

Alzheimer Scotland

Briefing: Dementia care 2010 – 2015

This paper provides some basic figures which illustrate how an ‘invest to save’ policy would both address the essential voids to be filled over the next three to five years for many of the 6000-10,000 people newly diagnosed each year; and lay the foundations for better (and sustainably) meeting the increase in demand as our population ages. It also highlights the most critical areas in terms of hospital discharges and support. Whilst we acknowledge and welcome the improvement programme, we do not believe that this alone will deliver appropriate community based responses to the needs of people with dementia and their families.

Post diagnostic support

- A systematic review¹ of evidence on investing in services for early identification and intervention in dementia identified benefits for the person with dementia, their families and the cost of providing care; it improved quality of life, delayed the need for institutionalisation and provided a strong financial case for the identification, treatment and support of people with dementia.
- Early provision of support at home can decrease institutionalisation by 22%². Even in complex cases, and where the control group is served by highly skilled mental health team, case management can reduce admission to care homes by 6%³.
- Carer support and counselling at diagnosis can reduce care home placement by 28%⁴.
- Post-diagnostic support can provide financial savings even if care home admission is delayed by only two weeks (see Figure 1 below).

Alternatives to care homes

- According to the best estimate available care home placement of people with dementia costs Scotland £700 million per year (UK £7 billion); with two-thirds paid by social services and one-third by older people and their families⁵. Approximately 40% of people with dementia are in long term care. An estimated 70% of older people in care homes have dementia. The number of people with dementia entering long-term care is set to rise as our population ages with the consequent escalation of costs.
- People with dementia should not, unless by exception, move directly from acute hospital to care homes without first having the opportunity to maximise their capacity. System re-design will enable the development of specialist dementia care at home and intermediate care, better distribute funding around the system and reduce the number of care home placements in future years.
- The Care Commission has just reported that one in six care homes for the elderly is providing unsatisfactory or weak services⁶. This supports evidence from the Care Commission and Mental Welfare Commission published in May 2009⁷. Investment in developing workforce competence should lead to essential improvements in care as

well as savings from reducing inappropriate treatment and preventing unnecessary hospital admissions.

Figure 1: A model for post-diagnostic support

Number of people with dementia diagnosed per year	10000	7000	10000	7000
Number of people with dementia a team can support per year	150	150	100	100
Number of teams needed Scotland-wide	67	47	100	70
Cost for team of 3 inc overheads	£ 130,000	£ 130,000	£ 130,000	£ 130,000
Total cost per annum	£ 8,666,667	£ 6,066,667	£ 13,000,000	£ 9,100,000
Cost per person with dementia	£ 867	£ 867	£ 1,300	£ 1,300
Cost comparisons				
Weekly care home cost (residential care)	£ 464.86	£ 466	£ 467	£ 468
Number of weeks postponement of admission require to recoup cost	1.9	1.9	2.8	2.8
Weekly care home cost (nursing care)	£ 540.10	£ 541.10	£ 542.10	£ 543.10
Number of weeks postponement of admission require to recoup cost	1.6	1.6	2.4	2.4
Weekly care home cost (Elderly Mentally Ill unit for older people)	£ 556.90	£ 557.90	£ 558.90	£ 559.90
Number of weeks postponement of admission require to recoup cost	1.6	1.6	2.3	2.3

Notes:

Based on a team of 3 staff supporting people with dementia and their families in an area to:

- understand and come to terms with diagnosis;
- manage the condition;
- maintain and build natural and community supports including peer support;
- put arrangements in place for future,⁸ including designing advanced support plan to travel with person throughout illness.

- ¹ Department of Health (2008) The clinical and health economic case for early diagnosis and intervention services in dementia *Transforming the quality of dementia care: consultation on a national dementia strategy*
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_085570
- ² Gaugler JE, Kane RL et al (2005) Early community-based service utilization and its effects on institutionalisation in dementia caregiving. *The Gerontologist* Vol 45 No 2 177-185
- ³ Challis D, von Abendorff, Brown P et al (2002) Care management, dementia care and specialist mental health services: an evaluation. *International Journal of Geriatric Psychiatry*, 17:4, 315-25
- ⁴ Mittelman M, Roth L et al (2007) Preserving health of Alzheimer caregivers: impact of a spouse caregiver intervention. *American Journal of Geriatric Psychiatry* 15:9 780-789
- ⁵ Knapp M, Prince M et al (2007) *Dementia UK: the full report* London: Alzheimer Society
- ⁶ Care Commission (2010) *Making the grade?*
http://www.carecommission.com/images/stories/documents/publications/reviewsofqualitycare/making_the_grade_-_08-09_final.pdf
- ⁷ Care Commission and Mental Welfare Commission (May 2009) *Remember I'm Still Me.*

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