

Dementia training for GP surgery template

Time	Subject	Presenter
5 mins	Introduction	Dr Allison Hibbert and Paul Cadger
50 mins	Community Support for carers and people living with dementia	DOPMH lead – Overview of DOPMH Services Meet your Dementia Advisor & their role Meet your Primary Care Dementia Practitioner & their role Meet your Community Psychiatrist Nurse & their role Meet your Dementia Liaison Nurse & their role Meet your Admiral Nurse & their role
5 mins	Split into two groups (Practice admin staff with Paul Cadger) (clinical staff with Dr Allison Hibbert)	

Non-clinical practice staff team		Clinical practice staff team	
2hrs 15 mins	Dementia prevention, types of dementia and presentation	15 mins	Dementia prevention
	Identification and diagnosis	90 mins	Benefits of diagnosis, diagnosing dementia and medications
	Communication, interaction and behaviour	30 mins	Management of Behavioural and Psychological Symptoms of Dementia (BPSD)
	Living well and maintaining independence		
	Paul Cadger		Vicky Brown Dr Allison Hibbert Local Consultant Psychiatrist

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Introduction

- Toilet
- Fire alarm – exit plan
- Sensitive subjects throughout
- Contract of etiquette

[www.joindementiaresearch.nihr.ac.uk](http://www.joindementiaresearch.nihr.ac.uk) – For anyone

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GP surgery & Cornwall and IoS dementia stats

**Date**  
 \_\_\_ people registered with young onset dementia  
 \_\_\_ people 65 and over registered living with dementia  
 Projected estimate \_\_\_ - Diagnosis rate of \_\_\_%, national target >67%  
 \_\_\_ (\_\_\_%) had annual care plan, \_\_\_ (\_\_\_%) had medication review (March 2026). National average **75.6%** and **58.1%** respectively.  
 \_\_\_ people with dementia prescribed an anti-psychotic without a psychotic diagnosis.

**Aug 2025 Cornwall and IoS**  
 6.3% (391/6,229) of people living with dementia on palliative care register  
 SW 12.9% England 19.5%

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Dementia – Part of tier 2

Paul Cadger – Dementia Education Lead for Cornwall

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Objectives

Know the different types of dementia and how they may present

How you can prevent your risk of dementia

Approaches to better communicate and interact with a person living with dementia

How to maintain independence and live well with dementia for as long as possible

Understand how we can support someone coming to end of life



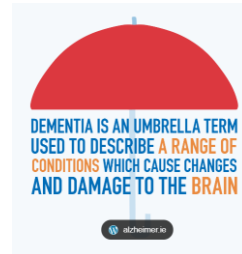
Condensed training if you want more  
[www.kernowhealth.nic.uk](http://www.kernowhealth.nic.uk) search dementia

Informal ask questions throughout  
[www.joindementiaresearch.nihr.ac.uk](http://www.joindementiaresearch.nihr.ac.uk)

**Voluntary and Community Support**  
 Admiral Nurse  
 Age UK  
 Alzheimer's Society  
 Arts-Well  
 Cornwall carers  
 Dementia UK  
 Disability Cornwall  
 Memory Cafes  
 Sensory Trust

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What is dementia?



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### What is dementia?

- Progressive long-term chronic brain disease >6 months
- "Acute brain failure" otherwise known as delirium
- Affects memory, thinking, planning function, mood, behaviour, judging, speech & language, understanding, personality, emotional control – depending on parts of brain affected.
- Neuropsychiatric symptoms – BPSD: psychosis – (hallucinations/experiencing delusions or paranoia), agitation/aggression, apathy, depression, sleep problems.
- Later on increased frailty and dependence – incontinence, reduced appetite or ability to feed oneself, swallow problems, mobility problems, loss of recognition of friends or family and recognise everyday objects.
- Early onset dementia – under 65 years

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### Name these ladies?

Do you know which type of dementia they had?



**Alzheimer's disease (62% of all dementia)**  
 Mainly related to problems with memory, language and reasoning  
 5% of cases start before age of 65

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### Name this gentleman?

