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East of England

Bedfordshire and Hertfordshire Dementia Alliance



Dementia Education and Training in Hertfordshire and Bedfordshire:

An organisational audit commissioned by Health Education
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Bedford Hospital NHS Trust
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Luton Borough Council

East & North Herts CCG
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DISCLAIMER:

This report presents findings of an independent audit commissioned by Health Education East of England. The views expressed in this report are those of the authors and not necessarily those of Health Education East of England and/or of any of the NHS Trusts and education providers consulted.

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Glossary

BMJ	British Medical Journal
CCG	Clinical Commissioning Group
CPD	Continued Professional Development
CQUIN	Commissioning for Quality and Innovation
DH	Department of Health
EMDASS	Early Memory Diagnosis and Support Service
EoE	East of England
EQF	European Qualifications Framework
GP	General Practitioner
HCPA	Hertfordshire Care Providers Association
HEDN	Higher Education Dementia Network
HEE	Higher Education England
HEEoE	Higher Education East of England
HPFT	Hertfordshire Partnership University NHS Foundation Trust
HTDC	Hertfordshire Training and Development Consortium
LA	Local Authority
LETB	Local Education and Training Board
NACP	National Association of Primary Care
NHS-KSF	NHS Knowledge + Skills Framework
NMDA-SC	National Minimum Data Set – Social Care
NOCN	National Open College Network
NOS	National Occupational Standard
NQF	National Qualifications Framework
OCN	Open College Network
Ofqual	Office of Qualifications and Examinations Regulation
PLWD	People living with dementia
PVI	Private, Voluntary, Independent (Hertfordshire Training and Initiative Partnership)
QAA	The Quality Assurance Agency for Higher Education
QCF	Qualifications and Credit Framework
RAID	Rapid Assessment Interface and Discharge
RCGP	Royal College of General Practitioners
RCN	Royal College of Nursing
RCP	Royal College of Physicians
RCPsych	Royal College of Psychiatrists
RITE	Recovery and Integration Training and Education
SCIE	Social Care Institute for Excellence
SEPT	South Essex Partnership Trust
SVQ	Scottish Vocational Qualifications
WDF	Workforce Development Fund

Executive Summary

This audit established the range of dementia education and training available to NHS staff, social care staff and GPs across Hertfordshire and Bedfordshire. It reports on current uptake of training, course content, assessment and accreditation of training, and makes recommendations for future commissioning.

Data collection took place from September to November 2014 and involved 28 organisations, six of which were NHS Trusts in Hertfordshire and Bedfordshire, 14 education providers in health and social care, four Local Authorities and four clinical commissioning groups in the two counties.

A multi method approach to data collection involved ten face to face interviews, 41 telephone interviews, documentary reviews of competency frameworks and related literature, and web-searches of an additional 13 organisations that provided dementia education in Hertfordshire and Bedfordshire. Communication and correspondence involved over 120 telephone calls and more than 50 emails to obtain narrative and numerical data.

Range of dementia specific education and training provided to NHS Staff, social care staff, and GPs in Hertfordshire and Bedfordshire

The provision of dementia education was driven by commissioners of education working with local NHS Trusts, CCGs, Local Authorities, education providers across social care and higher education institutions. Three of the four local CCGs commissioned dementia education and training.

The six participating NHS Trusts in Hertfordshire and Bedfordshire offered a range of dementia education and training, the majority of which was focused on dementia awareness training; equivalent to tier 1 as defined by the Health Education England Mandate¹. Education was delivered predominantly in-house via experienced professionals, invited speakers and clinical leads in dementia. External education providers included professionals of related fields of expertise such as the Rapid Assessment Interface and Discharge (RAID)² services, Early Memory Diagnosis and Support Service (EMDASS)³, and RESPECT⁴, a service which teaches on how to de-escalate and safely support aggressive behaviours sometimes displayed by people living with dementia (PLWD).

Twenty five separate health and social care education providers offered 85 different courses. Of the 85 courses reviewed 58 (68%) were dementia specific, whilst others contained dementia specific modules.

The majority of courses commissioned across Bedfordshire and Hertfordshire were located at tier 1, that is, promoting dementia awareness in the workforce. Most courses (76%) were delivered face to face, 13% online.

GPs' main reference point for dementia specific education was the Royal College of General Practitioners (RCGP)⁵, which offers various specialist courses and events. We were unable to establish whether any of these courses had been taken up by GPs in the two counties.

Course content, assessment and accreditation

Of the 85 courses on offer by health and social care education providers that were identified only 43% were accredited by a professional organisation. Fifty three (62%) included assessment in the form of course-work, online and work-based portfolios and work-based evidence. Of these, 37 were accredited.

Courses offered by Further Education (FE) colleges in the two counties were accredited by the Quality Credit Framework (QCF)⁶. Dementia specific one-off study days offered at the two local universities were not accredited. However, attendees' organisations may count them as part of staff continuous professional development (CPD). Dementia specific modules offered at the two local universities at level 6 (Honours) and at level 7 (Masters) were accredited by the Quality Assurance Agency for Higher Education (QAA)⁷. Courses offered did not include public patient involvement (PPI) input.

Much dementia education and training took place at tier 1 where learning was either not assessed or self-assessed, and some at the level of higher education and learning. There was a noticeable gap in between these levels. Most of the content in non-assessed and non-accredited courses was knowledge based, whereas accredited courses included both knowledge based and competency based assessments at various levels. The main difference between the various dementia competency frameworks used and the Qualification Credit Framework (QCF) (discussed in Section 3.4), lies in the accreditation of learning. Courses that were either not assessed or self-assessed but not accredited did not contribute to a recognised next stage of progression. Accredited courses did reflect stages of

progression and, as such, offered a structured pathway toward workforce development.

Comparison of chosen approaches between organisations

Organisations chose a range of in-house dementia training sessions and used a variety of external education providers. There were no marked differences in the provision of dementia education between the acute Trusts. The Mental Health Trust and the Community Trust tailored staff education specifically toward their remit.

Whilst most participating organisations across health and social care kept records of numbers of staff trained, some organisations recorded information only partially or not at all. It was therefore not possible to obtain figures for comparative purposes, except for the set of numbers reported to the EoE LETB.

The six participating Trusts aimed dementia training at registered nurses and clinical support workers. In social care, figures obtained via the National Minimum Data Set – Social Care (NMDS-SC)⁸ indicated that the majority of staff trained worked in adult domiciliary care and adult residential care. However, this information may be skewed, as it is only mandatory for Local Authorities to submit training information to the NMDS-SC, but not for private sector, voluntary sector, and independent education providers (PVIIs). The main reference point for GPs was the RCGP, which did not keep records of GPs' event attendances at a central place. Comprehensive detail regarding numbers of staff trained based on CCG commissioning was only available from some local authorities and CCGs.

Future training and education plans, possible gaps

The majority of dementia education and training was located at tier 1, but such training was either not assessed, or self-assessed, and not accredited. Only one NHS Trust offered learning that is accredited at further education levels. There is a clear gap of dementia education and training between the foundational level and higher education modules offered.

Conclusions

- Across the six NHS trusts and social care providers there has been considerable investment in dementia awareness training for frontline staff, in particular for support workers and nurses.
- The audit revealed a rich resource of dementia education and training, some of which had developed competency frameworks that could be exploited further by

health and social care organisations in Hertfordshire and Bedfordshire. Nevertheless, the majority of education and training was in house.

- The CQUIN target was a major influence on the uptake of dementia education and training. The increase in one off study events, however, did not necessarily lead to further investment in a programme of education and training.
- Where an on-going programme of in house training was linked to existing training, opportunities for transferable learning in the organisation were exploited, and there was more evidence of coherence of approach, continuity and opportunities to build on earlier learning. Key to this was either a designated person who led on dementia education and training and/or an organisational commitment that involved all staff and not just particular occupational groups.
- Assessment of the value and relevance of tier 1 training was limited to staff assessment. It was unclear whether feed-back was collated to highlight knowledge gaps in the workforce and inform further training.
- Five competency frameworks for dementia care were identified, two of which were discipline specific and reflected specialist level for practice in dementia care. Apart from the use of QCF assessment we found little evidence of systematic approaches to assessment of Dementia Education and Training in the two counties.
- The HEE three tiers of dementia education and training do not necessarily map onto the levels of achievement that are defined by the QCF and the Higher Education Framework. This may be a future source of confusion when seeking to establish the competency levels of the workforce, identifying which courses are most appropriate for which occupational group, and the identification of gaps in provision.
- We found limited evidence of management level staff being involved or exposed to dementia education and training. This could have implications for organisational endorsement and ongoing commitment for workforce development in dementia care.
- Both local universities were developing more advanced courses in dementia training and, in the case of the University of Hertfordshire, had an explicit commitment to threading dementia education through all the vocational courses in health and social care.
- An unintended consequence of investment in multiple study days makes it difficult to identify how organisations might build on tier 1 equivalent training to avoid duplication and gaps in learning.
- General Practitioners, practice based staff and Community Pharmacists have access to dementia education and training, but it was not possible to identify who had taken this up.

- The absence of a common approach to recording and tracking staff participation in dementia education and training, both within and across organisations, makes it difficult to know who in the workforce and the clinical settings has benefited. Social care appeared to have more detailed records than their NHS counterparts.
- Where there was an organisational strategy for dementia, for example in Local Authorities, it was easier to identify how education and training fitted with the wider aims of the organisation.
- All Trusts identified the ongoing issues of releasing staff for training and education even when funding was available for backfill.

