

# Zero to SLT Hero:

## A Co-Created Training Programme to Improve the Confidence of Assistant Practitioners in Speech and Language Therapy in an Early Supported Discharge Stroke Team



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Assistant Practitioners (AP)'s (n=7) our the team reported they had 'zero' confidence in completing Speech and Language Therapy (SLT) activities with stroke and brain injury survivors. We implemented a training programme based on their thoughts and ideas through semi-structured interviews and thematic analysis with a view to build their confidence completing SLT.

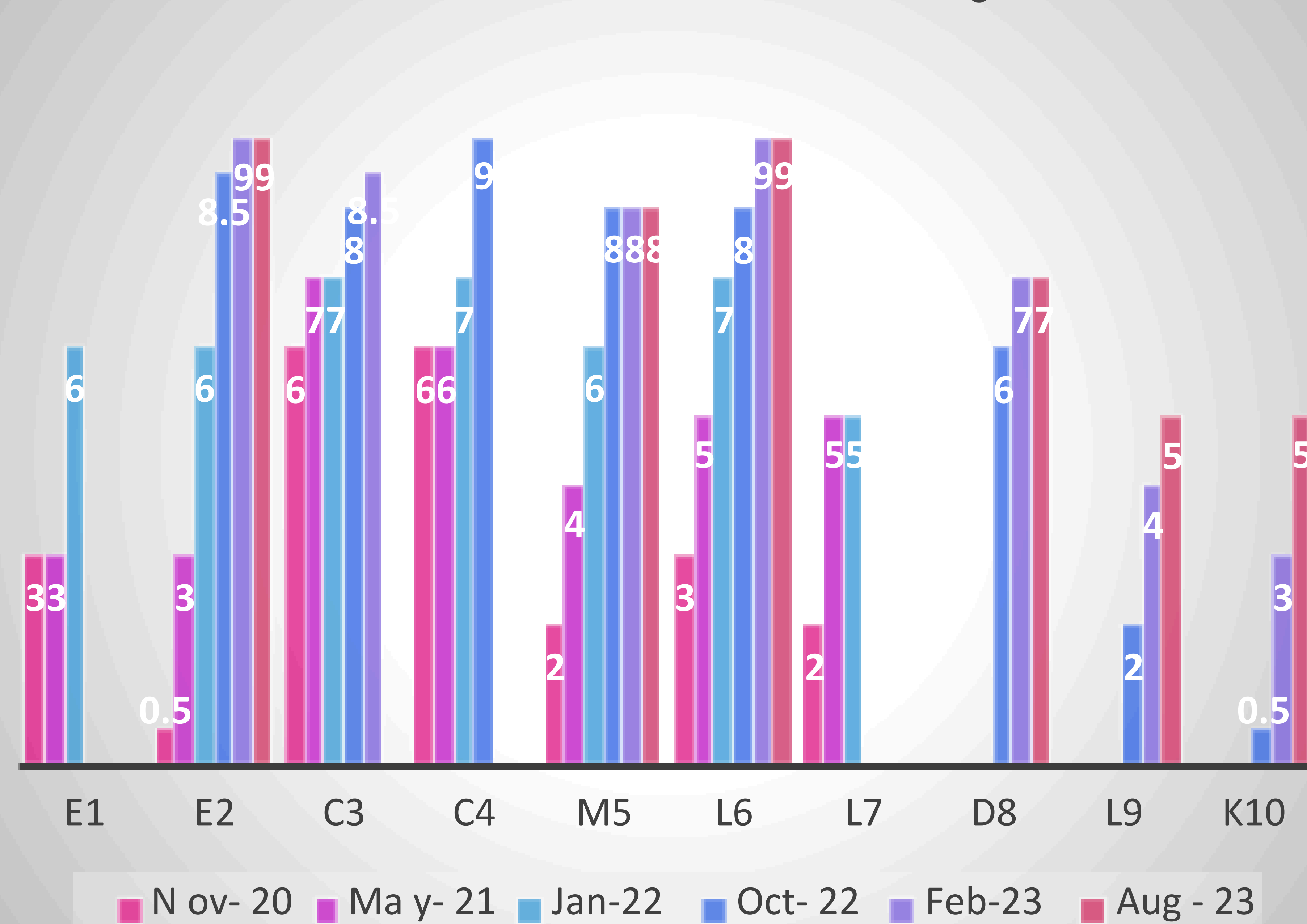
### Main Barriers to SLT confidence:

- More experience and backgrounds in Occupational Therapy (OT) and Physiotherapy (PT)
- Not feeling 'intelligent' enough for higher level language therapy
- Not feeling empowered to move people up or down a level in therapy
- Not having enough knowledge to underpin SLT therapy
- Being 'afraid' of swallowing therapies
- Needing more time for SLT sessions comparatively to OT/PT
- SLT not being so 'hands on'

**Methods:** Informal confidence ratings were taken at time points of each formal training using a 10-point Likert scale.

Semi-structured interviews(n=3) were also completed and then thematic analysis was completed on the videos to gain further insight into what would most benefit AP's. Team Manager gave permission to SLT's to have extra time for training with AP's

Assistant Practitioner Confidence Ratings



### AP's wanted training that was:

- Practical
- Not competency based
- On-the-job
- Would make them feel confident
- Would underpin the knowledge base of 'why' they were doing things

**Results:** We showed the main themes of what needed to be developed and that AP's confidence in our team has improved based on their current informal rating scales. We have repeated the protocol on a 2 year basis so that new staff can engage with the programme. AP's report feeling more confident, empowered and engaged with SLT.

### What was the training?

- Better Conversations with Aphasia for AP's (November '20)
- Cognitive Communication (May '21)
- Neuro-Anatomy and Aphasia Friendly Materials (Jan '22)
- Dysphagia and SLT terminology (Oct '22)
- Extra support and supervision given for all SLT clients by SLT's in team
- Regular check in's
- Giving "flexing" options on all delegation sheets

### Discussion:

In times of limited financial and human resources and when Value Based Healthcare is at the forefront of NHS Wales' transformation planning, the development of alternate supportive roles is vital in order to maintain effective healthcare delivery. It is hoped that once the results have been fully analysed this small piece of research can be replicated and trialled with other ESD and neuro rehab teams across Wales as an answer to moving away from traditional competency structures and empower AP's to feel more confident in their roles.



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# Multiprofessional Musculoskeletal Capability Framework for Wales

Developing a Multiprofessional Framework for Wales

Author: Ellie Murphy

## Background

Musculoskeletal (MSK) conditions affect an estimated 32% of the Welsh population (Versus Arthritis, 2021) and account for the most years lived with disability in the Wales (PHW Observatory, 2017). The NHS report 'NHS in 10+ Years' describes the rising risk of ill health, with an ageing population living with more long-term conditions. MSK conditions impact and are impacted by other co-morbidities and mental health conditions. MSK health is therefore an increasingly important part of a person's ability to grow, live and age well.

In recent years this has led to the transformation of MSK services within primary care, requiring clinicians with the appropriate skills and knowledge to support individuals with MSK conditions. In October 2023, the Welsh Government released the Quality Statement for Musculoskeletal Health, which sets out the expectations of MSK services in Wales, in response to A Healthier Wales and the National Clinical Framework.

Through Health Education and Improvement Wales (HEIW), the statutory body for education and workforce development for the NHS in Wales, a co-ordinated approach was needed to support health professionals working in Primary Care (PC) from different professional backgrounds to develop common essential skills at pace, to meet the needs of those living with musculoskeletal health needs..

## Approach

A multi-professional task and finish group of subject matter experts was formed within Health Education and Improvement Wales.

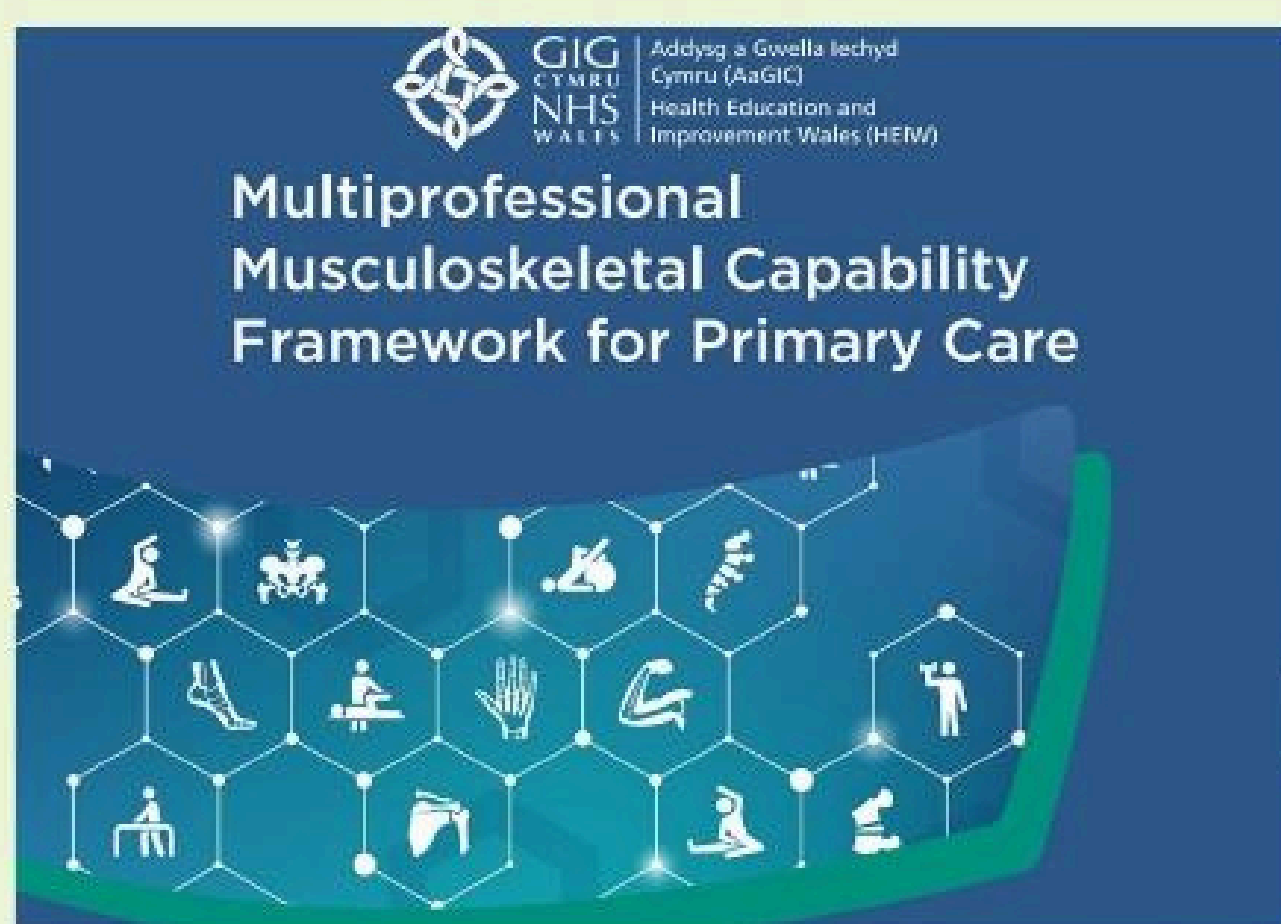
The group was tasked with:

- Undertaking a review of existing education and training offer and accessibility for clinicians in primary care working with those with MSK health needs
- Undertaking a review of existing literature, policies, pathways and clinical governance standards for MSK health management, and mapping against pillars of practice and career progression frameworks across the UK
- Exploring approaches from across the UK.
- Developing an All-Wales Capability Framework which outlined the knowledge, skills and behaviours required to support the level of practice and progression through the career pathways



Multiprofessional competency frameworks, policies, quality and governance standards, professional frameworks

Common skills for MSK health needs management in Primary Care



## Outcomes

Recognising that each profession brings their own skillset to the MSK health needs service in Primary Care, the All-Wales MSK Capability Framework for Primary Care was launched on 8th October 2024, with support from the NHS Executive MSK Strategic Clinical Network.

The Framework aims to strengthen MSK services by supporting the learning and development of the multiprofessional Primary Care workforce.

The Framework promotes the development of the primary care practitioner workforce from novice to expert e.g. 'Grow Your Own', outlining the educational requirements and clinical capabilities required at each level to support progression through the career pathways.

Whilst the Framework is not an in-depth curriculum to be completed by individuals, it is a tool for this multi-professional group to guide, measure and track their development. It is designed to help individuals gather and collate evidence that supports their level of practice, whatever their clinical role within MSK health services.

Capability	Foundation	Enhanced	Advanced	Consultant
<b>Personal and Professional</b>	Know Yourself Know the MDT Communication	Meets professional registration standards.	Enhanced knowledge base, complex decision-making skills, clinical competence, and judgement.	Expert knowledge base.
<b>Pillars of Practice</b>	Independent learner.	Consolidating knowledge and skills in practice under the supervision of enhanced and advanced practitioners.	Highly complex decision making and clinical competence and judgement.	Highly complex decision making and clinical competence and judgement.
<b>Clinical</b>	<b>Early accurate diagnosis</b> Knowledge of MSK Knowledge of the Person Data Gathering Data Synthesis	Consolidating knowledge and skills in practice under the supervision of enhanced and advanced practitioners.	Broad autonomy and judgement across a small area of work. Critically evaluate complex and complete information.	Broad autonomy and judgement across a significant area of work. Critically evaluate incomplete and complex information.
<b>Management</b>	Care Planning Prevention Treatment	Able to use evidence and develop evidence.	Initiate and lead tasks and processes, taking responsibility for the work and roles of others.	Leadership as a leading practitioner with clinical expertise and influence.
<b>Education</b>	People Using Service Self Other professionals	Initiate and lead tasks and processes, taking responsibility for the work and roles of others.	Design and manage research, and identifies service and quality improvement opportunities.	Design and lead research resulting in significant change.
<b>Leadership And Management</b>	Self Others Team	Design and manage research, and identifies service and quality improvement opportunities.	Contributes to creation of strategy.	Contributes to creation of strategy.
<b>Research and Audit</b>	QA/QI Audit Research	Contributes to creation of strategy.	Contributes to creation of strategy.	Contributes to creation of strategy.
<b>Strategy</b>	Creation Implementation Evaluation	Contributes to creation of strategy.	Contributes to creation of strategy.	Contributes to creation of strategy.

### Benefits

- With an ever-growing need and diversification of the need to access streamlined multiprofessional teams in Primary Care, the Framework allows employers to review the skills and level at which they are working.
- Allows practitioners to map their career progression and possible development routes into expert practice areas (within their scope of practice)

### Challenges

- Implementation of the Multiprofessional MSK Capability Framework is challenged by service and financial pressures within health boards and clinical services.

## Next Steps

To support the implementation of the Capability Framework, future priorities for 2024/25 include:



## References

<b>A Healthier Wales (2022)</b>	<a href="https://gov.wales">A Healthier Wales (gov.wales)</a>
<b>Credit and Qualifications Framework (2023)</b>	<a href="https://gov.wales">Credit and Qualifications Framework (CQFW)   GOV.WALES</a>
<b>Framework for Enhanced, Advanced and Consultant Clinical Practice (2023)</b>	<a href="https://heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/">heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/</a>

<b>Public Health Wales Observatory 2017</b>	<a href="https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/publication-documents/health-and-its-determinants-in-wales-2018/health-and-determinants-in-wales-interim-report-exec-summary-pdf/">phw.nhs.wales/services-and-teams/observatory/data-and-analysis/publication-documents/health-and-its-determinants-in-wales-2018/health-and-determinants-in-wales-interim-report-exec-summary-pdf/</a>
<b>Quality Statement for Musculoskeletal Health (2023)</b>	<a href="https://gov.wales">Written Statement: Quality Statement for Musculoskeletal Health (12 October 2023)   GOV.WALES</a>
<b>Strategic Programme for Primary Care 2023-2024</b>	<a href="https://nhs.wales">Strategic Programme - Primary Care One (nhs.wales)</a>
<b>Versus Arthritis: The State of Musculoskeletal Health 2021</b>	<a href="https://nhs.wales">Versus Arthritis: The State of Musculoskeletal Health 2021</a>



*Introduction*

1 in 3 adults over 65 years old will suffer at least 1 fall a year. 28% of Powys' population are over 65 and this is predicted to increase by 25% by 2043. Identifying and assessing those at risk is essential to support older people to live and age well.

*Aim*

To find a way to complete more Multifactorial falls (MFA) assessments in Powys to identify those at risk and signpost and deliver potential interventions aimed at reducing preventable falls.

*Method*

A service review showed variation in frequency and attendance of face to face falls assessment clinics across PTHB. Staff did not find the assessment tool user friendly prompting a revision of how we assess those at risk of falling. We have developed an evidence based, digital screening tool App to be completed on a smartphone/laptop. It can be completed by any HCP involved with the patient face to face or over the phone at point of need rather than having to wait for a clinic appointment. The app automatically generates a summary of interventions to reduce any risks identified.

*What impact did the change make?*

The MFA app enables timely, individualised identification the main areas of falls risk for those assessed and a streamlined way to signpost and refer on to services aimed at reducing those risks. Patients report positive outcomes following assessment and interventions and staff have found the app more user friendly. 120 multifactorial assessments (MFA) were carried out between March and May 2024 after the app went live. The digital aspect allows us to use data effectively to look at common themes, reduce repetition and plan and adapt future services. Removing paper forms also aligns with efforts to reduce waste by PTHB.

*How could learning from this be applied across Wales?*

We are already engaging with other health boards interested in the development of a similar App or digital assessment tools as an efficient way to use the technology and databases available to us within healthcare. The potential for scale means we can look to develop our tool to be used by Social care and third sector workers and also self-assessments to further reduce waiting times and potential reduce preventable falls.

