

Dementia Care in the UK

by Professor June Andrews

From outside of the UK it is hard to spot that this group of islands is divided into four or five parts, each with a different approach to dementia. This means that even within our own small society we can compare and contrast dementia care.

The UK is dominated by England, which has almost 85% of the population. Many live in the capital London, where the Westminster Parliament sits. Even in England, many people do not know that this parliament only controls the English health system. Scotland, Wales and Northern Ireland have their own systems – with separate policies and politicians.

All four administrations were stimulated to act as a result of research in 2007 which demonstrated how expensive dementia care is. It costs the UK more than cancer, heart disease and stroke put together. At the same time, people did not think care was very good, and they knew that the number of people affected was due to double in 20 years. This made the politicians sit up, and appreciate that they needed to make change happen.

England spent a lot of time consulting people; then it wrote a strategy which was slow to start in implementation. Soon after that there was an election, and the new government did not embrace every aspect of the strategy. So it is not surprising that a map of the UK shows that in many parts of England, people with dementia are not even being given a diagnosis. This means they can't access drugs, or social supports, or education and support for themselves and their caring families. If they stumble into the health or social care system for another reason, the staff do not always understand how to support their special needs, or realise that they have those needs.

Scotland had a specialist dementia services development centre over twenty years ago. In addition, as soon as the research came out, the Scottish government implemented some high impact changes and has increased the number of people with a diagnosis by over 30% in the last three years. There are still problems created by poor use of resources, and need for staff training, but the building blocks are there to make things better. The Scottish dementia centre has been working also in Northern Ireland, with generous charitable and government funding and so the level of staff knowledge, and the level of diagnosis is very high there. England was first with a strategy, and Wales second. Scotland was third and Northern Ireland still has not published one. It is very interesting that it appears that progress towards improvement is roughly in reverse order to the publication of strategies. This is not surprising because what is really needed is education and culture change. A bad culture will ignore or destroy a strategy, making all the effort of consultation a pointless waste of time. This presentation will describe what was most effective in practical terms in making things better for people with dementia.