Recommendations

- Future commissioning for dementia education and training might need to consider who in the workforce needs to be targeted, whether or not there should be different sets of competencies, accreditation of learning that leads to recognised steps of progression, and joint commissioning of health care and social care organisations to deliver dementia education and training.
- Opportunities for cross organisational learning and shared investment in dementia training and education for different occupational groups could exploit existing resources and methods of assessment.
- The Dementia Alliance for Bedfordshire and Hertfordshire could be a useful platform for the development of a locally agreed and implemented programme of dementia education and training. Nominated leads from each representative organisation could agree on:
 - ❖ How to implement HEE tiers 2 and 3 education and training consistently across the two counties
 - ❖ A common framework for recording and tracking who has participated in learning and training in dementia
 - ❖ How this is linked to other initiatives such as dementia friendly environments and dementia specific services

1 INTRODUCTION AND BACKGROUND

The G8 Dementia Summit Declaration⁹ acknowledges the impact of dementia on societies and spells out the UK Government's commitment to lead on social impact investment. This includes the integration of dementia care pathways across health and social care¹⁰⁻¹⁵ and the Department of Health's Mandate to Health Education England (HEE)¹ to provide dementia specific education and training. Local Education and Training Boards (LETBs) and Workforce Partnerships are responsible for developing a workforce strategy that can support the development of the health and social care workforce in their geographical areas through dementia education and training.

Approximately 100,000 NHS staff have been trained at tier 1 level¹. The aim is to increase this figure to 250,000 by March 2015¹. Tier 1 seeks to ensure that all staff will have higher levels of dementia awareness, will be able to provide dementia sensitive care and know how and when to direct patients and carers to appropriate support. This foundation level training will be augmented by further training (tier 2) for those in regular contact with people living with dementia, and tier 3 training to develop key staff as experts and leaders in dementia care.

The rapid implementation of tier 1 training and the delivery of linked initiatives have led to a range of training providers offering on-line resources, in-house training programmes, workshops, dementia training that is integrated with existing programmes, and accredited courses run by colleges and universities¹⁶⁻¹⁸. These approaches aim to sustain and integrate learning into everyday practice and to embed an ongoing commitment to shared learning and development in dementia care across the workforce. As such, they support Higher Education East of England's (HEEoE) remit of developing a regional workforce. In order to support their workforce planning processes¹⁹, the Workforce Partnership for Bedfordshire and Hertfordshire²⁰ commissioned an audit that would produce base-line data on the provision of dementia education and training across the two counties.

1.1 Aims and objectives

The aim of this audit was to provide information on the different types of dementia education commissioned by the six NHS Trusts in Hertfordshire and Bedfordshire and by the main education providers used across the two counties, and to explore course content, mode of delivery, whether learning was being assessed, and if so,

¹ Tier 1 training constitutes foundation level dementia training that increases awareness of dementia, enables staff to recognise and understand dementia, and helps individuals and organisations to interact with people living with dementia and to signpost patients and carers to appropriate support.

which competency frameworks were used. This baseline data will be used inform the development, commissioning and implementation of tier 2 and tier 3 training respectively. The specific objectives were to:

- Provide information about the range of dementia specific training provided to NHS staff, including GPs, and social care staff in Hertfordshire and Bedfordshire
- Describe programme content and establish whether the education and training programmes include a competency framework and/or assess participants' competencies in dementia care
- Provide a comparison of chosen approaches within and between organisations and how staff learning is assessed
- Identify information on future training and education plans and possible gaps in provision for the next 12 months

The audit's focus was on education and training for health care and social care professionals. This did not include training initiatives such as Dementia Friends or Dementia Friends Champions which are designed to raise dementia awareness in the wider community.

2 METHODS

2.1 Recruitment

To identify the main NHS providers of dementia education and training across the two counties, we worked with members of the recently established Bedfordshire and Hertfordshire Dementia Alliance, the HEE workforce partnership responsible for the two counties, representatives of the six local NHS Trusts responsible for education and training, providers of dementia education in health and social care, local Higher Education Institutions, and representatives of local authorities and clinical commissioning groups. Organisations were invited to participate via face to face, telephone and email contact.

2.2 Data collection

Data collection took place from September to November 2014. We interviewed representatives of local NHS Trusts to collect data on numbers of staff trained and course content.

Data were held in different formats and in different locations within organisations, which necessitated approaching a range of people telephonically, via email, and in face to face interviews. Data pertaining to dementia specific education and training offered by the main social care providers were collected via a web-audit in the first instance, and followed up with telephone interviews and emails. We established current uptake of training, preferred approaches, perceived facilitators and barriers to dementia education and training, and NHS Trusts' plans for future dementia specific education and training. The audit also reviewed documents such as competency frameworks and related literature. Participating organisations are listed in alphabetical order:

- Alzheimer's Society
- Bedfordshire Local Pharmaceutical Committee
- Carers in Bedfordshire
- Carers in Hertfordshire
- Hertfordshire Care Providers Association (HCPA)
- Hertfordshire Local Pharmaceutical Committee
- Royal College of General Practitioners (RCGP)
- Skills for Care
- Skills for Health
- South Essex Partnership Trust (SEPT)
- The Kings Fund
- Quantum Care
- University of Bedfordshire
- University of Hertfordshire

NHS Trusts by county:

- East and North Hertfordshire NHS Trust
- Hertfordshire Community NHS Trust
- Hertfordshire Partnership University NHS Foundation Trust
- West Hertfordshire NHS Hospital Trust
- Bedford Hospital NHS Trust
- Luton and Dunstable University NHS Foundation Trust

Councils by county:

- Hertfordshire County Council
- Bedford Borough Council
- Central Bedfordshire Council
- Luton Borough Council

Clinical Commissioning Groups (CCGs) by county:

- East & North Herts CCG
- Herts Valley CCG
- Bedfordshire CCG
- Luton CCG

3 FINDINGS

This audit involved 28 organisations, six of which were NHS Trusts in Hertfordshire and Bedfordshire, 14 education providers in health and social care, and the four local authorities and four clinical commissioning groups in the two counties. Data were collected via ten face to face interviews, 41 telephone interviews, documentary reviews of competency frameworks and related literature, and web-searches of an additional 13 health and social care dementia education providers. Communication and correspondence involved over 120 telephone calls and more than 50 emails to obtain the narrative and numerical data collected.

Health care providers had recorded numbers of individuals trained in a variety of formats, which is why it was not possible to obtain a uniform set of numbers across organisations to facilitate comparison. Some health and social care education providers had not kept numbers of people trained per county, although estimates for Hertfordshire and Bedfordshire were obtained through the National Minimum Data Set – Social Care (NMDS-SC)⁸. The web-audit of education providers in health and social care produced information relating to course content, assessment, accreditation and public patient involvement (PPI).

3.1 Dementia education and training provided by NHS Trusts

Dementia specific education and training offered and commissioned by the six NHS Trusts in Hertfordshire and Bedfordshire spanned in-house training, education and training commissioned from external education providers, and provision of access to on-line training as shown in Table 1.

Table 1: Dementia education and training providers used by NHS Trusts

Education providers used	Trust 1	Trust 2	Trust 3	Trust 4	Trust 5	Trust 6
In house	✓	✓	✓	✓	✓	✓
Private providers		✓			✓	
University of Bedfordshire	✓	✓			✓	
University of Hertfordshire			✓	✓	✓	✓
University of Stirling					✓	
Open University						✓
e-learning NHS		✓		✓	✓	✓
e-learning SCIE		✓		✓		✓
e-learning RC Psych					✓	
RC Psych Module					✓	
Other (open forum / public service events)					✓	

3.1.1 In-house training

As indicated in Table 1, the majority of training was offered in-house. This included dementia specific information provided at induction, informal training sessions, clinical top up sessions, training through RAID² and EMDASS³, on-line resources, and sessions designed for Dementia Champions. Training sessions lasted from ½ hour at induction to full-day events involving clinical top up sessions. It was not possible to identify how staff were identified.

At induction, programmes included dementia relevant topics such as safeguarding, basic knowledge and understanding of dementia, and the care of frail, older people.

Top-up sessions or in-house dementia days involved external speakers and clinical leads who presented topics in more depth, for example:

- palliative care and dementia
- disease processes of dementia
- knowing the difference between dementia, depression and delirium
- promoting dignity in the care of people living with dementia (PLWD), and
- the impact of dementia on people living with dementia (PLWD) and on informal carers.

However, there was no continuous programme of training.

Clinical experts offered in-house dementia education and training, for example RAID² Teams, which provide a mental health service for patients in general hospitals, and by EMDASS³, which provide an assessment for people who have concerns about possible memory problems and support for those who need it.

Some Trusts also focused on issues of risk and transferable training. For example, one Trust provided training that involves “supportive de-escalation techniques to empower staff and service users to resolve situations before they intensify”⁴. This training is used in a variety of settings (learning disabilities, autism) and can be adapted to working with people living with dementia.

This Trust also offered Health and Social Care training that was accredited by the Qualification Credit Framework (QCF) to support staff and qualified staff.

Medical staff accessed the e-learning dementia syllabus for medics (Mental Health Act and Mental Capacity Act), and the B3 module for medical doctors, both of which are offered by the Royal College of Psychiatrists. E-learning included NHS e-

learning packages, an open programme offered by the Social Care Institute for Excellence (SCIE), and the use of on-line modules available on the Alzheimer's Society website.

Another Trust used a Train the Trainer model to cascade dementia awareness training and learning to colleagues who were community based. Trainers were highly experienced practitioners.

3.1.2 Training through external education providers

Training provided by external providers consisted primarily of Dementia Awareness Study Days held at the two local universities. Numbers of attendees shown in Tables 2, 3, and 4 were drawn from the records held by the University of Hertfordshire. Figures for the University of Bedfordshire were not available. All figures reported pertain to the last two financial years (FY), that is, from April 2012 – end of March 2014.

