



dementia
wellbeing
service

Bristol Dementia Wellbeing Service

Quality Account

2020/21



Devon Partnership
NHS Trust



Contents

1. COVID-19 response.....	02
2. Care home liaison.....	04
3. Pathway 3 beds.....	06
4. Ensuring safe services.....	07
5. Supporting staff.....	08
6. Performance.....	09
7. Research.....	10
8. Your feedback.....	11
9. Community development.....	14
10. Groups.....	16
11. Side by side.....	16
12. Commissioned services.....	17
13. Looking forward.....	18
14. Where can I find out more?	19



1. Service response to COVID-19

As we look back over the past year, this Quality Account will inevitably be a reflection of our service response to the global COVID-19 (Coronavirus) pandemic.

In last year's Quality Account, published just after the first lockdown, we confirmed that as part of our initial response, we closed two of our locality hub bases and centralised clinical resources from our Central and East hub. This was especially important to maintain the delivery of our **Access Point** (8am to 6pm, Monday to Friday) where clinical staff are able to respond to calls, whether these are from a concerned relative or another professional, such as GPs or social workers.

We made effective decisions at pace, establishing a rota so that our Central and East hub was staffed each day with a core group of clinicians, practitioners, managers and administrative support. This ensured the continued operation of the Access Point, enabling multidisciplinary decision-making and providing centralised support for all other staff working from home.

Pre-pandemic, the majority of our staff had the ability to work from home where required, so effective business continuity was implemented to meet increased demand. This included working with our IT partners to deliver a stable virtual private network (VPN), and implementing a range of IT solutions for effective remote working, such as the roll-out of **Microsoft Teams** for meetings and **Attend Anywhere** for virtual clinical appointments.

Dementia navigators have focused their efforts in ensuring those on their caseloads are safe and well. We took a proactive approach to contacting everyone on the caseload during the first lockdown and we have stayed in touch. Whilst we have not always been able to visit people face-to-face as usual, the feedback from service users and carers still reflected that they felt supported during this time. Those who were especially at risk due to isolation or shielding were contacted more frequently, support offered and escalated for further input where appropriate.

During the first lockdown there was an unprecedented amount of information circulating around what was available in local communities to support those isolated or vulnerable. Some of this was from existing organisations adapting their service delivery, and others were new, informal offers from those in the community. Led by our community development coordinator colleagues, our service developed a list of resources so that staff could signpost people to other local services, voluntary groups or charities. This helped to ensure those in isolation could be supported with practical things such as shopping or picking up medication, accessing advice lines or receiving general advice around mental health and wellbeing.

With a number of healthcare professionals in the service, we were prepared for the potential for these staff to be called into other roles to support the wider healthcare system, whether that be into hospitals or covering shortage of capacity in mental health teams across the region. Fortunately this was not required, but a number of colleagues

responded to an urgent request from our commissioner to cover a care home out of area whose staffing was severely impacted by COVID-19. We were so proud of the willing response of colleagues to cover all of the required shifts in the care home over a weekend.

Importantly, we played our part in the COVID-19 response by supporting people to stay safe and well in their own homes, and minimising the impact on the local acute trusts working at capacity.

As a service we will continue as we always have done to respond to current need and be professional, flexible and resilient to ensure people living with dementia and their carers are well supported.

Carer assessments. We have continued to provide dedicated support to carers, including the full Carers 'Trusted Assessment' which is used by Bristol City Council's Integrated Carers Team who provide support plans/carer breaks. Our carer navigators now have a dedicated inbox to manage new referrals.

We have also continued to develop the service:

- We ran our first set of **Practitioner Competency** training sessions. These were created and delivered by clinical colleagues across the service and support ongoing learning and development of our practitioner colleagues
- We are developing a pathway for referrals and shared case management with colleagues in cognitive neurology
- We have centralised administrative resources, with a city-wide approach to service support, including introducing a dedicated admin inbox
- We have dedicated clinical expertise to work alongside Avon & Wiltshire Mental Health Trust (AWP) in the discharge planning for mental health beds and provision of support on transition.

