

Training for the dementia component of the NHS Health Check, NHS Southwark

NHS Southwark has made a firm commitment to early implementation of the dementia component of the NHS Health Check, for service users aged 65-74. As part of this commitment a half-day of face to face training is available for all practitioners who deliver the NHS Health Check. The first two training sessions were delivered on two consecutive mornings in February, well attended by nurses, nurse-practitioners, healthcare assistants, outreach workers and community pharmacists. Training sessions will be held each month during 2013, providing all staff with an opportunity to attend.

The trainer, Neil Robertson, Associate Director of Education in the Mental Health of Older Adult and Dementia Clinical Academic Group, which is part of the South London and Maudsley NHS Foundation Trust discussed the training. Key points are presented below, but one of the crucial messages to emerge from the discussion is that the quality of the training practitioners receive should be determined by the sensitivity and potential impact of the subject matter, rather than by the brief time allocated to delivery of the intervention.

It should be noted that plans are in place, later this year, to evaluate the impact of the training described below, by interviewing service users aged 65-74 who recently received NHS Health Checks in Southwark, to hear what they recall being told about dementia. Currently, this training approach has only been evaluated by participants at the training. All rated it very highly.

The following questions are addressed in the discussion:

- who delivers the training?
- what skills, experience or knowledge does the trainer need?
- what are the main aims for the training?
- how much detail and depth of information about dementia does the training provide?
- what is the purpose of the skills component?
- why is the training provided face-to-face rather than as an e-learning module?
- what is the minimum length of time for the training?
- what would be the ideal length of time for training?
- any other advice or thoughts based on observations so far?

Who delivers the training?

Southwark and Lambeth Public Health Team have commissioned training to deliver the dementia component of NHS Health Checks will be provided each month during 2013 by the Mental Health of Older adult and Dementia Clinical Academic Group, part of the South London and Maudsley NHS Foundation Trust, who provide memory services for NHS Southwark.

What skills, experience or knowledge does the trainer need?

The person who delivers the dementia training for Southwark and Lambeth Public Health Team has knowledge and experience around three main areas, each of which he considers essential. These combine:

- in-depth knowledge of dementia-related facts
- skills and experience in motivational interviewing, and in addressing sensitive issues
- experience of training.

Challenges experienced during the initial training sessions reinforced, for the trainer, how crucial all three components are, and how critical it is for this training to be delivered by someone well-versed in practice and in training.

I am a nurse by background and I was the head of nursing for the Mental Health of Older Adult and Dementia Clinical Academic Group before this role, so I should have an all-round knowledge in relation to dementia, and I train a lot. It's something I've noticed ... we have a lot of experienced nurses and practitioners from different professional groups, but fundamentally being able to train isn't something that comes easily. I like getting out there in front of people and I've always trained, and have developed my training skills over 15 years, so there's something about that. ... Any training programme should be underpinned by knowledge, skills and attitude, and being able to address all three dimensions takes experience.

What are the main aims for the training?

The training has two main components. One is to convey the central facts about dementia. The other is to skill practitioners to deliver sensitive information in an appropriate and constructive manner.

... it's the skill of having difficult conversations – it's about a brief intervention. whereby it checks out a person's knowledge, it clarifies what the person needs to know, it delivers that message or the information to the person, and it helps them think about what they want to do with that information and perhaps signposts them, if that's what they want.

How much detail and depth of information about dementia does the training provide?

Of the three-hour training session, about two hours is spent providing and discussing information about dementia. Background information about the extent and nature of the challenges associated with dementia is presented, followed by a brief account of the policy response. The trainer then presents information about the cognitive and non-cognitive symptoms of dementia; each of the main types of dementia; risk factors for vascular dementia; clinical presentation of vascular dementia and of Alzheimer's Disease; and information about interventions. Participants at training sessions have been highly attentive and appreciative of this information. Evaluation sheets completed directly after the training show every question relating to presentation and content of the dementia-related information scored at 4 or 5 (top scores).

I have probably gone beyond what the remit is, but it is difficult not to, because you can't talk about vascular dementia without talking about the different types of dementia. I certainly felt that people should know that there are different types of dementia and they should have a sense of what the disease course is like for people living with dementia - they were two very important things to get across. And the issue with vascular dementia is that it's not a progressive linear deterioration, it's this step-down, which changes from individual to individual. But I think it's important to talk about Alzheimer's - what we know about that- so actually, on reflection, it's providing a lot more information than was originally intended, but I think that's all good.

What is the purpose of the skills component?

During the training sessions the concern that some practitioners feel about raising the issue of dementia became evident. As an area of high sensitivity and concern, discussions about dementia are potentially challenging for both the practitioner and the service user. Despite the brief time designated for the dementia component of the NHS Health Check, the sensitivity and potential impact of the issue requires high quality training in brief intervention, ideally followed by supervised opportunities to practice the skill, or at least to see it modelled.

