Healthcare for London

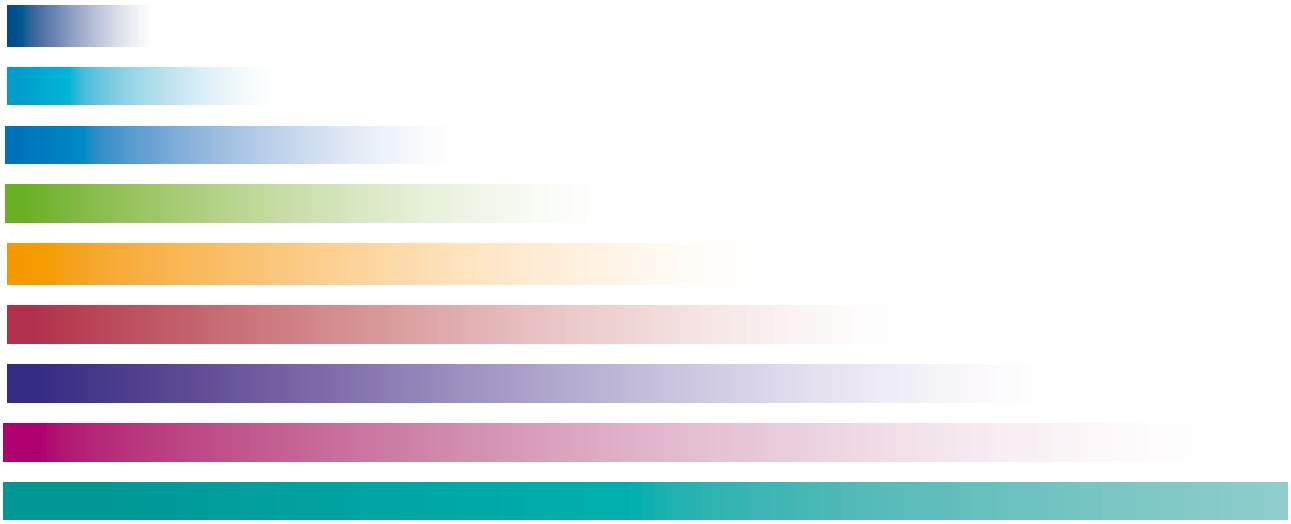
NHS

Commissioning Support for London

Dementia

needs assessment

Appendix 1



Contents

1 Introduction and summary

1.1 Introduction

Dementia has been identified as a key workstream of the Healthcare for London mental health project and this document provides an overview of dementia in London. The dementia needs assessment aims to provide quality evidence to inform further work of the workstream.

The specific objectives of the needs assessment are to:

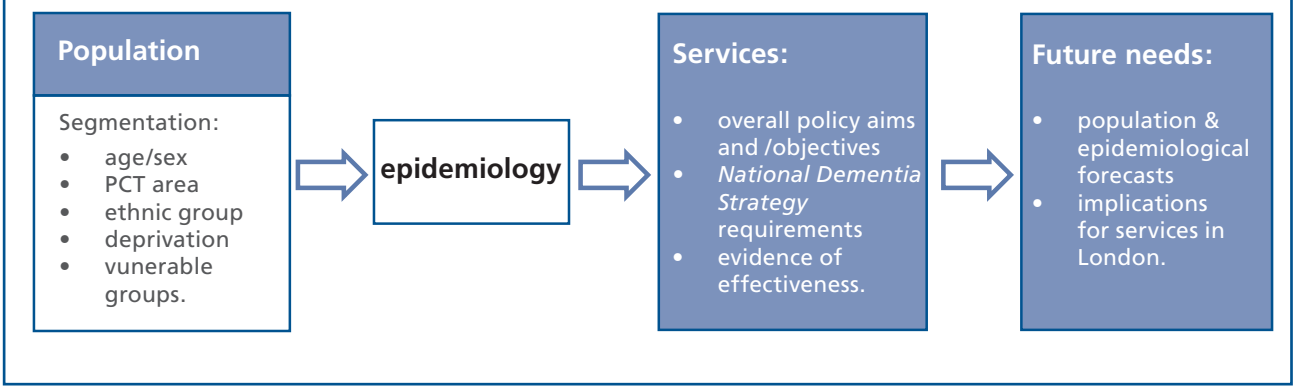
- describe the population at risk of dementia, highlighting particular characteristics relevant to London
- estimate the current incidence and prevalence of dementia
- forecast future incidence and prevalence
- summarise key service requirements as laid out in the national dementia strategy and consider their implications for London.

The needs assessment is governed by the following principles:

- make the best use of existing evidence
- complement the *National Dementia Strategy*, not duplicate it
- ensure that the final product is relevant to its audience
- provide data that is locally relevant.

The model of the needs assessment used in this project is shown in figure 1. This is informed by the requirements of World Class Commissioning and, in this case, does not include reviewing existing services.

Figure 1: Model showing the four key components of a health needs assessment[1]



1.2 Summary

This document provides an overview of population needs across London. It highlights key issues and provides an indication of the likely levels of need in each Primary Care Trust (PCT) area. It does not detail specific requirements in each PCT as patterns of care may vary across the capital. The following are some of the key points that can be drawn from this project.

Population affected

There are approximately 64,600 people with dementia in London with about 17,300 new cases occurring in 2007.

Late-onset dementia affects 7.3% of London's population aged 65 years and over.

[1] Paul Brotherton, 2008

Nearly two thirds of people with dementia live in the community with a third living in a care home.

A relatively small number of people with dementia (7,600) are from black and minority ethnic (BME) groups, but this will increase substantially in future years.

Service indicators

There is a wide range of provision of care home places registered for people with dementia across London (from 0.2% to 3.6% of people aged 65 years and over).

Only 37% of the population estimated to have dementia in London are recorded on primary care disease registers, with a range from 25% to 55% across PCTs.

The level of prescribing anti-dementia drugs shows extreme variation across PCTs.

There are also large variations in reported levels of social care for older people with mental health problems.

Service requirements

Some 34% of people with dementia in London require constant care or supervision.

Modelled staff requirements for improved early diagnosis and intervention in London suggest a need for about 420 more staff.

The minimum required level of memory assessment services would cost approximately £18.3 million per annum in London.

Improved services for carers can reduce the need for long-term dementia care as well as improving quality of life.

Future need

A large increase in the numbers of people with dementia in London is forecasted, but the effects of population change will vary by PCT.

The average annual increase in the number of people with dementia in London varies from 0.8% to 1.3% according to the projections used

Specific attention will need to be paid to hard to reach groups when developing local services. This includes ensuring that early identification and intervention services are equitably provided and meet the needs of different ethnic groups, homeless people, those with learning disabilities, people with HIV, travellers, substance misusers, prisoners, people who live alone, people in socially deprived areas and others who may have particular needs.

