“Good dementia care needs human interaction, not apps”

Are we doing enough for people living with dementia? This was the question posed to myself, Professor Alistair Burns, national clinical director for dementia, and Professor June Andrews, director of the Dementia Services Development Centre, at our panel session for the 2014 Health and Care Innovation Expo in March. A united audience firmly believed we were not.

However, in my mind, the question should go much further. People with dementia do not exist in isolation; their lives are entwined with those of their carers and health professionals. It is how we respond to the needs of each of these individuals that truly defines whether a person with dementia can live well.

Seen by Jeremy Hunt as the litmus test for the NHS, dementia care does not sit easily alongside the focus on technological innovation that the secretary of state chose for his Expo speech. Pointing out that data sharing, digital healthcare, apps and comparison websites are hugely beneficial to patients and health professionals is fine, but when questions about dementia care arise it is human needs – and shortcomings – that come into focus.

While there are undoubtedly technologies that can benefit people with dementia and their carers, what we are really asking of professionals is less to do with embracing technology and far more to do with fundamental aspects of care. Personalised, hands-on, practical, life-enhancing care for people with dementia isn’t going to be provided by a gadget or an app alone. Alongside the technological drive sit the 6Cs. Care is “our business” and at its heart is human interaction. While technology could help to streamline working practices and enable nurses to spend more time with patients, it can never replace the nurse or the human interaction people with dementia desperately need.

The idea of innovation in dementia care seems largely fixated on diagnosis rates, yet much more innovative potential needs to be realised. We need to raise awareness to give patients the courage to come forward if they are experiencing symptoms. We need innovation in post-diagnostic support, far more specialist dementia nurses – Admiral nurses are still not UK-wide – community nursing models that enable people to remain in their own homes, evidence-based programmes for wellbeing and therapeutic care, and specialised palliative care that is accessible to all.

The message from policy makers to health professionals is immensely confusing: technology is seen as the future for the NHS, but caring for people with dementia is not online banking. It cannot be hands-off and remote – in many cases, this is the model we are already following and our accident and emergency departments are taking the strain as a result.

So are we doing enough for people with dementia, their carers and health professionals working in dementia care? The answer is no. If and when the answer is yes the healthcare experience for everyone in the UK will have substantially improved. NT

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SPOTLIGHT
Question anti-psychotic use in dementia care

Always doing things the same way and without question is not advisable in any aspect of life, and is not acceptable in healthcare. It is important to be alert to habit and tradition becoming the driver of care.

Our research article on page 12 highlights the impact of ingrained prescribing habits for a particularly vulnerable group – older people with dementia on antipsychotic drugs. Although these medicines can have benefits, they also have unpleasant side-effects, including an increased risk of falls and cardiovascular events.

In this study more than a third of the older people studied were prescribed antipsychotics unnecessarily or at a dose too high.

Our expert authors encourage nurses to regularly question prescriptions for these medicines to give improved quality of life for this group.