

1 **The Wessex Dementia Friendly Pharmacy Framework**

2

3 Amanda Moores¹ and Paul Rutter²

4

5 ¹ Dorset Local Pharmaceutical Committee, Merley House, Wimborne, UK

6 ² School of Pharmacy and Biomedical Sciences, Portsmouth University, Portsmouth,
7 UK

8

9

10

11 Abstract

12 Objectives

13 To develop and launch a dementia friendly framework for community pharmacies in
14 the Wessex region of England.

15 Methods

16 A framework consisting of essential (mandatory) and additional (non-mandatory)
17 criteria were devised by local stakeholders and external scrutiny from the
18 Alzheimer's Society. The framework was designed to allow pharmacy teams to
19 achieve essential criteria without the need for approval by others (e.g. authorisation
20 from internal company management structures). In total 38 essential criteria across
21 seven domains were devised. All essential criteria had to be met for pharmacies to
22 be awarded dementia friendly status. Engagement events were organised to launch
23 the framework detailing what it was and how pharmacies could meet each criterion.
24 Pharmacies self-certified compliance with the framework criteria via an online
25 platform, and validation activity was subsequently undertaken to see if pharmacies
26 had appropriately self-certified against all essential criteria.

27

28 Key findings

29 355 pharmacies (n=504, 70%) engaged with the initiative, of which 330 uploaded
30 self-certifications met all essential criteria of the framework. Validation visits showed
31 self-certification to be appropriate in all but one visit (n=11/12). Staff comments
32 revealed that engaging with the framework had allowed them to be more aware of
33 how better to support people with dementia.

34 Conclusions

35 A dementia friendly framework was devised and implemented with a subsequent
36 high level of uptake by community pharmacy.

37

38 Keywords

39 Community pharmacy services; dementia; community pharmacists

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54 Introduction

55 Almost one million people currently live with dementia in the UK, with this set to rise
56 to over two million by 2050.¹ The annual economic burden is £26 billion a year, and
57 is predicted to rise to £59.4 billion by 2050.² As dementia cannot be cured, care is
58 centred on helping to make their lives easier by providing support, for example
59 adapting environments to their needs, access to carers and managing medication.
60 Community pharmacists' have regular contact with dementia patients/their carers
61 affording them opportunities to provide support. However, the type and level of
62 support offered is unknown despite recent (2017) financial incentivisation through the
63 nationally negotiated English Community Pharmacy Contractual Framework to
64 ensure that 80% of pharmacy staff in patient facing roles were recognised as
65 'dementia friends'³ as detailed by fulfilling the Alzheimer's Society toolkit, which
66 seeks to change peoples' attitudes and further peoples understanding of dementia
67 through provision of taught materials and watching videos on dementia. By
68 becoming a dementia friend, pharmacy team members can then understand the
69 patient's needs and raises awareness of the stigma and common misconceptions
70 surrounding dementia.

71

72 In Wessex (counties of Hampshire, Dorset and the Isle of Wight on the south coast
73 of England) uptake was almost universal (96%, n=483/504), and consequently local
74 National Health Service stakeholders, the Wessex Pharmacy Local Professional
75 Network (LPN) and commissioners wanted to capitalise on this level of engagement
76 by developing a framework to enable pharmacies to become "Dementia Friendly". To

77 support this initiative funding was secured from NHS England primary care
78 transformational funding.

79 This service innovation aimed to develop and roll out a dementia friendly framework
80 to community pharmacies and to determine uptake and adherence with the
81 framework.

82

83 Methods

84 A working group, comprising representatives from NHSE Wessex, chairs of the local
85 pharmacy network, Public Health Dorset and both local pharmaceutical committees
86 within the Wessex geography met 3 times to establish the framework. Previous work
87 in Greater Manchester, England was used as a starting point in devising the Wessex
88 Dementia Friendly Framework, namely adoption of seven broad domains
89 encompassing delivery of pharmacy services.⁴ In addition, reference to the Wessex
90 Ispace project, which looked to make family doctor practices more dementia friendly
91 was consulted.