... what I was struck by was people's anxiety [around raising the issue of dementia] I was very pleased I'd provided them with a framework of thinking about asking a difficult question, in terms of thinking about the core skills that they need to bring to that. ... from a health promotion point of view, there are a number of challenging conditions, There are a number of long terms condition that a number of years ago would have responded to health intervention and some were stigmatising. However, with technical advances in healthcare the conditions are less frightening for the sufferer and can be managed in the long term. I think dementia is one of those things, particularly as the Alzheimer's Society has found that the over 55's are becoming increasingly worried about dementia.... And also there is the risk of how you leave a person feeling after you've done the [Health] Check and needing to make sure that they're safe and that they are being picked up if there are particular concerns.

Why is the training provided face-to-face rather than as an e-learning module?

The trainer recognises the value of e-learning and supports it, but believes that for sensitive issues where practitioners feel concerned about their ability to deliver an intervention, and where specific skills are required, face to face training is irreplaceable. Face-to-face training provides the opportunity for a trainer to address and explore practitioners' beliefs and anxieties, and to model the skills practitioners need to learn.

I'm a great believer in the use of e-learning as a vehicle, however I think where there needs to be a skills component, or there needs to be an attitudinal component, blended learning is far better, where there is some face-to-face to complement the e-learning, so people can talk through their thoughts, feelings and perceptions. The risks with an e-learning package is that people who are anxious about asking a question are not having an opportunity to talk through and be gently challenged about their attitudes, so therefore they're either not going to ask the question or they're going to struggle when asking the questions which could actually probably cause more problems. Their intention is not to upset somebody because they feel as soon as you mention dementia it's going to open a can of worms for the person, but if you actually stumble into the topic you are going to leave people who you've delivered that to in a difficult place. So that was the value of the face-to-face. And also for the trainer, it's about being experienced in providing difficult information to people, so I have that experience of providing difficult information to people in a variety of different clinical situations, I don't think that managing those difficult conversations is going to translate properly through an e-learning package.

What is the minimum length of time for the training?

The trainer believes three hours is the minimum time in which the training can be conducted. Two hours of this time is allocated to content (dementia-related information) and one hour to skills (brief intervention). Ideally the training would include an opportunity for practitioners to practice delivery of the intervention through role-play, but in the training sessions presented so far, this has not been

possible due to shortage of time. Instead, the trainer has modelled delivery of the intervention himself.

Three hours is definitely the minimum ... So the dementia content - it's reasonable for a couple of hours - but in actual fact the brief intervention stuff is long. ... It's about equipping people to have quite well developed skills in having difficult conversations about difficult subject matters, and that's the foundation and then you give them information as you go along ... ideally I would like people to be able to practice having difficult conversations, but in the time allotted that's quite difficult ... I role-modelled both days asking the question, and it was really powerful. One of the things that was helpful about changing attitudes, one of the people who was struggling with [raising the topic of dementia] - I delivered the intervention to her in the role of a patient, so that was useful. I think it's important to be able to put yourself up there on the spot. If we're expecting people to do it, the person who's the preacher has to show that they can do it in practice.

What would be the ideal length of time for training?

Ideally, a day of face-to-face training would allow more time for development of skills that not only would support the dementia component of the NHS Health Check, but also would have wider application. A possible approach for maximising the value of face-to-face time would be to encourage practitioners to complete an e-learning module prior to the training session, providing them with dementia-related content. The half day of training could then briefly review the information they had learned, and free more time during the training for skill-development. An additional half-day would be an added bonus.

A day would be ideal, a day would be really nice ... it would be an opportunity to talk about brief intervention, that would benefit not just dementia, it would benefit talking about other conditions as well, that would build people's confidence around asking the question. And you could do blended training - could use e-learning to give the key information, then do a half-day that clarifies [the information] initially, then move into the skills stuff. Ideally you could follow up later with another half-day, but you could get by with one half.

Any other advice or thoughts based on observations so far?

The trainer made two key observations. One was that, despite the limited opportunities available for training practitioners to effectively deliver brief interventions, merely making a start is beneficial in two ways: it raises awareness of the need to develop these skills; and it raises general awareness about dementia. The benefits of raised awareness extends beyond the confines of the NHS Health Check; better informed clinicians are more likely, in whatever setting, to recognise and refer patients with potential symptoms of dementia.

this training ... one of the other positives about it, setting aside whether or not they have the skills to be having difficult conversations, it is increasing their awareness, it's providing a double whammy ... I don't want to be too negative around people being equipped with the kind of skills - what we provide is something ... it's a start. If you think from a community pharmacist point of view, someone's been with them for a long time, on repeat prescriptions, they keep forgetting to collect their prescriptions ... What we need to be doing is, there's health hubs, where people can be referred on to. It may be about people being able to access someone ASAP, someone who is a bit more skilled.

The second observation was about marketing the training clearly and positively, to explain to practitioners why they should attend and why the dementia component of the NHS Health Check is so important.

... it's about being really clear from day one about how you're going to engage people to come along to the training. Certainly there are incentives ... but I think it's about being very clear about why are we talking about dementia ... I know the training is about making more sense but I think it's about being very clear from the start.

Contact Details:

Teresa Edmans, Programme Manager - NHS Health Check Programme
Southwark and Lambeth Public Health
0207 525 0270
teresa.edmans@southwark.gov.uk