

A community of practice: building capability to provide high quality dementia care

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Background

In recent years there has been a significant increase in policy and guidance, across many countries, to promote palliative and end-of-life care for non-malignant life limiting conditions. Most notably for people with dementia (PWD) at the end-of-life and facilitate better access to palliative care. PWD, particularly those in the advanced stages, may experience poor end-of-life care because they may not be perceived to have a terminal illness¹. There is concern in some settings and services that staff are ill equipped to care for PWD, in respect of knowledge and skills. In 2011, Hospice UK established the Commission into the Future of Hospice Care to explore the key challenges facing hospices². Concurrent to this Admiral Nurses within Dementia UK had developed a palliative approach in support of the families they worked with³. Both Hospice UK and Dementia UK thus launched the 'Dementia in palliative and end-of-life care Community of Practice' to bring together practitioners keen, in the spirit of mutual learning, to share knowledge and practice and provide high quality palliative and end-of-life care for families affected by dementia. Communities of practice (CoP) in healthcare are promoted as a means of generating and sharing knowledge and improving care⁴.

Identifying learning needs

At the inaugural meeting of the CoP a nominal group technique was used to identify learning needs across both groups of clinicians. Thirteen learning needs were identified, of which five were ranked as priorities to be met during future meetings; these were communication in dementia; educating colleagues and peers; pain assessment and management; how to influence care policy at local and national level and improving dementia care in different settings⁵.



Shared learning through a community of practice is a way of harnessing the expertise across the two care domains, with the common objective of improving the lives, and deaths of PWD and in better support of their families. We hold two community meetings a year and due to increase in engagement will be developing remote access to the events through webinars and online resources.

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Making a difference to practice

As with other communities of practice established in health and social care it is essential to evaluate their impact, not only in meeting the identified learning needs of its members but in understanding and measuring the potential, as in this case, to improve dementia care at the end of life. Each event is followed up with an on-line survey which seeks to collect feedback on topics and presentations but also in seeking an understanding of how learning is transferred into further education and changes in care practice.

Early indications of positive impact from the four sessions are encouraging

- Increasing membership across all four UK countries; increase in membership by 500% in two years from a wide range of disciplines and care providers
- Increased knowledge and confidence in caring for people with dementia at end-of-life; e.g. services and teams using the CoP to share project developments and service improvements
- Evidence of partnership working beyond the CoP meetings; e.g. hospice partnerships with Admiral Nursing
- Increasing use of specific assessment measures; e.g. pain assessment measures
- Outreach to other care settings; e.g. hospice outreach to care homes

Summary

Cultivating this CoP to support better palliative and end-of-life care for families affected by dementia is in its early and formative stages. However, early evaluation and measurement of impact is demonstrating the value in sharing knowledge and practice across the two care domains.

References

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2. Help the Hospices (2013) Future Ambitions for hospice care; our mission and our opportunity. The final report of the commission into the Future of Hospice Care. London, Help the Hospices http://www.rcn.org.uk/__data/assets/pdf_file/0009/546174/Future_ambitions_for_hospice_care_our_mission_and_our_opportunity.pdf
3. Harrison Dening, K. & Wharrad, J. (2010) Admiral Nursing: Responding to the Call for Better End of Life Care for People with Dementia. *Signpost Journal of Dementia and Mental Health Care of Older People*. 14(3): 27-31
4. Ranmuthugala, G. et al. (2011) How and why are communities of practice established in the healthcare sector? A systematic review of the literature. *BMC Health Services Research*. 11: 273.
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Aims of the CoP:

- Develop and share skills and knowledge across dementia and palliative and end-of-life care
- Foster good working relationships across the care specialities
- Lead change and manage future challenges in care delivery to families affected by dementia
- Support the spread and cascade of information through the CoP activities
- Increase access to palliative care and end of life care services for people affected by dementia