“Dementia awareness must not turn into dementia paranoia”

Remember when Living Well With Dementia, a national dementia strategy, was launched in 2009 with much fanfare. A launch event was held at the day hospital where I worked, which provided first-class care to people with dementia. Ironically, it closed shortly after. I have therefore become slightly cynical whenever I hear of the publication of another government paper relating to dementia. My heart does not soar. My hopes are not raised. My expectations are not high.

The prime minister’s first “challenge on dementia”, published in 2012, promised to be “delivering major improvements in dementia care by 2015”. But 2015 came and the government obviously realised these targets had not been met and felt it necessary to challenge dementia a second time – this time giving it until 2020 to get things sorted.

As with the first challenge, there was little in the way of information about how these improvements would be made and, perhaps more importantly, where the money to finance it all was going to come from. I’m sorry Mr Hunt but it is a bit limp.

The need for workforce education and improved services is not new. We all know this is needed – the care failings at Mid Staffordshire Foundation Trust told us this several years ago, the current Fix Dementia Care campaign by the Alzheimer’s Society tells us this now.

The Department of Health suggests that “all providers of care need to be encouraged to make available suitable training materials” but dementia training should be mandatory if staff are to care properly for people with dementia.

Mr Hunt suggests that dementia-related health checks, now offered to people aged over 65 years, should be offered to people aged 40 years and over. However, I would not like to see people of 40 years of age being tested for dementia if they present with memory problems.

There are many more conditions that can cause memory problems, such as difficulties with executive function or changes in personality, and it is best practice to rule these out first. Although awareness raising is important, I think there is a fine line between dementia awareness and dementia paranoia.

I would also suggest that another pressing issue has been totally ignored. To provide the best care, the NHS needs to be fully resourced. The Royal College of Nursing reports that in London in 2015 there were 10,140 vacant nursing posts. It is generally felt that nurses’ pay – which has been rising at 10% below the rate of inflation since 2010 – and the high cost of living, particularly in relation to housing, make working in London neither an attractive nor realistic prospect.

If I were the prime minister I would begin by challenging the wider issue of housing and the cost of living in London.

Press reports about sepsis-related deaths are numerous. But while sepsis kills more people than bowel, breast and colon cancer combined, many of these deaths are avoidable.

In recent years, efforts have been made to raise awareness of sepsis but the National Confidential Enquiry into Patient Outcome and Death report on sepsis (p15) notes that some patients are still receiving unsatisfactory care. The report identifies issues with awareness and decision making by nurses and doctors, rather than the way services are organised or the availability of equipment. While the focus is on mortality associated with sepsis, there is also a problem with morbidity. A fifth of patients studied were discharged with evidence of complications. This has implications for discharge planning, and physical and psychological support in the community.