Table 2: Type and number of study days commissioned at the University of Hertfordshire FY 2012-2013

Study days commissioned	Trust 3	Trust 4	Trust 5	Trust 6	Total
Pain Management	0	0	116	5	121
Dementia Awareness	63	44	40	14	161
Total	63	44	156	19	282

Table 3: Type and number of study days commissioned FY 2013-2014

Study days commissioned	Trust 3	Trust 4	Trust 5	Trust 6	Total
Dementia Awareness	105	9	38	0	152
Dementia Champions	0	10	0	0	10
Total	105	19	38	0	162

Table 4: Total study days commissioned FY 2012-2014

Study days commissioned	Trust 3	Trust 4	Trust 5	Trust 6	Total
FY 2012 – 2013	63	44	156	19	282
FY 2013 – 2014	105	19	38	0	162
Total	168	63	194	19	444

In addition to using the two local universities and various on-line NHS and SCIE e-learning modules as part of staff training, NHS Trusts also sought information and guidance on environmental design for people living with dementia (PLWD)

University of Stirling and The Kings Fund, but these were one off events rather than ongoing programmes.

Longer term relationships were established with private providers who use simulation suits to convey a sense of the physical limitations experienced by a person with dementia, and providers that train on de-escalation techniques. Both constitute transferable learning.

3.1.3 Estimated numbers of staff trained in participating NHS Trusts

It was not possible to obtain a uniform set of figures for comparison between Trusts. NHS Trusts in the two counties captured information related to dementia education and training in different ways. Some provided information by staff groupings that were similar to those submitted to the HEEoE LETB, but not exactly the same. Others had captured information by pay band, and others had not differentiated between staff groups or professions. The most reliable figures available to date therefore are those submitted to the HEEoE LETB, shown in Table 5. These numbers include all training received, whether provided in house, via external providers, or delivered via a cascading model as was the case in one of the Trusts.

Table 5: Estimated numbers of staff trained in participating NHS Trusts FY 2012-2014

Staff group	Trust 1	Trust 2	Trust 3	Trust 4	Trust 5	Trust 6	Total
Medical & dental	95	0	0	13	1	0	109
Registered nursing	626	139	0	311	139	353	1568
Scientific/therapeutic	0	27	0	202	23	13	265
Qualified ambulance	0	0	0	0	0	0	0
Clinical support	53	85	0	206	202	131	677
Information support	63	12	0	2	12	10	99
Other	239	0	0	0	0	8	247
No break-down	0	0	486	0	0	0	486
Total	1076	263	486	734	377	515	3451

The majority of staff trained were registered nurses, followed by clinical support staff. With the exception of one Trust, Dementia Champions were not captured as a separate group as this is a role that can be conferred to a range of professionals.

Learning in NHS Trusts also includes school leavers and adult learners doing apprenticeships, and newly qualified nurses doing preceptorships. Basic dementia

awareness training at tier 1 is embedded in all new apprenticeships (Band 2) and will be included in preceptorships (Band 5).

3.1.4 Course content, assessment of learning and accreditation

Dementia specific education provided to NHS staff ranged from basic dementia awareness for all clinical staff to specific mandatory dementia modules for medical staff. As indicated in Table 6 below, the majority of in-house training provided was foundational and covered basic content. Health Education England’s definition of foundational level dementia training is that “...this is tier 1 training to familiarise staff managing patients affected by dementia with recognising and understanding dementia, interacting with those with dementia, and to be able to signpost patients and carers to appropriate support”¹. According to this definition, the majority of courses currently provided to NHS staff are located at tier 1. There was no approach as to how learning was assessed, except through learners’ feedback forms in the various sessions provided. Formal definitions of tier 2 and tier 3 dementia training have yet to be published.

Recent literature²¹, current qualification and credit frameworks used in dementia education and training^{22,23}, and recent desk research²⁴ apply the concept of ‘tiers’ to certain sets of competencies, rather than to formally assessed levels of achievement that are clearly delineated and offer recognised pathways of progression. These ‘tiers’ are not equivalent to levels of achievement as defined by the QCF or by Higher Education Frameworks. This study therefore uses the term ‘category’ rather than ‘tier’ in order to avoid confusion. Categories or levels of training are set out in Figure 1. Based on the dementia specific education and training currently provided by NHS Trusts and the guidance on competencies outlined by SW HEE, course content falls into three categories:

Figure 1: Dementia education per category

Category A	<ul style="list-style-type: none"> • Learning is not formally assessed (learners’ feed-back only) • Course content is not credit bearing
Category B	<ul style="list-style-type: none"> • Learning is formally assessed • Course content is credit bearing and assessed using the Qualifications Credit Framework as set out by the Office of Qualifications and Examinations Regulation (Ofqual)⁶
Category C	<ul style="list-style-type: none"> • Learning is formally assessed • Course content is credit bearing and assessed using the Higher Education Credit Framework as set out by the Quality Assurance Agency for Higher Education (QAA)¹⁸ • Dementia specific education for medical doctors offered by the RCN¹⁸ and RCGP^{5,25}, which use their own credit frameworks

As indicated in Table 6, the majority of training was located in Category A, which in this report refers to training that is non-assessed, not accredited, and does not provide a recognised path of progression.

Table 6: Categories or levels of training

Types and levels of teaching / training	Category A	Category B	Category C
In house – induction	✓		
In house – dementia sessions / dementia day	✓		
In house - Dementia Champions - sessions	✓		
In house - Dementia Champions - Train the Trainer	✓		
In house – RAID	✓		
In house - City + Guild L2 and L3 (part of HSC curricula)		✓	
In house - Alzheimer’s Module 4 (Brain tour)	✓		
External provider: RESPECT sessions	✓		
e-learning NHS	✓		
e-learning SCIE	✓		
e-learning Royal College of Psychiatrists			✓
University of Bedfordshire study days	✓		
University of Bedfordshire PG Module L6, L7			✓
University of Hertfordshire study days	✓		
University of Hertfordshire PG Module L6, L7			✓
Open University - Dementia Course			✓
Foundation programme for medical doctors			✓
Preceptorships for nurses (some dementia content)	✓		
Other: open forum events; public service events, e.g. Advanced Dementia Pathway (HCPA)	✓	✓	

A full discussion of competency frameworks and qualification frameworks will be presented in Section 3.4.

3.1.5 Facilitators and barriers to dementia education and training

Interviews with the six NHS Trusts in Hertfordshire and Bedfordshire revealed a range of facilitators and barriers to dementia education and training across the Trusts. These are listed in Table 7. Reported enablers consisted of a mix of having to meet CQUIN requirements, staff interest in training and good feedback received from training sessions. Barriers included lack of time to attend training, location of training, staff not always understanding the need for training, and releasing staff to attend training. Even when funds to backfill staff were available this did not automatically mean that staff could be released for training.

Table 7: Enablers and barriers to dementia specific education and training for staff by Trust

	Enablers to staff attending training	Barriers to staff attending training
Trust 1	Staff are very keen on dementia training	Staff don't have time to attend; difficult to fit training sessions into shifts / rotas Lack of communication between staff people who book days and people who read this; as a result study days are often booked on days when staff are off There are some bank staff, but there is no money to backfill
Trust 2	Enthusiasm of staff to attend training Trying to plan study days around staff's days off	Releasing staff to attend study days
Trust 3	Staff are motivated	Lack of time to attend; difficult to fit training sessions into shifts / rotas Staff do not always understand the need for dementia education & training
Trust 4	Training is ward based and referred to as "In-service training"; hence practice relevant and direct application (both back at base and in community clinics and settings)	Staff who are working in the community find it difficult to travel to 'the base' Difficult to release for training Dementia training is not compulsory yet which makes replacements less of a priority than having to release staff for mandatory training Staff support to attend training: Less, as it is on the ward training
Trust 5	CQUIN For inpatients there is a clinical management commitment Dementia leads know who might need bespoke training	On-line skills might be basic (older nursing workforce); time constraints – no backfill (around 20% capacity through bank-staff; rarely [if ever] use agency staff); no protected time Lack of mandatory training participation can affect appraisal
Trust 6	Word of mouth; good feed -back about quality of training; part of induction	Time / staffing levels / shortage of nurses Staff supported to attend training: some agency staff, but hardly

Barriers to staff attending training are not unique to dementia training, but appear to be widespread in organisations such as NHS Trusts and care homes.

3.1.6 Trusts' future plans for dementia education and training

As shown in Table 8, Trust's plans referred to organisational changes such as accreditation for specific clinical areas, and on the development of learning materials.

Table 8: Future plans for dementia education and training by Trust

Trusts' Future Plans	
Trust 1	To make the clinical update day more scenario based
Trust 2	Submitted Dementia Strategy proposal to chief nurse wanting to develop a workbook for tier 2 training that can be assessed
Trust 3	Develop a suite of e-learning modules (bespoke as well) Patient pathway training for dementia (map) from admission to discharge, and perhaps make a video of the process Roll out simulation training (bought a simulation suit) Role play Conflict resolution/high risk
Trust 4	Train a further 500 staff in dementia awareness
Trust 5	Perhaps specific dementia training should not be mandatory but self-directed if based on interest; at certain levels perhaps? Draw from the RCPsych AIMS programme for Mental Health (this is accrediting 'ward care' (an organisational accreditation) Transformative learning from other fields. For example, apply lessons from the field of learning disabilities to dementia to learn how to use positive, safe, restrictive practice when dealing with patients' aggressive behaviour.
Trust 6	Additional dementia specific training for staff working primarily with people living with dementia, for example activity co-ordinators and nurses with responsibility for patients living with dementia

3.2 Dementia education and training for General Practitioners: The role of the RCGP

Dementia education and training for General Practitioners was accessed via the Royal College of General Practitioners (RCGP) (ML 19.11.2014)²⁶. The RCGP operates a rolling *Clinical Priority Programme*, and each priority has a three to five

year lifespan. Dementia is a current priority that is due to end in March 2015. Priorities are identified by application by stakeholder groups and anyone can apply. RCGP advertise when this is available. The programme is currently under review²⁶.