*Additional comments*

The development of the MFA tool has been a multiprofessional approach comprising face to face workshops, regular workstream contact and professional pilots to get real time feedback. We are engaging with wider communities to increase awareness of falls prevention and accessibility of our assessment tool.

# An Evaluation of a Prerecorded Educational Video on the Milk Reintroduction Process for Parents and Caregivers of Children with Cow's Milk Protein Allergy

Esther Smith<sup>1</sup>,

<sup>1</sup>Department of Nutrition and Dietetics, Morriston Hospital, Swansea Bay University Health Board, Swansea, Wales, UK.

## Background and Research Question:

Cow's Milk Protein Allergy (CMPA) is becoming increasingly prevalent amongst children, putting additional pressure on dietetic departments across the National Health Service. Meeting demand is difficult; however, the use of online and video education to advise patients on health concerns may provide a solution to this rising need.

**Research Question:** To what extent can an online prerecorded video resource enable parents to effectively reintroduce cow's milk protein into their child's diet in Swansea Bay University Health Board?

## Aim & Objectives:

**Aim:** The project aimed to analyse the use and efficacy of a video resource sent to parents of children with CMPA within Swansea Bay University Health Board and the impact this has on quality of care, and clinical cost and time.

### Objectives:

1. Assess if a prerecorded video resource provided to parents of children with CMPA aged 11-12 months between March 2023-November 2023 makes milk reintroduction advice more accessible and effective, by asking families to participate in an anonymous questionnaire.
2. Evaluate if a prerecorded video resource reduces the clinical cost and time taken to assess patients outgrowing CMPA compared to individual appointments.

## Method:

The service evaluation used a retrospective, cross-sectional design to evaluate the acceptability and efficacy of a prerecorded video for parents of children aged 11-12 months old, who were likely to be outgrowing CMPA, under the Paediatric Dietetics team in Swansea Bay University Health Board.

The data was collected from March 2023-November 2023 from a questionnaire provided to parents.

Cost savings analysis was also used to compare the amount of clinician time needed for individual appointments and the prerecorded video. Quantitative and qualitative data was analysed using SPSS and NVivo, respectively.

## Results:

The resource was provided to 165 families between March 2023-November 2023. A total of 57 questionnaire responses were collected (34% response rate). 56 participants felt confident to commence milk reintroduction after watching the video. Parents who felt more confident, were less likely to contact the department for support, which was statistically significant ( $p < 0.001$ ).

The clinical time saved thus far is estimated at £3163.93. The one-off cost of creating the video was £1028.72.

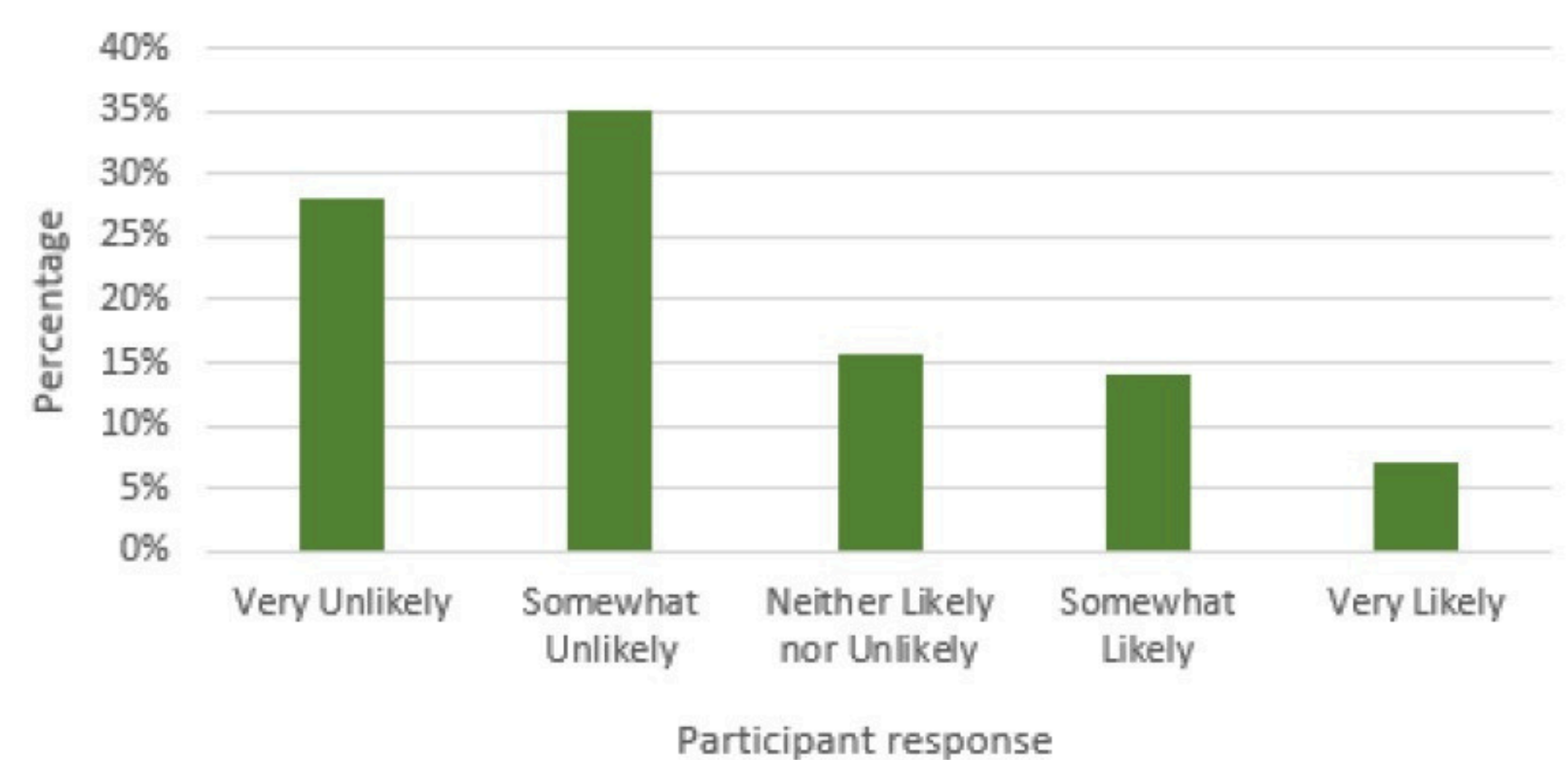
### Cost Analysis – Individual Appointments

Resource	Time	Cost	Total
First-rate Band 6 Specialist Dietitian hourly rate (pre-tax)	-	£18.37	-
Individual patient review	~90 minutes (including the appointment, writing notes, letters, posting resources)	£27.55 per patient	-
Total	-	£27.55 x 165 patients	£4545.75

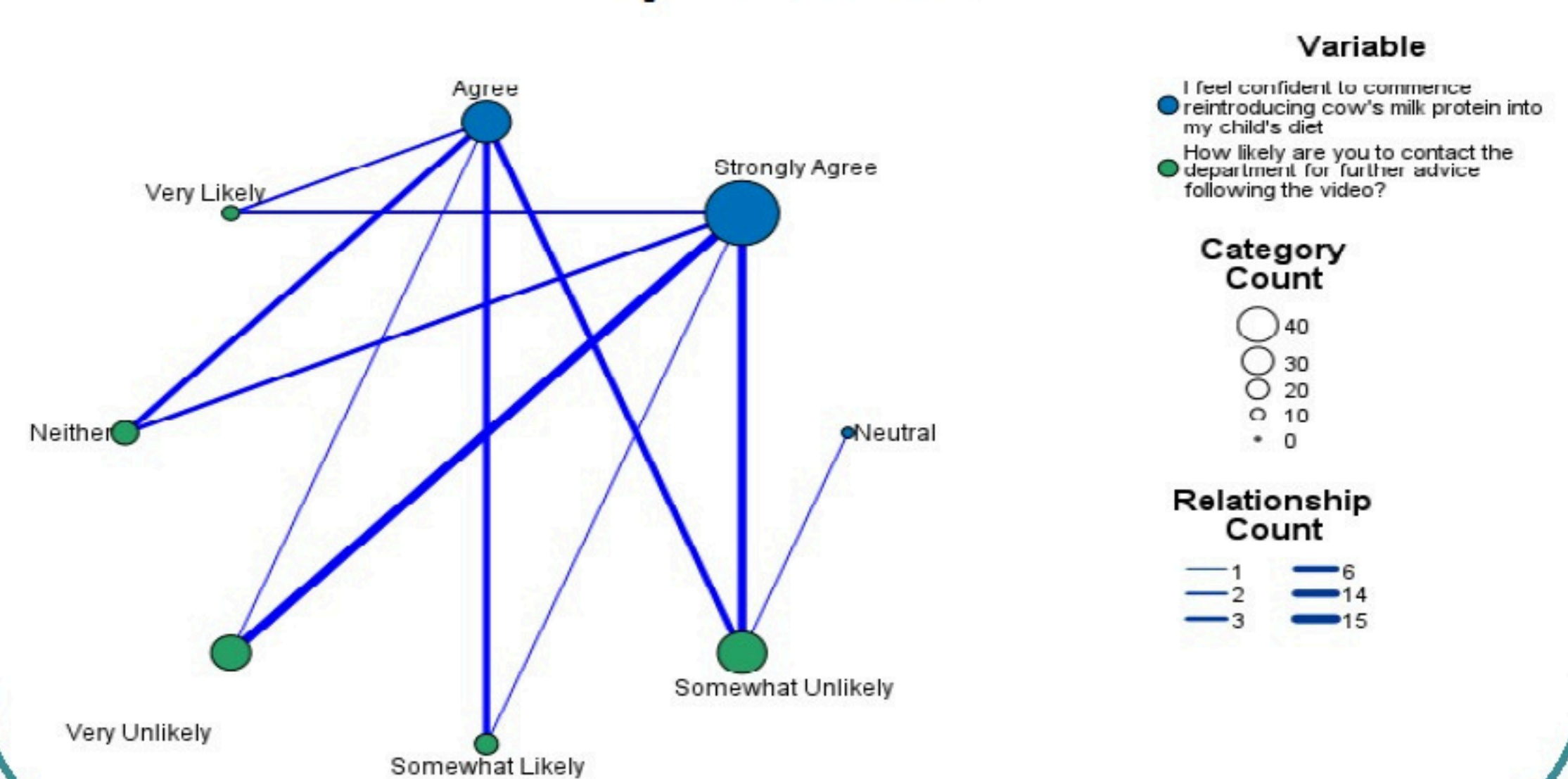
### Cost Analysis – Video

Resource	Time	Cost	Total
Video production	~56 hours	£18.37 x 56 hours	£1028.72
Print and post 2 letters and resources	~7 minutes per patient	£2.14 x 165 patients	£353.10
Total	-	-	£1381.82

## How likely are you to contact the department for further advice?



## Relationship map between confidence and likelihood to contact the department



## Qualitative Results - Questionnaire

- “Very clearly explained. I feel happy to contact if I need help.”
- “Convenient and accessible”
- “Helpful to have a video I can go back to”
- “Really helpful with lots of info”
- “Didn't have to come to an appointment worked well for us”
- “Very helpful to have the video to pause and rewind”
- “I feel very informed of how to reintroduce milk. Thank you”

## Conclusion:

Prerecorded videos are an innovative use of technology for health education. The CMPA resource was a well-accepted, cost-effective method of delivering milk reintroduction advice to parents. Virtual and online learning is becoming ubiquitous within the public, and this method of communication will likely increase in popularity. Moreover, the video allows families to feel empowered to manage their child's condition, and it provides them with the skills to complete the milk ladder on their own. As a direct result of this pilot, the video will continue to be used by the department.

# What is it you do again?

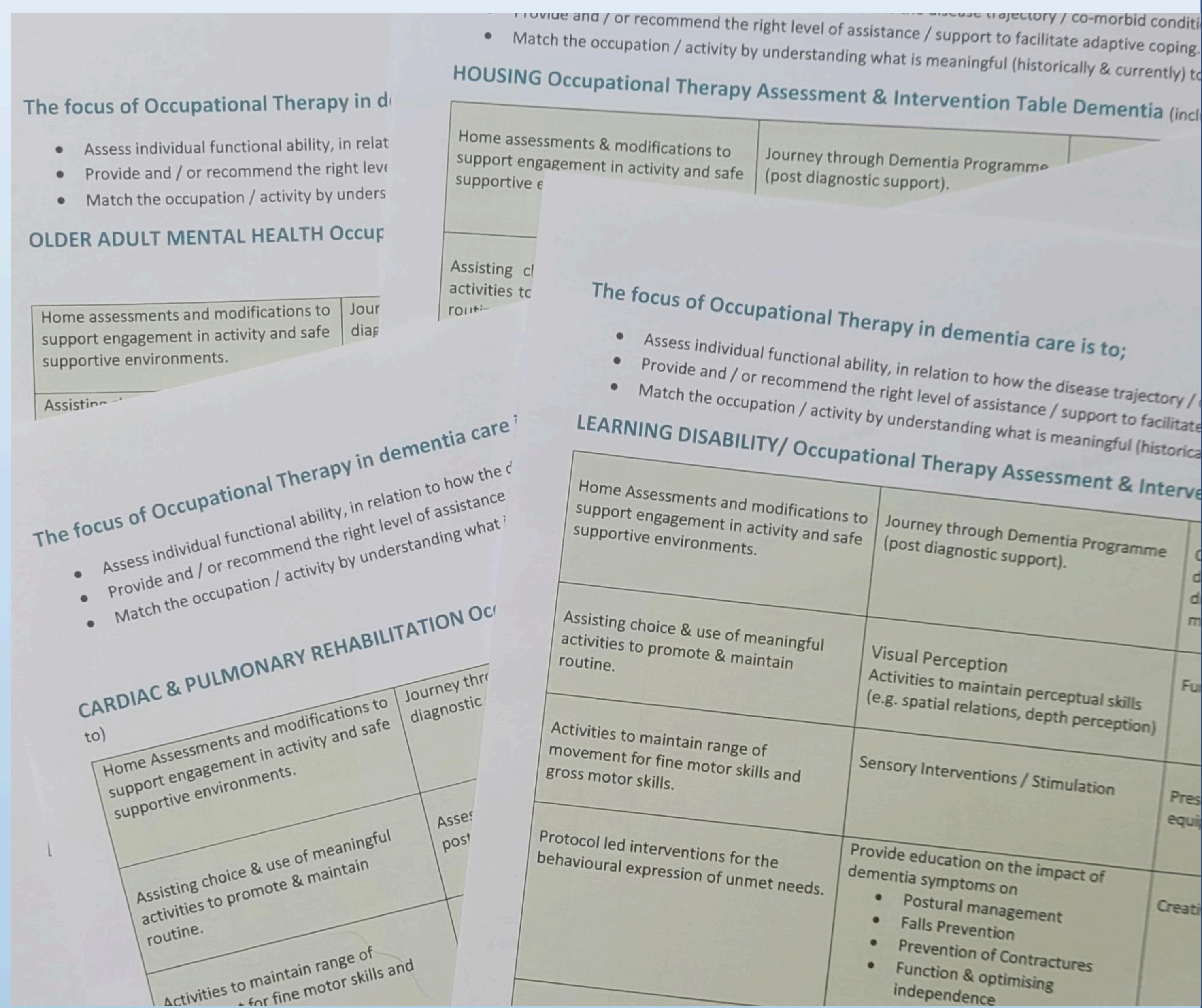
## Occupational Therapy & Dementia –Developing Standards for Clinical Practice

**Introduction** Hywel Dda University Health Board covers 3 counties, Carmarthenshire, Ceredigion and Pembrokeshire. A total of 180 Occupational Therapy staff working in Health & Social Care, will in the course of their work come into contact with people living with dementia and their families to varying degrees. A service evaluation was completed in 2021 with the aim of clarifying existing Occupational Therapy practice in dementia care across the Health Board footprint, with a view to developing best practice standards for dementia care within the Occupational Therapy profession.

### Background

Existing research, has explored the role of Occupational Therapy in dementia care in a variety of settings in the United Kingdom and Australia (Hall & Skelton 2012; Hynes et al 2016; Swinson et al 2016; Laver et al 2017; Marx et al 2019; Bennett et al (2019, 2011), but only targeted Occupational Therapists already working in dementia services. They included the specific interventions used by the Occupational Therapy staff and recommended staff manage their time implementing those interventions that have an evidence base demonstrating effectiveness.

The Allied Health Professionals Dementia Framework for Wales (2022), the Dementia Action Plan for Wales (2018), the Prime Minister's Challenge on Dementia 2020 Implementation Plan (2015 and the Department of Health National Dementia Strategy (2009) are clear that dementia should be 'Everybody's Business.' This includes Occupational Therapists who work outside of specific dementia services.



## No Occupational Therapy best practice standards for dementia care exist nationally or locally.

**Methodology** In order to ensure time and resources are placed where they can make the most impact and to upskill staff it is helpful to clarify and define Occupational Therapy interventions in dementia care. As a starting point, the author developed an Occupational Therapy Assessment and Intervention Table (Refer to Figure 1) for Older Adult Mental Health (OAMH) Occupational Therapy services. The content of which is adapted from previous research, evidence based practice and the author's experience of providing Occupational Therapy in dementia care (Hall & Skelton 2012; Hynes et al 2016; Swinson et al 2016; Laver et al 2017; Marx et al 2019; Bennett et al (2019, 2011). In collaboration with the OAMH Occupational Therapy staff, over the course of a year a set of descriptors for each intervention on the table was produced along with corresponding standards (Refer to Figure 2). This provided a blue print from which Occupational Therapy standards for other Occupational Therapy clinical areas could be adapted and produced. In addition, it allows individuals and teams to identify learning needs in dementia care.