2 Background

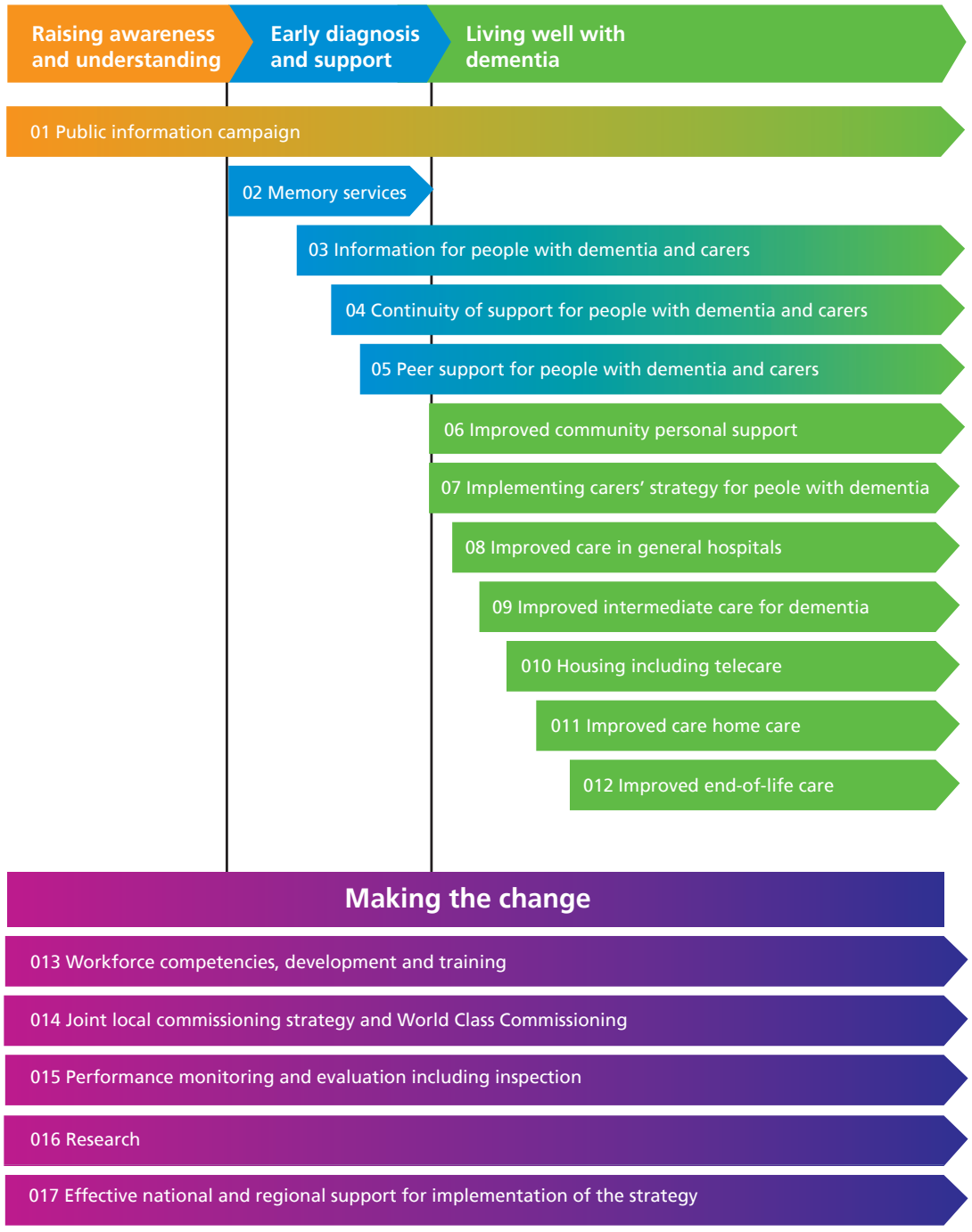
2.1 Strategic context

The Department of Health released *Living well with dementia: A National Dementia Strategy* in February 2009. The strategy outlines 17 objectives to improve the quality of life for people with dementia and their carers under three key themes:

- raising awareness and understanding
- early diagnosis and support
- living well with dementia.

To be effective, the *National Dementia Strategy* notes that the above objectives must be supported by actions to develop the workforce, joint commissioning, improved monitoring, evaluation and implementation.

Figure 2: Delivering the *National Dementia Strategy* – joint commissioning of services along a defined care pathway to enable people to live well with dementia



3 Population Structure

3.1 London's population

London's current population is summarised in figure 3. This information is drawn from the Greater London Authority (GLA) and is widely used by Healthcare for London and other NHS bodies in the capital. It should be noted that alternative sources of data, such as the Office of National Statistics (ONS,) are also available and that prevalence figures vary. Some Office of National Statistics data has been used in the report to illustrate the differences that can arise.

Figure 3: Summary of London's population by age group, 2007[2]

Age group	Population	Percentage (%)
0-14 years	1,389,360	18.5
15-44	3,695,242	49.2
45-64	1,558,534	20.8
65-74	441,837	5.9
75-84	303,036	4.0
85+	116,937	1.6
Total	**7,504,945**	**100.0%**

London currently has a relatively young population compared to the country as a whole, with only 11.5% in the 65 and over age group. The overall shape of the population is shown in the population pyramid on page 48, figure 46.

Population structures vary substantially across London. This is key to the variations in the prevalence of dementia shown later in the document. Figure 4 highlights the PCTs with the highest and lowest proportions of 65 and over age group and shows the distinction between inner London and outer London boroughs. Populations also vary within PCT areas, with many showing quite substantial differences between localities within their borders. For the full data-set see page 49, figure 47.

Figure 4: Proportion of the population aged 65+ by PCT, 2007[3]

Relative position	PCT	Proportion of the total population aged 65+, 2007
Highest	Havering	16.4%
	Bromley	15.9%
	Bexley	15.4%
Average	**London**	**11.5%**
	Lambeth	8.4%
	Newham	8.0%
Lowest	Tower Hamlets	8.0%

[2] GLA 2007 projections
[3] Ibid.

3.2 Ethnicity

While the 2001 census recorded a total of 107,151 Londoners aged 65 years and over in black and minority ethnic (BME) groups, according to the GLA 2007 ethnic projections, this is expected to increase to approximately 251,232 people by 2021. Currently BME groups have a relatively young age profile in the capital and therefore the prevalence of dementia in this group is minute.

Figure 5: Proportion of people aged 65+ from black and minority ethnic groups, with range by PCT, 2001[4]

Relative position	PCT	People from BME groups as a proportion of all those aged 65+
Highest	Brent	34.3%
	Newham	25.0%
	City & Hackney	24.0%
	Lambeth	24.0%
Average	**London**	**12.0%**
	Barking & Dagenham	2.5%
	Bromley	2.3%
Lowest	Havering	1.5%

The proportion of people in BME groups is projected to increase from 12% of the 65 and over population in 2001 to 26.7% in 2021. Figure 5 shows the range in the current proportion across PCTs, while figure 6 contains the same information projected for 2021. The 2001 figures range from 1.5% of the 65+ population in BME groups in Havering to 34.3% in Brent, while the 2021 projections range from 3.9% in Havering to 62.8% in Newham.

Figure 6: Proportion of people aged 65+ from black and minority ethnic groups, with range by PCT, 2021 projection[5]

Relative position	PCT	People from BME groups as a proportion of all those aged 65+
Highest	Newham	62.8%
	Brent	58.1%
	Harrow	43.3%
Average	**London**	**26.7%**
	Bexley	6.7%
	Bromley	6.2%
Lowest	Havering	3.9%

[4] ONS Census 2001
[5] GLA

Some of the largest proportionate increases will be in boroughs that currently have a relatively low number of older people in BME groups. For example, Barking and Dagenham's 65 and over population is projected to increase from 2.5% in BME groups in 2001 to 18.0% in 2021.

The population changes, and subsequent figures for people with dementia, are based on broad ethnic groups — BME figures include all groups not in the 'white' category. More detailed definitions of these groups, which for example, include people from Irish or East European origins, would therefore contain greater numbers than those cited above. For the full data-set see page 51, figure 49.