RCGP operates its own accreditation, for which there is a fee and a rigorous procedure to achieve the required standards⁵. The RCGP only accredits General Practitioner with Special Interest (GPwSI) frameworks²⁷, but not individual GPs with special interest, and therefore does not hold information on the take-up of training attended by GPs with a special interest for Older People (DM, 6.11.2014). Further information is available from the RCGP website²⁷.

Dementia care training was not mandatory for GPs. Instead, GPs tended to identify their own training needs and access appropriate courses on an individual basis in relation to their specialisms and in accordance with the expectations of continued professional development (CPD). The education and training need might be more about supporting GPs to develop strategies that would improve their ability to provide dementia care, for example an understanding of local relationships that exist outside the health care system, or how to enable patients and carers to access appropriate services and support.

RCGP Faculties can run their own regional events which are locally driven and decided by the membership. Whilst Faculties are based on CCG grouping, the geography of a Faculty is in practice more flexible. At the time of writing this report there was no Dementia Care Training planned by the Bedfordshire & Hertfordshire Faculty for 2015/16 (Ref: Faculty Events Organiser for local area). Faculty events are advertised nationally on the RCGP website, for example a Dementia Awareness day listed for the 10th of December 2014 was an event of the Yorkshire Faculty²⁶. Modules on dementia, delirium and mental health that have been designed for GPs are also listed on the BMJ Learning website²⁸.

The RCGP advised that, due to the diversity of professional development activities offered by the College, data concerning course content and/or attendance were not recorded at a central point. This meant that none were available for this audit. Series of one-day conferences, courses and e-learning were publicised via the RCGP website, such as the one-day conference providing "*expert specialist clinical training and essential information on dementia, which is part of a programme developed by Dr Jill Rasmussen and Professor Louise Robinson, RCGP Clinical Champions for Aging and Older People*"²⁵. RCGP E-learning offered a range of different topics both for General Practitioners (GPs) and nurses.

3.3 Education and Training for pharmacy staff across the two counties

According to the Hertfordshire Local Pharmaceutical Committees no specific dementia education or training was, at this point in time, available for staff. Although a one-off Dementia Friends' Training had been commissioned in 25 pharmacies in Hertfordshire, there was no established training programme for pharmacy staff across the county. We were unable to establish communication with the Bedfordshire Local Pharmaceutical Committee.

Synopsis:

The previous section set out findings regarding dementia education and training provided by NHS Trusts in Hertfordshire and Bedfordshire for NHS staff, estimated numbers of staff trained in participating Trusts, how education and training was assessed and/or accredited, and the credit frameworks used. Dementia specific education for GPs was discussed in relation to training events, the organisation and accreditation of training, and the role of the Royal College of General Practitioners (RCGP).

Key findings:

- The majority of training provided to NHS staff in the six Trusts in Hertfordshire and Bedfordshire was delivered in-house
- The majority of training was situated at tier 1 as defined by HEE
- Such training units did not offer formal assessment and/or accreditation and therefore limited opportunities to build on previous learning
- Education and training for the care of older people could include teaching on dementia
- GPs main reference point for dementia specific education was the RCGP, which offers an array of specialist courses and events
- Numbers and figures of staff trained were kept in numerous formats and were recorded either in part or not at all

The following section reports on competency frameworks, qualification frameworks, assessment and accreditation.

3.4 Competency frameworks, qualification credit frameworks, assessment and accreditation

Literature in dementia education and training uses a variety of concepts such as competency frameworks, credit frameworks, assessments, tiers, levels, principles

and principle standards. Assessment of learning depends on the type of competency framework used. For example, some competency frameworks are based on self-assessment, whilst others are mapped against national occupational standards or are offered by professional bodies that accredit their frameworks but not the individual learner.

Many of the Health and Social care dementia courses on offer, which include dementia specific knowledge-based and competency-based units, use the Qualification Credit Framework (QCF) to assess learning and to confer credits for modules/units taken. This section discusses approaches to assessment and accreditation that undergird competency frameworks and credit frameworks used in dementia education.

3.4.1 Competency frameworks

Norfolk & Suffolk (NSDA) Dementia Competence Framework²²

The Norfolk & Suffolk Dementia Alliance (NSDA) Dementia Competency Framework has been designed for, and made available to, a wide audience. It constitutes a comprehensive guide to improving knowledge of dementia, person centred dementia care, communication, and understanding distressed behaviours. However, learning does not require formal assessment. Instead, individuals **self-assess** their learning. Learning is not linked to credit bearing modules or units.

South West Dementia Partnership / Skills for Health²³

The South West Partnership / Skills for Health Dementia Competency Framework assesses learning according to levels of achievements, which are Step 1: essential; Step 2: enhanced; Step 3: specialist. Where possible, assessment of learning is mapped against suggested national occupational standards (NOS). NOS define the competences in relation to knowledge and the evidence required to confirm competence. Competencies include:

- Knowledge/ awareness of dementia and dementia related issues
- Understanding the behaviours of individuals with dementia
- Enriching the life of individuals with dementia and their carers
- Interaction with individuals with dementia, and with carers/families
- Dementia worker personal development and self-care
- Person centred care, and promoting best practice

The framework also includes some modules that are assessed via the Qualification Credit Framework (QCF) at level 2 (L2) and level 3 (L3). These modules form part of a recognised qualification such as the QCF Framework. Credits earned enable progression toward qualifications such as awards, certificates and diplomas in further education.

Admiral Nurses' Competency Framework (RCN)²⁹

This is a discipline specific framework. The eight core competencies for Admiral Nurses are:

1. Therapeutic work (interventions)
2. Sharing information about dementia and carer issues
3. Advanced assessment skills
4. Prioritising work
5. Preventative work and health promotion
6. Ethical and person centred care
7. Balancing the needs of the carer and the person with dementia
8. Promoting best practice

Competencies are applied at intermediate, advanced and expert level. Expectations at a higher level include providing effective health care, leading and developing practice, innovation and changing practice, improving quality and health outcomes, evaluation and research, developing self and others, working across professional and organisational boundaries.

Accredited RCGP framework for GPs with a special interest in dementia (GPwSIs)²⁷

The RCGP developed "enhanced skills frameworks for GPwSIs working as part of memory services engaged in diagnosis, in an enhanced role with dementia in care homes, or as part of a team supporting people with dementia once they are diagnosed" (p18)²⁷. Each objective (outcome) requires knowledge competencies, skills competencies and attitude competencies. The RCGP has accredited this framework, but does not confer accreditation to individuals.

The Care Certificate Framework³⁰

Skills for Care, Skills for Health and Health Education England, have developed a new Care Certificate which is *currently being piloted*. This certificate "...replaces the previous National Minimum Training Standards and Common Induction Standards". Information pertaining to assessment and accreditation is yet to be finalised.

There is a considerable overlap between these frameworks at the basic level in relation to knowledge skills that demonstrate dementia-awareness, and attitudes/behavioural skills such as sensitivity and compassion. However, there is a distinct difference in the technical skills required, which is evident in the RCN Admiral Nurse's Competency Framework and the Accredited RCGP framework for GPs with a special interest in dementia (GPwSIs)²⁷. Overall, the frameworks discussed align themselves to Bloom's (1956) taxonomy of educational objectives (cited in Tsaroucha et al 2013)²¹, which are:

- a) Knowledge: skills that demonstrate awareness, knowledge and understanding of dementia and related issues
- b) Technical: skills that demonstrate ability and/or actions (e.g. communication, support, empowerment, enabling)
- c) Attitude/behavioural skill (sensitivity, empathy, compassion, helpfulness)

Whilst the frameworks differ according to the demands placed on groups of professionals (clinical support worker, Admiral Nurse, GP), the critical point to consider in relation to workforce development, both in health and in social care, is the assessment and accreditation of learning. Dementia competency frameworks do not provide formal accreditation for learning at the foundational level. However, learning that is embedded in the Qualification Credit Framework (QCF), which is used in health and social care and does accredit learning that is equivalent to tier 1 outcomes. It also confers awards, certificates and diplomas in further education, and thereby offers a formally recognised path of progression.

3.4.2 Dementia education and training within the QCF Framework in Hertfordshire and Bedfordshire

One of the Trusts in Hertfordshire offers Diplomas in Health and Social Care (Adults), which are assessed and accredited according to the QCF Framework at Level 2 (L2) and Level 3 (L3). An overview of the credit framework of CQF awards, certificates and diplomas is depicted in Figure 2.

Each level contains mandatory units, optional context/specialist knowledge units, and optional competence units. Dementia specific units are offered in the context/specialist knowledge domain and as optional competence units both at L2 and L3. Knowledge units address issues on understanding equality, diversity and inclusion in dementia care, understanding the process and experience of dementia, and the role of communication. Competency units include approaches to enable rights and choices for individuals with dementia whilst minimising risk,

understanding and meeting the nutritional requirements of people living with dementia, and the administration of medication to individuals with dementia using a person centred approach. Knowledge and competencies are assessed by qualified and approved assessors via assignments and portfolios.