### What next?

- Plans are underway meeting with OT staff within each of the clinical areas, with the aim to better understand how the OT's have implemented the standards and any challenges they have faced. The meetings will also explore any training needs identified by individuals or the team as a whole, with a view to how these may be met.
- The AHP Consultant in Dementia for Wales remains keen to adopt the standards for an All Wales approach and recognises that the approach taken is replicable within other AHP groups. Work has begun to allow this organisational improvement journey to be scaled nationally.
- The project and standards have been made available via the RCOT Innovation Hub.
- The author continues to collaborate with a working party of OT Service Leads based across the UK in a variety of settings, so that they may pilot the OT Dementia Standards within their services. It is hoped this collaboration will enable the OT Dementia Standards to evolve and continually reflect current best OT practice.

# DELEGATION IN DYSPHAGIA MANAGEMENT

LAURA BANCİ, PROFESSIONAL LEAD SLT ACUTE & SECONDARY SERVICES, ANTHONY SUEREF, HIGHLY SPECIALIST SLT, JULIE-ANNE CHANNING, SPEECH & LANGUAGE THERAPY ASSISTANT

## INTRODUCTION

THE NHS IS FACING MANY CHALLENGES: GROWING DEMAND, INCREASING PUBLIC EXPECTATIONS, STAFF SHORTAGES AND RETENTION, UNDER HUGE FINANCIAL PRESSURE. WORKFORCE "MODERNISATION" IS A STRATEGY FOR DRIVING CHANGES NEEDED TO DELIVER PRUDENT HEALTHCARE IN WALES.

INCREASINGLY, SERVICE MANAGERS ARE CONSIDERING HOW TO MAXIMISE THE CONTRIBUTION OF NON-REGISTERED STAFF IN HEALTHCARE DELIVERY.

THE AIM OF THIS PROJECT WAS TO DEMONSTRATE THE IMPACT AND VALUE OF USING NON-REGISTERED SPEECH & LANGUAGE THERAPY (SLT) STAFF IN THE DELIVERY OF INPATIENT DYSPHAGIA PATHWAYS IN ANEURIN BEVAN UNIVERSITY HEALTH BOARD

## METHODS

WE USED THE ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS' (RSLT) "EATING, DRINKING AND SWALLOWING COMPETENCY FRAMEWORK", (EDSCF, 2020) TO INFORM STRATEGIES TO ADVANCE THE SKILLS, KNOWLEDGE AND CONFIDENCE OF OUR BAND 4 SLT ASSISTANT IN THE ASSESSMENT AND MANAGEMENT OF NON-COMPLEX DYSPHAGIA IN AN ACUTE HOSPITAL SETTING.

ALONGSIDE THE FRAMEWORK, A DYSPHAGIA MANAGEMENT PLAN (DMP) WHICH INCLUDED REFERRAL AND DISCHARGE CRITERIA, AND PROTOCOL GUIDED ASSESSMENT AND MANAGEMENT PLAN WAS DEVELOPED.

USING A MANUAL DATA COLLECTION TOOL, WE COLLECTED AND REVIEWED REFERRAL NUMBERS TO DMP, DIRECT AND NON-DIRECT PATIENT CONTACTS AND DISCHARGE INFORMATION OVER THE PAST 6 MONTHS.

## RESULTS

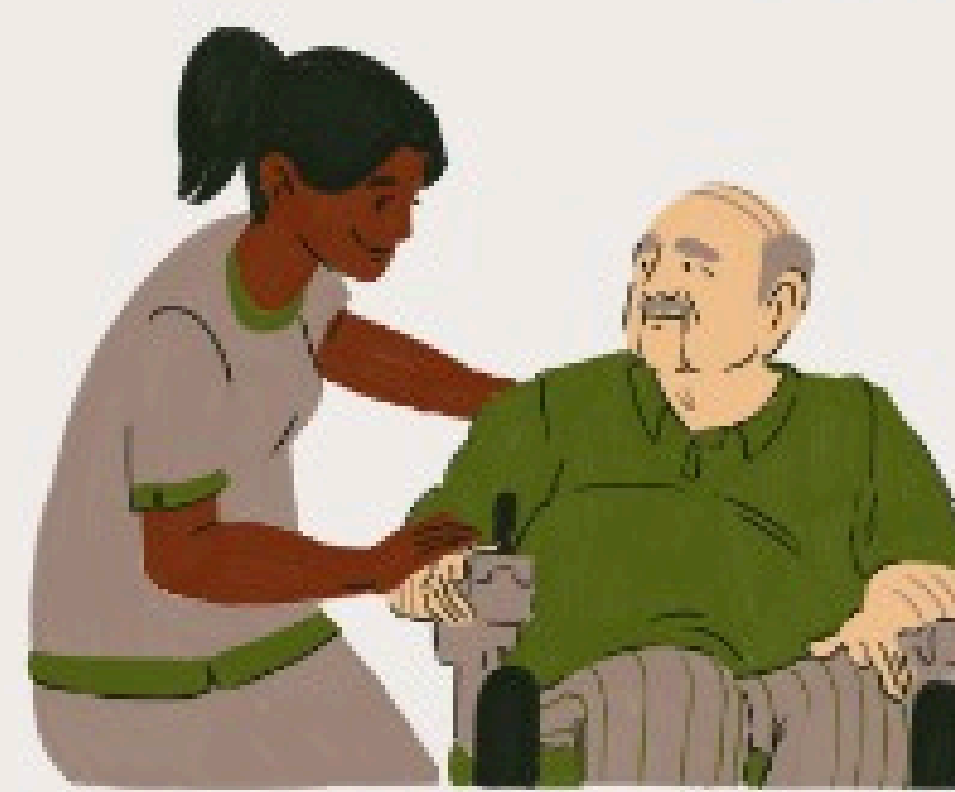
IN THE PAST 6 MONTHS, 21 PATIENTS (OUT OF 480) WERE MANAGED UNDER DMP, 11 OF WHOM WERE DISCHARGED AFTER RETURNING TO BASELINE EATING AND DRINKING RECOMMENDATIONS. THE NUMBER OF DIRECT CLINICAL CONTACTS PER PERSON RANGED FROM 1-8. DMP CAPACITY WAS LIMITED TO TWO HALF DAYS A WEEK DUE TO THE SLTA'S WORKPLAN

DURING THE SAME PERIOD, 215 MINUTES OF NON-DIRECT TIME WERE RECORDED. THIS INCLUDED CONTRIBUTIONS TO INFORMATION GATHERING, FAMILY EDUCATION AND MULTIDISCIPLINARY TEAM DISCUSSIONS.

OUR PRELIMINARY DATA INDICATES THAT THE DMP IS A SAFE, CLINICALLY AND COST-EFFECTIVE MEANS TO MANAGE NON-COMPLEX DYSPHAGIA IN THE ACUTE IN-PATIENT SETTING.

21

DMPS



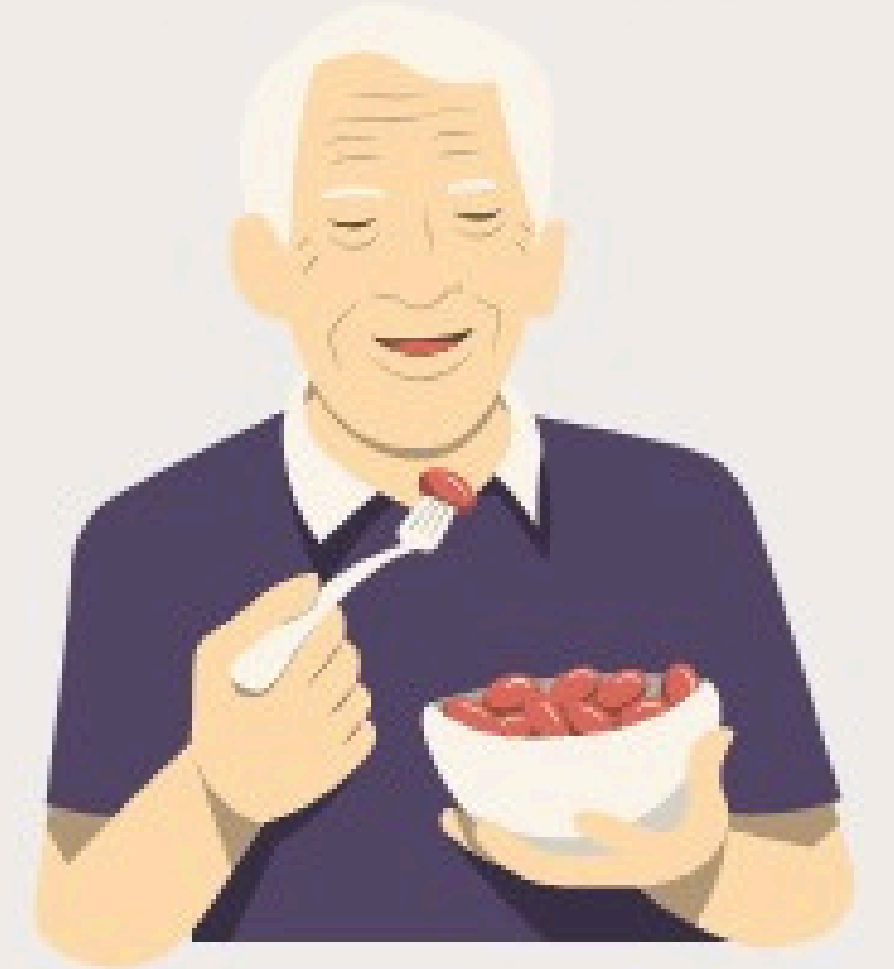
AV. 1-8 CONTACTS

11

RETURNED TO BASELINE



215 INDIRECT MINUTES



## CONCLUSIONS

DUE TO REDUCED B4 CAPACITY, A SIGNIFICANT NUMBER OF PATIENTS WHO WERE APPROPRIATE FOR THE DMP PATHWAY WERE INSTEAD MANAGED BY B6/7 SLTS TO PREVENT DELAYS TO ASSESSMENT/TREATMENT.

HOWEVER, WITH THE RIGHT PROVISION, DMPS CAN ENABLE SLTS TO FOCUS ON PROVIDING HIGHLY SPECIALIST INPUT WHILST ENSURING ALL PATIENTS WITH EDS DIFFICULTIES RECEIVE QUALITY CARE.

DYSPHAGIA MANAGEMENT HAS TRADITIONALLY BEEN THE ROLE OF SLT; HOWEVER, CLINICAL PRACTICE AND SERVICE DEMANDS HAVE CHANGED SIGNIFICANTLY, WITH SLTS MOVING TO A CONSULTATIVE/HIGHLY SPECIALIST ROLE. PRUDENT HEALTHCARE REQUIRES MULTI-PROFESSIONAL TEAMS, INCLUDING NON-REGISTERED STAFF, TO DEVELOP SKILLS TO WORK WITH PATIENTS EXPERIENCING EDS DIFFICULTIES. THE DMP MAY BE ONE SUCH WAY OF MANAGING THIS CHANGE.

*I WAS HESITANT AT FIRST...TO ASSESS SOMEONE'S SWALLOW; HOWEVER, THERE HAS BEEN TONS OF SUPPORT...I ENJOY HAVING A ROLE IN DYSPHAGIA. IT FEELS GOOD TO KNOW I AM MAKING A DIFFERENCE, AND FEEL LIKE A MORE ACTIVE MEMBER OF THE TEAM."- JU B4 SLTA*



## REFERENCES:

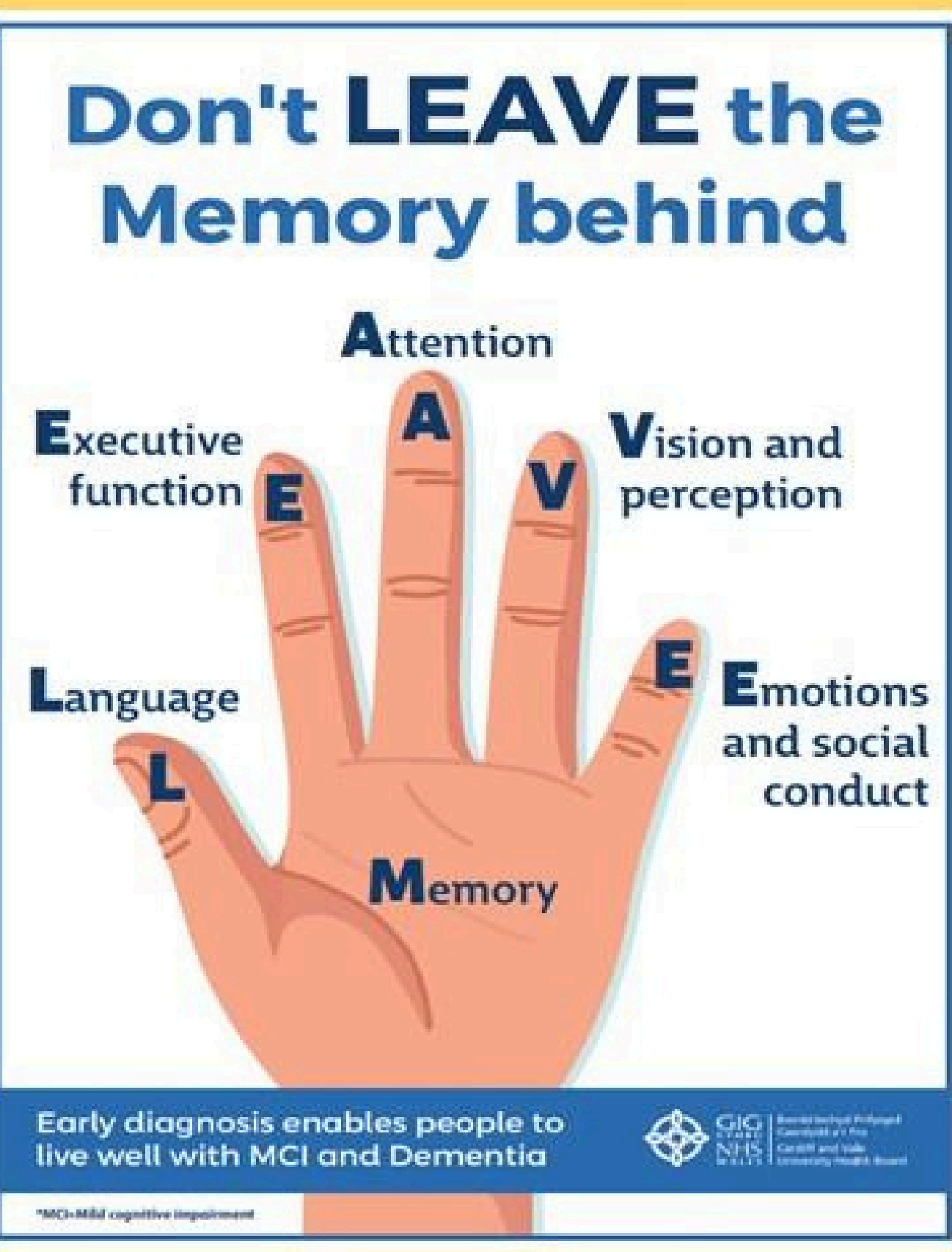
ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS (2010) EATING, DRINKING AND SWALLOWING COMPETENCY FRAMEWORK [HTTPS://WWW.RCSLT.ORG/WP-CONTENT/UPLOADS/MEDIA/DOCS/EDSCF\\_UPDATED\\_FINAL.PDF](https://www.rcslt.org/wp-content/uploads/media/docs/edscf_updated_final.pdf)

# Enabling health care professionals to identify the domains of cognition to improve diagnosis of mild cognitive impairment

Maria Heathcoat

## Introduction

In 2018 Cardiff and Vale Health Board estimated that 5076 people are living with Dementia but only 3294 have a formal diagnosis. Identifying cognitive impairment early and signposting to appropriate services and support can empower and positively impact on an individual's quality of life. Early support could potentially reduce progression towards Dementia. Allied health professionals have an integral part of assessing patients and our understanding of cognition is crucial in identifying cognitive deficits early.