92 ([https://wessexahsn.org.uk/img/news/Dementia%20Friendly%20Surgeries%20Sum
93 mary%20Report%202017.pdf](https://wessexahsn.org.uk/img/news/Dementia%20Friendly%20Surgeries%20Summary%20Report%202017.pdf))

94 Under each of the seven domains both essential (mandatory) and additional (non-
95 mandatory) criteria were incorporated and drew on previous published guidance.⁵⁻⁷

96 The criteria were grouped under headings to provide a logical and practical
97 framework for pharmacy teams that covered most aspects of the pharmacy as a
98 whole. The framework was designed to be achievable with a pharmacy team working
99 together to deliver the different aspects.

100 Essential criteria were deemed things that were achievable by the pharmacy team
101 without the need for approval by others (e.g. activities within the team's control and
102 not requiring authorisation from internal company management structures). In total
103 38 essential criteria across the seven domains were devised. All essential criteria
104 had to be met for pharmacies to be awarded dementia friendly status. There was no
105 such mandatory requirement for those listed as additional criteria. Prior to the launch
106 of the agreed framework it was sent for external comment to Alzheimer's Society. No
107 structural changes were made to the framework as a result of this consultation.

108

109

110 All community pharmacies (n=504) within NHSE Wessex were written to in
111 December 2017 and were invited to attend one of nine engagement events. The
112 letter contained the information of how to register for an event, detailed the topics
113 under discussion and outlined what payments would be made for successful
114 completion of the framework. Engagement events were held in January 2018 to
115 launch the framework. A total of 346 people representing 238 pharmacies attended.
116 The events covered the background to why the project was being undertaken; key
117 facts about dementia; why being dementia friendly is important; and Connie's story,
118 which followed the life of Connie who had dementia and the positive impact a
119 pharmacy team could have supporting a person with dementia. The events also
120 included the mechanism by which self-certification against the framework would be
121 captured via an on-line platform provided by Pharmoutcomes (web-based IT system
122 allowing data capture of pharmacy services to allow commissioners to audit their
123 activity). Staff were asked to log on to this system where the framework could be

124 accessed to select yes/no against each of the criteria. The responses were
125 summarised to show overall compliant (green) or non-compliant (red) status for the
126 pharmacy. Each pharmacy could keep accessing the platform up until the deadline
127 to update their responses, and amend their status as relevant.

128 As it was not compulsory to attend an engagement event, the two LPCs also sent
129 out information directly to all pharmacies to encourage uptake.

130 Pharmacies had until 31st March 2018 to upload self-certification. If all 38 essential
131 criteria were completed through this process then pharmacies were awarded a £400
132 payment. As part of the service specification for funding, a validation process was
133 put in place where purposive selected pharmacies were visited 2 to 3 months after
134 the March deadline to check that self-certification was accurate. Both independent
135 pharmacy contractors and pharmacies part of a chain were included. The visits were
136 undertaken by two members of a group of three who had delivered the engagement
137 events. AM was involved in 8 of the 12 visits. A template validation visit report was
138 developed and included specific information to see/ask about for each criteria within
139 the framework. In addition three further questions were asked exploring engagement
140 with the additional criteria, how the framework had altered pharmacy operation and
141 what had been learnt from the process. Answers to these questions were directly
142 recorded on to the template. No audio recordings were made. Data was thematically
143 analysed by PR. If any pharmacy failed this validation visit dementia friendly status
144 and any payments were withdrawn.

145 There was no requirement for ethical approval as this was an extension to the
146 service already offered by community pharmacies and did not constitute research as
147 defined by NHS health research authority. However, all staff from the pharmacies

148 visited did give verbal consent for their data to be used in published materials.