3.3 Social deprivation

Socio-economic inequalities affect all aspects of health, ranging from risk factors to health outcomes and access to services. Much of the health inequalities agenda focuses on mortality rates and life expectancy but quality of life is also crucial. People with long-term and progressive illnesses, such as dementia, are affected by their socio-economic position but there is relatively little coverage of this in key national documents. For the full data-set see page 51, figure 49.

3.4 Residential status

Approximately 382,000 London pensioners (43%) live alone and account for 13% of all the households in the capital, see figure 7. For the full data-set see page 52, figure 50.

Figure 7: Range of proportion of people of pensionable age who live alone across London PCTs, 2001[6]

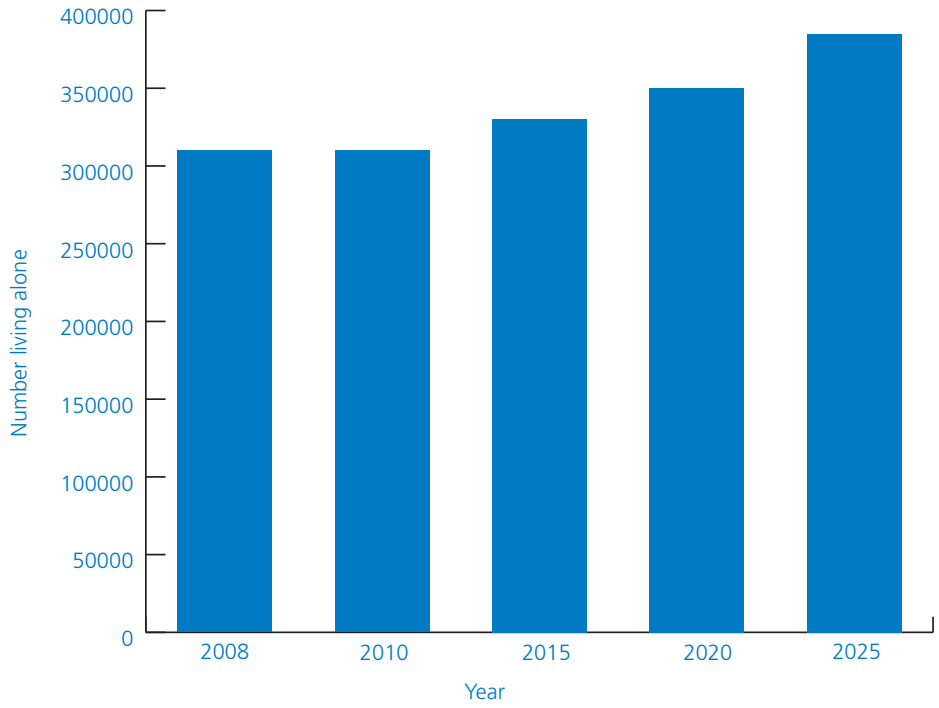
Relative position	PCT	Proportion of people of pensionable age* who live alone
Highest	Kensington & Chelsea	61%
	Westminster	57%
	Hammersmith & Fulham	56%
Average	**London**	**43%**
	Brent	36%
	Harrow	36%
Lowest	Havering	36%

*Note: This census indicator is based on pensionable age, and therefore includes females aged 60 and over and males aged 65 and over

[6] Sensus 2001

Figure 8 shows the projected increase in older people living alone in London in future years. This projection covers men and women aged 65.

Figure 8: projected numbers of people aged 65 and over living alone in London, 2008 to 2025[7]



Approximately 21,200 older people in London live, either with or without nursing care, in a care home. This is expected to increase in future years as a result of population change but actual numbers could vary if different models of care are in place. Figure 9 summarises the latest projections for London as whole. For the full data-set see page 53, figure 51.

[7] POPPI

Figure 9: Projections of the number of people aged 65+ in London living in a care home, 2008 to 2025[8]					
Age group	**2008**	**2010**	**2015**	**2020**	**2025**
65-74 years	2468	2485	2708	2871	3024
75-84 years	6673	6626	6821	7021	7925
85+	12099	12545	13658	15294	17576
Total aged 65+	**21233**	**21655**	**23187**	**25180**	**28528**

London has a minority of people living in a range of circumstances that might require special health care provision. For example, in the 2001 census there was a total of 10,000 people, of all ages, living in hostels or homeless. Many are in older age groups, may be particularly vulnerable making it difficult for the early detection of dementia. Similarly, London has a minority prison population– in 2001 this was 2,685, but it is now likely to be higher. The prison population is ageing and the high level of pressure on prison mental health services may again be a barrier to early detection of dementia. There are many other groups that may need particular attention including travellers, refugees, asylum seekers and migrant workers.

[8] POPPI based on ONS data

3.5 Carers

The 2001 census results stated that almost 93,000 people aged 65 and over in London provide informal care to a family member, friend, neighbour or other individual. This represents 11% of the people in that age group. It is likely that there is some under-reporting in the census. A breakdown by PCT area can be found on page 54, figure 52. It should be noted that the figures for carers relate to care for anyone with any long-term physical or mental health problem, a disability or problems associated with old age, and would thus include looking after someone with dementia alongside those with other needs.

The census also records the amount of time people devote to their caring role each week. Of the 92,900 carers aged 65 years and over in London:

- 50,700 (54.6%) spend one to 19 hours per week in their caring role
- 10,300 (11.1%) spend 20 to 49 hours
- 31,900 (34.3%) spend 50 hours a week or more.

4 Prevalence of dementia in London

4.1 Prevalence

This section outlines information on the estimated prevalence of dementia in London. It begins by using epidemiological evidence to assess the scale and composition of the population affected and then looks at information from health and social care services. These information sources are brought together to show variations across PCT areas. The data often raises issues that require further examination and therefore should be considered as a general indication only.

The latest evidence of prevalence in this country is from the exercise carried out for the *Dementia UK report*. Most dementia is late-onset and affects people aged 65 and over, with about one in 40 cases being early-onset and occurring before that age. Figures 10 and 11 set out the latest prevalence rates by age and sex.

Figure 10: Prevalence of early-onset dementia in the UK by age and sex[9]

Age	Female rate per 100,000 population	Male rate per 100,000 population
30-34 years	9.5	8.9
35-39	9.3	6.3
40-44	19.6	8.1
45-49	27.3	31.8
50-54	55.1	62.7
55-59	97.1	179.5
60-64	118.0	198.9

Figure 11: Prevalence of late onset dementia in the UK by age and sex[10]

Age	Female (%)	Male (%)
65-69 years	1.0	1.5
70-74	2.4	3.1
75-79	6.5	5.1
80-84	13.3	10.2
85-89	22.2	16.7
90-94	29.6	27.7
95+	34.4	30.0

The rates have been used in conjunction with the latest GLA population figures to calculate a total of 64,579 people with dementia in London. This comprises 1,560 people with early-onset dementia and 63,019 with late-onset dementia. Altogether the population with dementia makes up 1.4% of the total London population aged 30 years and over.