## Objectives

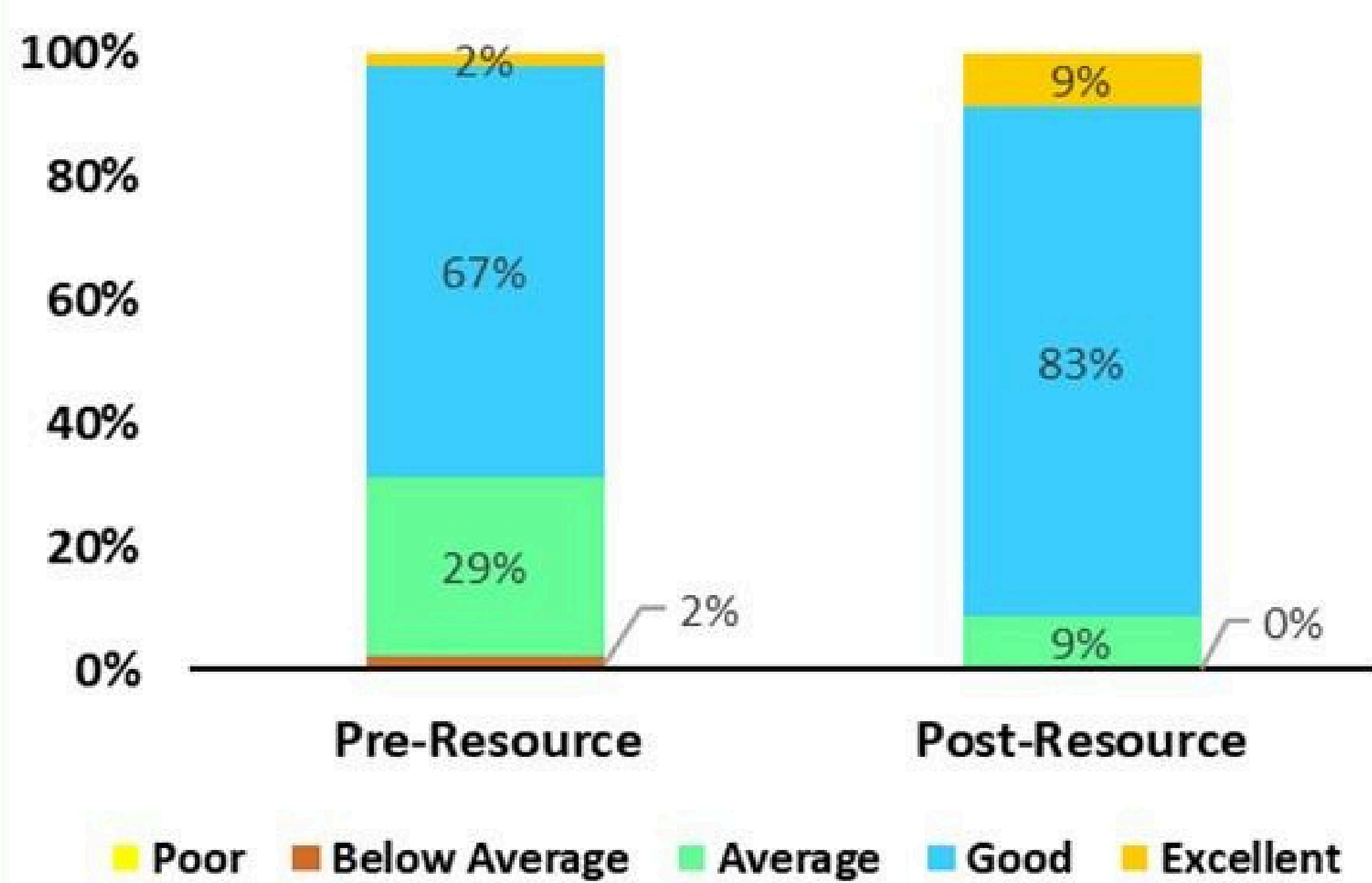
To identify and improve clinician understanding of the domains of cognition

To produce learning resources to improve knowledge and confidence in identifying and remembering the domains of cognition.

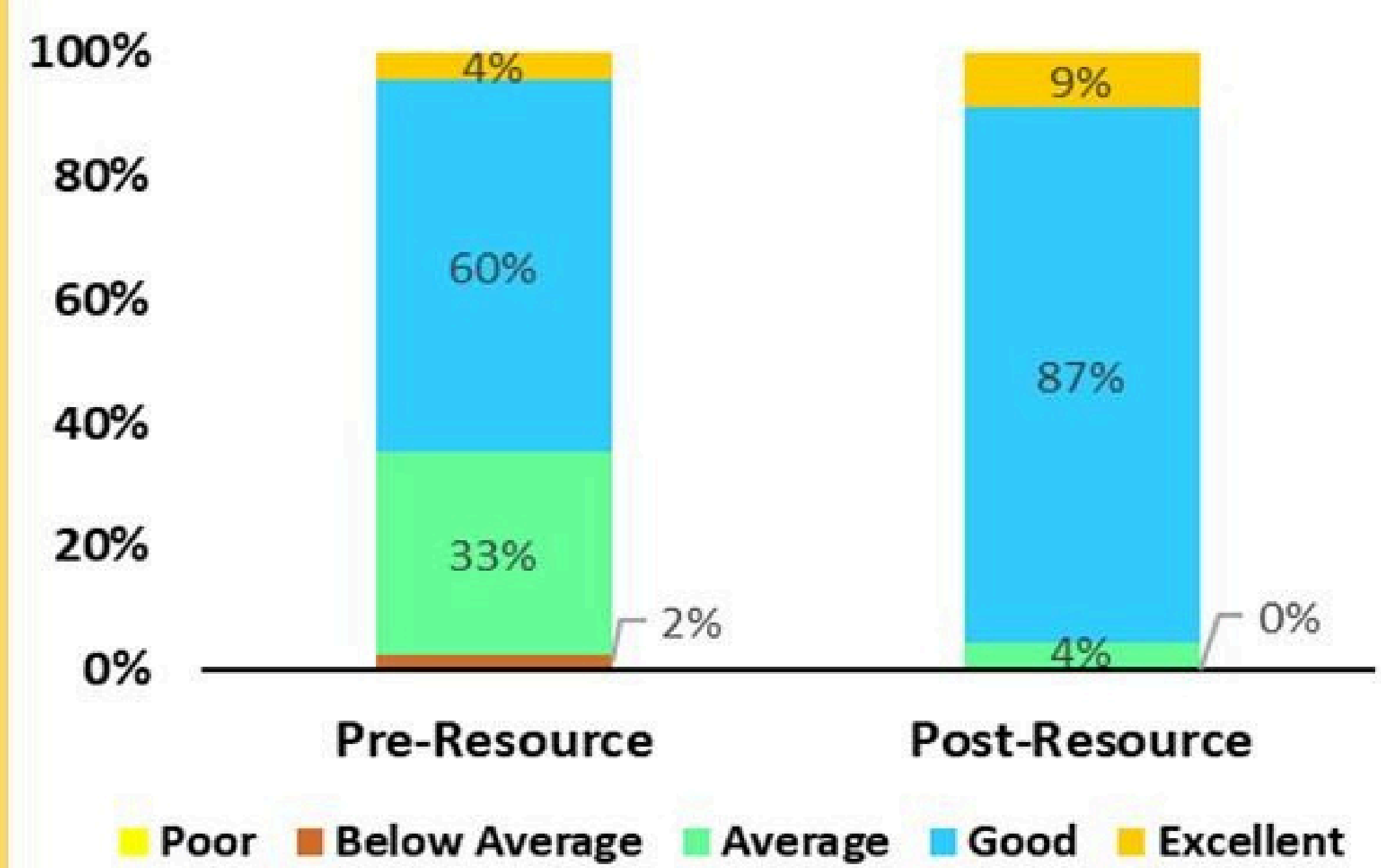
## Method



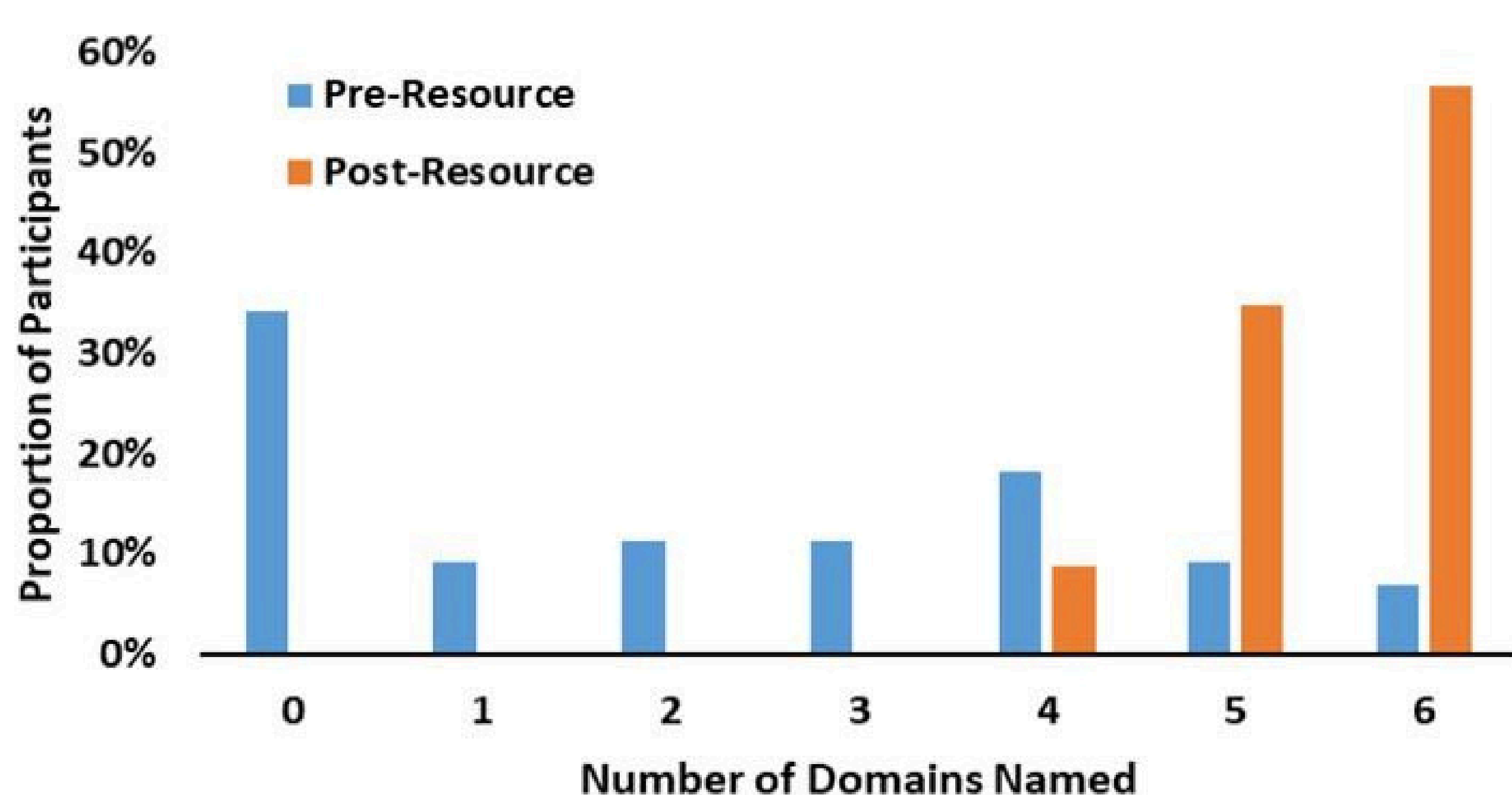
**Self Assessed Confidence in Recognising Cognitive Impairment**



**Self Assessed Understanding of Cognition**



**Ability to name all Domains of Cognition**



## Results/Conclusions

- Highlights a gap in knowledge in identifying the domains of cognition in Physiotherapy and Occupational Therapy staff.
- Both resources increased therapists understanding of cognition. Post survey results showed a 55% increase in clinician's ability to name all 6 domains of cognition.
- 96% of participants would recommend educating others with the poster. This could be used for students and new graduates across Physiotherapy and Occupational Therapy.

## Participants Feedback

"Great resource to have to remind you of domains of cognition to inform practice"

"Brilliant piece of work which will be a valuable resource to refer back to in the future"

"Both very useful tools. The acronym in particular has really helped me to remember the different cognitive domains"

"Short, Sharp videos and images are the most useful to use in practice"

## Learnings

- Providing resources is integral to enable the identification of the domains of cognition, these may be beneficial at undergraduate level.
- The poster could be used on a broader scale to educate and increase awareness in the hospital and community settings amongst other professions.
- The Padlet was effective at disseminating information about the memory service.
- Increasing the clinicians understanding of cognition will ultimately improve the rate of referral to Memory services, and potential diagnosis of mild cognitive impairment.

**Acknowledgments**-All participants from Allied Health team in Community resource team, Trauma and Orthopedics and Frailty rehabilitation at SDH and TBH. Natalie Elliot, Natalie Robertson and Cherry Shute

# GET STARTED LOCAL

PARKINSON'S<sup>UK</sup>

An online/In-person hybrid approach to helping people with Parkinson's to create an exercise habit.



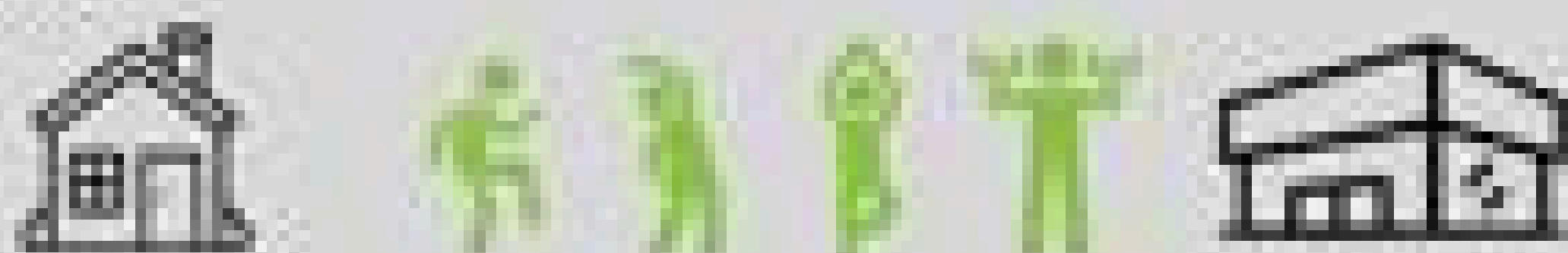
Get Started Local is an adaptation of an award-winning online exercise programme from Reach Your Peak. This 10-week initiative integrates Parkinson's-specific workouts and educational components designed to enhance physical activity for people

living with Parkinson's. Get Started Local offers a hybrid model, combining online sessions with in-person workouts at a local leisure centre, providing flexibility and support for participants to exercise both at home and within their community.

**Programme Goal:** Expand exercise opportunities for people with Parkinson's in Wales by raising awareness of its role in treatment and boosting confidence in exercising.

## HOW IT WORKED.....

Get Started Local was piloted at leisure centres in Llanrumney & Colwyn Bay with funding from Parkinson's UK.



Participants followed 10 workout and education videos, repeating each workout at home four times per week, then meeting at a local centre for a group session.

## PROGRAMME IMPACT

### FITTER AND STRONGER


 100% of participants reported they felt fitter and stronger

### IMPROVED BALANCE

50% of participants said their balance had improved. 

### SIT TO STAND IMPROVED

 All participants recorded improved 30s sit to stand

100% of the participants felt that they had a better understanding of how to use exercise to treat Parkinson's. 

In collaboration with leisure centres, Get Started Local provides a gateway to exercise for people with Parkinson's. Leisure centre staff can be trained to facilitate the sessions with our accredited course. On completion, participants are more likely to pursue local classes and maintain a sustainable exercise routine.

Scan for patient stories



# THE USE OF A NOVEL SPLINT IN THE TREATMENT OF UNDISPLACED OR MINIMALLY DISPLACED BASE OF PROXIMAL PHALANX FRACTURES

Nick Gape, Occupational Therapist, Accredited Hand Therapist  
Cardiff & Vale University Health Board

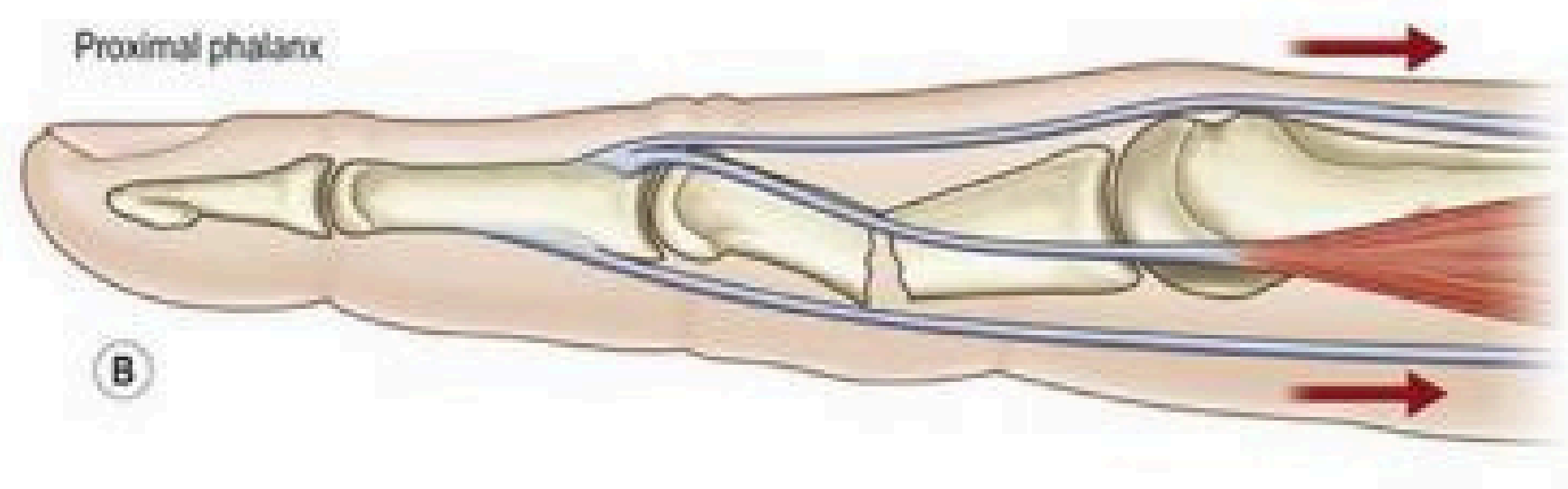
## INJURY & TREATMENT

Extra-articular fractures of the base of the proximal phalanges are at the junction the diaphysis & metaphysis, impacted and usually with some degree of volar apex angulation.

Such injuries are often as a result of sporting activities in the under 30's; and from a fall on to the outstretched hand in those over 50.



