comment

In the November 2008 issue of *Nursing Older People*, readers were invited to give their opinion of the National Dementia Strategy and have the chance to win a place at a conference. **Jackie Tuppen's** entry was the runner-up

ALAMY

When information must be handled with care

I am an Admiral nurse; that is, a registered mental health nurse with previous experience in community mental health. An Admiral nurse supports families, carers and the person with dementia through the journey from pre-diagnosis to end of life. I work with carers of people with dementia to enable them to balance their needs with the needs of the person with dementia.

The National Dementia Strategy for England has three themes:

- Improve public and professional awareness of the condition.
- Early diagnosis leading to early intervention.
- High quality care and support for the person with dementia and their carers.

I am involved in delivering all aspects of the strategy. Training and education are key to its implementation. Education should start in schools and continue throughout life. After all, one in 50 people between the ages of 65 and 70 has a form of dementia. Education and training could be undertaken together so that we learn about each other's roles and gain an understanding of how we can improve the quality of care. Education and training should also address when, where and how to give information – this includes knowledge of how sensitive and distressing information can be and how everyone has a right not to know as much as they have a right to know.

The right information

Information giving is an important aspect of the care I provide. This can be in clinics at local Age Concerns, in the home or anywhere else chosen by the family. I have carers who are known to no other service providers but their GP, and other carers who receive a range of services. It is therefore important to discover what the patient and carers have been told and not assume that if they have had a diagnosis they have been given enough information to know what the future holds. It is also important not to assume that they want a lot of detailed information. Some carers want the person with dementia to know what is wrong, while some people with dementia do not want the full-on diagnosis – it is too depressing for them. It is all about getting the balance right while being sensitive to what they want to know and how, when and where they want to receive this information.

For example, a young family whose father had been diagnosed recently asked me to visit because they felt he was not taking the diagnosis seriously. When I arrived I asked the father to tell us what he understood about the diagnosis. He clearly understood what was happening and said he coped with it with humour. This helped him stay positive. His wife – the carer – went along with this. The son however wanted to keep prompting his father whenever he forgot something. I suggested the son put himself in his father's position and asked how he would feel if his son kept telling him to go back upstairs and think about what he had been doing. I also suggested that someone with dementia would not always be able to go back and recall an event – once it has gone it has gone.

At this point his father said: 'Yes, that's right. Sometimes it's as if my brain is just looking into a cloud. The son had also read up on dementia on the internet and wanted his father to read about it and try some of the things he had read, for example, taking more vitamin B and doing brain exercises.

I was able to suggest that each of them may want different bits of information at different times. I suggested that, at this time, consideration of some risks and quality of life issues would be helpful to all. This was agreed and one aspect that came from this was that the father had not realised that he could no longer recall the 999 number. So to ensure that his wife was protected they (his wife also) agreed to have a Lifeline system installed for her.

Another family I met were at the end of caring in their home. Their mother had been admitted to a residential home. They had been discharged from all the services they had had leading up to this – community psychiatric nurse, consultant and care manager. They now had just a review meeting every six months. Of course the person with dementia had a GP. However the husband was still caring for his wife. Visiting five or six times a week, barely looking after himself and the home and becoming exhausted with this as much as when he cared for her at home.

He used to play golf when carers were providing a sitting service at the home. He and his wife used to look at pictures about golf and he would talk to her about it as she also used to play golf. He said that he felt unable to play now that she was in a residential home because he felt guilty. Information given to this man included allowing him to consider how his golf playing had enriched both their lives when she was at home so why not now. We shared his feelings with his family and this information allowed them to tell him that he could play golf, they would not be upset with him. I was also able to introduce him to carer support groups in the area. He is now visiting every other day, talking to his wife about golf once again and looking after himself more ■

Jackie Tuppen BSc(Hons), RN is Admiral nurse for Thanet and Sandwich area, Kent

When the going gets tough...

Hard times lie ahead in the current financial climate, but older people's nurses will rise to the challenge, says **Deborah Sturdy**

Services for older people have improved in the past decade. The publication of the first national service framework for older people in 2001 and subsequent strategies published by the devolved governments have focused attention on the health and social needs of older people. This has resulted in role expansion in the specialty with nurse consultants and nurse specialists leading services for Parkinson's disease, falls, intermediate care and dementia, among others. As a profession and a specialty we should take stock of what we have achieved and use it to inspire us during the current difficult economic period.

The Department of Health has been setting in place work that will be published this year and which forms part of an overarching strategy to support better prevention of key conditions that affect older people. This year will see the publication of updated guidance for intermediate care, a focus on foot care and publication of a commissioning guide for falls services. These are three fundamental aspects of care for older people.

Giving people choice

Intermediate care services have enabled older people to live full and independent lives and remain in their own homes. When I was in practice the range of services was not available to allow for home-based rehabilitation and there were few options. We have come a long way in providing outreach services that improve people's choice and lives. The development of inreach services to acute hospitals and early discharge avoid unnecessary hospital stays and maximise opportunities to remain independent.

Improving foot care through robust commissioning will also improve the lives of older people. Simple, low-level interventions such as nail cutting mean that older people can become active citizens and participate in their communities. The challenge will be to ensure that such low-level interventions receive high priority at a local level.

There have been many excellent service developments in falls prevention since 2001. The establishment of a national hip fracture database and integrated falls services mean that we can learn from robust evidence what interventions make differences in falls prevention. This year the development of a commissioning framework for primary care trusts (PCTs) around falls services will help to improve these services further and assist PCTs and their partners to set in place joint improvements. These will have a real effect on people's lives.

The launch of the long-awaited National Dementia Strategy for England in February set out a blueprint of care for this patient group and their families. The strategy is focused on improving awareness, early diagnosis and quality of care in all settings including care homes. Nurses will be instrumental in delivering care to patients with dementia. The accompanying commissioning guide will support the case for change and assist in implementation.

The results of the national consultation on the review of the *No Secrets* guidance will also set in place improvements for safeguarding older people and all vulnerable adults.

Nursing has played a significant part in the achievements in older people's services and will continue to do so. It will be a difficult year for the country, but I believe older people's nurses will rise to the challenges ahead and continue to strive for better outcomes for patients ■

Deborah Sturdy RN, MSc(Econ), nurse adviser for older people, Department of Health, London