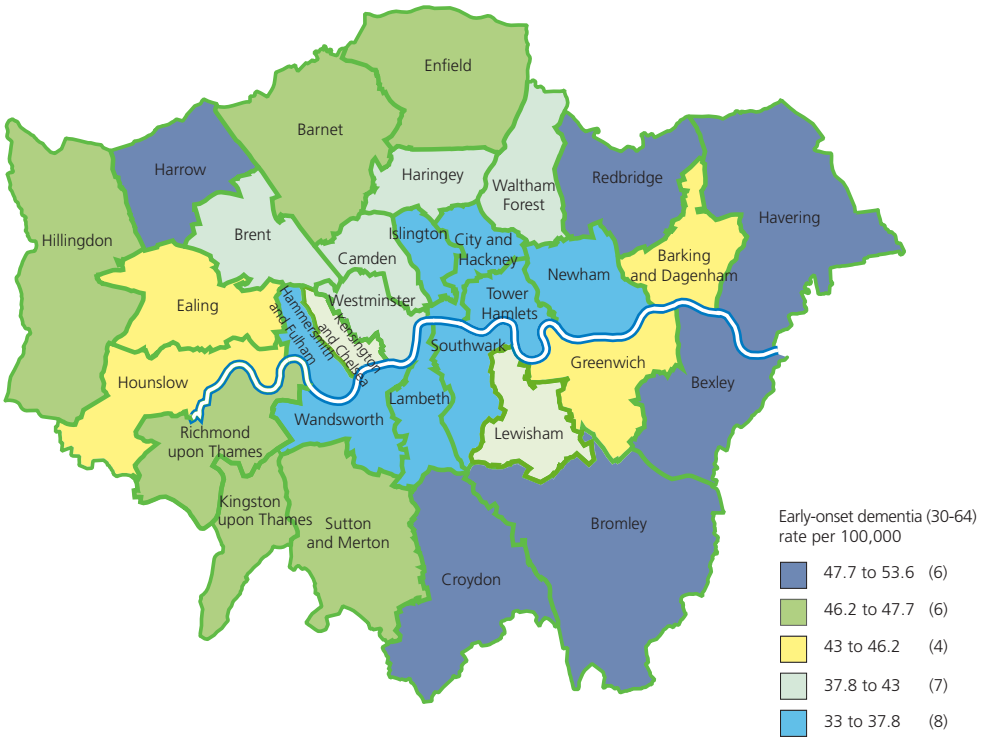
Overall population proportion range is shown in figure 12. There is a two-fold difference in population prevalence across PCTs as a result of their different age profiles. For the full data-set see page 55, figure 53.

[9] Alzheimer's Society. Dementia UK. The full report, 2007
[10] Ibid

Figure 12: Range of proportions of people with dementia across London PCTs[11]		
Relative position	**PCT**	**Proportion of people aged 30+ with dementia, 2007**
Highest	Bromley	2.0%
	Bexley	1.9%
	Havering	1.9%
Average	**London**	**1.4%**
	Haringey	1.0%
Lowest	Lambeth	1.0%

Figures 13, 14 and 15 illustrate the rates for early and late-onset dementia in London PCTs and then show the range of overall numbers affected. In general the outer London boroughs have a higher prevalence than those in inner London but this pattern is not a uniform one and there will also be variations within each borough.

Figure 13: Estimated prevalence of early-onset dementia by PCT, 2007



[11] Based on Dementia UK prevalence rates applied to GLA populations

Figure 14: Estimated prevalence of late-onset dementia by PCT, 2007

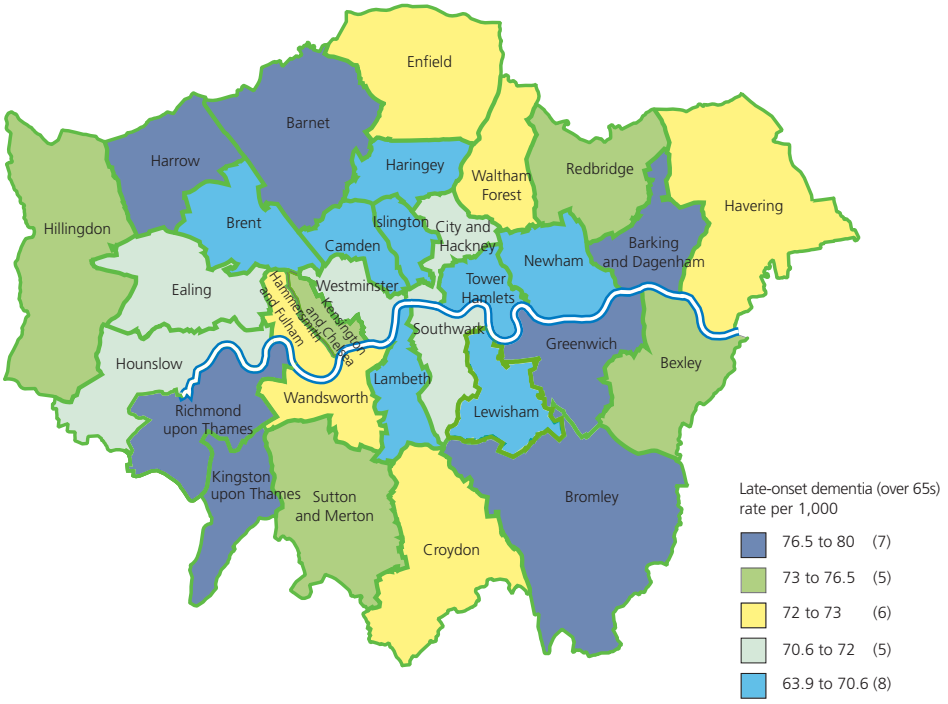
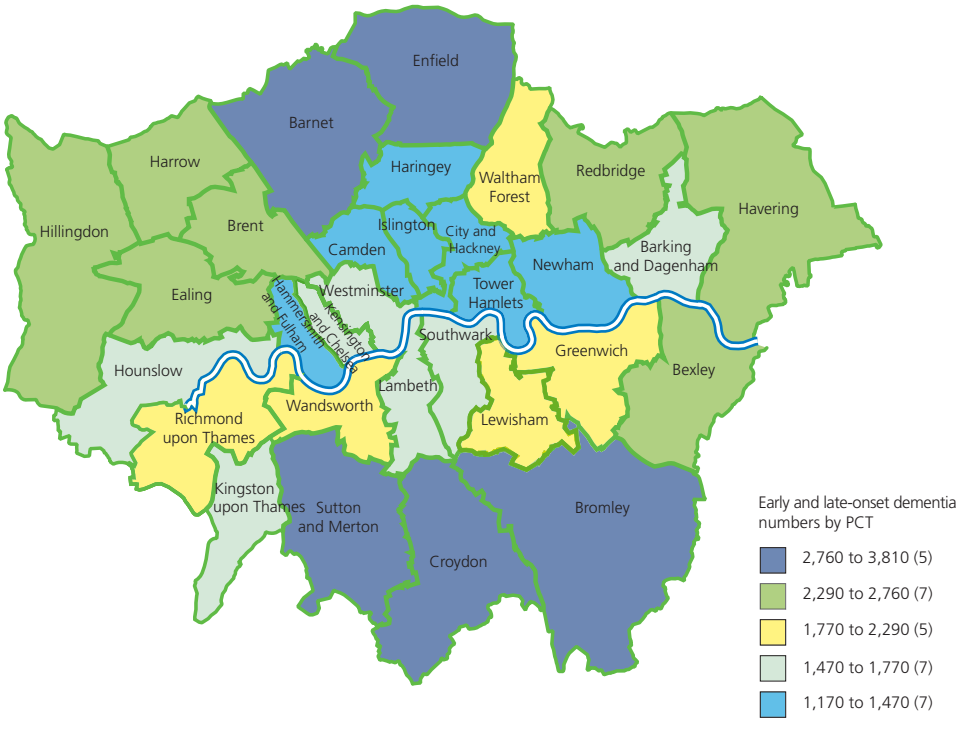


Figure 15: Estimated total numbers of people with dementia by PCT, 2007



The above prevalence figures relate to the total number of people with dementia at any one time. Figure 16 shows the numbers of new cases each year. This again shows a sharp age gradient.