If the fracture is not immobilised correctly there is potential for malunion due to the action of the intrinsics on the proximal fragment and the extrinsic extensors on the distal fragment of the bone,



- Stability may be achieved surgically with K-wiring and non-surgically with a thermoplastic splint
- Both permit active IPJ flexion which promotes fracture stability and prevents stiffness
- It was our experience in Cardiff that these splints were not always well tolerated by patients, in particular the over 50's group
- A reduction in hand surgery and a reliance on ~~remote~~ follow-up appointments was necessitated by the first lockdown of the COVID-19 pandemic. This led to the development of an alternative splint, which has been increasingly used in the treatment of this injury



SHEWING ET AL 2018  
COURTESY OF CLINICAL KEY



FREELAND ET AL 2002  
COURTESY OF CLINICAL KEY

## INNOVATION: THE CARDIFF NEOPRENE FLEXION SPLINT



- The main neoprene piece is drawn circumferentially around the hand & wrist and fixed with the velcro
- The strap pulls the MCPJs volarly to an angle of 90° with the IPJs free to fully flex and extend
- X-ray performed to show satisfactory reduction
- Splint was worn for 3 weeks followed by neighbour strapping for a further 2 weeks
- The cost of all materials is under £2
- 20 consecutive patients prospectively reviewed
  - 14 Complete data set
  - 6 incomplete
- Mean 54 yrs (16-77 yrs)
- Median age 58 yrs

## RESULTS

- FAROM & No PIPJ flexion contractures
- No patients required surgery following treatment in the splint

### Patient Evaluation Measure

- Mean 16.1. (Range 10-35)
- Mean Percentage 10.1. (Range 0-41.7%)

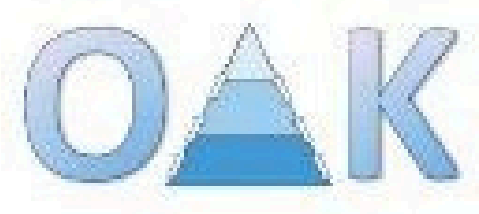
Mean Therapy Sessions = 4.3 (2.9 Face-to-Face; 1.5 Virtual)

## CONCLUSION

- The splint successfully reduces & maintains a good position of the fracture
- Allows early mobilisation
- Good patient satisfaction
- Cost effective & adaptable. Minimal equipment required.
- Reduces therapy follow-up
- A good alternative, particularly for the older patient

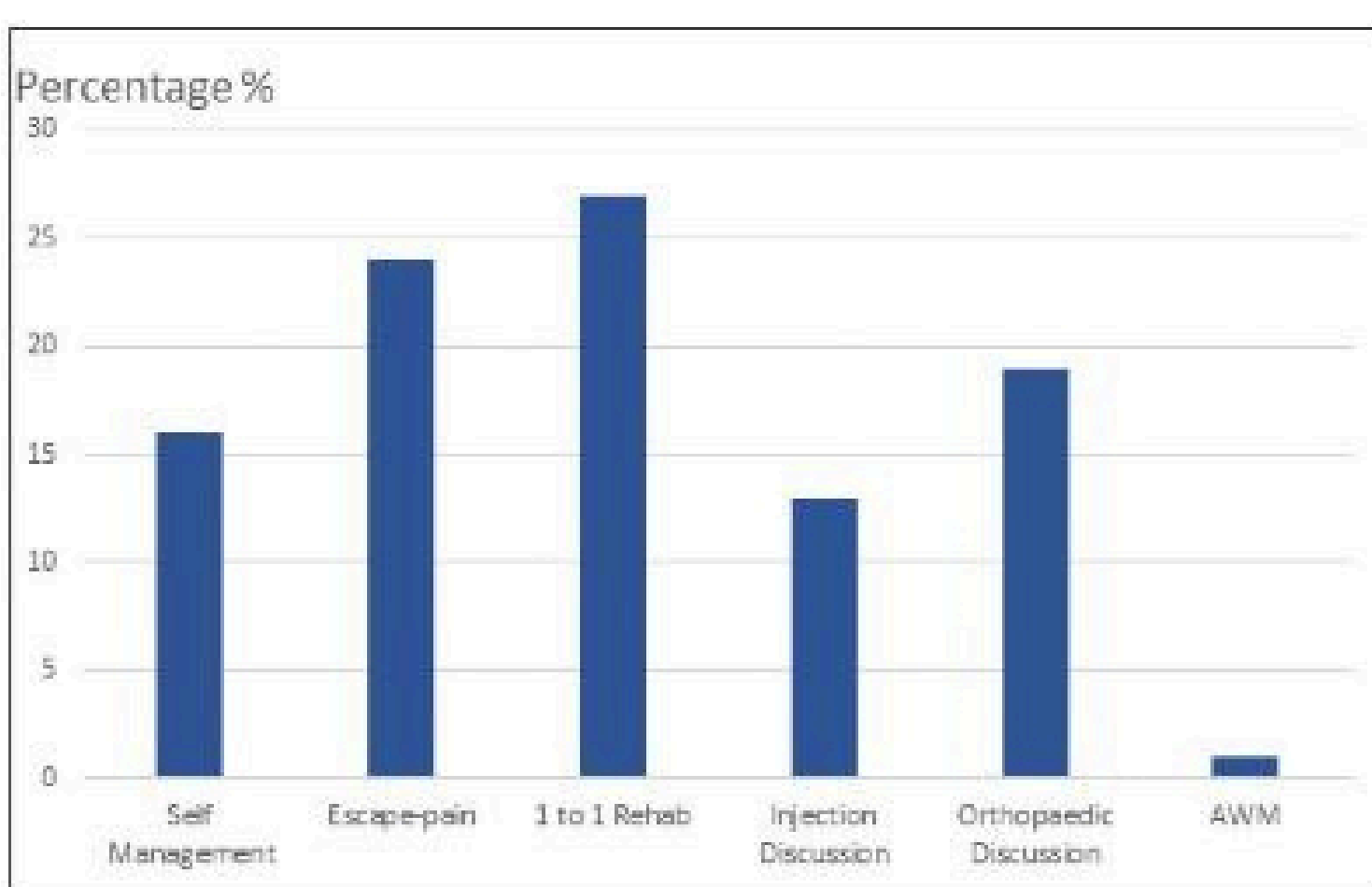
**REALISING HIGH VALUE** An Integrated Pathway for Knee Osteoarthritis  
This integrated and seamless pathway, based on the Cardiff and Vale Rehabilitation Model, creates easily accessible, supportive environments in local communities, with sustainable healthy behaviours reducing demand on healthcare services.

High value is realised through partnership working with leisure and 3rd sectors, providing consistent messaging, with shared lived experience, health generating activities and sustainable support empowering people on their journey to living well with knee osteoarthritis.



**OAK** is a shared decision-making group consultation,

where people learn more about their condition and the options available to manage it. Sharing information and experiences builds confidence and understanding to make the decision that is right for them.



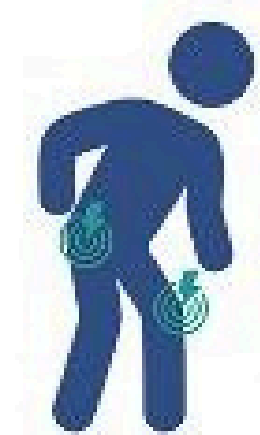
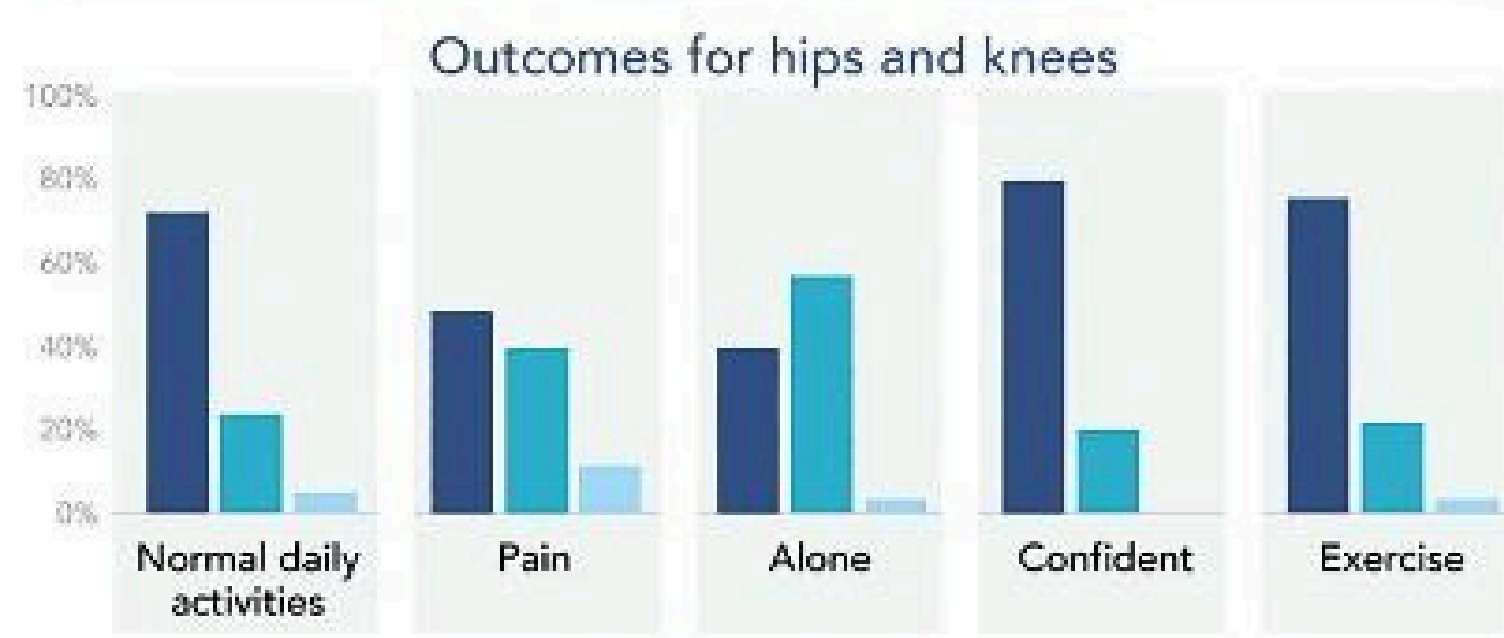
- ✓ Understanding OA Knee ↑ 2.9 points
- ✓ Confidence in management options ↑ 3.5 points
- ✓ Confidence in performing functional activities ↑ 2.4 points
- ✓ PIFU Physiotherapy 7%
- ✓ 92% recommend (FFT) (10-point rating scale)



**ESCAPE-pain** is a group

rehabilitation programme designed specifically for persistent joint pain. Integrating educational self-management with physical activity, it supports people to develop their knowledge, skills and understanding along side their peers, enabling them to self-manage their condition.

**SROI £6.51 for every £1 invested for ESCAPE Pain Hip/knee**



- ✓ 3 x times contact, ¼ cost
- ✓ KOOS: improved pain, function, QoL
- ✓ ↑ Activation (PAM)
- ✓ More active, sociable, "not alone"
- ✓ 97% recommend (FFT)

**Prepare Well Orthopaedics**

The Prepare Well Orthopaedic service supports people to prepare, both physically and psychologically, and recover from surgery. The 6-week programme offers weekly sessions of exercise and group discussion exploring different topics to support positive lifestyle behaviours and choices.

**SROI £2.86 for every £1 invested**



- ✓ 90% reported a significant positive change
- ✓ TUAG ↑ by 22% after prehab
- ✓ STS ↑ by 38% after prehab
- ✓ LOS ↓ by 1 day in those attending
- ✓ 97% recommended (FFT)

**ESCAPEES.** A selection of sustainable options are available to people who graduate from the ESCAPE-pain programme. Together, ESCAPEES participate in activities they enjoy, encouraging one another to continue to improve their health and live well, in this supportive community environment.

- ✓ Sustainable support networks
- ✓ 720 Leisure memberships
- ✓ Leisure-based ESCAPEES - 15 groups, 6 locations
- ✓ Co-produced Community-led groups - Nordic Walking
- ✓ Peer leaders
- ✓ Strengthened and connected communities

**"I ENJOY THE SOCIAL SIDE, MADE FRIENDS FOR LIFE"**

**"WE CONSIDER OURSELVES PART OF A TEAM, A PROBLEM SHARED"**

**"TO MY SURPRISE, THE GREATEST BENEFIT WAS PSYCHOLOGICAL. I NO LONGER FEEL LIKE A DECREPIT OLD PERSON, BUT SOMEONE WHO HAD HOPE AND AN ACTIVE LIFE AHEAD"**

**ADDED VALUE**

- Personal Value**  
"It's enjoyable, supportive, individual, it helped, I'm ready for the future"
- Technical Value**  
Improved outcomes - it got better
- Allocative Value**  
Reduced costs - re-allocation of resource in pathway
- Social Value**  
Impact well beyond healthcare: community & environmental

# 'The Waiting Well PROM: Risk Stratification and Tiered Interventions to Promote, Prevent and Prepare Patients for their Surgery'

1. Optimisation and Prehabilitation Team HDUHB  
2. QIST Practitioner UDUHB  
3. Waiting List Support Service HDUHB

Ben Matthews<sup>1</sup>, Catherine Davies<sup>1</sup>, Rebecca Bowen<sup>1</sup>, Tessa Phillips<sup>2</sup> and Anna Bevan<sup>2</sup>

## Introduction

From April 2022 to March 2023 there were 6,350 last minute cancellations of surgical treatments in Wales due to health and medical conditions impacting upon patients' preparedness for undergoing surgery (Welsh Government, 2023).

With the publication of the 3 P's Policy and our service implementing the concepts of:

- **Promote** – improved health behaviours
- **Prevent** – worsening health
- **Prepare** – for treatment and recovery

This will aim to reduce cancellations and pressures on services whilst patients wait.

## Method

108 patients waiting on the gynaecology surgical waiting list, met the set criteria for inclusion and were electronically sent the Waiting Well PROM.

The criteria for the project were; patients listed for a non-cancer related hysterectomy who were waiting the longest.

The results were collated, and patients' answers were risk stratified and Red, Amber, Green (RAG) rated (Table 1).

30 patients were identified as high risk (red) and were offered an assessment using a biopsychosocial assessment that was developed by the Prehabilitation and Optimisation Team.

## Aim

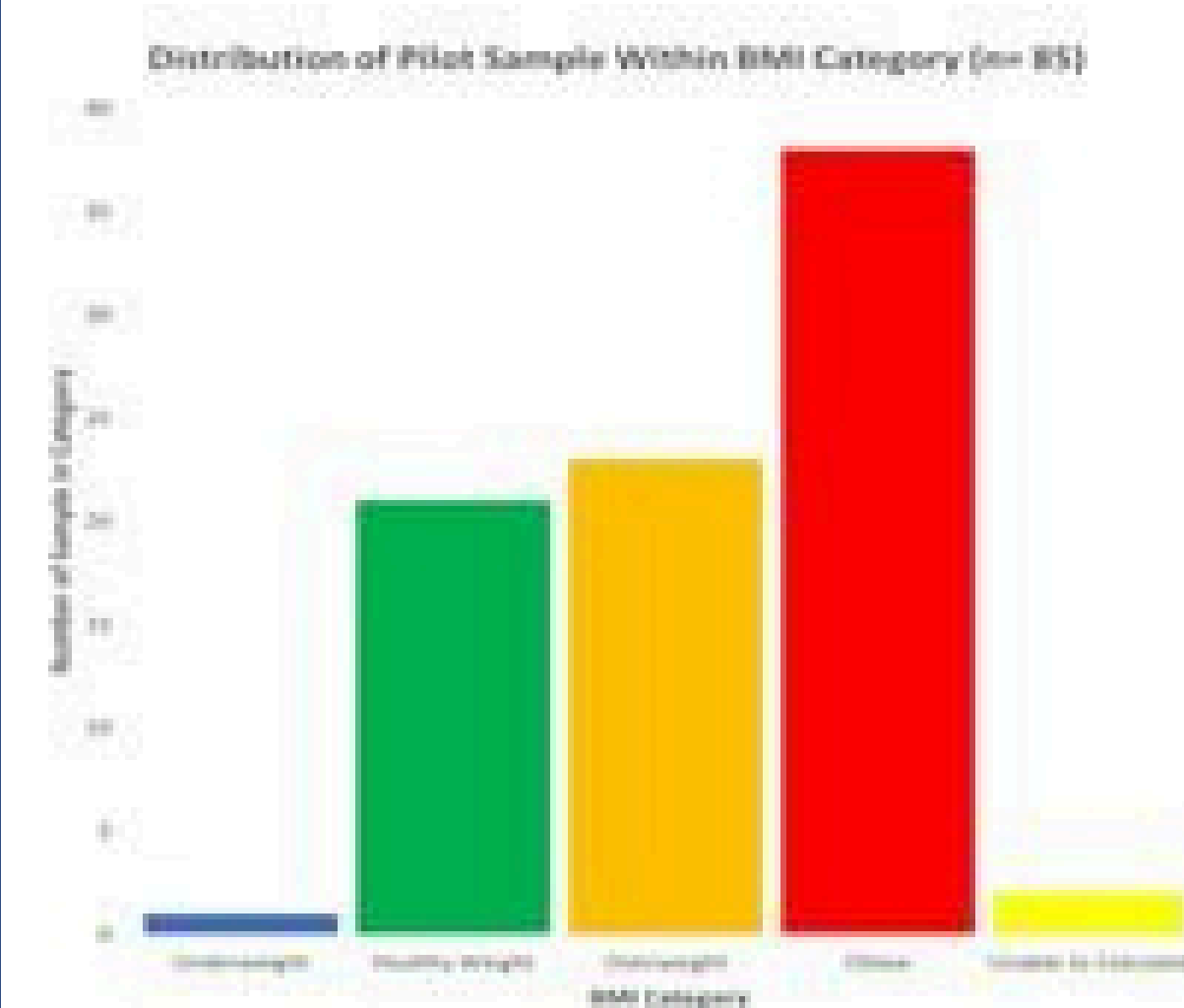
- To utilise the Waiting Well PROM and develop a risk stratification tool to identify prehabilitation and optimisation needs for Gynaecological patients facing the longest wait for surgery.
- Use patient assessment findings to develop a tiered offer of prehabilitation and optimisation interventions.

