Dementia: Contributing to the National Debate
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The ageing of the population is focusing attention on the needs of older people, the services required to meet them, and how to finance those services in affordable, efficient, politically acceptable ways. These are enduring themes of PSSRU research, exemplified by the work of the Long-Term Care Finance programme at LSE (pp. 14–15) and the Unit’s analyses for the 2006 Wanless report. Recent dementia studies at LSE have continued in this vein.

Dementia costs the UK £17 billion a year. This was one of the many findings from Dementia UK, commissioned by the Alzheimer’s Society from a team at King’s College London and the LSE (Knapp et al., 2007a). Two-thirds of people with dementia live in the community, with the imputed costs of unpaid care by families amounting to over £6 billion a year. Delaying the onset of dementia by five years would halve the 60,000 deaths a year directly attributable to it. These and other findings were built on new prevalence estimates, which also generated the projection that there will be over 1 million people in the UK with dementia by 2050.

In a separate study funded by the Alzheimer’s Research Trust, projections were made of numbers of older people with cognitive impairment and the associated costs of their support (Comas-Herrera et al., 2007). Expenditure in England on long-term care for this group is projected to rise from £5.4 to £16.7 billion between 2002 and 2031. The challenge for financing mechanisms is considerable.

In July, the National Audit Office (NAO) published Improving Services and Support for People with Dementia. PSSRU research contributed in numerous ways, including two commissioned studies. A review of dementia care made comparisons between countries (Knapp et al., 2007b). Prevalence rates vary little, but care systems identify and diagnose dementia in different ways, and identify and assess needs in sometimes distinct ways. Markedly variable amounts of resources are allocated to meet those needs, channelled through various financing mechanisms, and treatment and support arrangements also diverge.

The NAO also commissioned an assessment of in-patient stay for people with fractured neck of femur who also have dementia and how services might be improved. Costs associated with delayed discharges from acute care were estimated, and potential savings investigated (Henderson et al., 2007). A simple model was developed to show the expenditure required to treat hip fracture patients compared to psychiatrically well patients. Potential cost savings arose from some models of good practice, such as early supported discharge schemes and geriatric hip fracture programmes. Generally, however, the evidence base on interventions remains quite limited.

Dementia research will continue to feature significantly in the Unit’s future work programme.

References