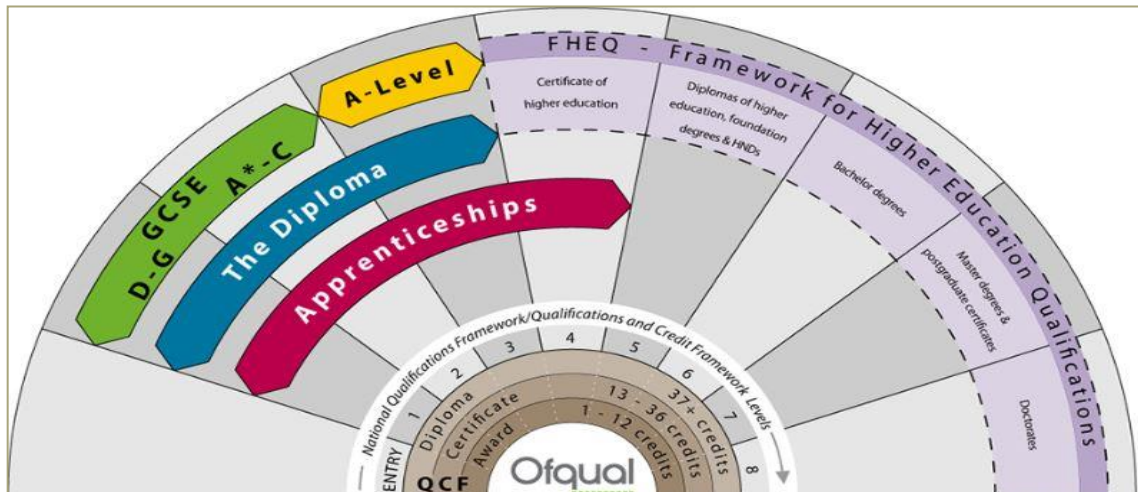


Figure 2: Overview of QCF award, certificate and diploma structure

Whilst health care and social care seem to use different competency frameworks and assessment mechanisms, the core competencies in dementia care mentioned in both sets of documentation are aligned to the most recently published (Richards et al, 2014)³¹ principles and principle standards in dementia education. The main difference lies in whether or not, and how, competencies are assessed.

3.4.3 Tiers, levels, principles and principle standards

In dementia education, competencies and tiers and principles and principle standards do overlap, assessments of competencies are not defined consistently, and achievements are not credit bearing. In contrast, levels of outcome and assessment as part of the QCF framework are.

Health Education England currently uses the concept of tier 1, tier 2 and tier 3 learning. Tier 1 does not offer clearly specified assessment criteria. Definitions for tier 2 and tier 3 are still to be published. Recent desk-research by Kozłowska et al (2014)²⁴ aimed to map key themes regarding core competencies of dementia education to tier 1, tier 2, and tier 3. However, as the report states, “differences between the tiers in terms of knowledge/skills/attitudes have not been determined...and there are no clear distinctions between tiers (pg 6)”. Still, tier 1 has been conceptualised as awareness-raising, tier 2 as in-depth training, and tier 3 as expert leaders training²⁴. The most recently published HEE document on

dementia education³¹, which developed curricula standards and criteria for dementia education, uses the terms principles and principle standards for curricula. Levels of achievements were mapped against some of the frameworks discussed.

As indicated in Table 6 in Section 3.1.4, the majority of training for NHS staff was non-assessed and not accredited.

3.5 Provides of dementia education and training in social care

A web-audit of the main providers of dementia education and training for health and social care in the two counties yielded 25 organisations. Of these, 15 organisations operated at national level, two at regional level and eight at county level as shown in Table 9.

Table 9: National, regional and county wide reach of education providers

Reach	Education providers
National	Alzheimer's Society BMJ City & Guilds Dementia UK Royal College of General Practitioners (RCGP) / HEE Royal College of Nursing (RCN) Royal College of Physicians (RCP)/partnership with Alzheimer's Society, HEE, Department of Health Royal college of Psychiatrists Skills for Care Skills for Health Social Care Institute for Excellence (SCIE) The Kings Fund University of Bedfordshire University of Hertfordshire
Regional	Coventry and Warwickshire Dementia Portal Quantum Care (accredited by HCC)
County	Carers in Bedfordshire Carers in Hertfordshire Hertfordshire Care Providers Association (HCPA) Hertfordshire Training and Initiative /Partnership (HCPA, HCC, HTDC & RITE) Bedford College North Herts College Oaklands College West Herts college

3.5.1 Courses currently offered by type of education provider

Between them, the 25 education providers offered 85 different courses that were either dementia specific or featured dementia as part of a larger programme. Table 10 summarises courses offered by education providers.

Table 10: Number of courses by education provider

Education providers' field of expertise	
Social Care	36
Royal Colleges & BMJ	23
Further and Higher Education courses	15
Local Authority commissioned / provided	8
Future courses / available as from Feb 2015	3
Total	85

Three new dementia specific modules for post-graduate students were recently developed by the Universities of Hertfordshire and Bedfordshire and will be available from February 2015.

3.5.2 Dementia specificity

As shown in Table 11 below, 58 of the 85 courses were dementia specific in that they aimed to specifically improve dementia related knowledge and competencies. Five of the 85 courses were offered as Diplomas in Health and Social Care and provided a dementia specific pathway at QCF levels 2 (L2) and 3 (L3). Eight of the 85 courses were not dementia specific as such, but contained some dementia modules. These courses were offered by various education providers as part of apprenticeships for Clinical Healthcare Support workers. However, in contrast to the Diplomas in Health and Social Care, they did not contain enough dementia modules to be recognised as offering a dementia specific pathway.

Fourteen of the 85 courses contained no dementia specific modules, but were offered by the Royal College for General Practitioners (RCGP) in specialisms such as geriatric medicine, old age psychiatry, care of older people in hospital and end-of-life care and dementia.

Table 11: Dementia specificity of courses

Courses by dementia specificity	
Dementia specific	58
Dementia specific if dementia pathway is taken	5
Not dementia specific, but contains dementia modules	8
Not dementia specific, but offered in geriatric medicine; aimed at GPs	14
Total	85

3.5.3 Course content

According to course descriptions the core topics in courses offered by education providers in social care were:

- dementia awareness
- understanding dementia
- person centred care
- common care principles in supporting people living with dementia (PLWD)
- the impact of the physical environment on PLWD

In non-assessed and non-accredited courses most of the content was knowledge based, whereas accredited courses included both knowledge based and competency based assessments at various levels.

More recently developed courses (Alzheimer’s Society) emphasised key features of theoretical models of dementia, approaches to enable people living with dementia to experience wellbeing, and the differences between institutional and inclusive approaches to dementia care.

As shown in Figure 3, 76% (65) of the 85 courses offered were delivered face to face, 13% (11) online, and the remaining courses via blended learning, self-study booklets and DVD. Three courses were work-based.

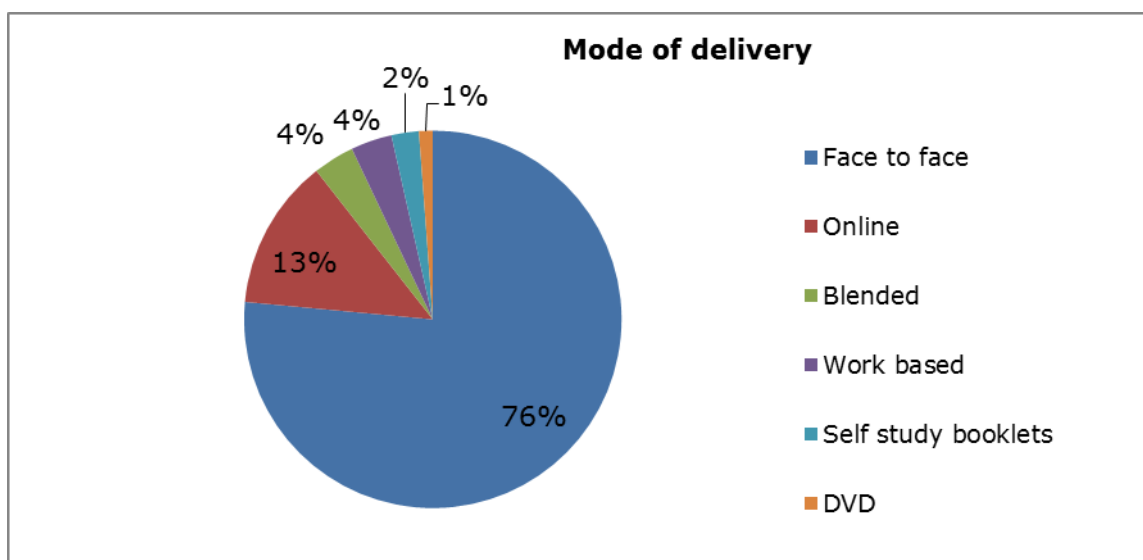


Figure 3: Mode of delivery

3.5.4 Assessment and accreditation

As shown in Table 12, of the 85 courses on offer, 53 included assessment in the form of course-work, online and work-based portfolios, and work-based evidence. Of these 53 courses, 37 were accredited either via the QCF Framework (26), the Higher Education Framework (5), or counted toward CPD (6). None of these courses had any public and patient (PPI) input.

Table 12: Number of courses assessed and accredited

	Nr of courses assessed	Nr of courses accredited	
Assessed	53	26	By the Qualification Care Framework (QCF) By the Higher Education Framework (QAA) Toward Continued Professional Development
Not assessed	31		
Unknown	1		
Total	85	37	

Table 13 below shows the number of courses offered by each type of education provider that worked with NHS and social care staff in Hertfordshire and Bedfordshire, how many were also assessed and/or accredited, and which credit framework was used. Courses which were assessed but not accredited do not contribute to a recognised next stage of progression, whereas accredited courses do. RCGP events are not assessed individually, as the entire framework is accredited already. Events include e-learning (which is not assessed) and some events (7) that may count toward CPD.