Table 1: Criteria for Intervention Stratification From PROM Results

GREEN Universal Waiting Well Offer	YELLOW Call from non- clinical call handler	AMBER Call from WLSS Nurses	RED Optimisation and Prehabilitation
<b>BMI:</b> 18.5 - 25. <b>Exercise:</b> ≥ 3 hours per week. <b>EQ-5D-5L:</b> 1 in all domains <b>VAS Score:</b> >60. <b>Comorbidities:</b> None <b>Polypharmacy:</b> No medications <b>Non-smoker</b> <b>Alcohol:</b> < 14 units/ week.	<b>BMI:</b> > 25 – 29.9 <b>Exercise:</b> > 1hour and up to 3 hours. <b>EQ-5D-5L:</b> 2 or 3 in all domains <b>VAS Score:</b> ≥20 - 60. <b>Smoker</b> <b>Alcohol:</b> ≥14 units/ week.	<b>BMI:</b> < 18.5 or 30 - 35 <b>EQ-5D-5L:</b> 4 in mobility/self-care & usual activities or 5 pain/ discomfort or anxiety/depression <b>VAS Score:</b> <20 <b>Comorbidities:</b> Any <b>Polypharmacy:</b> ≥ 4 medications.	<b>BMI:</b> >35 <b>Exercise:</b> < 1 hour per week <b>EQ-5D-5L:</b> 5 in mobility, self-care & usual activities

## Results

### BMI Grouping for Pilot



### Physical Activity

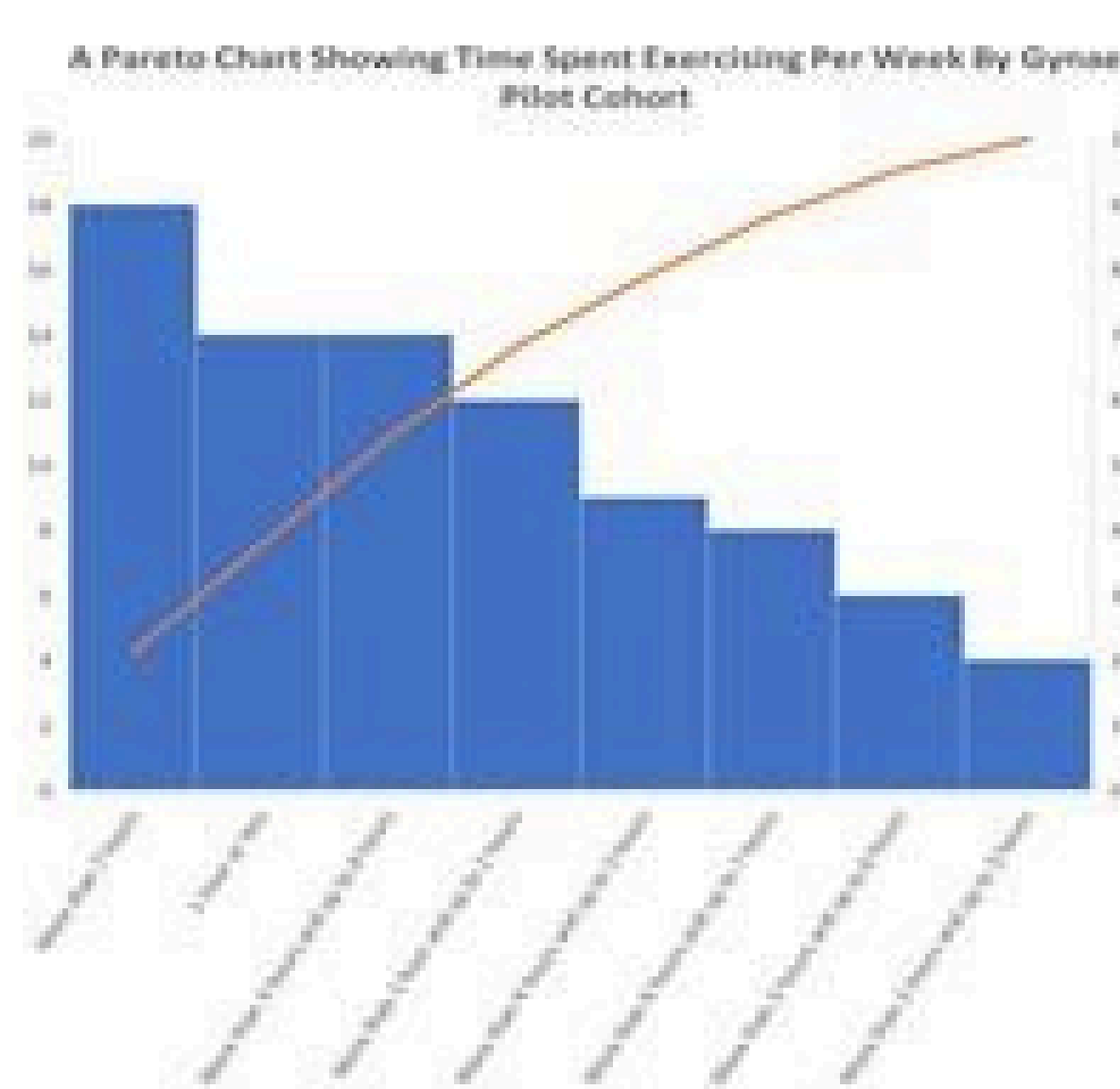
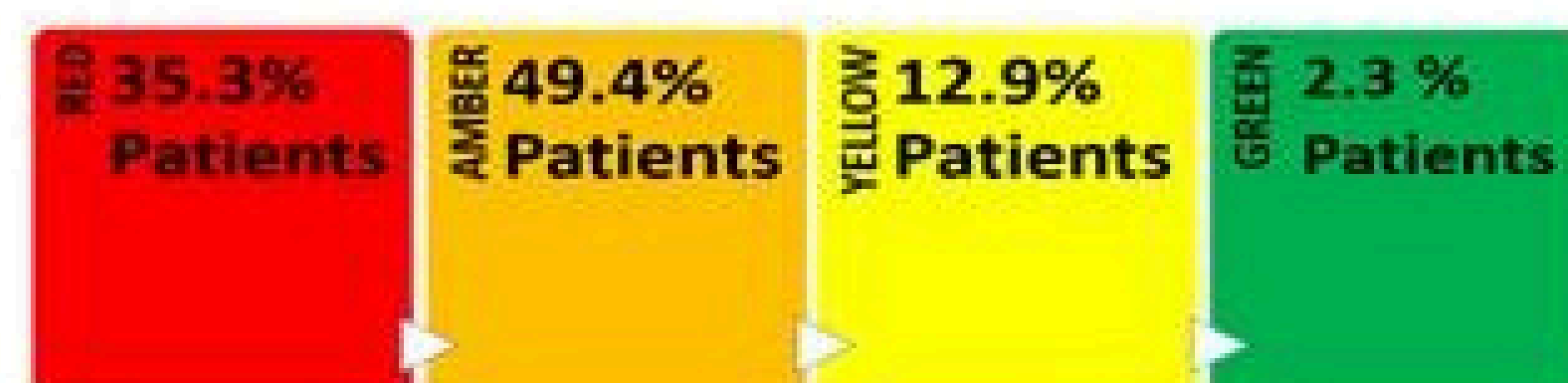


Figure 1 and 2: Bar and Pareto graphs representing BMI and hours of physical activity amongst the 85 respondents to the PROM.

- These patients received a 1:1 holistic needs assessment with a clinical member of the optimisation and prehabilitation team.
- The assessment aimed to understand the prehabilitation needs of these women and if the PROM had appropriately stratified the women as requiring specialist optimisation and prehabilitation intervention.

### Patient Stratification



## Conclusion

- Results demonstrated patient's symptoms, mental health and general well-being continue to affect day to day life.
- Patients decondition whilst waiting for planned surgery.
- Similar themes were pulled from the assessment, and these included sleep and fatigue, diet and weight, mental health, bladder and bowel symptoms, pain and exercise.
- Patients had 1:1 interventions, however we realise that due to capacity there is a need for virtually group programmes.

## Key Learning Points

- The need to provide an assessment and intervention earlier in the pathway. i.e. at time of listing.
- Confirmed that tiered interventions are needed for patients on a gynaecological waiting list.
- **Tier 1:** Universal Offer- included signposted and registered on the Patients Know Best (PKB) platform which enables patients to follow an 8- week self-management programme to optimise their health and well-being whilst awaiting surgery.
- **Tier 2:** Targeted intervention- 12- week prehabilitation programme with health monitoring.
- **Tier 3:** specialist offer which is a 1:1 intervention with the Occupational therapist, Physiotherapist or Dietitian.

## Next Steps

- Review risk stratification criteria
- Roll out across other surgery specialities
- Roll out the Waiting Well PROM to newly listed elective patients
- Continue to develop, refine and implement the Tier 3 offer for Gynae, general surgery and newly listed orthopaedic (Hip and Knee) patients.

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Anna Bevan [anna.bevan@wales.nhs.uk](mailto:anna.bevan@wales.nhs.uk)



# 'Thank You for the Music': Exploring the Functional and Emotional Impact of a Community Aphasia-Friendly Choir



Esther Goodhew\* (Speech and Language Therapist, Cardiff and Vale University Health Board) and Vicky Guise (Music Therapist, Chroma) \*responding author's email: [esther.goodhew@wales.nhs.uk](mailto:esther.goodhew@wales.nhs.uk)

## Introduction:

Community-based singing rehabilitation is acknowledged to have a positive impact on psychosocial wellbeing and communication for people with stroke-related communication impairments. Increasingly, the literature suggests that collaborative singing interventions can support those experiencing communication difficulties post-stroke to improve functional outcomes, in addition to improving mood and quality of life.

The aim of this research was to measure the impact of an eight-week aphasia-friendly choir project created as part of a novel co-production between an NHS Speech and Language Therapy service, Chroma Therapies and Cardiff Metropolitan University.

## Method:

Up to six patients who experience a range of neurological conditions, including stroke, attended an 8-week pilot project. Each session incorporated exercises to bring focus to **breathing technique, vocal dynamics and speech sound production**, before singing familiar songs to encourage **word finding**.

The exercises and song lyrics were presented using **aphasia-friendly resources** and songs were incorporated following requests by patients to develop a sense of ownership of the group. Patients were supported by Speech and Language Therapy students from Cardiff Metropolitan University, as well as a Music Therapist and Speech and Language Therapist.

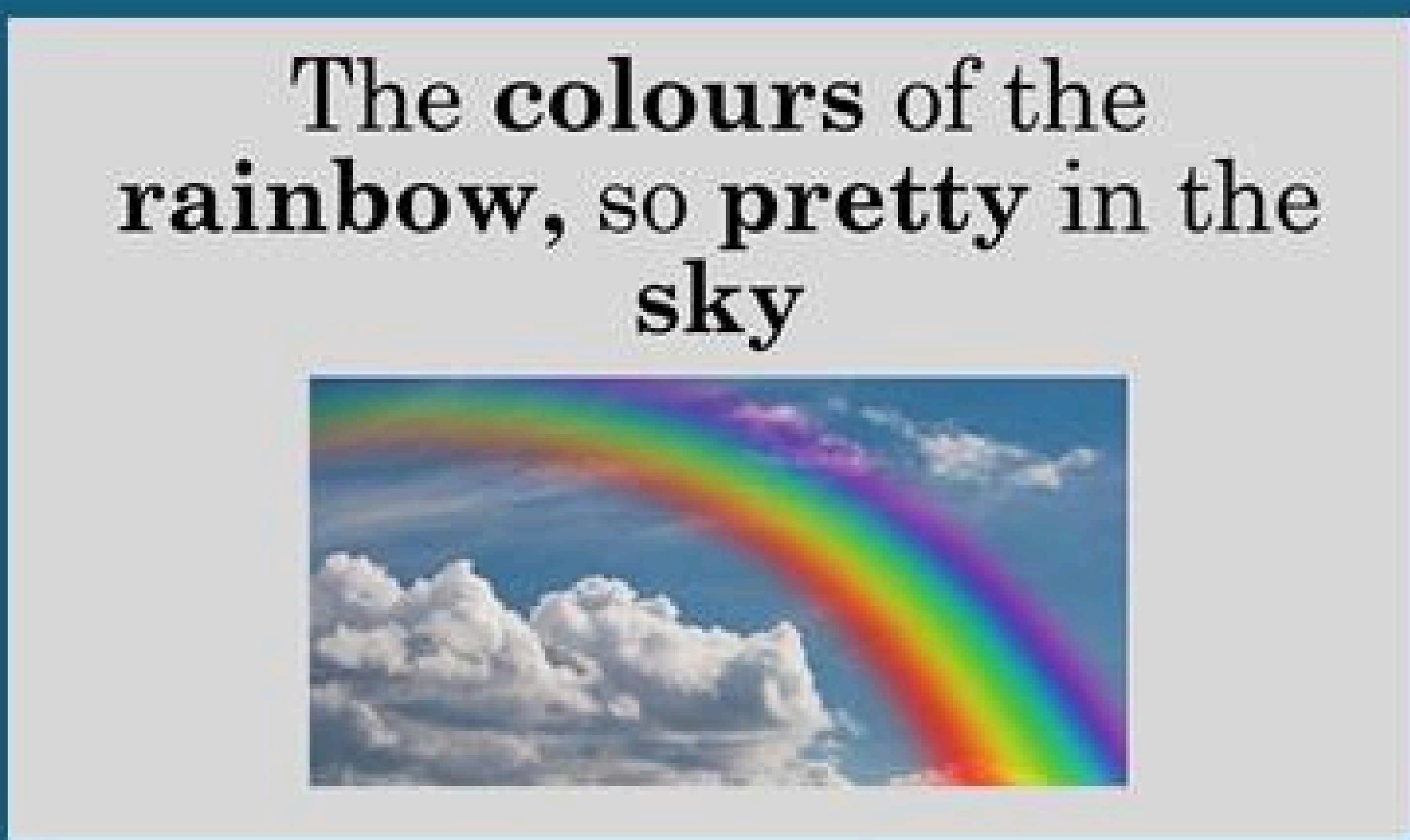


Figure 1: Example of aphasia-friendly song lyric presentation

**Mood scores** were collected using an aphasia-friendly mood scale pre-and post each session when appropriate. Qualitative data was also collected from the patients to explore their experience of the choir through the **Patient Reported Experience Measures (PREMs)** and comments made during the pilot project.

## Results:

Mood scores obtained suggest that **patients' moods improved significantly** following participation in the choir ( $p = 0.001$ ).

Quotes collected through patient reported experience measures and verbal comments highlighted the **multi-factorial benefits of the choir**.