2. Care home liaison

In response to the pandemic and the significant impact on Bristol's care homes, our Care Home Liaison Team worked alongside psychology colleagues in the service, and across the wider Devon Partnership NHS Trust to produce guides to support homes – both for residents and staff:

Supporting the emotional wellbeing of care home staff during the COVID-19 pandemic

This resource was made available to all homes in Bristol and on the service website. It was created to help staff working in care homes look after their own wellbeing during the COVID-19 pandemic. We were aware that staff were facing significant stresses in both their work and home lives and how important it was that people take time to look after themselves. This resource recognised that everyone's feelings and reactions were different, and in unprecedented times, strong emotions were expected and that it is useful to remember that 'it's OK not to feel OK'.

Resource pack for care homes

With many care homes closed to visitors and people advised to stay at home, we recognised that residents may lack access to the routines, stimulation, and support they normally receive. This was further complicated by staff shortages placing further pressure on staff with maintaining the health and wellbeing of residents. Fewer interactions can lead to boredom and anxiety, especially for those needing to be isolated from others. This resource pack was designed to help all staff think about ways in which they can make a connection with residents and maintain wellbeing at this difficult time. This included guidance on talking about COVID-19 with residents, activity ideas to maintain wellbeing and reduce distress, tolerating Personal Protective Equipment (PPE) and supporting people with handwashing.

In addition, the Care Home Liaison Team has:

- Focused on prioritising hospital admission avoidance by intervening early to avoid placement breakdown
- Expediting discharges to care homes by supporting the home promptly on a residents' arrival
- Supporting homes providing a discharge to assess service

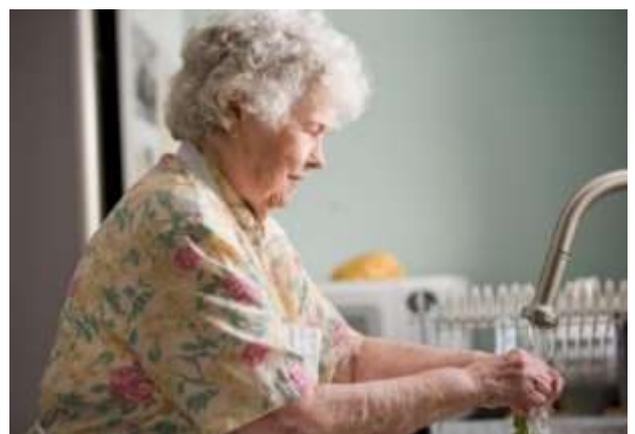


Photo by [CDC](#) on [Unsplash](#)

- Focused on closer working with the local authority and Clinical Commissioning Group (CCG) public health teams to monitor and support care homes with COVID-19 outbreaks
- Enabling person-centred assessments despite COVID-19 restrictions using Attend Anywhere, meeting residents in booths and COVID-19-secure meeting rooms and gardens using full PPE and facilitating closer liaison with care homes and family members through email, telephone and Microsoft Teams.
- We have also been pioneering a new approach to offering training and development for staff in care homes, by collaborating with Alive to deliver a free monthly online 'Activity Cupboard' webinar. Taking place over 1.5 hours on Zoom, they focus on a specific theme, often with an outside speaker or interactive presentation. We incorporate breakout rooms for participants to share good practice and receive advice and support from each other, and we share best practice resources with attendees afterwards. Speakers have included Bristol Museum's engagement officers talking about using curated objects in reminiscence therapy, a yoga and movement therapist leading us in seated movement activities, and Bristol Bears Community Development Trust sharing ideas for activities with older men. Future sessions can be booked on [the Alive website](#).
- We have also collaborated with Sirona Care and Health to devise a comprehensive online resource library for care providers, which is hosted on their website: [Care Provider online resource library](#). This resource library also includes our above guides for care homes.

3. Pathway 3 beds

Our Enhanced Support Team adapted quickly to the changing priorities of the service during the COVID-19 pandemic. As the ability to visit families face-to-face reduced, we focused on helping to support those most at need over the phone. Where there was a risk of hospital admission we completed a face-to-face visit at the person's home. In addition to this, the team supported the wider service with welfare phone calls and reviews to help ensure our client group was safe and well supported during these unprecedented times.

