



In an acute hospital, dozens of staff pass – often very quickly – through a hospital patient's life every day. Some will be aware of a patient's memory status, but even those who are aware of it often don't realise that their words and actions are inappropriate – and possibly even dangerous – to a person with dementia. Inappropriate dementia care routinely results in greatly extended length of stay, but dementia is invisible; how can busy staff guess a patient's memory status – and how can anyone automatically know how to respond to someone with dementia?

The Butterfly Scheme allows people whose memory is permanently affected by dementia to make this clear to hospital staff and provides staff with a simple, practical strategy for meeting their needs. The patients receive more effective and appropriate care, reducing their stress levels and increasing their safety and well-being, and staff are happier, too.

The scheme has two parts:

- (1) At-a-glance discreet identification via the Butterfly symbol is available for hospital patients who have dementia-related memory impairment and wish staff to be aware of it.**
- (2) All staff who interact with patients are trained to offer a five-point targeted response.**

However, a third part – originally optional - has now become standard practice:

- (3) The Butterfly alerts all staff to the existence of an easy-to-use carer sheet.**

This scheme was created by a carer who consulted with people in early-stage dementia and hundreds of carers of people with dementia, over a two-year period, to ensure that the scheme and its response were exactly what they hoped for; the Trusts already using the scheme have found – not surprisingly – that opt-in runs at or near 100%, but patients and carers must always be allowed to make that choice themselves and the Butterfly will not be used for anyone who (or whose carer) has not opted to use it. The Butterfly symbol is an active request for support.

The Butterfly Scheme includes a simple adaptation, offering the same response to people with dementia who are unable to opt in because they have no carer, and there's also a system allowing people with confusion – but no dementia diagnosis – to benefit from the scheme; hospitals value the impact on delirium care and referral rates to memory services are improved.

Around twenty Trusts have already committed to this very low-cost scheme. There is active collaboration between Butterfly Scheme leaders, including the introduction of regional groups.

Everything needed to introduce this scheme is available, ready-made, and once a Trust joins the scheme it may print out all the copyrighted materials for use within that Trust. The scheme's coordinator strongly supports scheme leaders towards and beyond implementation and visits each hospital to support delivery of the education package.

FOR FURTHER DETAILS PLEASE EMAIL THE BUTTERFLY SCHEME'S FOUNDER AND COORDINATOR:

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