Do you know which type of dementia he had?



**Vascular dementia (17% of all dementia)**  
 Mainly related to problems with impaired judgement, difficulty with movement and balance.  
 Usually a history of heart disease / stroke

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### Name this gentleman?

Do you know which type of dementia he had?



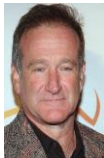
**Parkinson's disease related dementia (2% of all dementia)**  
 Mainly related to problems with difficulty with movement, balance, thinking, memory and perception  
 Has to have diagnosis of Parkinson's disease first

**Chronic Traumatic Encephalopathy (<1%)**  
 Mainly related to problems with mood, depression, suicidal ideas, personality and behaviour changes  
 History of repeated head trauma

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### Name this gentleman?

Do you know which type of dementia he had?



**Lewy body dementia / Dementia with Lewy Bodies (4% of all dementia)**  
 Mainly related to problems with hallucinations, delusions, sleep disorder, movement difficulty and urinal issues  
 Caused by protein deposits in brain (Lewy bodies)

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### Name this gentleman?

Do you know which type of dementia he had?



**Fronto-temporal dementia (2% of all dementia)**  
 Mainly related to problems with personality changes, language  
 Most common onset 45-60 years

Over 100 types of dementia.  
 Covered 86% of all diagnoses

CJD  
 Creutzfeldt Jacob Disease  
 Picks Disease  
 Posterior Cortical Atrophy  
 Huntington's related dementia  
 Learning Disability and dementia

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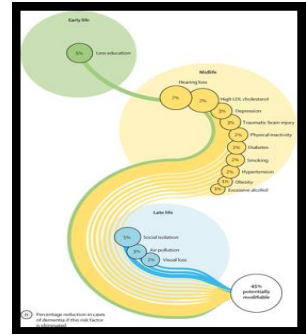
### Key facts on dementia

- The leading cause of death in UK
- Out of top 10 causes of death only one without a cure
- Most feared health condition in adults
- Awareness is still very low
- People living with the condition face huge stigma which often prevents them coming forward for help
- High admission rates to hospital
- One of most common co-morbidities in those who died of covid
- Many carers feel condition is under-recognised and they feel under supported – many suffering carer burn-out and own health needs
- 1/3 Missing persons for search and rescue#
- **Can you prevent dementia?**

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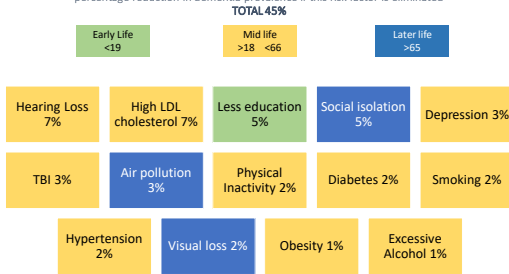
### What lifestyle changes can reduce your risk of dementia?

Livingston et al (2024) **Dementia prevention, intervention, and care: 2024 report of the Lancet Commission** Vol 404, issue 10452 pg. 572-628.  
[https://doi.org/10.1016/S0140-6736\(24\)01296-0](https://doi.org/10.1016/S0140-6736(24)01296-0)



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Identified 14 modifiable risk factors and their PAF (Population Attributable Fraction) – the global percentage reduction in dementia prevalence if this risk factor is eliminated



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### Dementia in Cornwall

As of October 2025 - 6,272 people diagnosed with dementia in Cornwall. (62.3% of expected number of people living with dementia 10,070).

