

Seeing the person: How our services can support people living with dementia in all settings

This year our annual workshop/conference was back! We were pleased to deliver an interactive day with some very interesting and lively discussions on 'seeing the person with dementia'. Thank you to all of those who attended and engaged fully in this multi-disciplinary day, which explored supporting people with dementia within acute hospitals, care homes, in the community and even in the prison. The presenters were from a range of backgrounds and focus, one of the most powerful presentations was from the wife and a gentleman who had since died from dementia, there was not a dry eye in the house! A brief overview of three of our presentations are described below.



The day commenced with Dr Andy Northcott, presenting the experiences of people living with dementia being cared for in acute hospital wards, from an ethnographic perspective. This presentation explored each acute hospital ward as a society, and patients within a ward were required to understand the rules of the ward to gain support and care. The rules included do not wander, communicate in the correct way, respect the timetable, no personal belongings, and wear the pad and use the pad. However, people with dementia who are ill are at a huge disadvantage of not being about to either understand or follow these rules.

Returning to acute hospital care for people with dementia, the day included a presentation by Margaret Harries, the Lead Nurse for Older People at our local acute NHS Trust. Margaret discussed a project, which included listening to patients, their families and friends and staff, and observations of care. The study results were clearly presented on the ward through a 'you said we did' approach, which included the strategies to address some of the concerns raised. This approach has been repeated, and identified to reduce complaints from patients and families, whilst supporting staff.



The day included a presentation from Claire Mahmood, who presented the work of BUDS, a Better Understanding of Dementia in Sandwell, which is a community approach to supporting people living with dementia. BUDS is a charity that commenced in 2009, after the identification of a lack of support for people with dementia and their family following a diagnosis. BUDS supports people through the entire journey of dementia, through weekly dementia activity sessions, family support services, monthly carer coffee mornings, community dementia support service, as well as events, day trips and intergenerational work.



Living life to the full and with dignity.....

In the summer of 1984 Dr Peter Mayer, a consultant in geriatric medicine, was asked to comment on living life to the full and with dignity by the Journal of South Birmingham Health Authority. A shorter version of this article is presented below. Whilst reading this article, which was published nearly 40 years ago, we challenge you to consider how and if the care, support, treatment, and attitudes of providing older people care has changed. Any comments please do contact us at joanne.brooke@bcu.ac.uk

"The consultant in geriatric medicine is trained to provide a service for the medical, social, and psychological needs of the elderly ill.

The speciality developed after the formation of the National Health Service and was pioneered by Margery Warren of the West Middlesex Hospital, London, who showed that the people lying and dying in chronic sick wards "could pick up their beds and walk".

She, as all geriatricians, based her work on accurate diagnosis, description of problems and then the appropriate treatment and rehabilitation.

My job is to diagnose and treat where appropriate, and improve the person's ability to cope with life, approximately half of my admitted customers return home, and I have the privilege of seeing a lot of people and their relatives in their own homes.

Customers and their relatives who expect the services of the State to take over all responsibility and all management in times of trouble are usually disappointed. The aim of our service is to keep people out of hospital, residential or nursing homes, as long as possible.

Too often requests for institutional care are to protect family, friends or professional help, and not always in the 'best interest' of the person, even though they may be much safer and happier at home.

Sometimes the appearance of safety away from the person's home is illusory as many people become far more disorientated and less happy in situations away from those with which they are familiar.

We (in old age services) aim to help people do as much as possible within the limits of their abilities, and old age never stops anybody from being independent.

Being old is more a matter of attitude than chronological age, and these attitudes may be reinforced by family, friends, or healthcare professionals.

One cannot emphasize too strongly that an inability to cope may be due to illness and that often very simple measures may lead to a remarkable improvement and a return to independence.

A quote from Boswell's 'Life of Johnson' states "It matters not how a man dies, but how a man lives".

It is a geriatrician's job to ensure that he lives to the full, and it is all our jobs to see that the inevitability of death is treated with sympathy and that our life ends as we have lived, with purpose and dignity."

Call for papers for our Journal

We are in the process of developing the next issue of our Institute of Ageing and Health Journal and this is an official call for papers. We accept short review papers including evaluations of service interventions or service improvements to full research and systematic reviews. See our website for previous issues of our journal for examples <https://iah-wm.co.uk/>

Our editor Dr Bernie Keenan, will be happy to answer any questions and support the development of your paper for the editorial process, please contact Dr Keenan on bernie.keenan@bcu.ac.uk

Obituary - Dr Donald Portsmouth

Extract from Dr Portsmouth's obituary published by the Royal College of Physicians (London)-Inspiring Physicians and to be published in the British Geriatrics Society November Newsletter:

"During this time Donald led a series of major advancements in the care of older patients, establishing the Charles Hayward Chair of Geriatric Medicine, initially occupied by Professor Bernard Isaacs in 1975, and conceiving the West Midland Institute of Geriatric Medicine (now the Institute of Ageing & Health, West Midlands) over lunch with Dr Ronald Cape. The 'Institute' came into being in 1971 with Donald as its first secretary, becoming director in 1975 and honorary life president in 1994. Donald's vision as director for their new journal TRIPOD in 1979 was we want it to be serious and light-hearted, informative, and entertaining."

And finally.....

*We here at the Institute of Ageing & Health - West Midlands
wish you all a happy holiday, which is fast approaching
and a Very Happy New Year!*