Sleepwalking into a crisis

Nursing shortages and the financial challenges facing the NHS are putting the future of dementia care at risk, says June Andrews

June Andrews is a dementia expert and former director of the Dementia Services Development Centre at the University of Stirling @ProfJuneAndrews

The increasing awareness around issues related to dementia, ageing and frailty is welcome, but there are areas of nursing policy that all nurses urgently need to pay attention to.

We know that the ageing UK population presents problems for the workforce, and for health and social care services.

Older people need to receive additional resources, particularly towards the end of life and especially if they have dementia.

But in recent decades as our older population increased, ‘geriatric’ beds were closed and long-term care was moved from the NHS hospital sector into the community and care homes.

Shutting down

Nursing and care homes were well funded by the state initially, but over the past 30 years they have become so poorly funded that many cannot survive as businesses.

Provision of older people's care was at first led by the public sector and then topped up by charities and the private sector. But the public sector has now been forced, mainly, to outsource this care.

Last year, for the first time, the number of care home beds in the UK fell. Any care home with some local authority-funded residents has difficulty making ends meet, unless families pay weekly top-up fees.

Some older people require nursing home care, but a combination of nursing shortages, the cost of agency cover and funding cuts means many nursing homes are shutting every week.

NHS nurses in every sector}

‘Nursing homes have become so poorly funded that many cannot survive as businesses’

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cannot afford to ignore these changes, which increase pressures on community staff and acute hospital beds.

As members of a mainly female workforce, nurses need to consider the personal as well as professional issues. More women than men get dementia, and more work as paid or family caregivers.

If nurses, particularly female ones, do not consider how they will manage ageing relatives and their own later years, they may be sleepwalking into a personal and family financial crisis.

As a specialist nurse in old age and frailty, I can see only two routes to alleviate the problem: personal insurance or giving up work to care. What will you do?