The team supported the wider service with the increasing numbers of new referrals, many of which were complex and newly diagnosed people with dementia who were now in crisis. The referrals were triaged to determine who was best placed to be involved (that is a practitioner or a dementia support worker) and in doing so, we were able to offer the most appropriate assessment via video call or over the phone to ensure the person and their family got the support they needed. The team also helped to support the local care homes with residents who were struggling with being in care during the pandemic with the absence of family support.

One of the senior dementia practitioners took on a new role for the service and supported the local nursing homes who were contracted to have Pathway 3 beds. These beds increased during the pandemic to support people to have a quick and safe discharge from a hospital setting and were people who were not necessarily known to the service. She worked closely with social services and the nursing homes as well as the hospital liaison service to get the best outcome for each person. Many of these patients did not necessarily have a dementia but typically had a delirium. Some also had mental health difficulties and all needed further assessment to help with identified challenges and to determine what level of support would be required, to allow the person to safely return home.

These beds increased during the pandemic and by July 2020 there were at least eight homes contracted to have Pathway 3 beds totalling 99 beds. By working with the Pathway 3 beds, it has been possible to considerably reduce the number of re-admissions into hospital, which would typically have occurred due to the person returning home without the correct level of support or if home is not felt to be an option, the person has been supported into an appropriate permanent care home bed.

An additional role of the Enhanced Support Team is to support people with dementia who have required a mental health hospital admission. This role has continued as before, but has also had to adapt because of the pandemic. Interventions are now typically carried out over Microsoft Teams rather than face-to-face. A more noticeable change during this time is that some patients have been admitted from the community or the acute hospital, prior to being given a dementia diagnosis and more so because of a previously undiagnosed mental health crisis. Once assessment has taken place, the crisis was found to be due to a marked change in cognition and an emerging dementia. A small number of admissions were known to the service prior to admission and admitted from the community due to increased distress, care breakdown, often complicated by the restrictions of the pandemic. We have worked closely with social services and the hospital wards, and helped to streamline the discharge process to ensure discharge is as swift as practically possible.

4. Ensuring safe services

In our office space, staff work over two metres apart, mask-wearing is mandatory, and sanitising wipes and hand gel is available at each work station.

We efficiently mobilised to ensure staff received both COVID-19 antibody tests and their annual flu vaccine on site, delivered by trained colleagues. We had 100% uptake from clinical-facing staff for the annual flu vaccine.



Clinical-facing staff undertake rapid lateral flow COVID-19 tests twice each week. Along with adopting PPE as standard for all visits, and the provision of uniforms that are washable at high temperatures for staff, we have adopted these changes into core clinical practice.

All of our staff have been able to access their full COVID-19 vaccinations. The safety of our staff, and those we support is our first priority.

Re-instating clinical activity on site in line with COVID-19 protocols. This was a significant piece of work that involved estates input to install magnetic door openers, door stops, redesigning room layouts and establishing clear processes around the management of clinical visits, supported by an instructional video.



5. Supporting our staff

Staff wellbeing has always been a fundamental aspect of our service and we recognise that the past year has been exceptionally challenging for staff – both in changes to the ways they deliver the service and concern for those on their caseloads, alongside the impact of the pandemic in their own personal lives. As for all of us, the past year has been a collective experience, but also sometimes very personal, with people affected in a variety of ways. We remain immensely proud of the resilience of our staff throughout this year – both in their commitment to those who receive our service, but also in supporting each other.

- From the onset of the pandemic, staff have received regular communications, whether this was daily COVID-19 briefings from Devon Partnership NHS Trust, via Alzheimer's Society, or direct from our service itself
- Along with communicating changes to practice or service delivery, these have also had a focus on staff wellbeing
- Staff have been able to access a range of formal and informal support, including access to TALKWORKS, the talking therapy service from Devon Partnership NHS Trust, or its own in-house psychology team who offered their services to staff who needed additional support – or just having a space to talk through their feelings as we all adjusted to lockdown and new ways of working
- Alongside usual supervision, line managers also adopted regular online or telephone check-ins with staff, and some groups of staff arranged virtual coffee meetings – and even weekend Zoom exercise classes
- One of our dementia navigators also instigated a 'Good News Newsletter' during the first lockdown
- Whilst the usual festive celebrations in the offices were disrupted by COVID-19, the service leadership team got together and created an alternative '**12 Days of Christmas**' video for staff.



