PRACTICE PROFILE



A 110 0	Le cettiere		Contract Number	
Area	Location		Contact Number	
Memory Service and	Second Floor, South Block, St.		01983 822099 ext 5336	
Admiral	Mary's Hospital – Newport – Isle	of	01983 534411	
Nurses	Wight – PO30 5TG			
Directorate	Mental Health and Learning	Re	view of Profile due	August 2024
	Disabilities			5
Professional	Lucy Denman	De	epartment Manager	Dominic Spillane
Lead				
Education Lead	1		Tina Scovell (Band 6 OT)	
		Donna White (Band 6 OT)		
Education Lead	Contact Details	01	.983 534411 (Memory S	Service)
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HEI Representa	ativo	۸.	nna Jager Professional D	evelopment Lead AHP
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		Tracey Knight Learner Placement Manager		
		tracey.knight7@nhs.net		
		01	.983 822099	
		Iownt.ClinicalEducationTeam@nhs.net		
HEI's using this	Learning Environment	Cu	irrently:	
		OT students		
Learning Enviro	onment Mission Statement	Im	proving the Lives of Pe	ople with Dementia and their carers
		based on The NHS England Dementia plan, the NHS England 5		
			year plan and Isle of Wight Dementia strategy.	
		NHS England » Dementia		
			HS England » NHS Five Y	Year Forward View
			ementia strategy Isle of	
			•••	Downloads/Strategies%20and%20Poli
				ategies/Dementia%20Strategy.pdf#:~:t
				520partners%20from%20the%20IWC%
				20Hospice%2C%20Independent%20Ar
		<u>ts</u>	%20and%20the%20Alzh	neimer%20Society.

LEARNING ENVIRONMENT PROFILE

General Information	http://www.iow.nhs.uk/Working-With-Us/learning-zone/student-
General mormation	welcome.htm
Description of Service and Client Group	The Memory Service Team and Admiral Nurse team provide specialist level mental health care to people with dementia and cognitive impairment and their carers on the Isle of Wight.
	The Memory Service team is a multidisciplinary team consisting of Consultant Psychiatrists, Specialist and Advanced Nurse Practitioners, Nurse prescribers, Community Psychiatric Nurses, Occupational Therapists, Admiral Nurses, Associate Practitioners and Administration support.
	Memory Service is a diagnostic team with follow up post diagnostic support which identifies the areas that have been affected and identify signposting to reduce the impact of these effects. We do not hold caseloads and clients are discharged from the service once this work has been completed. A duty call service is provided for patients to access support every weekday.
	The team works alongside Commissioners and GP colleagues to promote the need for diagnosis for people with dementia and cognitive impairment and early referral to the Memory Service.
	Post diagnostic support is offered to enable effective signposting to reduce the impact of diagnosis for both service users and their carers. We also work closely with Adult Social Care, Carers IW, Age UK, Alzheimer's Society, and voluntary organisations.
	The Memory Service Hybrid workforce bases staff both within the office and working from home (<u>Enabling and supporting staff to work from</u> <u>home NHS Employers</u>)
	There is an estimated 944,000 in the UK with Dementia and this is expected to be 1.6 million by 2050*. The Isle of Wight demographic has a high proportion of people over 65 years and it is estimated that there are approximately 2,743 people with dementia living on the Isle of Wight,1.97%, National average 1.33%*.
	(*Alzheimer's research UK, dementiastatistics.org. Accessed, 20/02/23)
	Statistics about dementia - Dementia Statistics Hub
	(*visualisation.polimapper.co.uk. Accessed, 20.02.23).
	Isle of Wight- Dementia Prevalence by UK Constituency (polimapper.co.uk)

Memory Service Occupational Therapy (OT)

Memory Service Occupational Therapy provide assessment and intervention for people who have a diagnosis of dementia and have been clustered into one of the 18 – 21 care cluster groupings, working across all stages of dementia. They work with people in their own homes or in care homes.

The aim of OT is to work with people living with dementia, their families, and carers to help them to continue to participate in their everyday activities e.g., cooking, personal care, maintaining hobbies/interests and friendships. OT promotes independence and engagement in meaningful activities and occupations important to that person.

OT can: -

- Assess on how dementia is impacting on a person's ability to perform daily tasks.
- Observe functional activities to identify strengths and limitations.
- Develop coping or compensatory strategies to support people in doing their daily tasks. For example, finding ways to overcome memory difficulties by identifying practical aids or techniques.
- Assess the safety of the person within their home environment and their community.
- Modify the task and/or the environment to maximise functional abilities.
- Encourage sharing of memories through reminiscence and life story work.
- Educate and support families, care givers and care home staff regarding dementia and how to support and communicate effectively with people.
- Support family/friends/caregivers to understand a person who may show signs of distress and present with behaviours that may be difficult to understand and manage. Provide advice on nonpharmacological approaches to support needs.
- Where identified provide basic equipment, adaptations and advice on technology that may minimise limitations and improve safety and independence. If the person's physical needs are their primary concern or more complex, they should in the first instance be referred to Community Occupational Therapy (manual handling and housing adaptations) or SPARRCS for Community Rehabilitation Services (OT, Physio, Speech & language/Regaining Independence and Falls referrals). For Wheelchair services referrals are sent direct to Millibrook Healthcare Isle of Wight.
- Signpost, refer on and provide information to ensure the person and their families/carers can access appropriate services and support i.e., Adult Social Care, Wightcare, Age UK, Carers IW, Admiral Nurse Service and Alzheimer's Society etc.