This means there are 3,798, people living in Cornwall with dementia who could be better supported by:

- Admiral Nurse service – support families and carers of people living with dementia (PLWD)
- Benefits support (council tax discount, carers allowance)
- Priority customer for services
- Better understanding from friends and family
- Minimal annual review from Primary Care Dementia Practitioners
- Access to research
- Future planning (Lasting Power of Attorney, Advanced Care Planning, Capacity assessments)

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### What you could give someone to support seeking diagnosis

<https://www.alzheimers.org.uk/sites/default/files/2023-04/dementia-symptoms-checklist.pdf>

- Objectives**
- Know the different types of dementia and how they may present
  - Know how to prevent your/someone else's risk of dementia

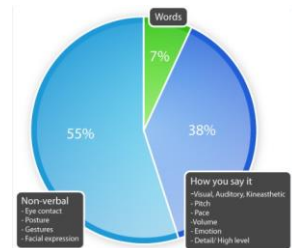
**My checklist for possible dementia symptoms**

This checklist will help you have a conversation with a doctor or other health professional. Use it to note any difficulties you've had. It is not intended to diagnose dementia or any other health condition. Everyone experiences dementia in their own way. This checklist includes common signs of dementia. But there can be other reasons for any changes you've noticed. Talk to your doctor about any concerns that you've indicated on the checklist.

Memory and mental ability problems	Tick if affected by	How long it's been happening
Memory loss – difficulty learning new information or forgetting recent events, or people's names	<input type="checkbox"/>	<input type="checkbox"/>
Struggling to find the right word	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty judging situations or mistaking reflections or patterns for other objects	<input type="checkbox"/>	<input type="checkbox"/>
Struggling to make decisions, or making choices or risky decisions	<input type="checkbox"/>	<input type="checkbox"/>
Losing track of time and dates	<input type="checkbox"/>	<input type="checkbox"/>

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### Communication, interaction and behaviour



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# Needs in Dementia Care

VYOND



Fundamental Needs in Dementia <https://www.youtube.com/watch?v=H0C2vg7AbTY>

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## How dementia can affect communication

- Short-term memory (what has been said, topic)
- Visual-spatial (personal space)
- Language function (word finding, word processing, intelligible speech)
- Reasoning and judgement (misinterpreting, irrational)
- Delusions and hallucinations (fear, irrational)
- Personality changes (aggression, apathy)
- Motor skills (loss of facial expressions / gestures)

Age related changes  
Visual loss  
Hearing loss  
Dentures

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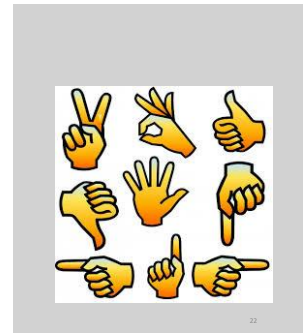
## What can we do to help communicate

- Know the person – This is me [https://www.alzheimers.org.uk/sites/default/files/2020-03/this\\_is\\_me\\_1553.pdf](https://www.alzheimers.org.uk/sites/default/files/2020-03/this_is_me_1553.pdf)
- Orientation – introduction, your aim, where they are if not home
- Clear speech, simple with few instructions - (one/two stage commands)
- Non-Verbal (Smile, eye contact, gestures, non-threatening sitting, open posture)
- Verbal skills (positive tone, ranging pitch, avoid elderspeak)
- Be patient for answers
- If person diverges use closed questions
- Acknowledge and validate emotional concerns and distress
- No one wins an argument with dementia

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## Tools to help

- Pain**
  - Abbey pain scale
  - PAINAD (PAIN in Advanced Dementia)
- Environment**
  - Kingsfund.. Is your dementia friendly
  - Alz Soc – Making your home dementia friendly
  - Home FAST (Falls and Accident Screening Tool)
- Person centred**
  - This is me
  - Know me book
  - Good days Bad days
- Behaviour**
  - Antecedent Behaviour and Consequence (ABC) Chart (inpatient)
  - Challenging Behaviour Scale (R/NH)
  - Neuropsychiatric Inventory (NH)



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## What can we do to help communicate - Environment

Within your control (workplace)	Outside your control (someone else's home)
Think colour schemes (contrast)	Build rapport (question things in the now)
Appropriate seating (arm rests, height)	Reduce external noise tv/radio's
Signage - both picture and words, height, wayfinding and overuse	Multiple formats (notepad / gestures / easy read)
Good natural light	Eye level seating
Artwork/scenery (good starting talking point)	Personal space number of people in a room
Calm, not busy areas	Your appearance
Reduce noise of phones, radios, office chat	

<https://www.dementiaaction.org.uk/assets/00/02/8899/is-your-health-centre-dementia-friendly-ehe-tool-kingsfund-oct14.pdf>

[https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/making\\_our\\_home\\_dementia\\_friendly.pdf](https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/making_our_home_dementia_friendly.pdf)

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## End of life dementia care

Advance Care Planning (ACP) – Who would speak for you?