149 Nobody approached to be interviewed refused this request.

150

151 Results

152 Data were received from 355 (70%) pharmacies, of which 324 self-certified that
153 they had met all 38 essential criteria. Of the 31 that did not, 19 pharmacies achieved
154 scores between 35 and 37; these pharmacies, along with a further 5 pharmacies that
155 had technical issues of uploading data to the online platform, were given an
156 additional 7 days to review their entries. As a result 330 pharmacies across Wessex
157 were accepted and given Dementia Friendly Pharmacy status.

158

159 Forty-five staff members from the 12 pharmacies (range 3-7 staff per pharmacy)
160 were spoken to during the visits to establish compliance with the framework. Those
161 spoken to included pharmacists, accredited checking technicians,
162 technicians/dispensers, medicine counter assistants, health champion and
163 managers. The validation process showed that 11 of the 12 pharmacies visited did
164 demonstrate compliance with all 38 essential criteria. Only one pharmacy was
165 deemed not to fully comply, as staff were unable to answer all questions about the
166 framework or show documented information to support their claim of meeting the
167 essential criteria. This pharmacy was the only one whose staff had not attended an
168 engagement event. Apart from this one pharmacy, it was apparent that the
169 framework had made staff more aware of how better to support patients with
170 dementia as exemplified by comments such as:

171

172 *'Awareness amongst the staff has greatly increased in terms of factors such as the*
173 *environment and colours..... The pharmacy team have been sharing details with*
174 *colleagues in other areas of the store e.g. opticians, check out and also with their*
175 *line manager and above. [multiple pharmacy chain located in a superstore]*

176

177 *'We were already doing a lot of things, however the framework has helped formalise*
178 *the process and make things more official.....It has certainly raised awareness of*
179 *dementia amongst the pharmacy team. It has also helped with handling/dealing with*
180 *queries from patients with dementia and in particular with any patient who is about to*
181 *start having additional support e.g. medication compliance aids. The team will now*
182 *take patients with dementia to a quiet area or to the consultation room away from the*
183 *counter when serving them..... This [the framework] has made the staff more aware*
184 *of what they can do to support patients who may have memory issues [independent*
185 *pharmacy chain].*

186

187 *'The staff have more confidence about giving advice on how to prevent dementia. By*
188 *doing the framework the team members have realised how much they can support*
189 *each other as well as their patients as it has allowed members of the team to openly*
190 *discuss how someone in their family having dementia has impacted on their own*
191 *personal lives' [multiple pharmacy chain located in a superstore].*

192

193

194

195

196 Discussion

197 A dementia friendly framework was developed and implemented across a large
198 number of pharmacies in the South of England. It showed that with incentivisation
199 pharmacies were willing to become Dementia Friendly. However, validation visits did
200 suggest that engagement was more than just monetary as staff were able to provide
201 examples of changes in their practice and felt more empowered to talk with patients.
202 This seems to suggest the framework is a useful vehicle by which community
203 pharmacies can improve the way they provide services to patients with dementia as
204 advocated by previous research.⁸⁻⁹

205 The success of this innovation utilising a framework may have partially been
206 influenced by English community pharmacies familiarity with such approaches – for
207 example the adoption of the now national Healthy Living Pharmacy concept.¹⁰ Such
208 framework approaches to augment innovation in community pharmacy are generic
209 and therefore could easily be adopted by other countries operating under different
210 healthcare structures to achieve improvements in patient care. Ideally such
211 approaches need to be integrated across health and social care to provide co-
212 ordinated care pathways for patients – something which was lacking in this service
213 innovation as exemplified by medical practices and community pharmacies
214 independently creating solutions to be more dementia friendly.

215 We do recognise that these findings must be tempered by the nature of self-
216 certification and the small proportion of validation visits. However, this type of
217 initiative appears to have been recognised by NHS England as the new contractual
218 framework for community pharmacy for 2019/20 to 2023/24, includes the need for all
219 patient facing staff to be Dementia Friends and for the pharmacy to complete a

220 “specified dementia-friendly environment checklist and action plan”. Whilst this was
221 not identical to the framework used in Wessex there were similarities and it is
222 possible the successful work completed within Wessex influenced the national
223 thinking around dementia.