	 Create a care plan in partnership with the person and/or their families/carers to recognise needs, risks and identify therapeutic goals. OT will provide recommendations and facilitate interventions with the aim to achieve positive outcomes.
Description of related services & Client group	The service is delivered according to care clusters for groups of patients with different needs in line with Department of Health, Payment by Results (PbR) guidance, adapted to local need and commissioned through the Care Commissioning Group. This policy reflects only the role of NHS health care in the Dementia Care Pathway.

LEARNER INFORMATION

Work Pattern (Start, finish times)	Monday – Friday 09.00-17.00.
	Flexibility around working hours.
Dress Code	IOW NHS Trust dress code policy. No formal OT uniform, to be discussed with educator prior to start.
	Please refer to the dress code policy attached.
	Uniform Policy.pdf
Induction/Orientation programme	Local induction for clinical area.
Staff / rest room facilities	Kitchen Facilities available. Open plan office, shared working spaces.
Expectations during placement	All students to follow Health Education Wessex learning charter and The IOW Trusts Vision, Values and Behaviours Framework.
	We expect all students to explore their learning needs with their identified supervisor. To work within the limitations of their role as a student whilst working under supervision to increase their knowledge and experience. Students are expected to actively participate in the therapeutic programme, building good relationships. Familiarise themselves with department /Trust paperwork and policies.

LEARNING OPPORTUNITIES & RESOURCES

LEARNING OPPORTUNITIES & RESOU	
Recommended reading/Websites	
	Living_Well_With_De C:\Documents and Dementia mentia-v1240113.pdf Settings\whittingstall_ Strategy.pdf
	NICE Guidelines QR code – please scan
	Alzheimer's Society – types of dementia and other relevant information:
	https://www.alzheimers.org.uk/get-support/publications-factsheets
Common Abbreviations	CPN (Community Psychiatric Nurse)
	CST (Cognitive Stimulation Therapy)
	MSNAP (Memory Services National Accreditation Programme)
	MCA (Mental Capacity Act)
	DoL's (Deprivation of Liberty)
	MHA (Mental Health Act) MMSE (Mini-mental State Examination)
	ACE-III (Addenbrooke's Cognitive Examination III)
	Mini-Addenbrooke's cognitive examination (Mini-ACE)
	Montreal Cognitive Assessment (MOCA)
	HoNOS (Health of the Nation Outcome Scores)
	PbR (Payment by Results)
	CQC (Care Quality Commission)
	CPD (Continuing Personal Development) SpR (Specialist Registrar)
	AMHP (Approved Mental Health Practitioner)
	B4NP (Band 4 Associate/Nurse Practitioners)
Specific learning opportunities	Patient/Clinic visits with:
	• CPN's,
	Admiral Nurses,
	Consultants/Consultant Nurse/Advanced Nurse Practitioner
	Nurse Prescriber
	Dementia Outreach Team Pand 4 Associate (Nurse Practitioners
	 Band 4 Associate/Nurse Practitioners Physical Health Clinic
	 Cognitive Stimulation Therapy Groups.
Specific areas of expertise/clinical	Memory Service Diagnostic Assessment
skills	Occupational Therapy Assessments.
	Post Diagnostic Information and advice.
	Cognitive Stimulation Groups.
	Admiral Nurse intervention.

Common Assessments /	 MMSE ACE-III History taking Post Diagnostic Counselling Occupational Therapy Assessments; Pool Activity Level (PAL), Allen
Interventions/Care pathways	Cognitive Level Screen, Functional/Observational assessments. Dementia training and awareness.
Models of practice experience e.g. Hub and Spoke, Care pathways, Patient Journeys	Dementia Pathway - based on Royal College of Psychiatrists Dementia Pathway Guidance.

MULTIAGENCY LEARNING OPPORTUNITIES / RESOURCES

Multi-professional learners	As documented above.
accessing the environment	
Professionals working in the	In addition to the above:
environment	Access to Management.
	Access to third sector and independent sector agencies i.e. Independent
	Arts, Alzheimer's café, dementia choir, Aspire.
	Social Prescribers – linked with the GP surgery.
	Social Workers.
	Police/Fire/Safeguarding.
Opportunities to meet EU directives	Not applicable.
(Nursing)	