

Introducing John's Campaign in Hospitals

has proved to reduce falls, delirium & incidents of stress & distress. People eat & drink better; they and their families are more content, even at the end of life. People's individuality and dignity is retained.

This can be equally true in Care Homes.

**HOME – dementia frailty illness – HOSPITAL –
REHABILITATION – CARE HOME – more episodes of
illness – HOSPITAL/ CARE HOME end of life care**

Transitions between all settings can be facilitated when family carers are fully involved. Adopting common principles helps health and care professionals work in partnership even when their roles are different.

Introducing John's Campaign demonstrates transparency and can bring care staff a valuable source of insight as they do their best for their residents. As a society we need to make it possible for people with dementia to live as well as they can for as long as possible. Building respectful and appreciative partnerships between family members (or friends) and all the different professionals involved in an individual's care is the way to achieve this.

The principles of John's Campaign are applicable from care at home to the doctor's surgery; in community services and acute hospitals; in mental health units; in rehabilitation and in care homes. This change will improve the quality of life for people living with dementia

**If we get care right for people with dementia,
we get it right for everyone.**



John's Campaign in Care Homes

- *Welcoming family carers who wish to maintain a high level of involvement.*
- *Using insight from families to improve person-centred care*
- *Sharing the same principles of inclusion that bring hospitals, care homes and the community closer together*

PLEASE JOIN US

IT'S A SIMPLE PLEDGE TO MAKE

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For the right of carers of people with dementia to stay with them



Nicci Gerrard
and her father
John Gerrard

John's Campaign began as an access campaign in hospitals. Novelist Nicci Gerrard's father John had been living well with dementia for 10 years until he was admitted to hospital for treatment of infected leg ulcers. Visiting hours restrictions and infection control effectively excluded his family—who did not realise how much their personal knowledge and support mattered to his well-being. Dr Gerrard's functioning declined, his stay was extended, his condition worsened. By the time he was discharged, five weeks later, he had lost all capacity and required 24 hour care for the rest of his life.

“Would we have allowed our children to remain so long unvisited?” Nicci and her friend Julia Jones asked themselves. — and they resolved to campaign for unrestricted access for family carers if people with dementia were taken into hospital. Not just access, but welcome: family carers should always be key members of the patients team—if they are willing.

Personal knowledge & support can be crucial to wellbeing

For the right of people with dementia to have their carers with them



Brenda Bumstead
and her partner
Donald Simmons

People who are living with dementia are living with a disability. It is harder for them to communicate, to understand change or to trust new people than it is than for others of a similar age and health condition.

Brenda Bumstead cared for her partner Donald, who was living with dementia, at home and through two hospital admissions. The first -- where her visits were restricted -- was extremely distressing for Donald; the second, when the hospital joined John's Campaign, was more positive though his physical condition was worse. Then Brenda was persuaded that Donald should recuperate in a nursing home. Imagine her feelings when she discovered that her loving help was no longer required. Imagine Donald's bewilderment. Brenda was almost glad when he was readmitted to another John's Campaign hospital where she was “allowed” to care for the man she loved in the last days before his death.

Carers are the “cognitive ramp” for people with dementia