Figure 16: Incidence of late onset dementia in England and Wales by age and sex[12]		
Age	**Incidence per 1000 person years - female**	**Incidence per 1000 person years – male**
65-69 years	6.3	6.9
70-74	6.1	14.5
75-79	14.8	14.2
80-84	31.2	17.0
85+	71.7	58.4

Applying the above incidence rates to London's population (2007) would suggest that there are about 17,300 new cases of late-onset dementia in the capital each year.

The prevalence of the various types of dementia varies between men and women and by age group. Figure 17 provides a general summary by applying overall estimates to the total population of London with dementia.

Figure 17: Breakdown of the population of London with dementia by type, 2007[13]		
Type of dementia	**Proportion of people with dementia**	**Estimated number in London**
Alzheimer's disease	62%	40,150
Vascular dementia	17%	11,009
Mixed (AD and VD)	10%	6,476
Dementia with Lewy bodies	4%	2,590
Frontotemporal dementia	2%	1,295
Parkinsons' dementia	2%	1,295
Other	3%	1,943
Total	**100%**	**64,759**

Dementia can be related to other conditions as well as vascular problems and Parkinson's disease. For example early-onset dementia can be linked to learning disabilities and there is a suggestion of increasing levels of alcohol related dementia. While these are not covered in this needs assessment it is important to acknowledge the wide range of specific conditions that are incorporated in overall dementia statistics.

[12] Source: Medical Research Council Cognitive Function and Ageing Study 2005
[13] Source: Alzheimer's Society. Dementia UK. The full report, 2007

4.2 Severity

The severity of dementia is generally categorised as mild, moderate or severe. At any given time about 55% of the population affected will have mild dementia, 32% moderate and 13% severe. However, severity increases with age as the disease progresses. Figure 18 shows the gradient as people grow older.

Figure 18: Percentage of people with mild, moderate and severe late onset dementia by age group[14]

Age Group	Mild	Moderate	Severe
65-69	62%	32%	6%
70-74	63%	30%	7%
75-79	57%	31%	12%
80-84	57%	32%	11%
85-89	54%	33%	13%
90-94	49%	33%	18%
95+	42%	35%	23%

Figure 19 shows there is relatively little variation across PCTs in London, with the proportion having severe dementia ranging from 12.5% to 13.3%. For the full data-set see page 56, figure 54.

Figure 19: Number of people with mild, moderate and severe late onset dementia in London, 2007[15]

Level of severity	Number in London 2007	Proportion of total
Mild	34,528	54.8%
Moderate	20,349	32.3%
Severe	8,143	12.9%
Total	**63,020**	**100.0%**

4.3 Residential status

The living arrangements for people with dementia vary with age, severity and family circumstances. The most common arrangements can be classified as:

- living at home with family (or others)
- living at home alone
- living in a care home (residential or nursing).

It is estimated that 63.5% of people with late-onset dementia live in their own home and 36.5% live in a care home[16]. The proportions change little between ages 65-74 and 75-84 and then alter substantially as shown in figure 20.

[14] Alzheimer's Society. Dementia UK. The full report, 2007
[15] Derived from Dementia UK and GLA populations 2007
[16] Alzheimer's Society. Dementia UK. The full report, 2007

Figure 20: Proportions of people with late onset dementia living at home and in care homes, UK[17]		
Age group	**Percentage living in the community**	**Percentage living in care homes**
65-74 years	73.4%	26.6%
75-84 years	72.2%	27.8%
85-89 years	59.1%	40.9%
90+ years	39.2%	60.8%

The prevalence of dementia is estimated to be 79.9% amongst residents in Elderly Mentally Infirm (EMI) registered homes, 66.9% in nursing homes and 52.2% in residential homes[18].

Most people with critical or substantial needs will be living in nursing homes but the majority of residents in both nursing homes and residential care have some level of dementia.

Nationally, the demand for residential care shows some signs of falling due to:

- Increases in numbers of people with severe dementia, especially those with palliative care needs.
- More stringent local council eligibility criteria.
- Expansion of primary and community care and support services. including assistive technology and Telecare.
- Residential care being 'replaced' by extra care sheltered housing[19].

Taking the overall figure of 36.5% of people with late onset dementia living in a care home, the following can be estimated:

- Approximately 40,000 people with dementia in London live in the community.
- Approximately 23,000 people with dementia in London live in a care home.

Residential circumstances will vary across London and there is an uneven distribution of care homes registered to accept older people with dementia. The range of provision is set out in figure 21. The full data-set is available on page 57, figure 55. In general there is a greater concentration of places in the outer London boroughs compared to those in inner London. This migration between local authorities is not taken into account in the prevalence estimates cited elsewhere in this report and suggest that:

- Some inner London boroughs may have fewer people with severe dementia living within their borders and may have lower demands on local services.
- Some outer London boroughs may have more people with severe dementia living within their borders and may have greater demands on local services.

[17]Alzheimer's Society. Dementia UK. The full report, 2007
[18] Ibid.
[19]London Centre for Dementia Care. London Borough of Sutton Older people with dementia service redesign, 2008

Figure 21: Range of provision of care home places registered for dementia by PCT, per 100 population aged 65 and over, 2005/06[20]		
Relative position	**PCT**	**Care home places registered for dementia per 100 aged 65+**
Highest	Barnet	3.6
	Kingston upon Thames	2.8
	Waltham Forest	2.6
	Hammersmith & Fulham	0.4
	Westminster	0.3
Lowest	Kensington & Chelsea	0.2

There are approximately 12,500 care home places registered for people with dementia in London. Given that are an estimated 23,000 people with dementia living in care homes in London, it appears that about half of those people are living in a home that is not specifically registered for dementia care. This assumes that the proportion of Londoners with dementia living in care homes is similar to the national average and does not take account of cross-border flows. For the full data-set see page 57, figure 55.

4.4 Ethnic groups

Estimates based on the 2001 census suggest that there were 7,566 people from BME groups with dementia in London. The changing nature of London's diverse population means that this will change substantially in future years as those ethnic groups become older. Overall it is estimated that from 2001 to 2021 there will be an increase of some 123% in people from BME groups with late-onset dementia, bringing the total to 16,846. This assumes that age and sex adjusted prevalence rates are similar across ethnic groups; it is possible that some groups who are more prone to hypertension and cardio vascular disease may have a higher rate of vascular dementia.

There is substantial variation across PCTs with many of the outer London boroughs showing a higher rate of growth from a relatively low base. This will require different approaches to service provision across London, with a range of specific needs in relation to services such as day care and peer support. The range between PCTs is shown in figure 22. For the full data-set see pages 58 and 59 for figures 56 and 57.

[20]Commission for Social Care Inspection data quoted in Dementia UK 2008

Figure 22: Percentage increases in the number of people from black and minority groups with dementia by PCT, 2001 to 2021[21]		
Relative position	**PCT**	**Percentage increase in number of people from BME groups with dementia, 2001 to 2021.**
Highest	Barking & Dagenham	619%
	Kingston upon Thames	214%
	Hillingdon	213%
Average	**London**	**123%**
	Lambeth	61%
	Haringey	58%
Lowest	Kensington & Chelsea	48%

4.5 Prevalence in primary care

The Quality and Outcomes Framework (QOF) records from 2007/08 show a total of 23,871 patients have been recorded on GP practice registers as having dementia across London. This equates to about 37% of the total number of people estimated to have dementia in the capital. The proportion of people recorded on GP registers varies widely between PCTs with a range from 25% in Barking and Dagenham to 55% in Islington. For the full data-set see page 60, figure 58.

