



Wirral Health & Care
Commissioning

Dementia Engagement 2018/2019



NHS

Wirral
Clinical Commissioning Group



WIRRAL

Wirral Health & Care Commissioning is a strategic partnership
between NHS Wirral Clinical Commissioning Group and Wirral Council

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Introduction

- Wirral Health & Care Commissioning (WHCC) in partnership with stakeholders refreshing the local Dementia Strategy, outlining the ambition for dementia care in Wirral over the next four years (2019-2022).
- Dementia is a growing challenge. In England, it is estimated that around 676,000 people have the condition. In Wirral, currently there are 3,195 people aged 65+ who have a recorded diagnosis of dementia. Projections estimate that the number of people with dementia in Wirral will increase to 7,019 in 2030. Therefore it is important that Wirral has a clear, robust and sustainable plan for dementia care.
- Dementia is a key priority nationally as identified in the NHS Long term Plan, Mental Health Five Year Forward View, Prime Ministers Challenge on Dementia 2020, Well Pathway for Dementia and has also been identified as a key priority for the Healthy Wirral Mental Health Programme.
- National guidance will be used to help structure Wirral's Strategy, however in order to localise the strategy and identify the core areas of focus, the plan needs to be developed in partnership with those who have lived experience of dementia, including; people living with a diagnosis, carers of people with dementia, family and friend of someone living with dementia and staff across health, social, voluntary and charity sectors.



Executive Summary

The table below summarises the key themes of the engagement:

Preventing Well	Diagnosing Well	Supporting Well	Living Well	Dying Well
Early education	Feeling 'listened to'	Training	Integrated services	Advanced care planning
Preventative healthcare messages	Timely diagnosis	Communication	Dementia friendly communities	Preferred place of death
Supporting research	Post diagnostic support	Sharing records	Respite	Comfortable death
		Care planning	Parity of esteem	
		Quality care		
		Holistic care		

Method

A multi-method approach was used to collect people's views including:

1. Online Questionnaire

- 240 people completed the questionnaire (with a completion rate of 70%)
- Mix of pre-defined multiple choice questions and free text comment boxes
- Majority of the health, social and community staff responded via the online questionnaire
- 56.25% of respondents work in a service that cares for people with dementia e.g. Third sector (voluntary, community, faith organisation) or Health and Social Care services
- 57% of respondents either:
 - have a dementia diagnosis
 - care for someone with dementia or
 - have a family member or friend living with dementia
- Some respondents work in a service that cares for people with dementia and care for someone/have a family or friend living with dementia



Method

2. Face to face conversations

- We held a number of face to face conversations with people living with dementia, their carers, family members and friends.
- We spoke to approximately 35 people living with dementia, including carers, family members and friends.
- In order to have these conversation we visited a number of events across the borough including: Memory cafes, peer support groups, cognitive stimulation therapy, day care centres, and dementia engagement events.
- The engagement period ran from November 2018 - January 2019.





Results

For the purpose of this report the feedback from the engagement exercise has been structured around the NHSE 'Well Pathway for Dementia'.

The following slides (slide 8-22) summarise the key messages provided by respondents including; what's happening now, what's important to people and areas for improvement.

NHS ENGLAND TRANSFORMATION FRAMEWORK – THE WELL PATHWAY FOR DEMENTIA

PREVENTING WELL	DIAGNOSING WELL	SUPPORTING WELL	LIVING WELL	DYING WELL
Risk of people developing dementia is minimised	Timely accurate diagnosis, care plan, and review within first year	Access to safe high quality health & social care for people with dementia and carers	People with dementia can live normally in safe and accepting communities	People living with dementia die with dignity in the place of their choosing
"I was given information about reducing my personal risk of getting dementia"	"I was diagnosed in a timely way" "I am able to make decisions and know what to do to help myself and who else can help"	"I am treated with dignity & respect" "I get treatment and support, which are best for my dementia and my life"	"I know that those around me and looking after me are supported" "I feel included as part of society"	"I am confident my end of life wishes will be respected" "I can expect a good death"
STANDARDS: Prevention ⁽¹⁾ Risk Reduction ⁽⁵⁾ Health Information ⁽⁴⁾ Supporting research ⁽⁵⁾	STANDARDS: Diagnosis ⁽¹⁾⁽⁵⁾ Memory Assessment ⁽¹⁾⁽²⁾ Concerns Discussed ⁽³⁾ Investigation ⁽⁴⁾ Provide Information ⁽⁴⁾ Integrated & Advanced Care Planning ⁽¹⁾⁽²⁾⁽³⁾⁽⁵⁾	STANDARDS: Choice ⁽²⁾⁽³⁾⁽⁴⁾ , BPSD ⁽⁶⁾⁽²⁾ Liaison ⁽²⁾ , Advocates ⁽³⁾ Housing ⁽³⁾ Hospital Treatments ⁽⁴⁾ Technology ⁽⁵⁾ Health & Social Services ⁽⁵⁾ Hard to Reach Groups ⁽³⁾⁽⁵⁾	STANDARDS: Integrated Services ⁽¹⁾⁽³⁾⁽⁵⁾ Supporting Carers ⁽²⁾⁽⁴⁾⁽⁶⁾ Carers Respite ⁽²⁾ Co-ordinated Care ⁽¹⁾⁽⁵⁾ Promote independence ⁽¹⁾⁽⁴⁾ Relationships ⁽³⁾ , Leisure ⁽³⁾ Safe Communities ⁽³⁾⁽⁵⁾	STANDARDS: Palliative care and pain ⁽¹⁾⁽²⁾ End of Life ⁽⁴⁾ Preferred Place of Death ⁽⁵⁾

References: (1) NICE Guideline. (2) NICE Quality Standard 2010. (3) NICE Quality Standard 2013. (4) NICE Pathway. (5) Organisation for Economic Co-operation and Development (OECD) Dementia Pathway. (6) BPSD – Behavioural and Psychological Symptoms of dementia.

