

## **Delegates Top Priorities Grouped by Theme**

### **Status of (professional and informal / unpaid) carers:**

1. Status of professional 'carers'.
2. Improving the status of carers.
3. Being recognised as an equal/essential part of the team, alongside professionals.
4. "Care for carers" – lip service by PM but not carried through. Respite care in chosen care home not possible, as optional.
5. More support for carers.
6. Carers to be part of any healthcare to do with person with dementia.

### **Training and awareness-raising:**

7. What is good care, how do we train.
8. Care staff, both private in the community and in care homes and trained to National Standard.
9. Selection criteria and training for all care staff.
10. Better education re different types of dementia, expected behaviour, dealing with it (agreeing, not correcting).
11. Is it possible to become aware that one is developing dementia, and is there anything that can delay its onset?
12. What difference does good training make?
13. To make dementia / Alzheimer's a public health initiative / programme.

### **Integration and continuity of health and social care:**

14. Integration of health and social care and how it can be done.
15. 'Who am I' memory stick.
16. Integrating clinical and social aspects of care.
17. Avoidance of hospitalisation by provision of simple procedures within the home / care home (e.g. saline drip).
18. Pre-thinking the requirements for care at home bath equipment and house modifications.
19. Continuity of care. Services talking to one another. Different computer systems and communication failure.
20. After diagnosis, ongoing support, not just stop.

### **Person-centred care and personhood:**

21. Nominated mentor throughout the journey.
22. If care homes remain, effective ways of maintaining personhood.
23. How people with dementia can effectively maintain links with the outside world.
24. Right, person centred, support.
25. Don't change anything that the person is used to. Memories.

### **Home and family:**

26. Regular contact with family and other persons who can converse and stimulate with relevant interesting topics.
27. Regular contact with family member or friend to give a safe and familiar feeling – is possible at home.
28. Keeping person at home as long as possible, to lead a normal life and hear familiar domestic sounds, e.g. telephone, washing machine.
29. Family involvement whenever possible.
30. Get as much support as possible from neighbours and community organisations.

### **Research and its application:**

31. The dissemination and implementation of research into the community.
32. How do we assess what care should be.
33. Gaining greater research funding by raising awareness campaign.
34. Prioritise lobbying for funding for more research.
35. Implementing interventions known to be effective into practice.

### **Funding and cost effectiveness of care:**

36. The cost effectiveness of good care.
37. How to fund dementia villages and abolish dementia care homes.
38. Quick financial assessment to access day care. Quicker social services and employees realising the importance of this.

### **Accommodation:**

39. Access to factual reports / gradings of care homes, presenting NHS staff not allowed to make recommendations.
40. How to create dementia villages where people are able to get out and about safely with carer input.
41. National building programmes by private builders of dementia friendly communities.

### **Exercise and stimulation:**

42. Physical exercise is vital in old age and particularly for people with dementia.
43. Use of quizzes, games, music.