Figure 23: Range in the number of people recorded on primary care registers as having dementia as a percentage of estimated prevalence of dementia, by PCT 2007/08 [22]		
Relative position	**PCT**	**Primary care recorded dementia, estimated prevalence**
Highest	Islington	55%
	Barnet	52%
	Lambeth	49%
	Newham	49%
Average	**London**	**37%**
	Hammersmith & Fulham	28%
	Hillingdon	27%
Lowest	Barking & Dagenham	25%

While not everyone with dementia would be expected to appear on GP registers, because many would be in the early stages with relatively 'mild' symptoms, the current coverage amounts to just over a third of the population affected. There are many reasons why primary care registers may under-record the level of dementia. These might include factors

[21] Derived from Dementia UK prevalence rates applied to 2001 and 2021 populations
[22] Derived from Quality and Outcomes Framework (QOF) data 2007/08 and estimated prevalence data

relating to the overall level of services and infrastructure of the practice as well as the level of dementia diagnosis and care in each area.

Across London a total of 83% of people with dementia on GP registers, who were eligible to be reviewed by the primary care practice, were reviewed over 15 months to 2007/08. The range was from 77% in Hammersmith and Fulham to 91% in Barking and Dagenham. If exceptions were not excluded the average was 76%. For the full data-set see page 61, figure 59.

In some cases patients may be excluded from indicators such as the proportion of dementia patients reviewed over a 15 month period. There is guidance on exclusions in the QOF, but examples of reasons why some patients could be excluded include:

- Patients who have been recorded as refusing to attend review despite being invited on at least three occasions during the preceding 12 months.
- Patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances. For example, terminal illness or extreme frailty.
- Patients newly diagnosed within the practice or who have recently registered with the practice.
- Patients who are on maximum tolerated doses of medication whose levels remain sub-optimal.

Overall there was a seven percent difference between the proportion of people reviewed with exclusions compared to without exclusions. Relatively large numbers of patients were excluded in some PCTs with a gap between the two rates of 11% in Brent, 12% in Lambeth and 14% in Tower Hamlets.

4.6 Prescribing data

There are a number of drug treatments for cognitive or memory related difficulty in people with dementia and these often form part of a package of care alongside non-pharmacological approaches such as psychological therapies. However, none of the medications in the market are highly effective and at best modify symptoms rather than modifying the course of the illness. This information needs to be interpreted, but it is important to remember that dementia is a progressive condition, and 'no change' over time might itself constitute disease modification. Cholinesterase inhibitors are the most common group of 'anti-dementia' medication prescribed. These are, however, often discontinued due to side effects such as gastro-intestinal problems, incontinence, anxiety and agitation.

The main dementia drugs

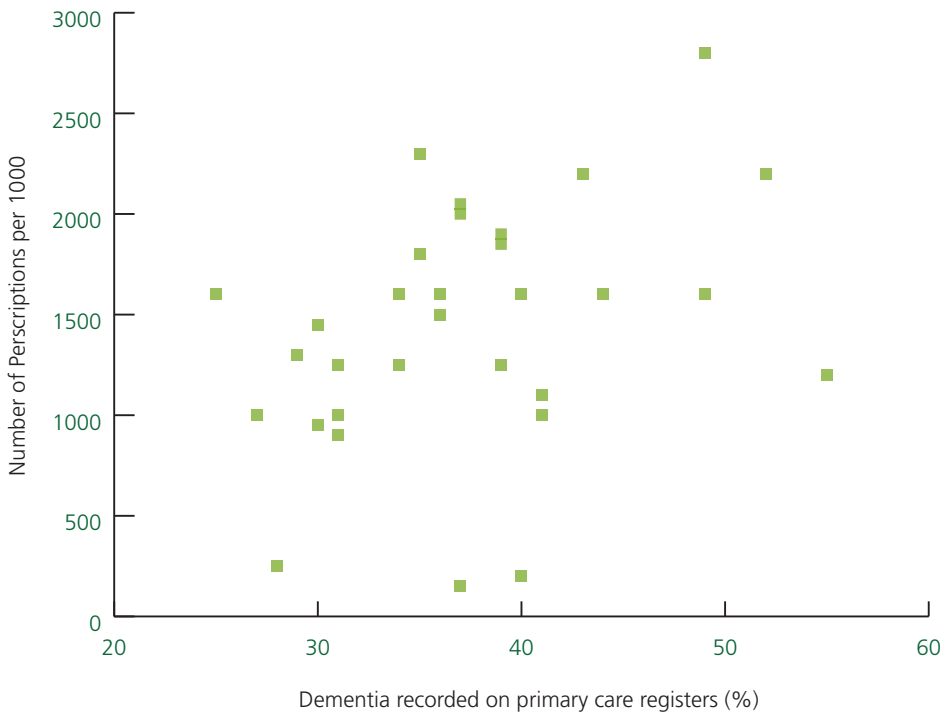
- Donepezil comprises more than half the prescriptions in all London PCTs. It is quoted to have 13 Randomised Controlled Trials (RCTs), among which six have demonstrated benefit compared to placebo according to NICE (2007). Higher dose 10mg was associated with better effect. The British Medical Journal (BMJ) evidence base (December 2008) concluded: 'Donepezil improves cognitive function and global state over two years' (from two systematic reviews-pooled data). There is a lack of evidence regarding efficacy through well-controlled trial for long-term use though there are anecdotal reports of ongoing benefit. There is little evidence to support that it is not effective in the long-term.
- Galantamine is the newest Cholinesterase inhibitor, but is the second most commonly used across London. Its use is less consistent and it is not commonly prescribed in certain PCTs (e.g. Southwark and Islington). Six out of seven RCTs mentioned in the NICE 2006 guidelines found efficacy in cognitive functions, however trials are shorter duration. BMJ evidence base is for efficacy for six months.
- Rivastigmine has a high NNT (number needed to treat in order to produce a successful outcome in one patient) – i.e. its effectiveness is relatively low. It has a high risk of side effects and, according to BMJ Clinical evidence base 2008, is a 'trade-off' between risk and benefit. Effect sizes for Rivastigmine are also lower than for Donepezil and Galantamine, though it is efficacious in improving cognitive symptoms in Alzheimer's, and in trials had been effective in treating Dementia with Lewy Bodies. It is recommended by the NICE guidelines and is used in almost all London PCTs, but only given as a second choice in a few.
- Memantine has a British National Formulary (BNF) license for moderate to severe dementia, but is not recommended by NICE apart from 'well structured clinical trials'. There is an evidence base for efficacy in Alzheimer's and vascular dementia and is graded below Donepezil and Galantamine, but above Rivastigmine in the BMJ Clinical Evidence base assessment December 2008. It is also known to have an effect on non-cognitive symptoms as well. It is used in all London PCTs, and in some as the third choice.

Analysis of prescribing data shows that over 90,000 prescriptions of dementia-related drugs were made in London in 2007/08 at a cost of £5.7 million. This equates to 1406.9 prescriptions per 1000 people estimated to have dementia and the range between PCTs is shown in figure 24. For the full data-set see page 62, figure 60.