Attending the group has helped me manage my condition	All Agreed/Strongly Agreed
How likely are you to recommend a friend of family member if they needed similar care or treatment	All Likely/Extremely Likely
How would you describe the change you have experienced during the program	All Somewhat Better/A Great Deal Better

Figure 2: Results from PREMs

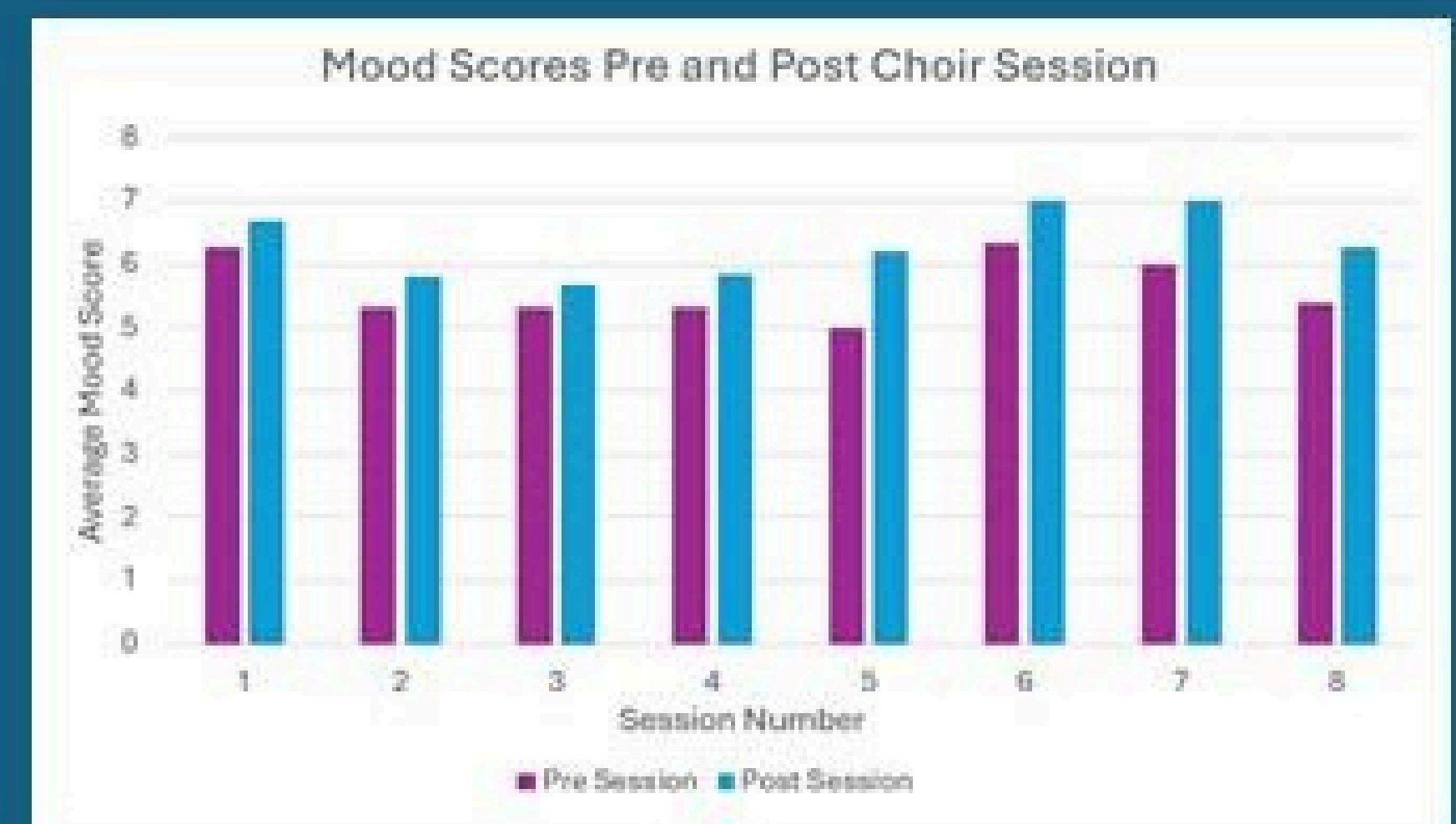
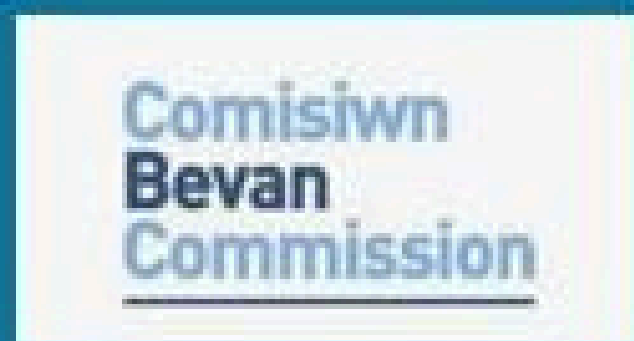


Figure 3: Pre and Post Session Mood Scores



## Conclusions:

This research highlights the potential of such initiatives to support both the functional and emotional impact of living with a communication impairment. Understanding more about this singing collaboration and promoting its value for individuals living with communication difficulties can inform the development of future services. Thus, empowering individuals with communication impairments, as a result of a neurological condition, to live meaningful and fulfilling lives. The researchers hope to use this pilot to explore the lasting impacts on emotional wellbeing and communication of group singing interventions in future projects.

**Acknowledgements:** With thanks to the Small Innovation Fund at CMU, students and staff at CMU, the Bevan Commission, Daniel Thomas and Gillian O'Dempsey at Chroma and the C&VUHB Adult SALT Department for their support.

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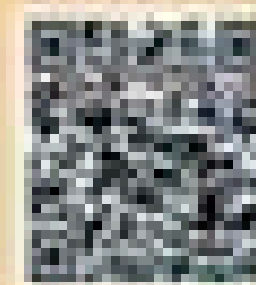
## What are we doing?

- 1) Exploring how the AIR can be adapted to work for people with learning disabilities
- 2) Exploring how the AIR can be adapted to work for music and dramatherapy

## What is an AIR?

- Audio Image Recording and the Reflect Interview were developed by Neil Springham (Springham & Brooker, 2013) to evaluate art therapy services through the voice of the service user.
- The interview follows a set structure in which the service user talks with their therapist about their experience of therapy and reflects on what has changed for them.
- An audio recording is made of the interview and matched with images chosen by the service user from the artwork made in therapy. The service user decides how widely they want to share their video.

To see an example of an AIR made by a person with learning disabilities, scan the QR code.



Giving me a voice!



## Why are we doing it?

Evaluation of services is essential to ensure that we are meeting the needs of service users. The AIR benefits both service providers and service users.

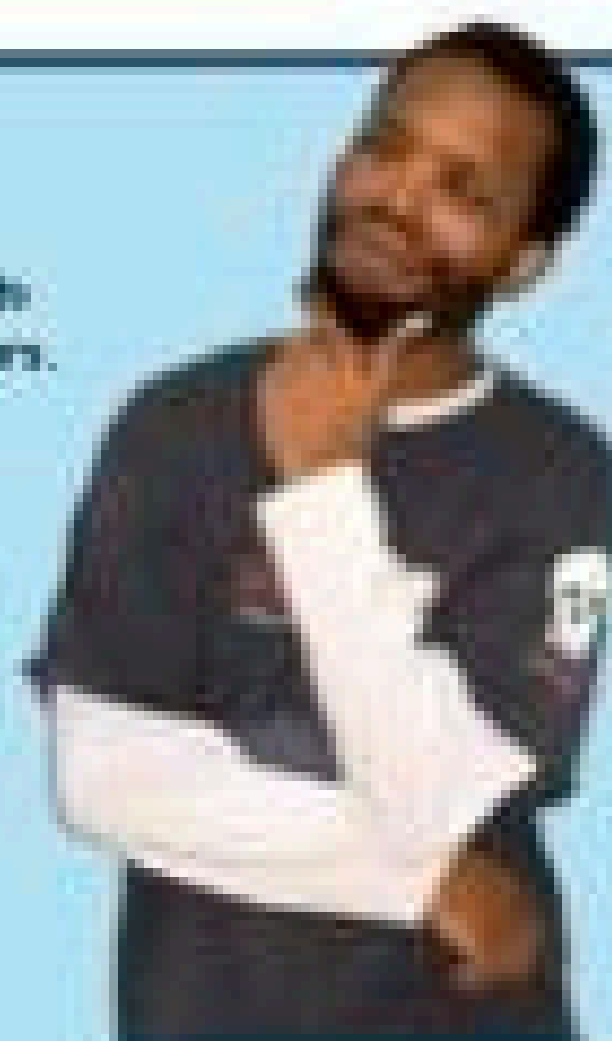
### For service users it

- offers a chance to reflect on changes that have happened
- provides a record of therapy that can be returned to later
- helps to bring therapy to a meaningful end
- provides a way to share their experiences with others

### For service providers it

- offers detailed qualitative feedback
- evidences changes resulting from therapy
- allows service user voice to be heard
- can show other professionals and public how arts therapies work

While AIRs are used in the art therapy community, they have not been used in other arts modalities. Relatively few AIRs have been made by service users with learning disabilities and the specific needs of this population have not been considered in relation to AIR (Bull, 2011). As the experience of these service users is often one of disempowerment and invisibility, it is particularly important that their voices are heard and they have real influence in how services are designed and delivered.



## What have we done so far?

- Developed easy read information and consent forms so that service users with a learning disability can give informed consent for making and sharing an AIR. These forms have been shared with Gwent Ambassadors for feedback from people with a learning disability.
- Consulted with other art therapists who have used AIR - to identify and discuss challenges and successes.
- Gained informed consent from service users using our routine procedures for consenting to therapy.
- Recorded AIRs with people with a learning disability who have had art or music therapy.



## What have we learned?



### Using AIRs with other arts modalities

- It is possible to adapt the AIR for use within music therapy: the service user chose music from their therapy that had most meaning for them and visual images to accompany the music.

### Using AIRs with people with a learning disability

- Service users found the Reflect Interview intimidating - in the audio recording the therapist's voice may dominate - how can we adapt the interview so that the service user feels more comfortable? Does the interview need to be designed or conducted in a different way?

- Hearing more of the therapist's voice in the interview may be positive in that it captures something of the therapeutic relationship, which may be very important to the service user.
- Making of AIRs should be incorporated into the ending sessions of therapy rather than after therapy has finished; meeting with the therapist after the end of therapy may be confusing and unsettling for service users.
- Even with the help of music or artwork, it can be hard to remember how things were at the start of therapy, especially where therapy has been lengthy. It could be helpful to introduce the AIR early in therapy, perhaps by making a short audio recording at the end of the assessment period to capture how the service user feels at that fairly early stage. This could be revisited towards the end of therapy as a prompt for reflection on what has changed.
- The challenges of achieving an equal relationship between service users and providers are greater with service users with learning disabilities, particularly within a public sector organisation like NHS Wales.

## What next?



We hope to move higher up the ladder of co-production (Springham & Xenophon, 2021; Winter & Coles, 2021). We will

- gather more information from service users about the experience of making AIRs
- work with service users to use this information to adapt AIRs further
- explore ways of making an AIR with a non-verbal service user
- adapt AIR to the needs of dramatherapy
- further explore the adaptations necessary to use the AIR with other arts modalities
- collate, examine and share our findings

For further information contact Jess Gordon  
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**References:** Bull, S. (2011, April). Art therapy and learning disability, AIR made by David 'B'. Presented at the Attachment and the Arts conference, British Association of Art Therapists, London. Springham, N. & Brooker, J. (2013). 'Reflect Interview using audio-image recording: Development and feasibility study', *International Journal of Art Therapy: Formerly Inscape*, DOI:10.1080/17454832.2013.791997. Springham, N., & Xenophon, I. (2021). 'Democratising the discourse: Co-production in art therapy practice, research and publication'. *International Journal of Art Therapy*, 26(1-2), 1-7. <https://doi.org/10.1080/17454832.2021.1912939> Winter, N., & Coles, A. (2021). 'The silent intermediary: A co-authored exploration of a client's experience of art psychotherapy for C-PTSD'. *International Journal of Art Therapy*, 26(1-2), 29-36. <https://doi.org/10.1080/17454832.2021.1899425>

# Exploring the impact of a psycho-educational “Life with a Mild Cognitive Impairment” course for service users and their loved ones

Chelsea Richards, Trainee Counselling Psychologist

Laura Hook, Trainee Clinical Associate in Applied Psychology

## Background

Mild Cognitive Impairment (MCI) is an early stage of cognitive ability loss, which can cause an individual to experience difficulties with cognitive processes, such as memory, attention and language (Alzheimer’s Society, 2024).

Having an MCI can negatively impact an individual’s quality of life (Bárrios et al, 2013). Individuals with a diagnosis of MCI experience a variety of cognitive, emotional, and practical difficulties. The impact of MCI also extends to relatives and friends, who may experience carer burden (Munawar et al, 2023).

All Wales Dementia Care Pathway of Standards (Public Health Wales, 2022) highlight the importance of providing advice around the Six Steps Risk Reduction messages to maximise wellbeing and reduce the risk of further cognitive decline in individuals diagnosed with MCI. These messages include information about maintaining a healthy weight, being physically and socially active and reducing alcohol intake.

Previously, individuals diagnosed with an MCI following referral to the Memory Assessment Service (MAS) in Cwm Taff Morgannwg University Health Board (CTMUHB) were discharged to their GP without specific post-diagnostic support. In line with the All Wales Dementia Care Pathway of Standards, the “Life with a Mild Cognitive Impairment” course was developed in 2023 in response to these standards as an attempt to close this gap in service.

## Aims

The main aims of the course are to support participants to:

- Understand the potential impact of having an MCI on day-to-day life and learn skills to build confidence in managing their MCI and related symptoms.
- Understand risk factors for further cognitive impairment and learn how to manage these.
- Plan for the future.
- Increase their quality of life.

This evaluation aims to explore whether attending the “Life with a Mild Cognitive Impairment” course has an impact on the quality of life of individuals with an MCI and their loved ones. The evaluation will also investigate potential strengths and weaknesses of the course.

## Methods

Data was collected for 28 service users and 21 friends or relatives who attended the course. This data was collected from five courses that were run across three different localities within the health board.

The Mild Cognitive Impairment Questionnaire (MCQ) was used to assess practical and emotional concerns of attendees before and after attending the course. As parametric assumptions were met, four paired-samples t-tests were conducted to investigate changes between pre and post MCQ scores. Attendees were also asked to complete a mixed-methods feedback form following the course. Descriptive analysis was used to explore these results.

## Results

### MCQ Data

Average scores on both practical and emotional concerns significantly reduced in individuals with an MCI and their loved ones following the course. All of these reductions were statistically significant ( $p < 0.05$ ).

Figure 1. Patient Mean MCQ Scores Pre- and Post-course

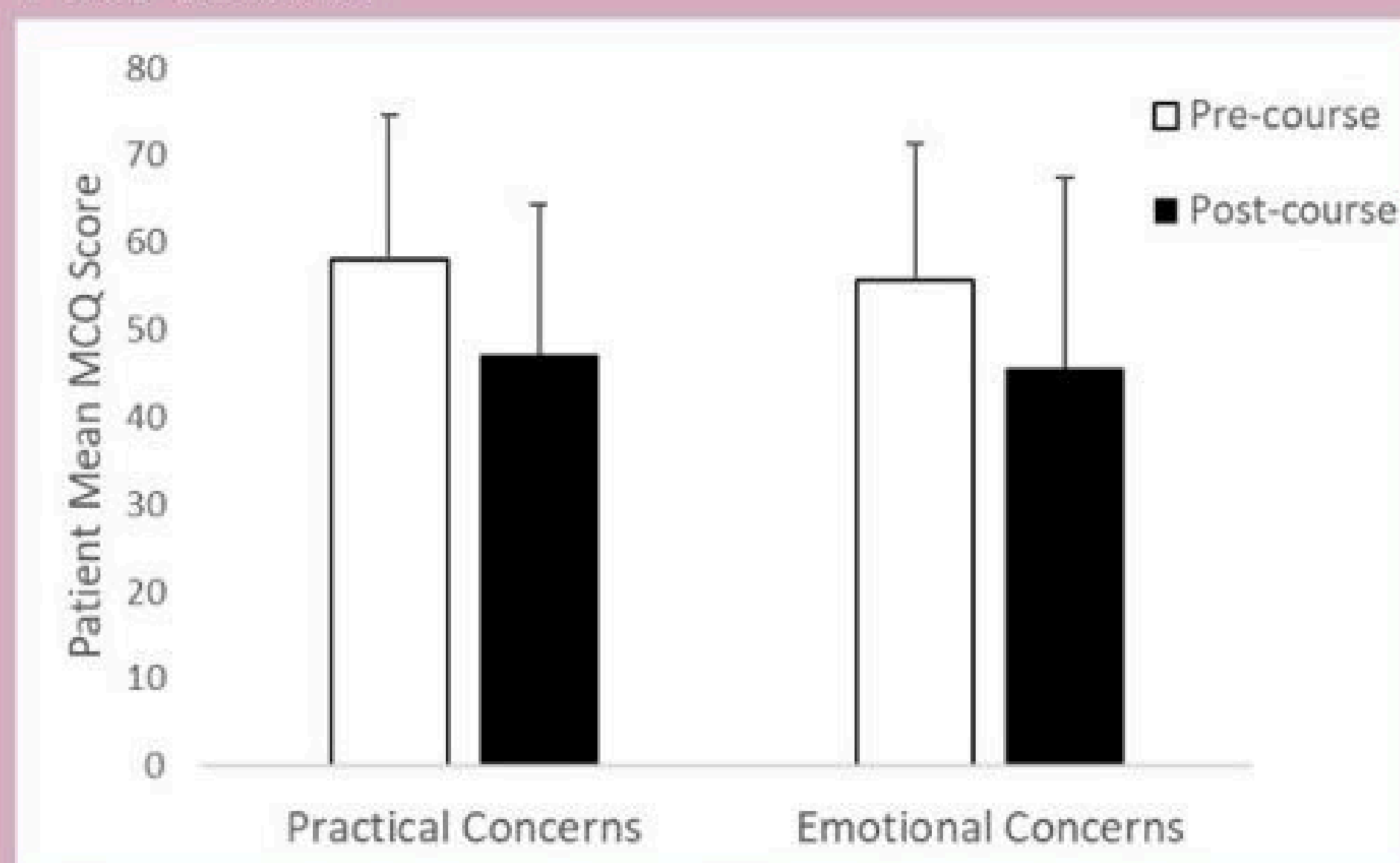
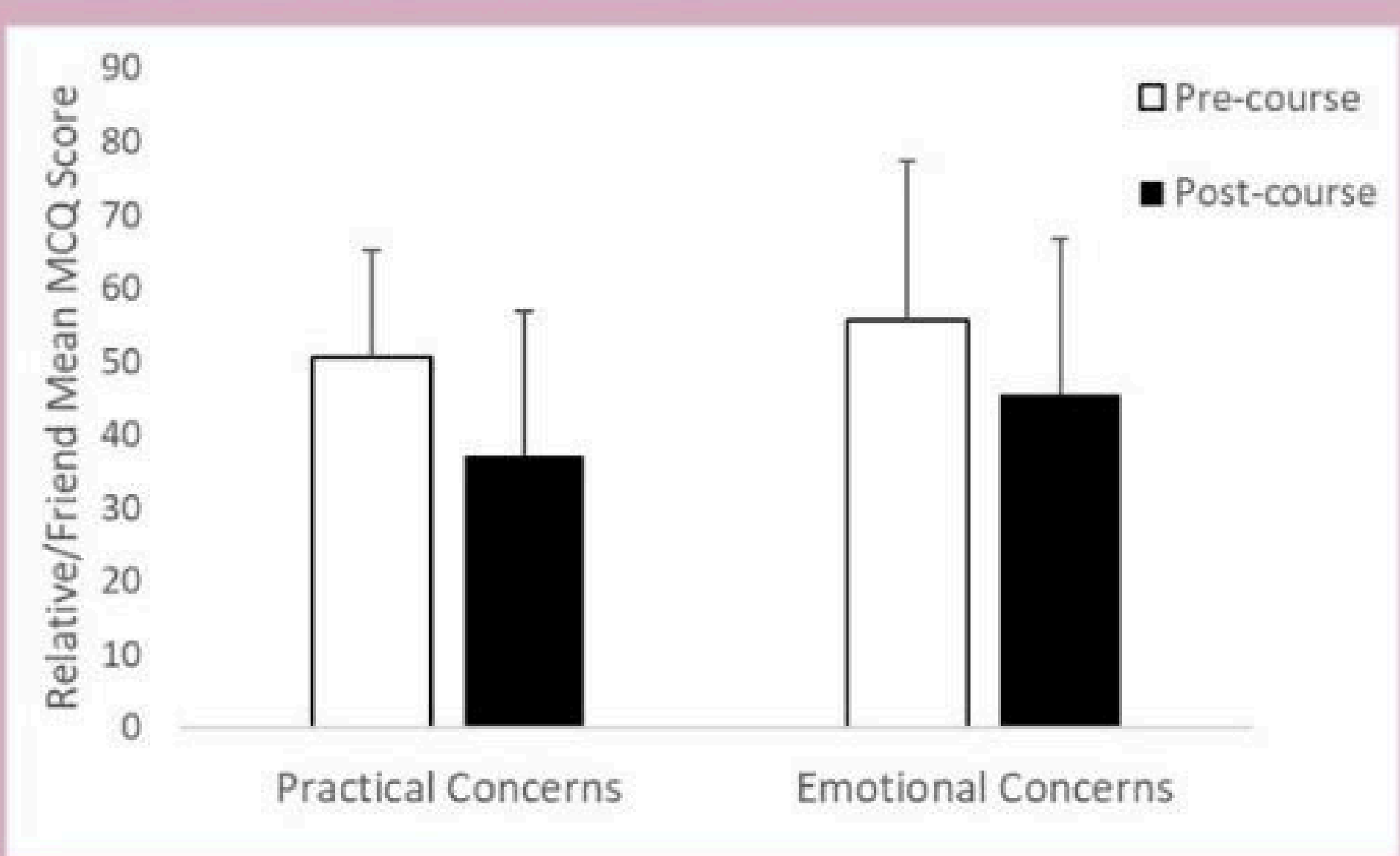