Table 13: Number of courses offered, assessed and accredited by provider

Courses	Offered	Assessed	Accredited	Accreditation framework/body
Social Care	36	19	18	QCF, CPD
Further & Higher Education	15	10	9	QCF, QAA
Royal Colleges	23	21	7	CPD, RCGP
Commissioned by Local Authorities	8	0	0	
On offer as at Feb 2015	3	3	3	QAA
Total	85	53	37	

3.5.5 Courses available for specific groups of professionals

Providers of dementia specific education and training aimed their courses at a variety of professionals. As shown in Table 14, the majority of courses were designed for health and social care staff. However, course descriptions in the category 'Health and Social Care staff' were very broad indeed. Training was

positioned as suitable for care workers, adult social care works, health care assistants, voluntary staff, as well as hospital staff, care home staff, and support workers. Numbers in Table 14 refer to numbers of courses available, but not necessarily taken up.

Table 14: Number of courses available to professional groups

Professional groups courses were aimed at	
Health and Social Care staff	22
Care Home staff	4
Qualified nurses and NHS staff in contact with people with dementia	3
Family carers	4
Managers/leaders	13
GPs	21
Various professional groups	8
Anyone	10
Total	85

Most of these courses could be accessed via apprenticeships, and via awards, certificates and diplomas in Health and Social Care. Organisations also offered courses for specific groups such as family carers (Carers in Hertfordshire and Bedfordshire), care home staff (Alzheimer’s Society) and GPs (RCGP).

The majority (18) of the 22 courses aimed at Health and Social Care staff were assessed within the QCF Framework at levels 2 (L2) and 3 (L3). Courses for care home staff were also positioned at levels 2 (L2) and 3 (L3). Qualified nurses and NHS staff in contact with people with dementia included one course for Admiral Nurses, one course at university, and two courses which were not assessed. Nine of the courses that were aimed at managers and leaders in nursing, residential and domiciliary care were accredited via the QCF framework at level 3 (L3), and one course at level 5 (L5).

GPs accessed learning offered via the RCGP accredited framework. Some also counted as CPD modules. Five of the eight courses aimed at various professional groups were not assessed, three were offered at the university. The majority (nine of ten) courses aimed at ‘anyone’ were not assessed.

Synopsis

Section 3.4 discussed social care education providers across Hertfordshire and Bedfordshire, their geographical reach, and the courses offered. Sixty eight percent of the courses offered were dementia specific, whilst others contained dementia modules. Courses were offered at various levels and were subject to

different levels of assessment. Overall, of the 85 courses offered, only 43% were accredited. The majority (76%) were delivered face to face, 13% online.

Key findings

- Between them, 25 social care education providers offered 85 different courses.
- Of the 85 courses 58 (68%) were dementia specific.
- Of the 85 courses on offer 53 (62%) included assessment in the form of course-work, online and work-based portfolios, and work-based evidence.
- Of these 53 courses, 37 (69%) were accredited.
- Overall, of the 85 courses offered only 43% were accredited.
- Most of the content in non-assessed and non-accredited courses was knowledge based, whereas accredited courses tended to include both knowledge-based and competency based assessments at various levels.
- The Qualification and Credit Framework (QCF) for learning was routinely used by social care education providers
- Courses which were assessed but not accredited did not contribute to a recognised next stage of progression, whereas accredited courses do.
- The QCF framework offers a structure for unqualified health and social care support staff to progress from one level of training to the next

3.6 Dementia Care education and training: Figures obtained via the National Minimum Data Set- Social Care (NMDS-SC)

The National Minimum Data Set for Social Care (NMDS-SC)⁸ Open Access Dashboards listed figures of staff having received education and training in dementia Care, which included staff working in Adult Social Care in the Local Authorities of Hertfordshire, Bedford, Central Bedfordshire and Luton. Data on the NMDS-SC pertained to staff employed in adult residential care, adult domiciliary care, adult day care and adult community care.

- ❖ Adult residential care included care home services with nursing, care home services without nursing, adult placement home, sheltered housing, extra care housing services, supported living services, and other adult residential care service.
- ❖ Adult domiciliary care included domiciliary care services, domestic services and home help, meals on wheels, and other adult domiciliary care services.
- ❖ Adult day services referred to day care and day care services.
- ❖ Adult community care included carers support, short breaks/respite care, community support and outreach, social work and care management (adults), assistive technology services, occupational services, and information and advice services (adults).

Table 15 indicates the numbers of staff trained per staff group in the Hertfordshire and Bedfordshire as collated on the NMDS-SC website as at 27th of November 2014.

Table 15: Staff trained in Dementia Care as per NMDS-SC 27 Nov 2014

Staff Group	Nr of staff entered by their respective organisations	Nr of staff trained in dementia care
Adult residential care	1065	358 (33.65)
Adult domiciliary care	1284	558 (43,5%)
Adult day services	10	0
Adult community care	7	0
Other (Office staff)	13	2 (15.4%)
Total	2379	918 (38,6%)

Data captured on the NMDS-SC are less than two years old and therefore pertain to the same period of time as the data collected from NHS Trusts and LETB figures. However, it is highly likely that these figures are an under-representation of the true number of social care staff trained in the two counties as (a), whilst it is mandatory for Local Authorities to submit information into the NMDS-SC database it is not mandatory for private or voluntary sector organisation to do so, and (b), it is not mandatory to enter training data on the NMDS-SC system (AB.28.11.2014). Some organisations might not even capture training information. NMDS-SC's open access dashboards do not provide information on the types or content of learning and training provided and whether such learning was assessed and/or accredited.

3.7 Further and Higher Education Institutions

3.7.1 Colleges in Hertfordshire and Bedfordshire

All of the four colleges in the two counties offered courses aimed at Health and Social Care staff, particularly in Adult Social Care. Courses were offered at levels L2 and L3, assessed via assignments, portfolios and work-based evidence and accredited via the QCF. The courses' content was not dementia specific per se, but contained dementia specific modules, which allows students to choose a dementia pathway.

3.7.2 City & Guilds

Dementia specific courses are also provided via City and Guilds, a leading vocational education and training organisation that works closely with employers in developing internationally recognised qualifications and courses³². The courses are assessed and accredited via the QCF.

3.7.3 The Universities of Hertfordshire and Bedfordshire

The Higher Education Dementia Network (HEDN, 2014)³³ compiled a full listing of all Higher Education Institutions in the UK that offer dementia education and training. The full report is available on-line. This audit therefore reports on the dementia related activities of the Universities of Hertfordshire and Bedfordshire only.

Both universities provided dementia specific study days. At the University of Bedfordshire, a rolling programme of dementia specific one day workshops has been running since 2009. Workshops were aimed at clinical and qualified staff and attracted people from a mix of organisations. The study days cover content such as:

- understanding dementia and delirium
- psychosocial interventions
- safeguarding, dignity
- helping people to live well with dementia

The University of Bedfordshire also offered a dementia specific module at undergraduate level (for 30 credits). We were unable to obtain attendance figures. A module at Masters level will be available as from February 2015.

Dementia specific study days offered at the University of Hertfordshire include Dementia Awareness, Pain Management, and bespoke study days for Dementia Champions as discussed in Section 3.1.2. Learning delivered at study days was non-credit bearing, but may count as part of staff CPD at their organisation.

Dementia learning was also delivered in lectures that form part of study programmes in nursing and psychology, but have a specific focus on dementia. For example, the mental health stream in nursing for 1st year students covered an introduction to dementia, and lectures in years 2 and 3 included assessment of people living with dementia, caring for PLWD, and practical orientation. Aspects of dementia were also covered as part of lectures in psycho-pathology, bio-psychology and brain disorders. Teaching also included lectures on violence and aggression. Individual lectures on dementia as part of an entire module in either nursing or psychology are not accredited individually as 'dementia' learning, but as part of the entire course taken.

The University of Hertfordshire recently designed dementia specific modules at Level 6 (Honours) and at Level 7 (Masters), which will be available as from

February 2015. Both modules map on to the (simplified) National Health Service **Knowledge and Skills Framework (NHS-KSF)**^{34,35}. Further dementia components were in the process of being developed for pre-registration nursing in child nursing, adult nursing, mental health nursing and learning disabilities.

Synopsis

- Courses offered by City & Guild were accredited at L2 and L3 (QCF)
- Courses offered by further education colleges in the two counties were accredited at L2 and L3 (QCF) upon which a certificate (L2) or a diploma (L3) will be conferred
- Dementia specific one-off study days offered at the two local universities were not accredited. However, attendees' organisations may count them as part of staff CPD.
- Dementia specific modules offered at the two local universities were accredited and offered at undergraduate, Honours and Masters levels of study (QAA).

3.8 The Role of Councils in Hertfordshire and Bedfordshire

Much of the dementia education and training offered straddles health care and social care providers, which determines how education is selected and competencies are assessed. The following section looks at the role of local authorities (LAs) and Clinical Commissioning Groups (CCGs) across Hertfordshire and Bedfordshire in commissioning dementia education and training.

3.8.1 Hertfordshire County Council

The Hertfordshire County Council (HCC) is part of the Hertfordshire Training and Initiative Partnership, which is a collaboration of key partners whose objective it is to support the development of the social care workforce across Hertfordshire. This partnership is represented by:

- The Hertfordshire Care Providers Association (HCPA)
- Adult and Children Service Workforce Development (PVI Partnerships)
- Hertfordshire Training and Development Consortium (HTDC)
- Herts Recovery, Integration, Training, Education (RITE)

The Hertfordshire Adult and Children Workforce Development (PVI Partnership) department facilitates both "mandatory and specialist training to staff that work in the PVI social care sector" (p96)³⁶. The HCPA is a members association that is

“commissioned to deliver educational support to Care Home and Home Care Providers in Hertfordshire” (JB 08.12.2014). Members include residential, homecare, day services, voluntary organisations, social enterprises, and charitable bodies (p96)³⁶. The HCPA also “manages training funding for the county on behalf of the Government, the Local Authority, NHS and other funding agencies (p96)³⁶”. HCPA offer various dementia courses ranging from basic Dementia Awareness to Advanced Dementia Champions Pathway. Most of the courses offered are not formally assessed or accredited. For courses that are assessed and/or accredited the QCF credit framework and assessment via the Crisis Prevention Institute are used. The HTDC and RITE do not offer courses in dementia.