Figure 24: Range in prescriptions for dementia related drugs per 1000 estimated people with dementia, by PCT 2007/08[23]		
Relative position	**PCT**	**Prescriptions for dementia related drugs per 1000 estimated people with dementia**
Highest	Lambeth	2769.5
	Tower Hamlets	2369.8
	Lewisham	2146.8
Average	**London**	**1406.9**
	Hammersmith & Fulham	291.5
	Croydon	236.8
Lowest	Ealing	200.0

There are considerable differences between total prescribing levels across London's PCTs. The relationship between prescriptions and the numbers of people with dementia on primary care registers has been examined and is illustrated in figure 25.

Figure 25: Relationship between the number of prescriptions for dementia related drugs and numbers of people with dementia on GP registers, London PCTs 2007/8[24]



[23] Healthcare for London, drawn from NHSBSA and EPACT (Prescription Pricing Authority)
[24] DH QoF data 2007/08 and EPACT

More detailed data indicates that the pattern of prescribing individual drugs varies between PCT areas. Some of the variation could be explained by differences in the quantities of each drug per prescription. The average cost per prescription varies by 2.4 times across PCTs, but this variation is overshadowed by the 13-fold difference in the total number of prescriptions made per 1000 people with dementia.

More analysis would be needed before firm conclusions could be drawn but some reasons for the disparity may include:

- Variations in local drug protocols and practices (due to factors such as the changing evidence base, varying perceptions/opinions regarding the drugs and the existence of multiple guidelines).
- Proximity to research centres and participation in drug trials.
- Differences in the extent to which dementia is identified and confirmed at an early stage.
- Differences in the actual prevalence of dementia in PCTs compared to estimates.

4.7 Social care caseload

A total of 2,945 older people were recorded as having completed social care assessments for mental health problems in 2007/08. This equates to 4.6% of the estimated prevalence of people with dementia across the capital. There is significant variations between PCT areas, with a range from 0.8% in Hillingdon and 0.9% in Harrow up to 8.3% in Redbridge and 9.3% in Camden. The position is summarised in figure 26. For the full data-set see page 63, figure 61.

Figure 26: Range of completed assessments for people aged 65+ with mental health problems as a proportion of estimated numbers with dementia, 2007/08[25]

Relative position	PCT	People aged 65+ having completed assessments in the mental health client group as a % of the number with late onset dementia
Highest	Camden	9.3%
	Redbridge	8.3%
	Islington	7.7%
Average	**London**	**4.6%**
	City & Hackney	1.1%
	Harrow	0.9%
Lowest	Hillingdon	0.8%

[25]Derived from Department of Health return A1.1d and prevalence data in figure 53

Of these assessments for mental health problems about half (1,575) were specifically reported as dementia. This equates to 2.4% of the estimated prevalence of dementia across London. The figures for PCT areas vary even more widely with seven boroughs (Barking and Dagenham, City, Hackney, Croydon, Hillingdon, Kensington and Chelsea and Lewisham) reporting no dementia assessments while three boroughs (Brent, Bromley and Redbridge) reported that all of their mental health assessments related to dementia.

There may be differences in the way that social services departments record the client group of assessments (e.g. whether they are mental health or physical frailty and how specific they are in reporting dementia), but the variations across London are striking and may merit further investigation.

A total of 13,880 people aged 65 and over in London were receiving social care for mental health problems in 2007/08. This equates to 22% of the estimated number of people with late-onset dementia. Figure 27 provides PCT figures and is intended to give a broad indication of possible variation in service provision across the capital. They are not a direct indication of access or levels of care and should be treated with caution because:

- There may be differences in the way that people are assigned to a client group. For example, some people with dementia and physical disabilities may be counted under physical disabilities/frailty rather than mental health.
- The figures will include people aged 65 with other mental health problems as well as dementia.
- The figures will exclude people who fund their own care.

Nevertheless, whether due to differences in recording, caseload or service provision, there are marked variations across London. For the full data-set see pages 63, 64, figures 61, 62.

Figure 27: Range of numbers of people aged 65+ receiving social care for mental health problems as a proportion of the population with late onset dementia[26]

Relative position	PCT	People aged 65+ receiving social care for mental health problems as a % of people with late onset dementia
Highest	Camden	49%
	Bromley	42%
	Islington	41%
	Westminster	41%
Average	**London**	**22%**
	Harrow	10%
	Lewisham	7%
Lowest	Hillingdon	5%

[26] Department of Health return RAP P1.1c 2007/08

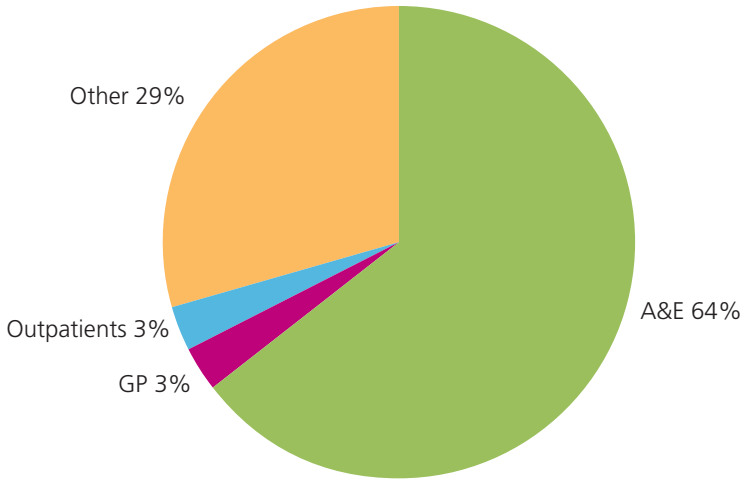
4.8 Dementia in general hospitals

The overall trend in emergency hospital admissions for people with a main diagnosis of dementia in London is summarised in figure 28. This covers all hospitals and suggests that admissions fell by 19% over a four year period. There was a smaller reduction (11%) in the number of bed days occupied by people with dementia.

Figure 28: Emergency hospital admissions and bed days for dementia, London SHA 2003-2004 to 2006/07[27]

Year	Emergency hospital admissions	Emergency hospital bed days
2003/04	1448	76,484
2004/05	1334	72,848
2005/06	1326	64,323
2006/07	1315	61,784

Figure 29: Source of emergency admissiong to Dementia, London SHA 2006/2007[28]



The sources of the admissions for 2006/07 are shown in figure 29. Almost two thirds of them came through Accident and Emergency departments.

Dementia is rarely the main reason for admission but it may be recorded as a second, third or other diagnosis. People with dementia may be more likely to be admitted for other clinical reasons and when they are in hospital would need particularly vigilant care.

Figure 30 shows the number of people with a main diagnosis of dementia. Figure 31 provides data for people admitted with either a main or any other diagnosis of dementia. Across London the latter group contains over seven times the number of patients in the former group –17,108 patients compared to 2,326 patients. For the full data-set see pages 65, 66, figures 63,64.

[27] Source: Department of Health Disease Management Information Toolkit
[28] Ibid.

Figure 30: Range of admission rates for people admitted to hospital with a main diagnosis of dementia, per 1000 residents estimated to have dementia by PCT, 2007/08[29]		
Relative position	**PCT**	**People admitted to hospital with a main diagnosis of dementia per 1000 population with dementia**
Highest	Tower Hamlets	95.7
	Waltham Forest	79.5
	City & Hackney	74.2
Average	**London**	**36.0**
	Enfield	17.0
	Harrow	15.7
Lowest	Barnet	14.8

Figure 31: Range of admission rates for people admitted to hospital with any diagnosis of dementia, per 1000 with dementia by PCT, 2007/08[30]		
Relative position	**PCT**	**People admitted to hospital with any diagnosis of dementia per 1000 population with dementia**
Highest	Newham	383.8
	Waltham Forest	374.2
	Islington	348.7
Average	**London**	**264.9**
	Brent	188.1
	Harrow	175.7
Lowest	Bexley	158.4

[29] HES 2007/08 and dementia prevalence estimates 2007
[30] Ibid.