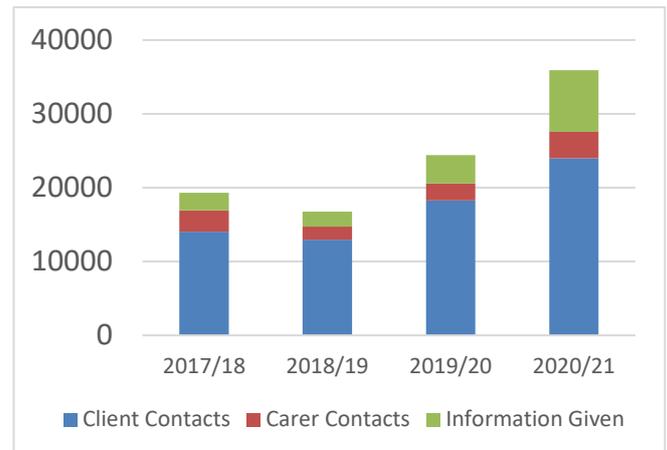
6. Service performance

Whilst responding to the COVID-19-related needs of those receiving our service, we have also maintained our core service delivery, from diagnosis to end of life.

Keeping in touch

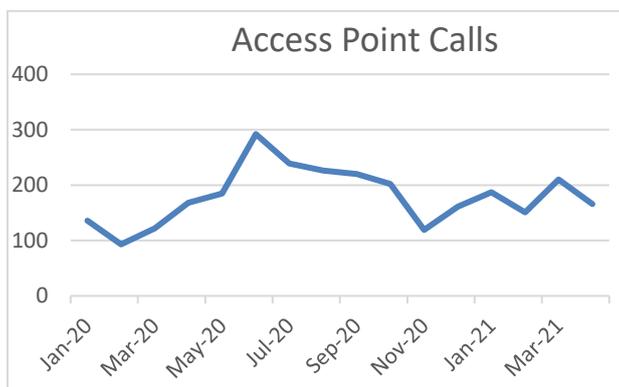
Contacts

We have seen a large increase in the number of contacts we make with people who receive our service – over 10,000 more contacts than the previous year [23,977 contacts with people living with dementia, with a further 3,584 carer interactions and 8,369 provisions of information]



Reviews

With the proactive approach the service took to staying in touch with those receiving the service, and maintaining our core pathways from initial assessment to regular review, we have kept in touch with people. Of the 3,000 people who receive our service, over 97% in both community and care homes received a contact in the last six months.



Access Point

Another way we can measure how people have been able to stay in touch is in the calls to our Access Point. You can see from this chart that there was a steep increase in monthly calls each month to 300 in April. Although this has subsequently reduced, the number of calls each month has remained higher than the same months in previous years.

Diagnosis

At the time of the first lockdown, the focus across the healthcare system was on managing the immediate risks around COVID-19, so the number of referrals via GPs either with a diagnosis, or for a diagnosis, reduced. With people in lockdown, they were also less likely to be visiting their GP. As a result, the number of referrals in April and May 2020 were significantly reduced from their expected levels. However, as it became clear that the pandemic was ongoing, the need to resume active dementia diagnoses increased – and by the summer, referral levels were reaching normal figures.

Overall, the service received 997 referrals in the year, down from 1,330 the previous year.

7. Research

The onset of the pandemic had a large impact on the dementia research that Bristol Dementia Wellbeing Service (BDWS) was engaging with, including studies that were forecast to begin. Restrictions put in place to protect vulnerable older people during the pandemic led to many studies ending prematurely, be suspended or postponed. Many researchers had to reconsider methods, taking into account social distancing and other restrictions. However, even with these limitations the below activities took place:

Dementia with Lewy Bodies Genetics. Research by Cardiff University with aims to identify genetic factors that influence the progression of dementia with Lewy Bodies.