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## How would you know someone was approaching End of Life in dementia

Generalised list as subtypes affect brain differently;  
Increasing frailty (in Cornwall and Isles of Scilly this would be a 8 or 9 on the Rockwood Clinical Frailty Scale)

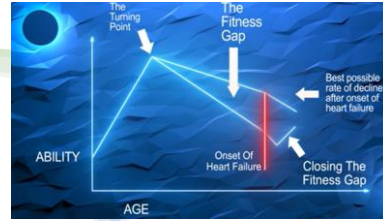
- Recurrent infections or falls
- Loss of appetite and thirst
- Inability or poor swallow
- Increased weight loss
- Increased sleep and more withdraw
- Inability to speak or use of single words



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## Living well and maintaining independence

What would your **plan** be, so you live well to your retirement?, to your 70s, 80s and 90s?



Learning with experts; Live longer better  
rwellbeing@gmail.com  
(Rachel Faulkner)

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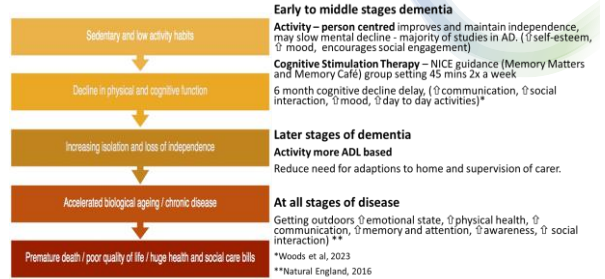
## Living well and maintaining independence

4's and 2P's (For you and your family not just PLWD)

- Skill
- Suppleness
- Strength
- Stamina
- Planning
- Purpose

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## Living well and maintaining independence



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## Common barriers and solutions

- Only 20% of PLWD stated dementia as a barrier, whereas 83% of carers
- Transport
- Cost
- Inadequate support (getting there, facilities and participation)
- Risk aversion – Falls, Missing (Herbert protocol)
- A lack of awareness of PLWD needs

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### Adaptive aids

What examples of adaptive aids could be used to increase or maintain independence?

- **Telecare** - portable alarms GPS, fixed position alarms (doorways), movement pressure sensors, life line, pill dispensers, smoke and fire alarms
- **Daily Living** – walking sticks, grab rails, bath boards shower seat, clocks with day and time, large button phones, digital pictures and name display, white board/diary, clothing / shoes buttons-velcro
- **Smart phone/tablets** - alarm clock, notes/reminders, games, reminiscing aids, voice controlled assistants
- **Nutrition** - **contrasting crockery**, eating at familiar time, cultural foods, eating by hand, eating in groups, engage in preparation of food/eating,

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### Adapting environments

Association of Dementia Studies/ Kingsfund - Is your \_\_\_\_\_ Dementia friendly?

Care Home, Housing, Garden, Ward, Hospital or Health Centre  
[https://ext-webapp-01.worc.ac.uk/kings\\_fund](https://ext-webapp-01.worc.ac.uk/kings_fund)

7 main themes interaction/purpose, well-being, eating and drinking, mobility, continence and hygiene, orientation, calm and safe

NHS Wolverhampton – NO STUMBLETS  
 University of Newcastle Australia – HomeFAST (Falls and Accident Screening Tool)

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### Health Centre – Interaction and purpose

**1 The environment promotes meaningful interaction between patients, their families and staff**

**Rationale:** Being unable to find the reception desk or reception area can cause anxiety, frustration and embarrassment. Clear signage, directional signs, clear staff roles and names, and staff who are friendly and approachable can help to reduce this anxiety. Clear signage and staff who are friendly and approachable can help to reduce this anxiety.

