to tell universities what health and social care professionals need to know and help them to aim for the correct academic level.’

Reader in dementia studies at the University of Bradford’s school of health studies Claire Surr was also involved in the curriculum’s development. She would like to see the royal colleges and organisations responsible for setting pre-registration programmes, such as the Nursing and Midwifery Council and the Health and Care Professions Council, advocate for the curriculum’s inclusion in courses.

‘People with dementia make up a significant proportion of the population accessing health services but the fact that professionals don’t have the knowledge to care for them makes it difficult when it is a health priority,’ says Dr Surr.

‘The curriculum is a step forward in getting recognition from universities that dementia needs to be a core part of health and social care education.’

However, she stresses the importance of not just including dementia in courses as a ‘one-off module or a tick-box exercise’. She says: ‘We hope that by breaking the document down into specific core areas, it is more manageable for embedding into courses – it has to be incorporated across all modules.’

Find out more
tinyurl.com/HEDN-curriculum

Squeeze on social care blamed for delay in discharges from hospital

The NHS is being urged to take measures to halt the growing number of older patients who are being left to wait needlessly on wards, says Nick Triggle

WHILE MUCH of the focus in recent months has been on people coming into hospital, particularly via the emergency department, it has gone largely unnoticed that there is also a growing problem with discharging patients.

In the weeks leading up to Christmas 2013, the number of beds unavailable because of delayed discharges was, on average, around 3,000 a day, according to NHS England figures.

That represented a rise of between 15% and 20% from the corresponding weeks the year before. Performance improved slightly during the festive period, although this is likely to be linked to the fall in admissions seen during the holidays.

These delays are often caused by waits for support to be in place in the community from NHS or social care teams – and hence overwhelmingly affect older patients.

Despite the issue escaping the attention of national media, NHS England deputy chief executive Barbara Hakin flagged up delayed discharges as one of the areas of greatest concern. She urged the NHS to ‘redouble’ its efforts on this and other measures in the coming months.

But that is easier said than done. The underlying causes of the delays – cuts to community services – have been building for years. Figures highlighted by the RCN last year revealed the number of district nurses in England had fallen by more than 40% in the past decade to just under 7,500.

More recently, data released by the Health and Social Care Information Centre gave a clear indication of the extent of the squeeze on social care.

It showed the number of people aged 65 and over receiving social care had fallen by 26% over the past four years to under 900,000 in 2012/13.

Age UK public services programme manager Ruthe Isden says these cuts are ‘piling the pressure on the acute sector’.

‘Too many older people are left to struggle without the help they need or find themselves facing long waits for the care package that would enable them to be safely discharged,’ she says.

‘Waiting in hospital needlessly is not only an inefficient use of NHS resources, but can also undermine an older person’s recovery.’

Integrated services needed

So what is the solution? Independent nurse consultant Deborah Sturdy says as well as providing better community services, there also needs to be a more ‘seamless’ system. This, she says, will involve steps such as more in-reach in care homes, better partnership working and proactive management of chronic conditions. ‘You cannot just focus on the delays in discharge, you need to ensure appropriate admission,’ she adds.

The government accepts improvements are needed and is pinning hopes on the £3.8 billion Better Care Fund, which will be launched in April 2015. The pot has been earmarked for joint projects between the NHS and local government to encourage more integrated care. There are already 14 pilots under way to pioneer best practice.

A Department of Health spokesperson said this initiative – combined with changes to the GP contract that will see them taking on more responsibility for their frailest patients this year – will mean ‘better care for older people and services closer to home’.

Nick Triggle is a freelance writer