- Revised target of 14 participants achieved.

CUBOld (Continuous Behavioural Biomarkers of Cognitive Impairment). University of Bristol led research with theory that analysing behavioural data acquired by technology in person's home may assist in dementia diagnosis. Our activity included mail-out promotion to eligible users of our service.

- Three people who use our service participated
- Data from the study is currently being analysed

ADAPT – (dementia care pathway for people from South Asian communities)

University of the West of England study to develop a toolkit that would enhance the current dementia care pathway for South Asian people. This toolkit would bring resources into one place and develop new information to help the community, the NHS and social services to work better together.

- Our staff have opportunities to be involved in interviews and focus groups regarding their experiences

SHAPE online self-management and health promotion in early-stage dementia with e-learning for carers

Randomised control trial of virtual group intervention designed to develop self-management skills and boost self-efficacy for people with dementia, in areas such as decision-making, symptom management and social interaction. The study is due to commence summer 2021

The research forecast looks positive with the likelihood of the Bristol Dementia Wellbeing Service once again engaging with research colleagues across local universities and acute trusts. Additionally, we will also develop internal projects suggested by our staff. Study topics proposed cover a variety of areas related to dementia and include:

- an evaluation of inter-generational school work
- the relationship between good oral hygiene and dementia
- the benefits of nostalgia, prognosis in relation to Alzheimer's Disease diagnosis
- sleep-scheduling in care homes
- Sensory Integration training for carers.

8. Your feedback

Your feedback is as important to us as ever. It is only through listening to those who use our service that we can continue to develop, learn from mistakes and meet people's needs.

Our 'Focus on Dementia Network' groups, attended by both people living with dementia and carers have also continued to be delivered virtually over the past year.

Patient Advice and Liaison Service (PALS)

As part of our dementia pack, we provide a PALS leaflet for feedback, compliments and complaints.



We received **48 compliments** via PALS between April 2020 and March 2021



In this period we received **1 complaint**

Friends and Family survey

Although face-to-face contact has been limited over the past year, we have still received over 130 Friends and Family returns for the past year which is an impressive return. Of these returns, over 98% reported they are either likely or extremely likely to recommend our service. This gives us reassurance that despite changes in service delivery, people are still overwhelmingly positive about the support they are receiving.

What follows is a selection of quotes taken from Friends and Family returns over the past year:

My dementia navigator has taken the time to understand me. She is very helpful and gives useful advice for all things related to my dementia. She reviews my Wellbeing Plan with care and kindness, nothing is too much trouble for her. My daughter and I are very grateful for the support given by the Bristol Wellbeing Service and feel it's good to know that they are at end of the phone should we need to contact them.

You get all the support you need, it's nice to know someone's there for you, as it can be hard at times.

We have been well looked after in what has been a difficult time for all!

The service I receive from the Dementia Wellbeing team is very beneficial. All the staff are very helpful, just knowing that I can contact them if anything goes wrong or medication needs adjusting, is very reassuring.

Bristol dementia wellbeing service have been a wealth of information and on every level have supported me and my mum and I am truly grateful for this essential service. Please accept my sincere thanks

It's been a difficult time with COVID, etc. & I had no idea who to turn to for advice. Thankfully my Drs Surgery referred me to Dementia Wellbeing Services & they have helped beyond my expectations.

Although we are going through a pandemic the Dementia Wellbeing Service has always been patient, helpful and reassuring. The service is top notch and I am made to feel cared for and given 5 star support.

Without the assistance of your team we would have found all of this very difficult to cope with. All we can say is many thanks

The care my client, myself and the client's family have been above and beyond, and I know that the best interests of my client have been at the forefront of any decisions and support. The service provided amazing advocacy with a family that were not very connected with their relative. This was client centred care at its best.

It's very reassuring to be offered help. It was good to get phone calls recently to check that we were coping with the current crisis and we appreciated the Activity Packs. It is good to know that we have a phone number to call if we need advice - this means so much.