The Hertfordshire County Council offer training to private, voluntary and independent (PVI) social care providers who in turn provide care to residents of Hertfordshire. Training places are offered to a range of staff, including paid care workers, non-paid carers and volunteers. Numbers of training places provided by HCPA are not included in this data. Non-Paid Carers are individuals who may provide care to family/friends/neighbours. Volunteers could include individuals who offer their time and participate in befriending services, driver services and so on. Hertfordshire County Council also provides training for staff employed by HCC. A range of training is provided to HCC’s Day, Supported Living and Short Break services to help them meet and exceed their statutory and minimum requirements. Training is also offered to operational teams and practitioners, such as social workers and occupational therapists. Staff employed by HCC, have access to training relevant to their service provision to ensure appropriate care is received by service users. Table 16 reflects numbers of training places offered by HCC to PVI, and numbers of training places offered by HCC to HCC staff.

Table 16: Number of training places offered by HCC to the private, voluntary and independent sector and to HCC staff

	Nr of training places offered by HCC to PVI and attended	Nr of training places offered by HCC to HCC and attended	Total
Total	977	1009	1986

The totals reflect the numbers of training events taken up, not the numbers of attendees, as some individuals attended more than one training event. Hertfordshire County Council also provide e-learning via its own website. Table 17 shows the number of individuals who took up e-learning.

Table 17: Number of individuals who took up e-learning

2012 - 2014	External (PVI)	Internal (HCC)	Total
Total	863	742	1605

3.8.2 Bedford Borough Council

Bedford Borough Council, are in the last year of a three-year (2011-2014) joint commissioning strategy for Dementia Services. During this period Dementia Awareness courses were provided, training was open to all employees of the local authority (LA) and was also offered free to contracted organisations such as nursing homes and domiciliary care staff. The training offered was not assessed or linked to any progression. It was funded from the Council's training budgets, with additional support from the NHS Bedfordshire and more recently from the CCG. All stakeholders, including the CCG and local hospitals, met every two months at the Dementia Steering Group. There were reportedly good links between all stakeholders.

Building on the 2011-14 strategy and achievements, the focus of the 2015-18 plan will be on the development of a comprehensive strategy to enhance the quality of care offered and move towards a Dementia Friendly Community concept. A focus of the current strategy for the LA, among other priorities, was to ensure activity between the various council departments is joined up and they are moving ahead together, for example Strategy and Commissioning linking with Training and with the Contract Compliance and Performance Team.

Looking ahead, Commissioners recognise the need to define what 'preferred dementia care' looks like for the local area. One option being considered was to commission and work with a provider who would help to define what good care is and to 'soft test' it. Characteristics of the commissioned package may include the launch of a three year programme that includes:

- a bespoke training needs analysis across organisations
- shared funding arrangements between commissioners
- targeting senior members of organisations
- culture change

It was likely for the project to be coordinated among Commissioning, Training, Performance and Contract Compliance teams (MZ 6.11.2014).

Whilst statistical data pertaining to course content, assessment, accreditation and/or delivery of training are recorded, such information is compiled in various formats. The extraction and collation of such information could not be provided in time to be included in this report.

3.8.3 Central Bedfordshire Council

Central Bedfordshire Council (CBC) previously received funding from the PCT to deliver training and partnered with the Bedfordshire NHS to co-design dementia awareness training which was jointly attended. There is also the potential of working with the recently Bedfordshire and Hertfordshire Dementia Alliance. The CBC commissioned services from the private, voluntary and the independent sector. Courses provided in the last two years included dementia awareness, and specialist courses in dementia care skills with a focus on (a) communication and behaviour, (b) medication, (c) nutrition and swallowing, and (d) support planning and dementia. Training was aimed at unqualified staff for induction, at qualified staff, and at managers and leaders. Attendees included a range of professionals such as housing officers, social workers, care home staff, domiciliary staff, and to staff in transport services. The requirement was to have completed the dementia awareness training prior to attending specialist training. Courses were delivered via a mix of blended learning and typically lasted either half a day or a full day. Dementia awareness training has been running for five years, and dementia care skills modules have been available for three years. Numbers of courses completed in the last two years are shown in Table 18.

Table 18: Nr of courses and modules completed in the last two years at CBC

Course / Dementia Skills Module	Total
Dementia Awareness (not including e-learning)	383
Dementia Care Skills: Communication and Behaviour	99
Dementia Care Skills: Medication	27
Dementia Care Skills: Nutrition and Swallowing	23
Support Planning and Dementia	5
Total	537

Courses were assessed informally, were not accredited, but were to form part of supervision and appraisal processes. E-learning used a quiz to test knowledge before a certificate can be issued, and information as to who completed training was available to organisations. The CBC provided training free of charge.

3.8.4 Luton Borough Council

Luton Borough Council (LBC) provided Dementia Awareness Training that was mandatory for all Social Workers and Care Teams. It was also made available to all Council staff who wished to attend on a voluntary basis. Training covered basic awareness such as knowledge and understanding of dementia and improving person centred care and was delivered face to face to groups of up to 28 participants. Two half days were usually delivered in one day, recently twice a month, and around 48 staff received training in any one month. Training was delivered by Quantum Care who used Alzheimer's gold approved trainers. Although the course did not involve service users directly, they were involved indirectly in shaping services through the Dementia Friendly Communities initiative, which was reported to be very active in the Luton area (KR. 3.11.2014). The course has been running over the last 18 months and was completed by 340 people as shown in Table 19.

Table 19: Training delivered by the Luton Borough Council 2013/2014

Course	Total
Dementia Awareness delivered in 2013/2014 (estimated)	220
Dementia Awareness delivered since April 2014 (estimated)	120
Total	340

Luton Borough Council, in partnership with the Alzheimer's Society, also promoted the Carer Information and Support Programme (CrISP training). Three CrISP I courses and three CrISP II courses are currently commissioned. Each course can accommodate up to 20 people. Participants were recruited primarily through local Memory Assessment Services, the Luton Dunstable Hospital and through GP surgeries. Luton Borough Council was considering introducing accredited training for Social Workers and other frontline staff who have in-depth contact with service users. LBC was keen for this to be *gold standard* and was considering what the training would look like, with a view to it being available beyond March 2015.

As a result of recent changes in legislation more information points were being established in GP surgeries. Working in partnership with the Alzheimer's Society, GPs were reported to be coming on board rapidly (KR. 3.11.2014).

Synopsis / key findings

- Councils worked together with education providers in various sectors
- They drew from a range of different courses on offer

- Councils made training available to their staff and social care providers that work with them at no cost
- The majority of courses commissioned were located at tier 1
- Future plans include an emphasis on the integration of services between various stakeholders, which involves joining up departments within councils

3.9 Clinical Commissioning Groups

Clinical Commissioning Groups (CCGs)³⁷ are not only responsible for commissioning health services, but also for the training and education necessary to meet the requirements of patient care.

3.9.1 East and North Herts CCG

The East and North Herts (E&N Herts) CCG³⁸ comprises six geographical areas or locality groups as shown in Table 20.

Table 20: East & North Herts CCG Locality Groups and number of practices

Locality	Population size	Nr of GP practices
Stevenage	91 500	9
Lower Lee Valley	74 000	8
Upper Lee Valley	120 000	16
North Herts	110 000	12
Stort Valley and Villages	58 000	6
Welwyn Hatfield	108 000	9
Total	561 500	60

Each locality has its own key health priorities. Within the East & North Herts CCG the Stevenage locality group was the only one that listed dementia as a key health priority on their website. As advised by JB (08.12.2014), the CCG “jointly commissions with Hertfordshire County Council (HCC) a number of services that will provide education and training to carers and staff. The Hertfordshire Care Home Providers Association (HCPA) is commissioned to deliver educational support to Care Homes and Home Care Providers”. Training figures obtained from the HCPA (MA 24.10.2014) for the last two years are shown in Table 21:

Table 21: Number of people trained per course in the last two years (HCPA)

Course	Nr of courses	Nr of attendees
Dementia Awareness Training	5	70
Dementia Capable Care Behaviours	4	35
Advanced dementia champions pathway (55 managers and 55 champions)	6	110
Total	15	215

For overall numbers trained in Hertfordshire and Bedfordshire we were referred to the National Minimum Data Set-SC (NMDS-SC) (MA 24.10.2014), which will be discussed in Section 3.10.

As part of the Early Memory & Diagnosis Service (EMDASS), the E & N Herts CCG also commissions the Hertfordshire Partnership Trust and the Alzheimer's Society to support carers caring for people living with dementia (JB 08.12.2014). Figures of attendees for Hertfordshire and Bedfordshire could not be provided. E & N Herts CCG also commission Carers in Herts jointly with the Hertfordshire County Council (HCC).

Carers in Hertfordshire: Courses provided by Carers in Herts were aimed at (and were only accessible to) carers who are registered as carers with the organisation (with the exception of members of staff). Courses are aimed at carers caring for people with a range of needs and disabilities, not only for carers caring for PLWD. Between March 2012 and March 2014 well over 200 carers attended the course 'Caring with Confidence'. Twelve of these course presentations were amended to become more 'dementia specific' for people caring for PLWD. Course content covered basic dementia awareness, knowledge and understanding of dementia, signposting, improving practice and person centred care. The 12 courses were delivered over six sessions each, and attended by 108 individuals. Courses are free at the point of delivery. Knowledge and competencies are not formally assessed and courses are not-credit bearing.