224 Conclusion

225 Co-operation between stakeholders, commissioners and community pharmacy
226 teams allowed the dementia friendly framework to be devised and implemented with
227 a high level of uptake by community pharmacy.

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242 References

243

244 1. Alzheimer's Society (2014.). Opportunity for change.

245 [https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/dementia_2014](https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/dementia_2014_opportunity_for_change.pdf)
246 [opportunity_for_change.pdf](https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/dementia_2014_opportunity_for_change.pdf). (accessed September 23, 2020).

247

248 2. Community Pharmacy South Central (2019). Dementia Friendly Pharmacies.

249 <https://www.cpssc.org.uk/professionals/dementia-friendly-pharmacies>. (accessed
250 September 23, 2020).

251

252 3. Pharmaceutical Services Negotiating Committee Briefing 054/18 (2018) Quality

253 Payments – How to become a Dementia Friend. Pharmaceutical Services

254 Negotiating Committee. [https://psnc.org.uk/wp-content/uploads/2018/10/PSNC-](https://psnc.org.uk/wp-content/uploads/2018/10/PSNC-Briefing-054.18-Quality-Payments-2018-19-How-to-become-a-Dementia-Friend.pdf)

255 [Briefing-054.18-Quality-Payments-2018-19-How-to-become-a-Dementia-Friend.pdf](https://psnc.org.uk/wp-content/uploads/2018/10/PSNC-Briefing-054.18-Quality-Payments-2018-19-How-to-become-a-Dementia-Friend.pdf)
256 (accessed 4 March, 2020).

257 4. Greater Manchester LPC. (2019). Dementia-Friendly Pharmacy.

258 [https://psnc.org.uk/greater-manchester-lpc/service-information/dementia-friendly-](https://psnc.org.uk/greater-manchester-lpc/service-information/dementia-friendly-pharmacy-framework/)
259 [pharmacy-framework/](https://psnc.org.uk/greater-manchester-lpc/service-information/dementia-friendly-pharmacy-framework/) (accessed 4 March, 2020).

260 5. Alzheimer's Society (2015). Creating a dementia-friendly workplace. A practical
261 guide for employers.

262 [https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/creating_a_dem](https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/creating_a_dementia-friendly_workplace.pdf)
263 [entia-friendly_workplace.pdf](https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/creating_a_dementia-friendly_workplace.pdf) (accessed 6 May, 2020).

264

265 6. Alzheimer's Australia (2017). Creating dementia-friendly communities. Business
266 toolkit. [https://www.dementiafriendly.org.au/sites/default/files/resources/The-](https://www.dementiafriendly.org.au/sites/default/files/resources/The-Dementia-friendly_Business-Toolkit.pdf)
267 [Dementia-friendly_Business-Toolkit.pdf](https://www.dementiafriendly.org.au/sites/default/files/resources/The-Dementia-friendly_Business-Toolkit.pdf) (accessed 6 May, 2020).

268

269 7. Stafford A. The pharmacist's role in supporting people living with dementia in the
270 community. *Australian Pharmacist*. 2015;**36**:36–39.

271 8. Bennett KA. Supporting pharmacy practice: Creating a dementia-friendly
272 pharmacy. *Australian Pharmacist*. 2015;**34**:50–52.

273 9. Gilmartin-Thomas JF-M, Orlu M, Alsaeed D, Donovan B. Using public
274 engagement and consultation to inform the development of ageing- and dementia -
275 friendly pharmacies - Innovative practice. *Dementia*. 2017; **4**:1237-1243.
276 <https://doi.org/10.1177/1471301217725896>.

277

278 10. Pharmaceutical Services Negotiating Committee (2020). Healthy Living
279 Pharmacies. [https://psnc.org.uk/services-commissioning/locally-commissioned-](https://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/)
280 [services/healthy-living-pharmacies/](https://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/) (accessed 23 September 2020).

281

282

283

284

285

286

287