RESEARCHING WELL

- Research and innovation through patient and carer involvement, monitoring best-practice and using new technologies to influence change.
- Building a co-ordinated research strategy, utilising Academic & Health Science Networks, the research and pharmaceutical industries.

INTEGRATING WELL

- Work with Association of Directors of Adult Social Services, Local Government Association, Alzheimer's Society, Department of Health and Public Health England on co-commissioning strategies to provide an integrated service ensuring a seamless and integrated approach to the provision of care.

COMMISSIONING WELL

- Develop person-centred commissioning guidance based on NICE guidelines, standards, and outcomes based evidence and best-practice.
- Agree minimum standard service specifications for agreed interventions, set business plans, mandate and map and allocate resources.

TRAINING WELL

- Develop a training programme for all staff that work with people with dementia, whether in hospital, General Practice, care home or in the community.
- Develop training and awareness across communities and the wider public using Dementia Friends, Dementia Friendly Hospitals/Communities/Homes.

MONITORING WELL

- Develop metrics to set & achieve a national standard for Dementia services, identifying data sources and set 'profiled' ambitions for each.
- Use the Intensive Support Team to provide 'deep-dive' support and assistance for Commissioners to reduce variance and improve transformation.

Preventing Well

Education

- Early education on Dementia and Alzheimer's, including in school, higher education and the workplace.
- Education in terms of helping people better understand what it's like to live with dementia, including common behaviours, symptoms and how to initially access help for a diagnosis.
- Education in terms of preventative health messages (importance of regularly exercise, balanced diet, not smoking etc.).

Research

- Research initiatives need to be better supported locally and discussed with the diagnosed individual and their carer *“if there are limited people willing to take part in research – how is a cure expected to be found”*.



Diagnosing Well

Primary Care

- Respondents advised that GP Practices are the main organisation (across statutory and non statutory services) that healthcare professionals, patients and carers turn to for support (appendix page 27 & 28).
- As a result we need to ensure that quality, up to date resources in terms of pre and post diagnostic support is available across all staff roles.
- For the majority of respondents their GP referred them to the Wirral Memory Assessment Service (WMAS) for diagnosis after a conversation around changes in behaviour, symptoms and a memory test. Majority of people had a loved one with them such as spouse, child etc. for support and felt '*listened to*'.
- There were a few cases whereby family described feeling that they needed to '*convince*' their GP that '*something was wrong*' with their loved one in order to be referred to WMAS, which resulted in diagnosis '*taking much longer*' (reportedly over 18 months in these cases.)
- Many respondents thought that diagnosis and treatment for people with mild-moderate dementia could be done in Primary Care. This would help to build the expertise of GPs and result in practices having better awareness of community support available, in order to signpost patients and carers.
- Whereas people suspected of severe/complex dementia cases should be referred to secondary care.

Diagnosing Well

Secondary Care

- Most people who took part in this engagement reported that they experienced long waits for formal diagnosis at Wirral Memory Assessment Service (WMAS).
- Majority of diagnostic experiences of WMAS was positive.
- A few examples were given with regards to the assessment feeling '*intimidating & insensitive*'. Examples of assessments starting immediately rather than informal questions to begin such as name, address, can you tell me why you're here etc. which would have helped patients feel more at ease before beginning the formal assessment.
- There needs to be improved knowledge and communication from statutory services (primary and secondary) with regards to what support is available in the community and from social care.
- Advanced care planning was not mentioned at diagnosis by any respondent.



Diagnosing Well

Post Diagnostic Support

- From our sample the biggest gap in dementia care was post diagnostic support. This view was held by patients, carers, family members, friends and health care professionals.
- A guided, face to face post diagnostic support offer for both the patients and carers is desired. Examples included introducing dementia champions in general practice, key workers in the community, key workers with Ask Us Wirral (CAB) service, admiral nurse service, more NPOPS (Nurse Practitioners for Older People) etc.
- A central point of information is needed, supported by well informed individuals who people can talk to for personalised health and care guidance and advice regardless of where they are in their dementia journey.
- Although materials/resources are provided at diagnosis, feedback is that information is outdated and people are '*overwhelmed/worried*' about the long terms effects of the diagnosis so it's difficult to go home, process the information and '*know where to start*'.
- People who have been diagnosed and carers described feeling '*abandoned*' and '*left to deal with the situation on their own*' following a diagnosis.

Diagnosing Well

Post Diagnostic Support (continued)

- Some thought that there is a good amount of community support available '*once you have found it*', however services can be fragmented, at times duplicated, with low attendance numbers (considering scale of need.)
- There's a general view that there is limited knowledge amongst healthcare professionals in terms of what support the third sector (including voluntary organisations and charities) can offer.
- People spoke about the high quality of Wirral's third sector organisations such as Age UK Wirral, Dementia Together Wirral and DEEP who offer '*invaluable*' support, advice and guidance for people and carers living with dementia often with '*limited resources*'.
- There needs to be increased support, referrals and promotion of the community services, from statutory organisations. Currently patients and carers are not being actively linked in with organisations that can provide support at diagnosis or as the condition progresses.
- A comprehensive signpost directory needs to be developed and patients/carers can be proactively linked to these service, as well as a face to face support offer.
- Lack of presence of the Alzheimer's Society in Wirral was viewed as a gap due to their '*expertise*' in dementia care.

Diagnosing Well

Post Diagnostic Support (continued)

- As well as support in the community, others noted that people need to be better supported within their own home.
- Many people are socially isolated, housebound, vulnerable, often with multiple health issues. More '*outreach community support*' is required to help these individuals.
- Post diagnostic support should cover all aspects of the journey from social activities available in the community, adaptations, falls prevention, advanced care planning, day care support, respite care, long stay care home advice, access to funding, power of attorney etc.
- Many services are usually engaged after a negative event such as a fall.
- Needs to be more advice about how to access psychological support following a diagnosis for patients and carers.
- Out of all the people we spoke too – only one patient and no carers had accessed IAPT services to support coming to terms with the diagnosis.
- For the majority of patients/carers psychological support was not offered although many reported that '*coming to terms*' with a diagnosis and/or changes in behaviour was a huge '*challenge*' that effected their '*mental wellbeing*'.