E & N Herts CCG also delivered two Dementia Friendly Training Sessions which were attended by 65 staff (JB 08.12.2014), and commissioned training for 2015 for practice nurses via the University of Hertfordshire (G.HR.08.12.2014).

3.9.2 Herts Valley CCG

Herts Valley CCG³⁹ covers four localities, which are Dacorum locality, Hertsmere locality, St Albans and Harpenden, and Watford & Three Rivers locality. Numbers of patients and GP practices are reflected in Table 22.

Table 22: Herts Valley CCG - Locality Groups and number of practices

Locality	Population size	Nr of GP practices
Dacorum	162 000	20
Hertsmere	103 000	9
St Albans and Harpenden	147 000	13
Watford & Three Rivers	209 000	28
Total	621 000	70

There was no central point at which education and training records were collated or kept (MO 02.12.2014). However, a link to the Norfolk & Suffolk Dementia Alliance Learning Location for dementia care was sent to the 70 GP practices within the Herts Valley CCG, but no information on who or how many individuals might have accessed these links was available. No further information on dementia specific education and training could be elicited (MO 02.12.2014).

3.9.3 Bedfordshire CCG

Bedfordshire CCG⁴⁰ received funding from the Local Education and Training Board (LETB) to attend 'Excellence in Dementia Care' study days at the University of Bedfordshire. Training was aimed at Care Home staff, and a total of ten study days were delivered in the financial year 2013-2014. These study days were not assessed, were not credit bearing and did not include public involvement. Study day learning can, however, contribute to staff's continued professional development (CPD) portfolio within their organisations. Numbers of practices in the Bedfordshire CCG are shown in Table 23.

Table 23: Bedfordshire CCG - Locality Groups and number of practices

Locality	Population size	Nr of GP practices
Bedford	176 100	26
Chiltern Vale	78 444	10
Ivel Valley	86 481	9
Leighton Buzzard	44 000	4
West Mid Bedfordshire	57 595	6
Total	442 620	55

3.9.4 Luton CCG

Luton CCG⁴¹ only has one locality, which comprises 31 GP practices. Luton CCG commissioned Care UK to provide dementia training for Primary Care staff such as

doctors, registered nurses, allied health professionals and practice managers, all of whom had a certain amount of protected learning time per year. Training involved three to four sessions of approximately 3 hours each and covered:

- a review of the pathway to diagnosis
- an update on medication and side-effects
- benefits of psychological support and cognitive stimulation, and which tests to use

Sessions were delivered by a specialist in Memory Services who was employed by SEPT. Training was delivered in group learning situations and did not include patient or carer involvement. Whilst attendance was recognised as a credit that counts toward CPD appraisal, learning was neither assessed nor accredited. Luton CCG also commissioned training for 'safeguarding champions' via one-off study-days at the University of Bedfordshire (AR 18.11.2014).

Synopsis /key findings

- Each locality had its own key health priorities as stated on their websites
- Each CCG commissioned services for their areas
- Within the East & North Herts CCG the Stevenage locality group was the only one whose website listed dementia as a key health priority
- The East & North Herts CCG commissioned services across the county jointly with the Hertfordshire County Council
- Comprehensive detail regarding numbers of staff trained based on CCG commissioning was not available

3.10 The South Essex Partnership Trust as funder and education provider

The South Essex Partnership Trust (SEPT) offered an on-line dementia awareness raising course that was primarily aimed at clinical staff. The course consisted of six modules of 30 min duration each. This course was not formally assessed nor accredited. It could only be accessed by NHS employees and was offered on a voluntary basis for all, **but was mandatory for staff working in community services**. An estimated 1000 staff were reported to have accessed this course since 2011 (AH 4.11.2014). SEPT also funded dementia specific courses if identified through staff appraisal processes and/or requested by staff. SEPT also promoted courses run by the University of Bedfordshire, mostly for health care assistants and new nursing staff (AH 4.11.2014). The SEPT contract to provide mental health services to Bedfordshire will be discontinued as of March 2015.

4 DISCUSSION

This section summarises the key findings in relation to the range of dementia education and training provided, course content assessment and accreditation, and the use of competency frameworks and qualification credit frameworks in health and social care. A brief discussion of the role of local authorities and clinical commissioning groups and recommendations for the commissioning of future workforce development conclude this section.

4.1 Range of dementia training provided to NHS staff, GPs & social care staff

Dementia specific training provided to NHS staff and social care staff across Hertfordshire and Bedfordshire was provided by a range of organisations belonging to the private sector, public sector, royal colleges, universities and various on-line media presentations. General Practitioners (GPs) drew from a variety of training events offered by the Royal College for General Practitioners (RCGP). In-house training at NHS Trusts, consisted of a mix of dementia training developed in NHS Trusts, and transformative learning that built on courses developed in other fields, such as safeguarding, de-escalation of aggression, and palliative care. Some partnerships (RAID, EMDASS, RESPECT) were ongoing, whilst others were one off, issue specific events.

Dementia education via in-house training was incorporated into induction sessions, presented at clinical update sessions once a year, linked to CQUIN training, offered at workshops or, in one Trust, took the form of 'circuit training on the wards'. Some sessions involved external speakers or were delivered by clinical leads. In some Trusts Dementia Champion Training was offered for an entire day per month.

4.2 Programme content, assessment and accreditation

Most of the programme content delivered described, was at foundational tier 1 level (HEE). Whilst there was some compatibility between competency frameworks used in dementia education, these frameworks were not equivalent in how learning was assessed. Dementia education curricula, competency frameworks and credit frameworks need to show evidence of progression.

4.3 Comparison of approaches to the assessment of staff learning

The majority of staff learning in health care was not assessed. Assessment via assignments, portfolios and work-based experience was only reported concerning

modules that are formally accredited, for example by QCF, or at higher education level for undergraduate and postgraduate students.

4.3.1 Comparison of numbers of staff trained

Participating organisations across health and social care recorded numbers of staff trained in various formats, partially, or not at all. It was therefore not possible to obtain figures for comparative purposes, except for the set of numbers reported to the EoE LETB. However, some patterns did become evident. For example, the six participating Trusts delivered the majority of dementia training in-house, aimed at registered nurses and clinical support workers. In social care, figures obtained via the National Minimum Data Set – Social Care (NMDS-SC) show that the majority of staff trained worked in adult domiciliary care and adult residential care. However, this information may be skewed, as it is only mandatory for Local Authorities to submit training information to the NMDS-SC, but not for private sector, voluntary sector, and independent education providers (PVI's). The main reference point for GPs was the RCGP, which did not keep records of GPs' event attendances at a central place.

4.4 Future education and training plans

NHS Trusts' aspirations for future dementia education and training include making clinical updates on dementia more scenario-based, to develop a workbook for tier 2 training that can be assessed, develop training for dementia that covers the patient journey from admission to discharge, train more staff and draw on transformative learning from other fields of expertise. An emphasis on practice-oriented education and training was also evident in social care education providers.

This audit identified a gap of education and training at tier 2. This was also recognised by one of the NHS Trusts that planned to develop a workbook for tier 2 training. Given the fact that there is specific dementia and education training available, and assessed and accredited at L2, this raises the question of whether there is a need to develop further and/or additional material at this level, and/or whether dementia education and training might need to differentiate between health and social working environments and related tasks, for example NHS Trusts and communities?

4.5 The role of Local Authorities and Clinical Commissioning Groups

As pointed out by Moriarty et al (2014 p2)⁴², "...the contribution made by local councils to supporting carers is often hidden as most social care support is delivered by other organisations". The combination of the recent re-configuration of

the NHS, the proposed merging of health care and social care budgets, the strategic role of the CCGs and joint commissioning with local councils is likely to demand more joint decision making than required so far. The most pressing question perhaps is this: what will commissioners of dementia education and training need to look out for? On what basis will they decide which training to commission and/or which courses to choose?

5 CONCLUSIONS AND RECOMMENDATIONS

Future commissioning for dementia education and training might need to consider the following:

- a) Who in the workforce needs to be targeted?
- b) Whether or not there should be different sets of competencies for different professional groups
- c) Accreditation of learning that leads to recognised steps of progression
- d) Joint commissioning of health care and social care organisations to deliver dementia education and training
- e) The Dementia Alliance for Bedfordshire and Hertfordshire could be a useful platform for the development of a locally agreed and implemented programme of dementia education and training. Nominated leads from each representative organisation could agree on:
 - ❖ How to implement HEE tiers 2 and 3 education and training consistently across the two counties
 - ❖ A common framework for recording and tracking who has participated in learning and training in dementia
 - ❖ How this is linked to other initiatives such as dementia friendly environments and dementia specific services

6 LIMITATIONS OF THE STUDY

Participating organisations were very helpful in providing the information required. However, numbers and figures of staff accessing dementia specific education and training commissioned and/or provided were kept in various formats and by sets of different people (workforce-development managers, administrators, trainers), within organisations. Some organisations did not record such figures, and/or were not required to record and/or submit such figures, which also impacted on the numbers derived from the National Minimum Data Set – Social Care.

7 IMPLICATIONS FOR FURTHER RESEARCH

Criteria such as course content, assessment, accreditation and next steps of progression might be usefully employed to inform future commissioning decisions. A set of selected criteria could be piloted, refined, and offered as an online version to organisations commissioning dementia education and training. This might help standardise the information provided, enable comparisons and guide commissioning decisions. Information could be collated / submitted on a quarterly basis to organisations such as LETBs and the NMDS-SC.

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