



Testimonial

Mary Page, Nurse, LYPFT

There are many reasons I have got involved with research and development. I think looking back the spark to be involved was during the time the memory service was a “stand alone “ service. Everything and everyone were part of a team motivated to deliver a good quality service. My colleagues and myself were involved with the MSNAP accreditation which helped motivate and gave support to how important research is in creating and impacting change.

I think as a nurse , I did not really identify myself as having a role to play in this and research was for the academics (which I am not) but being encouraged to be involved with projects changed my thinking. You and your team were visible and made yourselves known and I really think this helped in taking the “mystery” away around research.

I have enjoyed taking part in some of the project work and promoting the studies the trust is running. I do see informing the patient group of studies is part of my role at the post diagnostic support visit.

Post Diagnostic Support is a valuable service to educate and inform and signpost. Lots of conversations at this point in the memory service pathway take place and information about research and signing up to the data base is one of many important discussions. I fully appreciate that I am in a privileged position of service users welcoming me into their homes and consenting to the conversations that I have and show their interest. Post diagnostic discussions are information heavy. I tend to discuss research/development at the end of my PDS contact as I have a good rapport with the patient and an understanding if they are interested to be part of research and consent is from the patient and they understand what is being asked. I then make the referral to your team, and you do the rest.

On a personal level I have enjoyed the different experiences being involved in research has given me. I do think we all want a “break-through” in a cure for Dementia and a break-through for a treatment /cure for Alzheimer’s . The “break-through” will come from research. I am also interested in non-pharmacological treatments and interventions for a better quality of life for people diagnosed with a Dementia condition and again this comes via research. Research informs how we deliver care and best practice. At post diagnostic support when a patient consents to be part of research the patient often states “they want to give back, they want to find a cure for their children and grandchildren. To embed research into care needs leadership. It needs a team approach from all to “own” and show interest in research and a willingness to get involved.