Supporting Well

Training

- Dementia training was a need highlighted, for staff in a healthcare setting such as hospitals, care homes, GP practices and pharmacies.
- View that all nurses/care home staff should have training in dementia and this should be compulsory during induction.
- Greater consistency in nursing care is required – in a hospital and care homes.
- Mixed experiences from people whose loved ones spent time in hospital post diagnosis. Utilisation of the ‘this is me forms’ was sporadic - particularly when the individual was not on a dementia ward.
- There were also examples of different departments in hospital not communicating with one another, with seemingly no handover and nurses asking the person with dementia for information that they were unable to provide.

Care Records

- Better communication between statutory organisations is essential. There should be a ‘dementia register’ which primary, secondary and social care can access to better understand the patients current state and other diagnosed conditions.
- Public do not understand complexities in NHS technology systems and why certain organisations do not share information with each other. Main examples provided were hospital and ambulance staff who they expected should be aware of the diagnosis.

Supporting Well

Care Planning and Crisis Support

- Notable lack of care planning and crisis support in Wirral.
- There needs to be better long term management of care with specialist input when a persons condition deteriorates or there is challenging behaviour.
- Better action planning will help facilitate rapid access into services when circumstances become more challenging in order to avoid crisis.
- Presently when a patients condition deteriorates the default is A&E and/or the ambulance service. Nationally there is a lot of strain on hospital care. Some of this could be avoided if there was better care planning.
- Currently Wirral's approach is reactive, with people feeling that the message is '*cope until you are in crisis then we will help you.*'
- When people who have a dementia diagnosis, are in crisis and need to be admitted to hospital, efforts should be made to admit these patients to dedicated beds, with staff trained in dementia care – rather than placing them on unsuitable wards.
- Concern by GPs of EMCP (Emergency Healthcare Plan) carried out in isolation from GPs who can often have better knowledge of the patient and the family (particularly in those patients who lack capacity). Perhaps there needs to be greater communication between primary/secondary clinicians re: their interpretation of the purpose of EMCP.

Supporting Well

Day and Respite Care

- Finding the right day care can be difficult with different levels of support/need for attendees.
- Positive experiences of day care centres provided by Age UK Wirral, Hoylake Cottage and Lonsdale Centre with carers commenting that they would be 'lost' without this support.
- Positive feedback from those who attended the 'Reminder finders' programme, a form of Maintenance Cognitive Stimulation Therapy (MCST), provided by Age UK Wirral.
- Families and carers reported that MCST '*fulfilled their loved ones needs more*' compared to traditional day care as it's a different '*ethos*', with participants '*actively engaging*' with each other and the session leader, with these '*positive*' behaviours lasting at home (post session). Programme also benefitted the carers who don't need to stay for the MCST so they get some respite.
- Some respondents fed back that it was difficult to get respite space at short notice, in addition only some take advance bookings which can help you to plan ahead, for example planning holidays.
- Flexibility of day care is important, offering weekday availability up until 7pm for those that are working and also weekend care.
- Respondents advised that there is limited day care and respite availability/facilities for people with early onset dementia (EOD). Often dementia support is tailored to late onset dementia (65+), so activities/sensory prompts are from 1940s-1950's, and relevant to people in their 70's rather than 50s/early 60s.

Supporting Well

Social Care Support and Continuing Healthcare (CHC)

- Respondents seemed to struggle mostly with access to social care support and CHC.
- People talked about '*an excessive amount of form filling*', user guides to complete the forms would be useful.
- Overall respondents had a poor experience of social care support and CHC.
- Examples provided included long waits to access care within their own home and long stay in care homes, which caused stress. No perceived, experienced support/advocacy to help people with navigating the application process and assessments.
- Other examples included funding being refused with no explanation as to why and the view that reassessment for eligibility is often futile and stressful for family members as dementia is a progressive disease.
- Assistive technology is relatively not used/unknown about from the respondents who took part in this engagement.
- Healthcare professionals view is that people either do not know how to access assistive technology support or can be reluctant to accept.

Living Well

Role of families/carers and carer support

- Families/carers are often the main, consistent support for someone living with dementia. They want to care/do as much as possible for their loved one but can feel '*disempowered*'.
- A lot of emotional and financial resource is committed e.g. refurbished homes to ensure a parent/spouse could remain living in a family environment '*for as long as possible*'.
- However '*carers need a break from caring*' and extra support is required, for which the majority are uncertain about how to access.
- Ideally respite should take the form of day care, long stay respite or even 'sessional home care' for a hour or two, where the carer doesn't have to accompany the person diagnosed to allow for some '*me time*'.
- Lack of awareness of respite support and how to access exacerbates feelings of stress and helplessness.
- Majority of these families (particularly parent carers) are in employment, have their own children and/or mortgages to pay, so life is already busy and stressful.
- For those that care for a spouse, there can often be a feeling of '*loneliness*' and '*isolation*'. Many feel '*grief*' for the loss of their loved one as the disease has changed them '*beyond recognition*'. There is often difficulty in '*accepting*' that things you used to do and take for granted are no longer an option '*such as holidaying with your husband*'.
- Enhanced emotional support is required to help people come to terms with condition, including what practical support is available and long term planning.

