

Dementia Roadmap for Change



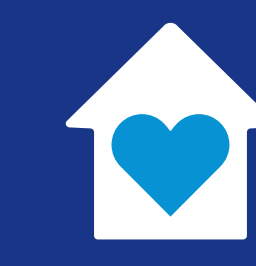
Preventing Well



Diagnosing Well



Supporting Well



Living Well

CHALLENGES

Primary Prevention

Awareness of risk reduction:

Nearly half of all dementias could be preventable through elimination of 14 modifiable risk factors, yet only 36% of UK adults think it's possible to reduce risk. They also don't know what the risk factors are, and how they can reduce them.

Cost: Evidence we commissioned shows that dementia already costs Northern Ireland £1 billion per year, increasing to £2 billion by 2040 without strategic intervention and prevention initiatives.

MCI (Secondary Prevention)

Lack of formal NICE Guideline or Department of Health guidance on Mild Cognitive Impairment (MCI):

A study in Northern Ireland showed that 28% of people attending a memory service received a diagnosis of MCI. Yet, there is no formal NICE guideline for the condition, making it difficult for people to access the right care and support. Best available evidence estimates that 5-15% of people in the UK with MCI progress to dementia every year.

Dementia diagnosis

Benefits of diagnosis missed: Early and accurate diagnosis unlocks care, support and treatment – and is essential to access disease modifying treatments – yet well over 1/3 of people living with dementia in Northern Ireland don't have a diagnosis.

Accuracy of diagnosis: Lack of access to diagnostics mean misdiagnosis rates are high.

Diagnosis delays: On average, people live with dementia for 3.5 years before getting diagnosed.

Postcode lottery: There's significant regional variation in diagnosis rates and access to diagnostics.

Pharmacological treatment

Variation in dementia management: The NICE guideline is clear on the management and treatment options people with dementia should receive, but in reality this varies massively and too many people don't access them.

Preparing for new treatments: DMTs could transform treatment of Alzheimer's, but it'll take time to prepare the HSC system and ensure everyone eligible can access them.

Hospitalisation

Unnecessary admissions: Failure to ensure good care, support and treatment is leading to unnecessary hospital admissions and may contribute to increased morbidity and mortality. These unplanned admissions make up almost a third of the £7 billion annual dementia healthcare costs.

System pressure: One in six hospital beds are occupied by people living with dementia at any given time, and undiagnosed people with dementia attend Emergency Departments more frequently than people without a dementia diagnosis.

Care and Support

High vacancy rates/workforce challenges: The 2025 vacancy rate for social care (including domiciliary care) was 12.4%. Northern Ireland will see the largest increase in dementia prevalence in the UK, adding significant pressure onto an already stretched HSC workforce.

Social care training: Only 36% of care workers in Northern Ireland said dementia training was included in their induction, meaning over half are likely to start caring for people with dementia with no training at all.

Unpaid carers at breaking point: 1 in 8 people in Northern Ireland are unpaid carers, and 1 in 4 unpaid carers are experiencing mental ill-health.

Unwarranted variation: Access to post-diagnosis care and support varies significantly.

SOLUTIONS

Bigger focus on prevention: Action from health systems to help people actively address modifiable risk factors (such as hypertension).

The Public Health Agency and the Department of Health should take action to implement the RDCP pillars of 'Improving Public Awareness and Healthy Active Ageing' through building awareness of, and helping people actively address, the 14 modifiable risk factors for dementia identified by the Lancet.

Evidence review: Department of Health should work with NICE to review the latest evidence and develop a new guideline for the diagnosis and management of MCI that is appropriate for Northern Ireland.

Regular MCI review: To support earlier dementia diagnosis, national guidance must clarify that memory assessment services and specialists should ensure everyone identified as having MCI is offered a review after a maximum of 12 months.

National targets: Introduction of ambitious national targets on diagnosis, including on diagnosing people at an early stage, diagnosing accurately including type, waiting times from referral to diagnosis, and a diagnosis rate target.

Investment: Long-term investment in diagnostic workforce and infrastructure including supporting new innovations like dementia blood biomarker tests and helping people to access disease-modifying treatments (DMTs).

Local systems focus: Well-led and monitored local dementia strategies to ensure dementia is prioritised.

Collection of data: The provision of regularly published regional, standardised and robust data on dementia which reflects population need and demand for services.

NICE dementia guideline: Department of Health should improve adherence to the current dementia guideline, including via improved data collection, so everyone eligible can access NICE-recommended treatment.

System readiness: National and local plans in place to implement DMTs in Northern Ireland, with investment to support system readiness.

Improved diagnosis, treatment, and care: Getting people diagnosed early, and ensuring they can access high quality treatment, care, and support, could help prevent Emergency Department attendances and hospital admissions.

Mandatory dementia training for care staff: Introduction of a new legal requirement for all social care providers to ensure all direct care staff working in older adults' care – and direct care staff working with people living with dementia in other settings – undertake best practice dementia training.

Help for unpaid carers: Ensure access to statutory entitlements and sufficient dementia respite care.

Named support: Everyone should be able to access a dementia support worker/named care coordinator.

Solution: Dementia Strategy for Northern Ireland