I have always found everyone really helpful, friendly through the pandemic. We have received requested phone calls which was a great help. It is difficult looking after someone with dementia, so the booklets given are constructive as well as informative.

The Dementia Wellbeing service has been a lifeline since my husband was diagnosed with Alzheimer's. I particularly appreciated the home visits we have had pre-COVID with such a friendly Navigator who has kept in contact occasionally by phone this year despite their busy workload.

The past 5 months looking after a mother with dementia has been difficult for my husband and myself and the help/advise/feeling that there is someone who understands the situation has been of such immense help. We have felt that she has cared for the best for my mum and the needs and mental well-being of the rest of the family. We did not know where to go for advice and after first speaking to (name) we knew that these was somebody "out there" who had some answers. The efficiency has also been appreciated. The covid-19 situation has allow only phone calls and letters and these have been so well dealt with. Cannot thank her enough.

Due to the state of the country, I realise any visit during "Lockdown" would be difficult, but I know that in an emergency "The Team" will be there if needed I have had several phone calls from the team this year.

I have been really impressed with the DWS - quick to respond to the referral and the assessment and visit from the doctor felt really thorough so I have confidence in the diagnosis. I also appreciate the information me and Mum were given about dementia and also the signposting to other services and groups. It's also noticeable that my mum was spoken to "normally" and we both appreciate that, she's been given the opportunity to speak for herself without everything being deferred to me. Thank

9. Community development

Our community development coordinators have continued to engage seldom-heard communities to raise awareness and understand the barriers communities may face in accessing services.

Dementia education in schools

Whilst face-to-face delivery in schools has not been possible due to the pandemic, a range of materials for 4-18 year olds were created to provide the opportunity for continued engagement by schools, independently. Materials included lessons co-delivered with a person living with dementia, raising dementia awareness and knowledge, activities supporting social change and signposting to additional resources such as video clips and books.

Working alongside Alzheimer's Society's Dementia Friends Team, a virtual Dementia Friends session was co-produced for delivery by livestream or webinar in April 2020. These sessions were suitable for secondary age pupils to access. Working alongside the Senior Dementia Friends Development Officer, a Dementia Friends session suitable for key stage 2 pupils was created in December 2020.

Black Lives Matter

As a service we could not fail to have been moved by the murder of George Floyd and the Black Lives Matter protests that took place in Bristol and across the world. We engaged our staff through two open forums where staff had the opportunity to listen to the experiences of black colleagues and discuss what more we could be doing as a service.

A number of staff across the service engaged with the *Me and White Supremacy* workbook, which has been guided through either individual or group learning, leading to both a personal journey of understanding, but importantly a way to identify areas where the service can further listen, learn and grow.

Prior to starting the workbook a baseline was taken of how well staff felt they understood the concept of white supremacy, privilege and racism. Of those that answered, 60% of staff felt they had "little or not much" understanding of the subject. Following the conclusion of the group, 100% of staff felt they now had "good or very good" understanding.

One of our community development coordinators also produced a timeline on Bristol's Black History which was shared with colleagues during Black History Month in October 2020.

LGBTQ+ Pride

We have always valued being part of Bristol Pride, celebrating our LGBTQ+ community and also providing information and awareness about dementia and how to support someone who is LGBTQ+ and living with dementia. The service was part of the virtual community tent for Bristol Pride Online in September 2020 and looks forward to being there in person again in 2021.

To coincide with Pride Online, we also delivered a presentation to staff on LGBTQ+ history, rights and healthcare. Across all communities and identities, understanding someone's history can be important in the context of supporting them in their dementia. This presentation highlighted some of the ways that someone's sexual orientation or gender identity might be especially important to them.

10. Groups

We support a number of groups delivered via Alzheimer's Society. All of these groups have migrated to virtual sessions which include:

- Two weekly Singing for the Brain groups
- One weekly activity group (including musicals, Japanese puzzle sheets, working lives, drawing, poetry, live webcams of birds nesting in spring)
- One weekly memory café (speakers including dementia research, SS Great Britain, Sight Support West, Bristol Beacon, Westonbirt Arboretum)

The group coordinators have also developed activity packs throughout the year which have been sent to those who are isolated or do not have access to online activities. These activity packs continue to be distributed to people living with dementia by the Bristol Dementia Wellbeing Service. Additionally, the activity packs are circulated to an email distribution of 45 individuals and organisations, shared with colleagues across South Gloucestershire and Gloucestershire and further afield by using the Society's internal resource Yammer, where it is uploaded for use.