Living Well

Role of families/carers and carer support (continued)

- Healthcare professionals perceive a reluctance from carers to accept support for themselves. The carers focus is solely on available support to the person diagnosed. It is important to challenge the view that accepting carer support does not mean you can't cope, as respite is important to carer wellbeing.
- Many carers, particularly spousal carers are elderly often with their own health issues, so long care term planning is important practically and for '*peace of mind*'.
- Families/carers that have access to support from statutory service(s), felt that support has only been put in place as a result of family intervention. '*The family have pushed for help, we weren't offered help. You wouldn't have to work so hard to get treatment and support for a physical health condition.*'
- Taking better care of carers will result in less pressures across the health and care system whilst enabling people with dementia to remain at home for longer.

Living Well

Dementia friendly communities

- Acknowledgement that the borough is working to become dementia friendly. Many respondents were aware about dementia friendly aisles in a various local shops, Tesco pharmacy and libraries who deliver dementia friendly training and dementia friendly cafes.
- More momentum is required in order to push 'dementia friendly' initiatives to other areas within the community such as leisure centres, local banks, transport and GP practices.
- Onus is on the individual organisations to recognise the benefits of 'dementia friendly' and want to make these changes as it's the only way that positive changes will be sustainable.
- More advice required for carers/families about how they can make their own home 'dementia friendly'.



Living Well

Parity of esteem

- Respondents caring for someone with dementia and another serious health condition e.g. cancer, felt that care services only seemed to ‘kick in’ post cancer diagnosis.
- Families feel that dementia should be given the same amount of care as other serious illnesses. As cancer patients have access to Macmillan nurses. Admiral nurses, care coordinators and nurse practitioner for older people (NPOPs) should be better resourced.
- Individuals with dementia should also be supported by a dedicated health team for continuity, as information is not always transferred between such a large group of supporting people.
- *“Speaking as a carer, the level of care and service we receive for physical health, unrelated to dementia has been outstanding. District nurses call daily to change dressings and we feel supported, with regular check ups and advice on needs. In contrast, we feel very alone with his dementia. The dementia assessment was March but the follow up appointment wasn't until September. In those six months I have seen a deterioration, but don't know where to turn. Since diagnosis, we've had a leaflet but no follow up appointments or advice on what we can expect. We know dementia is incurable, but we feel very much left to get on with it alone.”*
- Dementia needs to be given a higher priority by health and care leaders and needs to be treated as a serious health condition with allocated resources which supports this view.

Dying Well

Proactive end of life care

- Using the Gold Standard Framework to deliver good end of life care.
- Better use of advanced care planning, emergency health care plans and do not attempt resuscitation (DNACPR) – are useful to clarify wishes and initiate sensitive conversations.
- Ensuring that family members are aware of their relative approaching EOL, and involved in key decision making.
- Continuity of care is important for delivering good EOLC. Personal needs of people with dementia at EOL are best met by known staff in their usual place of residence.
- Ensuring comfort to EOL patients. Identifying and treating pain, through pain assessment, provision of medication and maintaining the right level of pain relief. The interpretation of non-verbal signs of discomfort are also important.
- Collaborative working across MDTs including GP, district nursing, care homes, nursing homes EMI beds.
- More dedicated EOL care in Wirral for people with dementia.



Conclusions and next steps

Overall the engagement exercise has provided invaluable insight on dementia care across the Wirral health and care system. Helping to identify priority areas in order to improve the quality of dementia care.

The consensus is that there is some pockets of great work but there is a lot more to be done. This is evident in the qualitative feedback collected and also the online survey responses with 52% of respondents 'rating' Wirral's Dementia care as 'neither high nor low quality'.

The most important area to review is post diagnostic support so people can access the right care and support network at an early stage in diagnosis. Support should be holistic and accessible throughout a patients and carers '*dementia journey*'.

Next steps are to include these insights into the Dementia Strategy refresh, along with key outcomes that Healthy Wirral want to achieve over the next 4 years.

Caveat: Noted limitations with the engagement exercise are recognised including sample size, lack of feedback from perceived 'hard to reach groups' such as BAME, those with a learning disability, LGBT community and those living with dementia who simply do not engage with services.



Appendix

**Q1 Do you:
Have a Dementia diagnosis?
Care for someone living with Dementia?
Have a family member or friend living with Dementia?**

Answered: 240 Skipped: 0

Yes 57.5% (138)
No 42.5% (102)

Total: 240

Q2 Do you work in a service that cares for people with Dementia e.g. Third sector - voluntary, community or faith organisation or Health and Social Care services

Answered: 240 Skipped: 0

Yes 56.25% (138)
No 43.75% (102)

Total: 240





Appendix

Q3 You answered 'yes' to question 2, please click on the relevant description of your organisation.

Organisation	% and frequency
Third, voluntary or charity sector (such as Involve North West, Age UK Wirral, Dementia Together Wirral, Alzheimer's Society, Ask Us Wirral (CAB) Wirral Change)	44.44% (60)
Wirral Community NHS Foundation Trust (such as NPOPs – Nurse Practitioner for Older People)	14.81% (20)
GP Practice	14.07% (19)
Cheshire & Wirral Partnership NHS Foundation Trust (such as staff who work in Wirral Memory Assessment Service, Liaison Psychiatry, Street Triage and Dementia Liaison Outreach Teams.	8.15% (11)
Care or residential home	3.70% (5)
Wirral University Teaching Hospital NHS Foundation Trust	2.22% (3)
North West Ambulance Trust	2.22% (3)
Wirral Health & Care Commissioning	1.48 (2)
Local Authority/Wirral Borough Council	0.74% (1)
Other (such as Falls Prevention Service, Members of Wirral's Older Peoples Parliament, Royal Liverpool hospital clinical research unit, PSS Wirral, Wirral Day Care Centres, Local signing groups that visit nursing homes, Moreton Baptist Church Welcome Café)	8.15% (11)
TOTAL	135