**Questions**  
 Please score each answer from 1 – 5 (1=hardly met, 5=fully met)

A) Does the approach to the centre look and feel welcoming and is the entrance well signed?

B) Is there a ramp with handrails and is it clear of obstacles/articles which may cause confusion e.g. bicycles?

C) Are any automatic doors easy to use?

D) Does the centre give a good first impression i.e. is it well lit, clean, tidy and cared for?

E) Are steps, slopes and stairs clearly marked?

F) Is there an obvious main reception/inquiry desk near the entrance?

G) If there are separate reception areas for individual practices are these easy to use and clearly signed?

H) Is seating arranged to encourage conversation and support from an accompanying family carer?

I) Is there a choice of seating including chairs with armrests?

J) Is there adequate space for mobility aids and for those accompanying patients to sit together?

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### Well-being

**2 The environment promotes well-being**

**Rationale:** Only when you have time to relax and breathe when you are in a care home, you can feel that you are in control of your own life. A well-designed environment can help to reduce this anxiety. A well-designed environment can help to reduce this anxiety.

**Questions**  
 Please score each answer from 1 – 5 (1=hardly met, 5=fully met)

A) Is there good natural light in all patient areas including corridors and stairs?

B) Is the level of light comfortable and appropriate and can it be adjusted e.g. by the use of dimmer switches, to suit use needs?

C) Is the lighting or natural light even e.g. no pools of light and/or dark areas, lamps or shadows which could be confusing and disorientating?

D) Is the flooring in a colour that contrasts with the walls, any skirting, and furniture?

E) Have strong patterns or images been avoided in wall coverings, curtains, furnishings and screens?

F) Are there artefacts to provide interest and distraction while waiting?

G) Are views of nature maximised e.g. by having low windows, so people can see out from a seated position?

H) Is there independent access to pleasant, suitable outdoor space e.g. garden, courtyard, or terrace, with sheltered seating areas?

I) Is planting non-toxic and chosen to offer colour and variety throughout the year?

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### Active engagement

**3 The environment encourages active engagement of people with dementia in their care**

**Rationale:** People with dementia can become very isolated and feel that they are not part of their family care with their loved ones. It is important to have their family care with them. It is important to have their family care with them. It is important to have their family care with them.

**Questions**  
 Please score each answer from 1 – 5 (1=hardly met, 5=fully met)

A) Is any electronic check-in system easy to use and used?

B) Is there a separate quiet seating/waiting area which could be used by people with dementia and their family carers?

C) Is the patient call display easily visible from the waiting area?

D) Is the patient call display separate from any TV screens so as to avoid confusion?

E) Is the patient call system suitable for those with sensory impairments e.g. hearing and sight loss, and dementia?

F) Are there appropriate facilities to enable a relative/carer to be present throughout the consultation and episode of care?

G) Is there a dedicated examination room for people with dementia in a quiet area of the centre?

H) Is drinking water freely available and independently accessible?

I) Are snacks and hot drinks available if patients are spending a long time in the centre?

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### Mobility

**4 The environment promotes mobility**

**Rationale:** Being able to walk independently is important for people with dementia. It is important to have their family care with them. It is important to have their family care with them. It is important to have their family care with them.

**Questions**  
 Please score each answer from 1 – 5 (1=hardly met, 5=fully met)

A) Are the flooring and thresholds of a consistent colour, matt, non-reflective, non-patterned and not slippery?

B) Have any shadows on the flooring or walls from natural light or lighting been avoided?

C) Are any threshold strips or floor mats between areas in the same colour and tone as the flooring?

D) Are the handrails in a colour that contrasts with the walls and is it possible to grip them properly?

E) Has any sensor lighting been adjusted so that patients do not have to walk into dark areas?

F) Are there small seating areas for people to rest along any long corridors and outside the centre?

G) Is noise audible if required?

H) Are lift controls easy to understand and clearly visible?