11. Side by Side

Our Side by Side service helps people with dementia to keep doing the things they love through the support of a volunteer. The service is highly flexible and is designed around the needs of people with dementia. This service has also moved to virtual/telephone delivery over the last year with recruitment of volunteers maintained. The work of our volunteers making these calls has shown to be of real comfort and value, with calls ending on lighter, more hopeful notes following reminiscence and discussions about mutually meaningful subjects.

12. Commissioned services

Age UK – Information and Advice Service. We continue to support the dementia advice worker role in *Age UK Bristol* to deliver the Information and Advice Service which has continued delivery over the past year. They support people with applying for benefits they are entitled to, and other legal and financial forms, such as Lasting Power of Attorney (LPA), helping people living with dementia in Bristol claim around £500,000 in benefits each year.

Woodland Wellbeing. Delivered by *Forest of Avon Trust*, the traditional Woodland Wellbeing groups in Conham River Park and Kingsweston had to stop in the first lockdown. Adjusting to changing national guidance, Woodland Wellbeing delivered ‘Nature Navigator’ sessions instead of the regular groups, where they met couples at their own homes and went for a local walk together, at a safe distance. They have stayed in touch with previous attendees and plan to resume the groups in summer 2021, building confidence again for people to get outdoors and reconnect with others.



The Harbour – intensive psychotherapy. We continue to make referrals for this intervention and The Harbour has been delivering this remotely over the past year. This is specifically aimed at people who may be struggling to adjust to a diagnosis (for themselves or a loved one) and who might have more complex distress for any number of reasons. People’s experience of dementia might be further complicated by other life experiences of trauma, abuse or dependency and these people might need something more in depth and complex than a ‘single model’ therapy. Instead, for these complex interventions, people will benefit from an integrative approach drawing on multiple psychological models, as appropriate.

Living Together with Dementia. Previously delivered within The Harbour, this has since been delivered by a sessional therapist with extensive experience, and she has continued to take referrals over the past year. This is an intensive psychotherapeutic intervention available for couples affected by dementia. The focus is on how dementia is affecting the relationship, how people are communicating with one another, feelings of loss, change, facing the future and other relative topics.

13. Looking forward

Priorities for 2021/22

1. COVID-19 recovery

Understandably, one of our areas of focus over the next year is the adaptation of the service to easing national restrictions, whilst also ensuring preparedness for any potential increased restrictions. This involves an increase in face-to-face delivery, a focus on diagnostics and, importantly, supporting staff wellbeing throughout.

2. Hybrid working

As part of the service recovery, acknowledging the ongoing restrictions around social distancing in our office spaces, and lessons learned from the past year, there will be hybrid working arrangements for all staff. This means that each member of staff will have dedicated days in our offices where they can connect with colleagues and their teams – and days where they will continue to work remotely from home.

Whether working from the office or home, staff will continue to undertake face-to-face visits as required.

3. Enhanced post diagnostic delivery

We plan to develop a team to deliver specific post diagnostic interventions within a tiered model to enhance the support already provided by navigators/practitioners and as a step-up approach that bridges the gap between this ongoing support and the interventions provided by the service's Psychology Team.

Where can I find out more?

The Bristol Dementia Wellbeing Service has a website where you can find out more about what we do at www.bristoldementiawellbeing.org



Twitter: @BristolDWS



Facebook: @BristolDementia

Bristol Mental Health

Visit: www.bristolmentalhealth.org

Devon Partnership NHS Trust

Visit: www.dpt.nhs.uk

Alzheimer's Society

Visit: www.alzheimers.org.uk

However, if you need any advice on referral or have any general enquiries about the Bristol Dementia Wellbeing Service you can use our Access Point number.

You can contact the **Access Point** line on: **0117 904 5151**