Appendix

Q4 Please specify your role

Answered: 135 Skipped: 105

	frequency
Nurse (Including NPOP, PN, MH practitioner, district nurse, admiral)	18
Volunteer	15
Social Worker	12
Administrator	11
Team leader, service manager , area manager	10
GP	9
Care assistant/support worker	8
Community Connector	7
Care navigator	6
Coordinator - GP/Neighbourhood, Side by side, going home, project, volunteer	6
Secretary/Receptionist	3
Falls Practitioner	2
Triage assessment worker	2
Community Engagement team/Patient experience	2
Practice Manager	2

	frequency
Paramedic	2
Psychiatrist	2
Ward Sister	2
Social prescriber	2
Commissioner	2
Case worker	2
Health & Wellbeing worker (Voluntary Sector)	2
Occupational Therapist	1
Triage Officer	1
Nursing Unit Manager	1
Chief executive	1
Specialist CADT advisor	1
Social care assessor	1
Project manager	1
Podiatrist	1



Appendix

Q5 What services do you link in with to either support, signpost, assess or treat people living with Dementia? Please select all that apply

Answered: 130 Skipped: 110

	% and frequency
GP	70.00% (91)
Community Mental Health Team (CWP)	57.69% (75)
Third, voluntary or charity sector (please specify which organisation in the comment box below)	55.38% (72)
Comments included.....Alzheimer's Society, Wirral Change, Wirral Mencap, Citizens Advice (Ask Us Wirral), Community Connectors, Age UK Wirral, Dementia Together Wirral, WIRED, Community Action Wirral, Healthwatch, CGL.	
Care Home or Residential Home	53.85% (70)
DASS (Department of Adult Social Care)	51.54% (67)
Memory Assessment Service (CWP)	48.46% (63)
Integrated Care Coordination Team (Wirral Community Trust)	37.69% (49)
Rapid Response Team (Wirral Community Trust)	29.23% (38)
Inclusion Matters Wirral	27.69% (36)
Pharmacies	27.69% (36)
Inpatient units at WUTH	26.92% (35)
Wirral Health and Care Commissioning	25.38% (33)

	% and frequency
Psychiatry Liaison (CWP)	24.62% (32)
Emergency Department (ED WUTH)	23.85% (31)
Merseyside Fire & Rescue	23.85% (31)
Merseyside Police	20.77% (27)
Housing	16.92% (22)
North West Ambulance Trust	14.62% (19)
Local businesses (please specify which business(es) in the comment box below)	9.23% (12)
Comments included.....supermarkets, building societies, banks, handyman, disability equipment retailers, light cinema.	
Other (please specify which other services in the comment box below)	6.92% (9)
Comments included.....Admiral nurses, One stop shops, libraries, dementia assessment ward, DVLA, Falls team, Occupational therapy, district nurses.	
Dentists	4.62% (6)
Education	4.62% (6)



Appendix

Q6 For those that have Dementia, care for someone living with Dementia or have a family member or friend living with Dementia, what services have you accessed for assessment, information, support or treatment? Please select all that apply. *Answered: 222 Skipped: 18*

	% and frequency
GP	62.16% (138)
Memory Assessment Service (CWP)	43.24% (96)
DASS (Department of Adult Social Care)	32.43% (72)
Comments included.....social/support workers assisting with personal care, meals, medication, accessing community facilities	
Day care centre (Please specify which day care centre in the comment box below)	30.63% (68)
Comments included.....Lonsdale Centre, Devonshire & Meadowcroft (Age UK Wirral), Reminder Finders (Age UK Wirral), Hoylake Cottage (Sandhills)	
N/A (Not applicable)	29.73% (66)
Carers support (please specify what type of carers support in the comment box below)	26.58% (59)
Comments included.....WIRED, Age UK Wirral	
Community Mental Health Team (provided by CWP)	20.72% (46)
Long term stay at a care home or residential home (e.g. permanent residence)	20.72% (46)
Comments included..... Stanhope Court	
Third, voluntary or charity sector (please specify which organisation in the comment box below)	20.27% (45)
Comments included....Healthwatch, Alzheimer's Society, Age UK Wirral, Dementia Together Wirral (memory cafes), Ask Us Wirral (CAB), Joining forces, Royal British Legion, SAFFA, DEEP, Dementia UK	

	% and frequency
Short term stay at a care home or residential home (e.g. respite care)	18.02% (40)
Comments included.....Birch tree Manor	
Websites (please specify which website(s) used in the comment box below)	12.16% (27)
Comments included.....Alzheimer's Society, local council, care to be different, NHS websites	
Peer support groups	11.71% (26)
Walk in Centres	7.66% (17)
Dentists	7.66% (17)
Community centres	5.86% (13)
One stop shops	5.41% (12)
Libraries	4.95% (11)
North West Ambulance Trust	4.50% (10)
Other	2.70% (6)
Comments included.....Home Instead, family & friends, CQC, local choirs, light cinema, private carers, Carewatch Wirral, libraries, private cleaners, energy projects plus, police, DWP, House of memories, social media, admiral nurses, NPOP, district nursing, physiotherapy, occupational therapy, supermarket delivery services, continence services	