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### Continence and hygiene

**5** The environment promotes continence and personal hygiene

**Rationale:** Not being able to reach the toilet is a common barrier that may cause incontinence. It is important to ensure that the toilet is accessible to all patients, including those with physical disabilities. This includes ensuring that the toilet is at a suitable height, has a suitable seat, and that the toilet is easy to use. It is also important to ensure that the toilet is clean and hygienic, and that there is adequate ventilation in the room.

**Questions**  
Please score each answer from 1 – 5 (1=badly met, 5=fully met)

- A) Do the signs to the toilets include clearly identifiable images and text and can they be seen from all patient areas?
- B) Are all the doors to toilet patient in a single distinctive colour and do they have the same clear signage?
- C) Are the toilet walls, flush handles and rails in a colour that contrasts with the toilet walls and floor?
- D) Are the taps clearly marked as hot and cold and are the hot water, soap dispensers and toilet brushes of familiar design?
- E) Are the toilet roll holders of familiar design and can they be easily reached from the toilet?
- F) On each floor is there access to a toilet bag through its above space for wheelchairs and caners to assist with the door closed?
- G) If sensor lights have been installed do they allow sufficient time for older people to use the facilities?
- H) Have mirrors been placed to avoid deorientation or confusion?



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### Orientation

**6** The environment promotes orientation

**Rationale:** People with dementia may find it difficult to become oriented in unfamiliar settings. This includes ensuring that the environment is clear and uncluttered, and that there are clear signs and directions to help them find their way around the building. It is also important to ensure that the environment is safe and secure, and that there are clear signs and directions to help them find their way around the building.

**Questions**  
Please score each answer from 1 – 5 (1=badly met, 5=fully met)

- A) Do doors to communal areas have a clear or high-contrast vision panel to show where they lead to?
- B) Do all signs e.g. for a toilet, use both images and text and are they fixed at a height (approximately 4 feet) that makes viewing them easy?
- C) Are signs for patients placed on, not beside, doors and of a good size and of a contrasting colour to be easily seen?
- D) Are signs denoting consultation room number or name clear and easy to read?
- E) Are signs or networks placed at key decision points to assist navigation through the building?
- F) Are directions to the way out clearly visible from all patient areas?
- G) Is there clear internal signage denoting the name of the practice and/or health centre?
- H) Are there points of interest and way finding clues throughout the centre e.g. different colours or artworks used to denote each practice and/or each floor?
- I) Is there a large, accurate and clear clock (approximately 10" from diameter) clearly visible in all patient areas?



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### Safety and security

**7** The environment promotes safety and security

**Rationale:** Older people and those with dementia may be more vulnerable to safety and security risks. It is important to ensure that the environment is safe and secure, and that there are clear signs and directions to help them find their way around the building. This includes ensuring that the environment is free from clutter, that there are clear exits, and that there are clear signs and directions to help them find their way around the building.

**Questions**  
Please score each answer from 1 – 5 (1=badly met, 5=fully met)

- A) Are notices kept to a minimum to avoid distraction and confusion?
- B) Are signs and corridors clutter free?
- C) Have noise absorbent surfaces been used e.g. on floors and ceilings, to aid noise reduction?
- D) Can any TV, digital screens or music in waiting areas be turned off if not wanted by patients?
- E) Is the temperature of the centre comfortable and can it be adjusted to hot and cold weather?
- F) Has the use of heavily scented air fresheners and other materials been avoided?
- G) Are the exit doors/ fire exits clearly marked and easy to see?
- H) Are doors to 'staff only' areas designed e.g. by painting the doors and door handles in the same colour as the walls?
- I) Are all hazardous fluids and solids e.g. cleaning materials, locked away?
- J) Are safety and security measures as discreet as possible?



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Thank you any questions?  
Dementia and delirium training for all – Kernow Health website search dementia up-coming events

[www.joindementiaresearch.nihr.ac.uk](http://www.joindementiaresearch.nihr.ac.uk)

Evaluation of dementia training for GP surgeries



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