Figure 2. Friend and Relative Mean MCQ Scores Pre- and Post-course



### Feedback Data

Thirty-three feedback forms were completed in total across the five courses:

- 79% of participants felt their knowledge about MCI had changed “a lot” and 18% felt their knowledge had changed “a bit” from taking part in the course. The remaining 3% reported being “not sure” if their knowledge had changed.
- 76% of participants reported the timing/pacing of the sessions was “very good” and 18% reported it was “good”. The remaining participants ranked the timing/pacing as “neutral” (3%) or “difficult” (3%).
- 79% rated the delivery of the sessions as “very good” and 21% rated the delivery as “good”.
- 100% of participants rated the staff running the course as “very approachable”

Attendees were also asked three open questions about their experiences of attending the group. Descriptive analysis was used to identify themes in this data.

### Gained Knowledge and Learning

“The delivery of the course and the explanation of the contents was very interesting and helpful for the future.”

“Knowing that there are things I can do to improve living with MCI.”

### Positive Experience of Facilitators

“They treated us like humans – no un-understandable doctor talk.”

“I enjoyed the informality of it, deliverers were friendly, approachable and knowledgeable.”

### Shared Experiences

“Realising that I’m not alone.”

“Seeing other similar people.”

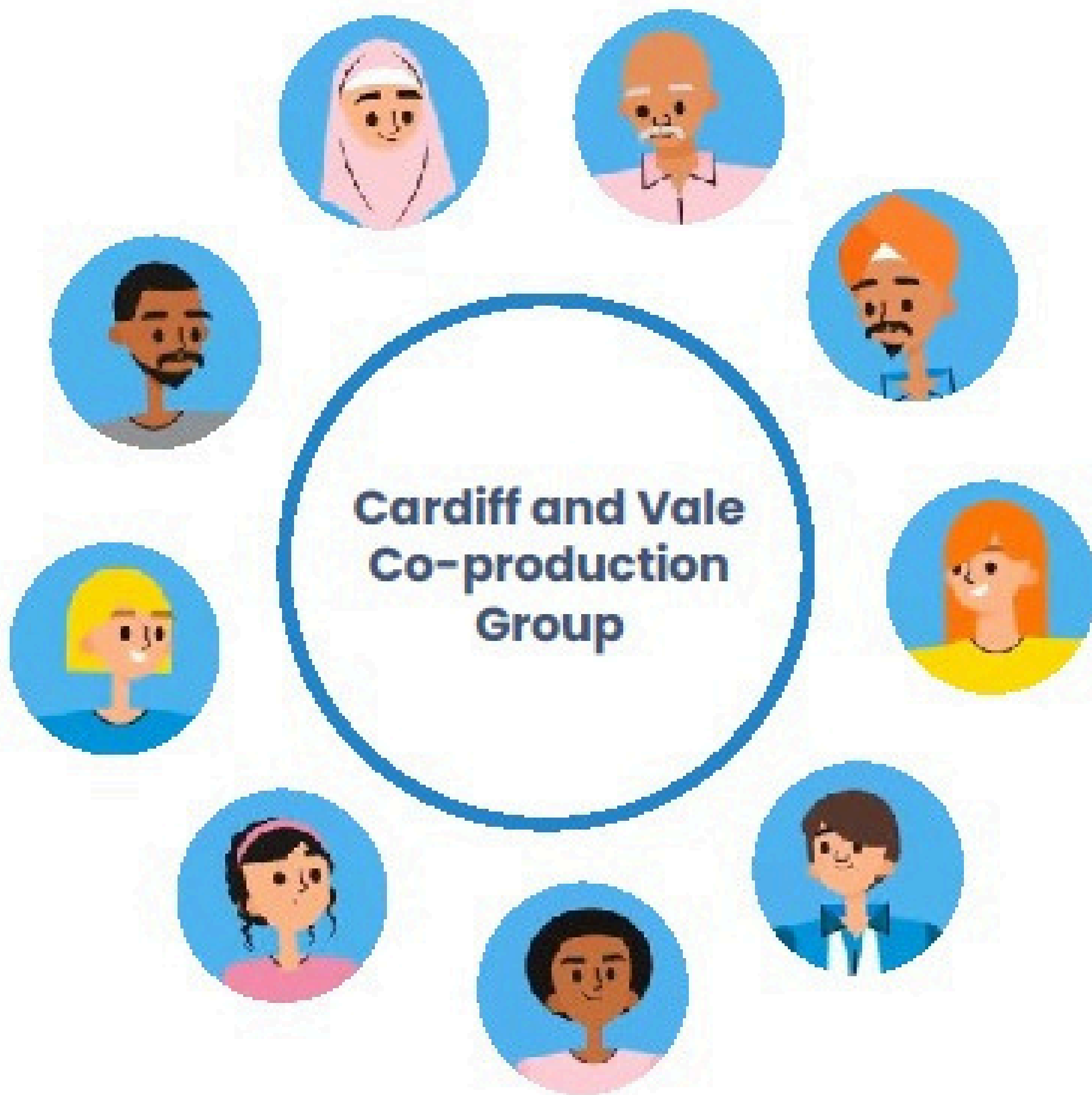
## Discussion

The findings from this evaluation suggests that course attendees’ quality of life improved after attending the course, as demonstrated by a significant decrease in emotional and practical concerns surrounding their or their loved one’s MCI. Feedback from attendees suggested that some of the main strengths of the course are that it provides attendees with the opportunity to gain knowledge about MCI and realise that others share similar experiences to them. Future improvements to the course could include the use of additional measures to assess potential changes in risk factors and repeating the MCQ measure at follow-up to investigate if results are maintained.

The “Life with an MCI” course has shown positive preliminary results on the wellbeing of individuals with an MCI and their loved ones. As the course has been designed to host a large number of attendees the intervention shouldn’t be prone to long waiting lists and provides a relatively cost-effective solution that to the current gap in memory services. The course will continue to be the main pathway for individuals with a newly diagnosed MCI in CTMUHB.

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**Our Co-production Group brings together members of our communities, from all walks of life, sharing a vision to transform health, well-being and experience, for people living with long-term conditions.**

Our collaborative community-focussed approach achieves outcomes that matter, underpinned by mutual trust, respect and collective responsibility, within a safe, inclusive, participatory environment.

The co-production group has developed partnerships and connections with over 300 members and many groups and organisations actively involved. Working together in equal partnership, has brought different perspectives together and pooled resources. Inclusive language has reduced barriers to involvement, enabled collective understanding and a sense of belonging. Value has not only been realised through specific project success, but has impacted people, communities and culture across Cardiff and Vale, bringing about meaningful, sustainable change.

**Some co-produced successes include:**

- **Peer volunteer role and training programme:** aiming to embed lived experience and enhance diversity of support available.
- **The Live Well Service:** a long-term conditions service which is based on needs and preferences and what matters to people.
- **Keeping Me Well webpages:** improving access to information and self-management support.
- **Waiting Well Charter of Expectations:** providing guidance for "The 3 P's Policy for Planned Care" demonstrating impact at national level.
- **Ageing Well and Falls Prevention:** co-producing a multi-sector pathway through a whole systems approach.
- **Stepping Stones:** a co-produced toolkit to support people to understand and self-manage their condition. To find out more scan the QR code:



[www.keepingmewell.com](http://www.keepingmewell.com)

**WORKING TOGETHER**  
Supporting People to Live Well with Long-Term Conditions

Group connections have enabled the linking of community-based services and resources, the development of sustainable peer support networks, the sharing of training opportunities and knowledge, and strengthening the voice of unpaid carers.

Active involvement means that people feel valued and valuable and listened to, becoming more confident, energised and empowered, particularly when witnessing the impact of their contributions.

*"Being involved, being able to put my experiences across, to say what worked well and what didn't work well for me, to produce this toolkit to support people is so empowering for me as a patient."*

Co-production has broken down barriers between people and healthcare professionals, opening up conversations, building trust, and enabling learning from lived experience expertise.

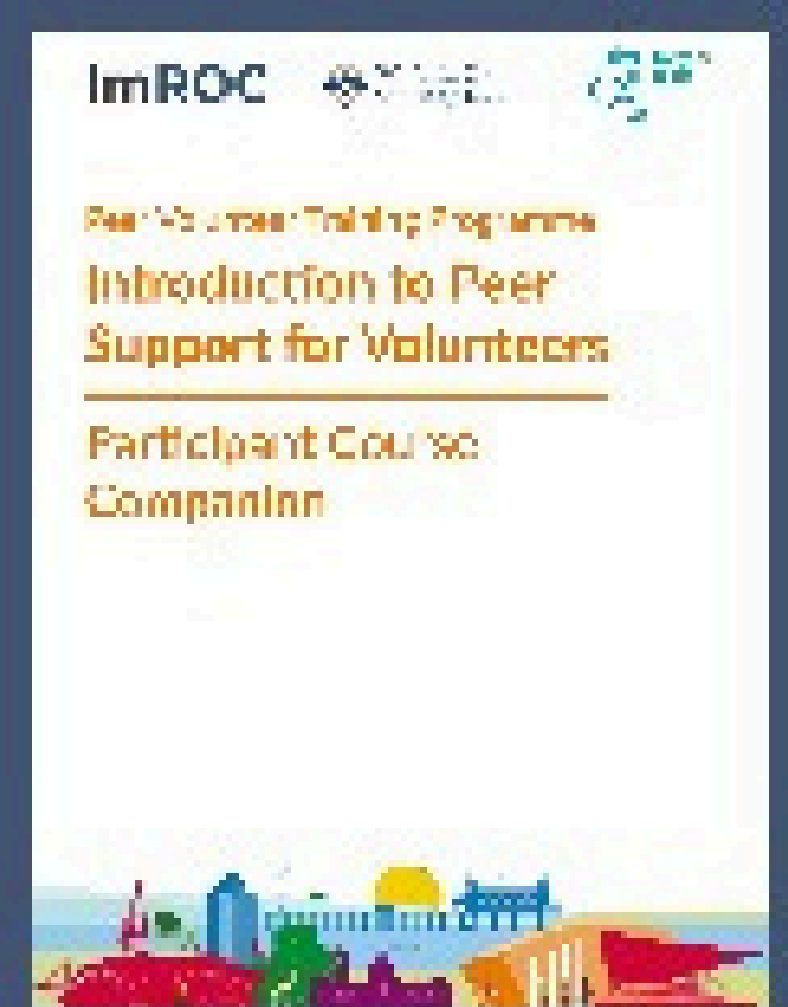
*"Professionally, it is a really good opportunity to hear directly from people about ways in which services are both helpful and unhelpful in meeting their needs. It also provides insight into people's lives, and I think this helps me to be more compassionate in my work. More broadly I also find it encouraging to see a more collaborative approach to healthcare as I think this has the potential to improve the wellbeing of both staff and service users"*

We will continue to grow our group. Our vision is that the group becomes the central point from which needs are identified and services are developed in a truly collaborative way.

**Peer Support Volunteer Role and Training:**

One key aim is to embed lived experience and enhance the diversity of support available by introducing peer support roles into our therapy services. Substantive peer support roles are being created within the Live Well Service. An important first step has been to develop our peer training programme with the guidance of IMROC. Services are embracing the opportunity to work alongside peers, valuing their expertise and seeking out opportunities to do things differently.

Members of the co-production group, together with IMROC, have co-produced a bespoke peer volunteer training programme, which will be co-delivered.



**ACCOLADES:**

**Winner 2024:** Cardiff and Vale UHB Therapies and Health Care Science Awards. Working Across Boundaries Award

**Finalist 2023:** Advancing Healthcare Awards 2023 – Award for working Across Boundaries Award

**Finalist 2023:** Innovate Awards UK – Excellence in patient and public involvement in transformation and innovation award.

# Consultant Therapist roles in Advance & Future Care Planning (AFCP) & Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) Conversations with Frail Older People: Quality, Safety & Acceptability by Older People.

Ms Laura Ellis-Lane -Consultant Therapist Frailty / Older Peoples' Rehabilitation

Dr Wendy Wilkinson -Consultant Therapist Frailty / Older Peoples' Rehabilitation

Problem

Measure

Analyse

Ideas

Test

Sustain

## 1. Introduction

Frailty is the leading cause of death for older people, but unlike some clinical conditions, the approach to death is unpredictable<sup>1</sup>. Traditionally, advance and future care planning (AFCP) and do not attempt resuscitation (DNACPR) conversations have been considered the responsibility of medical doctors. Over the past 10 years, NHS Wales has changed seeing a greater number of opportunities for Allied Health Professionals (AHPs) and nurses to be recruited into senior clinical leadership roles. However, policy change does not always occur at the same pace as practice, potentially limiting non-medical professionals to work to the top of their licence. In 2022, two consultant therapists were recruited in Betsi Cadwaladr University Health Board (BCUHB), aiming to bring a pragmatic approach to managing frailty and older peoples' rehabilitation. This project aimed to influence the All Wales DNACPR Policy review (2024), by demonstrating the quality, safety and acceptability of AHPs in consultant roles leading these conversations with frail older people.

## 2. Problem Statement

The 2022 All Wales DNACPR policy<sup>2</sup> recognised medical and nursing colleagues, as being eligible to sign the Consultant Endorsement of the All Wales DNACPR documentation.

The lack of parity for AHPs prevented two new Consultant Therapists working with older people, to practice to the top of their licence.

Social perceptions of 'blanket' approach to DNACPR discussions raises anxiety around changing practice.

## 4. Method

In 2023, the following activities were undertaken in partnership with the All Wales DNACPR group.

- 16 week pilot (May – August 2023) of DNACPR conversations lead and documented by consultant therapists as per 2022 All Wales Policy. 100% were countersigned by a Consultant Physician / General Practitioner.

- Clinical audit of consultant therapists' DNACPR documentation.
- Qualitative feedback from older people and MDT.
- Benchmarking with All Wales Consultant Nurse and UK-wide AHP Forums
- Benchmarking with Older Peoples' Commissioner
- Published project findings on BMJ SPC Blog for wider peer review<sup>3</sup>.

## 6. Conclusion

- This work has been successful in building professional confidence around the quality and safety of AHPs working in senior clinical roles to lead AFCP and DNACPR discussions.
  - Qualitative feedback from older people suggests they are accepting of AHPs leading these discussions with them.
- All Wales DNACPR Policy and documentation review draft (2024) has now reflected parity for AHPs working as SRC.

Not ALL consultant therapists will adopt AFCP & DNACPR discussions into their practice... consultant AHPs and nurses work across diverse clinical specialities and settings. Policy change enables consultant endorsement ONLY for those professionals who have a relevant scope of practice.

## 3. SMART Aim Statement

We aimed to:

- Gather quantitative and qualitative data from a range of sources describing the quality, safety, and acceptability of Consultant Therapists leading AFCP & DNACPR conversations.
- Build professional confidence in our ability to engage in this practice.
- Influence All Wales DNACPR policy change.

• n=30 DNACPR discussions completed – fewer than

estimated.

- 100% compliance with DNACPR documentation audit tool.
- 70% DNACPR discussions with family. Where there was no discussion with family, this was at the request of the older person.

**Older People said...** "Thank you, I wouldn't want to be worse than I am now".

**MDT said...** the consultant therapists – equivalent level of compassion, knowledge, skill and competence in holding DNACPR discussion  
"Your communication with families is clear, confident, reassuring and empathetic".

**30% of peers said...** DNACPR conversations were not within their scope of practice, reflecting that they are less likely to work with people who are considered clinically vulnerable or 'sick enough to die'.

## 7. References

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