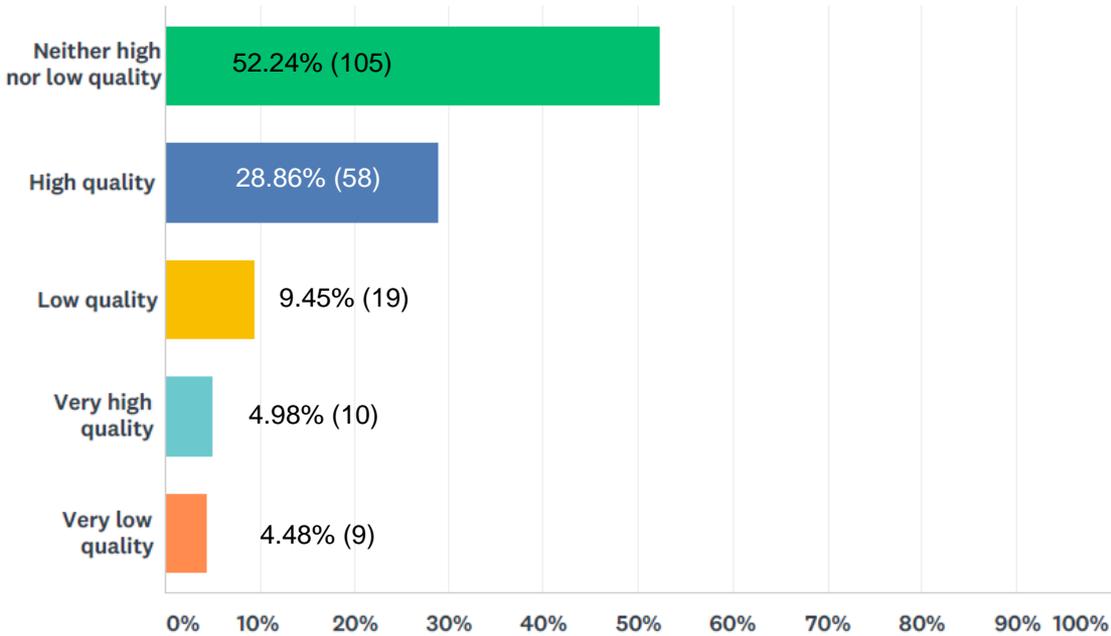




Appendix

Q7 We understand that you may experience different levels of service from the organisations you come into contact with, however, if you consider Wirral’s Dementia Care in its totality, what rating would you give?

Answered: 201 Skipped: 39

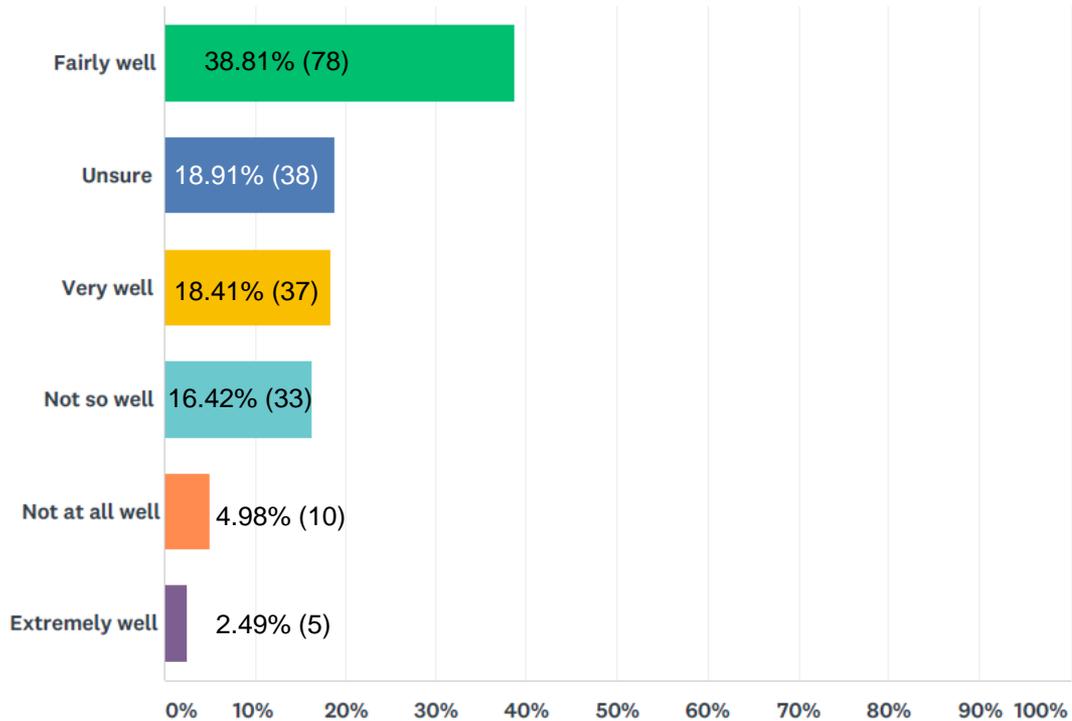




Appendix

Q8 How well do you think Dementia services (NHS/Local Authority/Third sector/Community) work together?

Answered: 201 Skipped: 39





Appendix

Q9 What areas do you think are working well with regards to Wirral's Dementia offer? Please select all that apply

Answered: 176 Skipped: 64

	% and frequency
Identifying and diagnosing patients (diagnostic rates)	46.59% (82)
Referring people with Dementia or suspected Dementia into the right service for their needs	36.36% (64)
General health and well being support (for the person with Dementia and Carers)	32.39% (57)
Patient and Carer involvement in care planning	24.43% (43)
Support once an individual is diagnosed with Dementia (post diagnostic support)	23.30% (41)
Peer support groups	21.59% (38)
Dementia education offered from your employer or community, voluntary organisations	19.32% (34)
Advice and support for long term and end of life planning	18.75% (33)
Other (please expand in the below comment box)	15.91% (28)
Information and skills sharing between professional groups who work in Dementia care	14.20% (25)
Availability of assistive technology	13.07% (23)
Post diagnostic support for Carers	12.50% (22)



Appendix

Q10 What areas do you think are NOT working well with regards to Wirral’s Dementia offer? Please select all that apply

Answered: 176 Skipped: 64

	% and frequency
Post diagnostic support for Carers	49.71% (88)
Support once an individual is diagnosed with Dementia (post diagnostic support)	46.33% (82)
Referring people with Dementia or suspected Dementia into the right service for their needs	43.50% (77)
Advice and support for long term and end of life planning	32.77% (58)
Information and skills sharing between professional groups who work in Dementia care	32.77% (58)
Patient and Carer involvement in care planning	30.51% (54)
Availability of assistive technology	30.51% (54)
General health and well being support (for the person with Dementia and Carers)	28.25% (50)
Identifying and diagnosing patients (diagnostic rates)	27.12% (48)
Dementia education offered from your employer or community, voluntary organisations	25.99% (46)
Peer support groups	23.73% (42)
Other (please expand in the below comment box)	16.38% (29)



Appendix

Q11 We understand that every area of Dementia care is important, however, please select your three most important areas? Please select up to three. Answered: 172 Skipped: 68

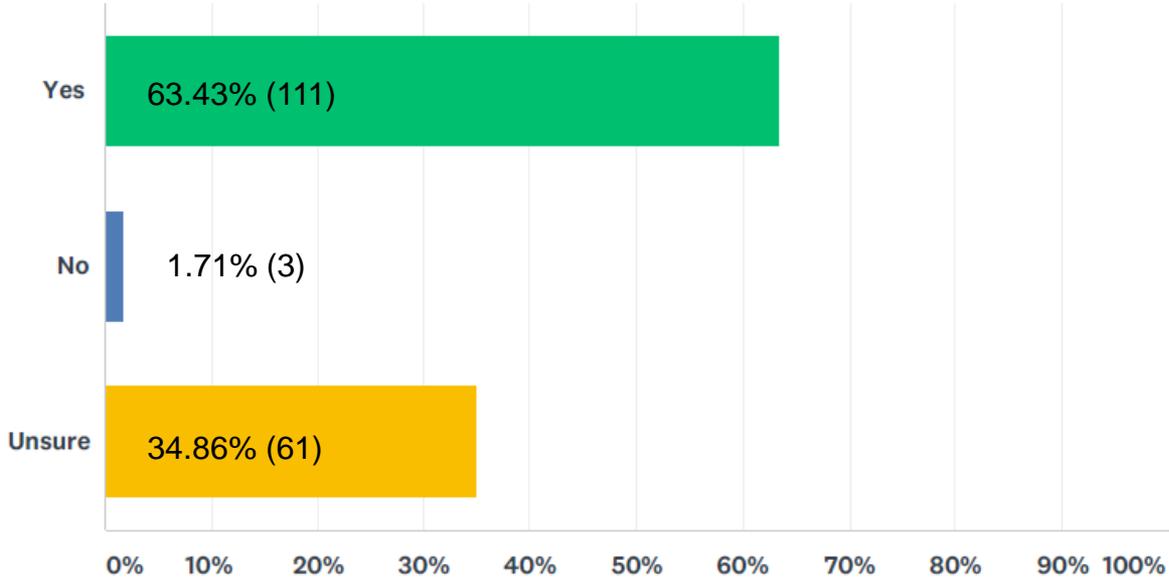
	% and frequency
Referring people with Dementia or suspected Dementia into the right service for their needs	63.37% (109)
Support once an individual is diagnosed with Dementia (post diagnostic support)	59.88% (103)
Identifying and diagnosing patients (diagnostic rates)	51.16% (88)
Post diagnostic support for Carers	30.81% (53)
General health and well-being support (for the person with Dementia and Carers)	26.74% (46)
Patient and carer involvement in care planning	23.26% (40)
Advice and support for long term and end of life planning	16.28% (28)
Information and skills sharing between professional groups who work in Dementia care	12.79% (22)
Dementia training offered from your employer or community, voluntary organisations	8.14% (14)
Peer support groups	4.65% (8)
Availability of assistive technology	1.74% (3)



Appendix

Q12 In your view are there any gaps in Dementia care?

Answered: 201 Skipped: 39





Appendix – Who took part?

Q15 Please share the first four digits of your postcode

Answered: 147

Skipped: 93

Postcode	Coverage	Frequency
CH41	Birkenhead, Claughton, Seacombe, Tranmere, Woodside	6
CH42	Birkenhead, Oxton, Prenton, Rock Ferry	13
CH43	Beechwood, Bidston, Noctorum, Oxton, Prenton	16
CH44	Egremont, Liscard, Poulton, Seacombe, Wallasey	11
CH45	New Brighton, Wallasey, Wallasey Village	20
CH46	Leasowe, Moreton	3
CH47	Hoylake, Meols, Saughall Massie, West Kirby	8
CH48	Caldy, Frankby, Grange, Greasby, Hoylake, Meols, Newton, West Kirby	6
CH49	Greasby, Landican, Saughall Massie, Upton, Woodchurch	8
CH60	Gayton, Heswall	6
CH61	Barnston, Heswall, Irby, Pensby, Thingwall, Thurstaston	9
CH62	Bromborough, Eastham, New Ferry, Port Sunlight, Spital	11
CH63	Bebington, Brimstage, Bromborough, Clatterbridge, Higher Bebington, Raby, Raby Mere, Spital, Storeton, Thornton Hough	21
CH64	Little Neston, Ness, Neston, Parkgate, Puddington, Willaston	1
CH65	Ellesmere Port, Great Sutton	1
L1	Liverpool City Centre	2
L2	Liverpool City Centre	1
L3	City Centre, Everton, Vauxhall	1
L7	City Centre, Edge Hill, Fairfield, Kensington	1
L23	Sefton	1
WA27	Warrington	1





Appendix – Who took part?

Q16 Please select your gender

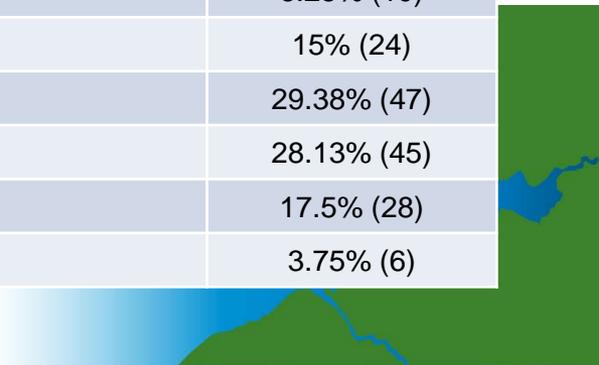
Answered: 160 Skipped: 80

	% and frequency
Male	20% (32)
Female	77.5% (124)
Transgender Male	0
Transgender Female	0
Prefer not to say	2.5% (4)

Q17 Please select your age

Answered: 160 Skipped: 80

	% and frequency
Under 18	0
18-24	0
25-34	6.25% (10)
35-44	15% (24)
45-54	29.38% (47)
55-64	28.13% (45)
65+	17.5% (28)
Prefer not to say	3.75% (6)





Appendix – Who took part?

Q18 Do you consider yourself to have a disability ?

Answered: 160 Skipped: 80

	% and frequency
Yes	11.25% (18)
No	85.63% (137)
Prefer not to say	3.13% (5)

Q19 If you have answered ‘yes’ to question 18. To help us know whether we are reaching all disabled people, please can you tick the relevant impairment (disability) group below, and you are welcome to tick more than one box if appropriate. Answered: 42 Skipped: 198

	% and frequency
Physical	28.57% (12)
Sensory	7.14% (3)
Learning Difficulties	2.38% (1)
Mental Health	19.05% (8)
Autistic Spectrum Disorder	4.76% (2)
Long term condition	26.19% (11)
Other (please specify)	4.76% (2)
Prefer not to say	40.48% (17)





Appendix – Who took part?

Q20 Are you pregnant or have you been in the past year?

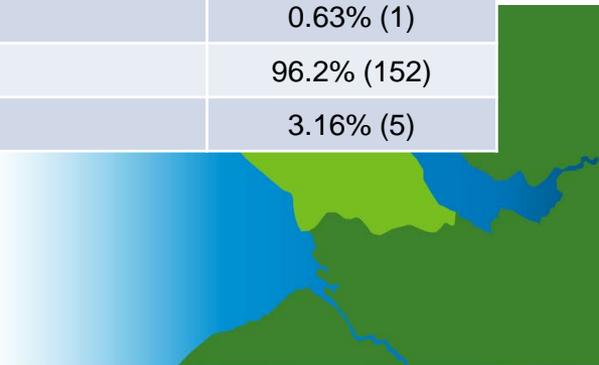
Answered: 158 Skipped: 82

	% and frequency
Yes	0
No	96.2% (152)
Prefer not to say	3.8% (6)

Q21 Are you a member of the military services or a veteran?

Answered: 158 Skipped: 82

	% and frequency
Yes	0.63% (1)
No	96.2% (152)
Prefer not to say	3.16% (5)



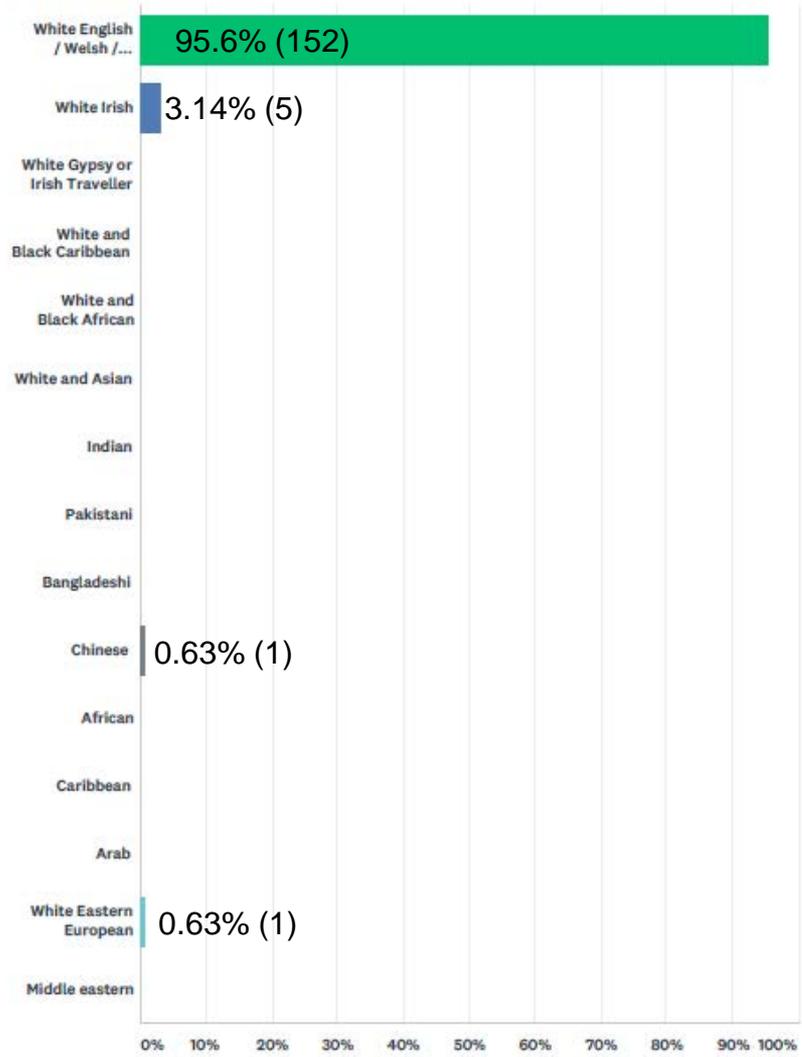


Appendix – Who took part?

Q22 Please select your ethnicity.

Answered: 159

Skipped: 81





Appendix – Who took part?

Q23 Please select your sexual orientation.

Answered: 157 Skipped: 83

	% and frequency
Bisexual	3.18% (5)
Gay man/Homosexual	3.18% (5)
Gay woman/Lesbian	0
Straight/Heterosexual	83.44% (131)
Prefer not to say	10.19% (16)

Q24 What is your employment status?

Answered: 159 Skipped: 81

	% and frequency
Full time	55.35% (88)
Part time	17.61% (28)
Unemployed	1.89% (3)
Student	0
Homemaker	1.25% (2)
Retired	19.50% (31)
Other	1.89% (3)
Prefer not to say	2.52% (4)