Figure 32: Main diagnoses of patients who were admitted to hospital with a second diagnosis of dementia, London 2007/08[31]		
ICD code of primary diagnosis	**Description**	**Number of patients with a secondary diagnosis of dementia**
N39	Other disorders of urinary system	545
J18	Pneumonia, organism unspecified	356
S72	Fracture of femur	278
J22	Unspecified acute lower respiratory infection	244
R54	Senility	169
J69	Pneumonitis due to solids and liquids	139
R55	Syncope and collapse	116
S01	Open wound of head	82
I63	Cerebral infraction	79
J44	Other chronic obstructive pulmonary disease	75
Total (top ten only)		**2083**

A further analysis was carried out to look at people who had dementia recorded as a second diagnosis. There were 4,812 such patients recorded across London in 2007/08 and their main diagnoses covered a wide range of conditions. The top 10 of these are listed in figure 32 to give an indication of case mix but should be seen as a general guide only. For example, there will be more patients with conditions such as Chronic Obstructive Pulmonary Disease (COPD) or pneumonia who are not included in the specific diagnostic code that falls within the top 10.

Almost all (98%) of the 2,083 patients shown at figure 32 were admitted on an emergency basis, with one per cent being elective admissions and one per cent being transfers of patients already admitted. The age breakdown is very heavily weighted towards the older groups with:

- 90% aged 75 and over
- 52% aged 85 and over
- 25% aged 90 and over.

The above analysis is drawn from Hospital Episode Statistics (HES) data and relies on the accurate recording of all diagnoses in the hospital setting. The level of recording of additional diagnoses can vary between services and there can also be differences in the specific ICD-10 diagnoses used. The above statistical data should be seen as a general picture and a more detailed review of records may reveal differences at the local level.

[31] HES 2007/08

A more in-depth exercise has been carried out in Lincolnshire which involved a survey of patients in orthopaedic and medical beds[32]. The survey found across all of these beds in the area a diagnosis of dementia was found in 13% (111 out of 863) of patients. Looking at orthopaedic and medical beds in acute hospitals only, the proportion with dementia was 10% (65 out of 667). The report concluded that this high proportion reflects the fact that people with dementia are likely to have co-morbidities that raise the risk of hospital admission. Once in hospital they may stay for longer as a result of the effect of dementia in delaying recovery from physical illness and the increased complications in arranging discharge.

[32]Balance of Care Group/National Audit Office. 'Identifying alternatives to hospital for people with dementia – report of findings'. BOCG/NAO 2007

5 Spending on dementia

The economic costs of an illness can be calculated in different ways and can be hard to describe accurately. Costs can be direct or indirect, can be calculated from different perspectives (for example, the NHS, the public sector or society as a whole), and can cover different time horizons.

The cost of dementia is substantial and it has been reported that the direct costs of Alzheimer's disease alone exceed the total cost of stroke, cancer and heart disease[33]. One study[34] calculated the direct costs of Alzheimer's disease in the UK to be between £7.1 billion and £14.9 billion in 2000.

The *Dementia UK* report updated some earlier work on the direct care costs associated with dementia and calculated a figure of £17.03 billion per annum for the UK in 2005/06. This equated to an average cost per person with dementia of £25,472 per annum. This only includes the cost of service provision and does not include the wider economic costs associated with issues such as lost employment and taxation and welfare benefits.

The service costs are summarised in figure 33 and illustrate the increasing costs associated with higher levels of severity. However the level and distribution of cost alters substantially when people move from the community into a care home setting.

Costs in London are likely to be higher than those listed above because of higher salaries, estates and transport. The 'London effect' will vary for each component, but some examples of additional staff costs are given below:

- Social worker salary: 10% extra in London.
- Approved social worker (mental health): 20% extra in London.
- Local authority day care (mental health) revenue cost: 30% higher in London.
- Community nurse salary: 19% extra in London[35].

Additional costs would also be incurred as a result of high staff turnover and use of agency staff in some areas. Non-pay revenue costs and capital costs also tend to be higher in London than elsewhere in the country.

[33] National Institute for Health and Clinical Excellence. Dementia Costing Report – implementing NICE SCIE guidance in England, 2006

[34] Lowin et al. Alzheimer's disease in the UK: comparative evidence on cost of illness and volume of health services research funding, 2001

[35] Personal Social Services Research Unit 2008

Figure 33: Annual costs of services used by people with late onset dementia (per person), 2005/06[36]				
Service	**Mild**	**Moderate dementia, community**	**Severe dementia, community**	**Dementia in residential care setting**
NHS	£2508	£2430	£2639	£1334
Social services	£4935	£6224	£7738	£378
Informal care	£9246	£17,223	£27,096	£938
Accommodation	£0	£0	£0	£28,646
Total cost	**£16,689**	**£25,877**	**£37,473**	**£31,296**

[36] Dementia UK, 2007

6 Service requirements

6.1 National requirements

The *National Dementia Strategy* sets out a range of requirements to improve dementia services across the country. The following is a brief summary of the key points under each of the three main headings used in the strategy.

Raising awareness and understanding

The strategy recommends a national public information campaign to change awareness and understanding about dementia. The strategy is less prescriptive about actions at a local level, though it does suggest services could deploy targeted information campaigns and strategies to increase levels of understanding and to build supportive social networks in communities.

Early diagnosis and support

The strategy recommends the commissioning of a good-quality service, available locally, for early diagnosis and intervention in dementia, which has the capacity to assess all new cases occurring in that area. This needs to be followed by the distribution of good-quality information sets about dementia and the services available locally.

To enable easy access to care, support and advice following a diagnosis of dementia, the strategy recommends the commissioning of a dementia care adviser. The dementia care adviser is to provide a point of contact for people with dementia and their carers throughout the illness and be able to sign-post them to further information about dementia and the support services available.

The strategy also recommends the development of structured peer support and learning networks for people with dementia and their carers.

Living well with dementia

There are seven key objectives outlined in the strategy to improve services to help people live well with dementia:

- The strategy outlines the need for improved community personal support services. These need to be flexible and reliable, ranging from early intervention services to specialist home care services. Best practice models are to be implemented after a sufficient evidence base for effective specialist services is established.
- To support carers, the strategy outlines the need for services to assess the needs of carers and to support them in their role. There is a strong emphasis on the need for good-quality personalised breaks and day services.
- To improve the quality of care in general hospitals the strategy recommends identifying leadership for dementia in general hospitals, defining the care pathway for dementia there, and the commissioning of specialist liaison older people's mental health teams.

- The strategy also makes it implicit that people with dementia should have access to intermediate care. For those with severe dementia, the strategy suggests that more specialist services may be needed to meet their mental health needs as well as their physical rehabilitation needs.
- To promote independent living and delay the reliance on more intensive services, the strategy recommends that commissioners consider the needs of people with dementia and their carers in the development of housing options, assistive technology and Telecare.
- In care homes, the commissioning of specialist in-reach services from older people's community mental health teams (OPCMHT) and other in-reach services is required. Improved quality is also to be achieved from the development of explicit leadership for dementia within the care home, defining the care pathway within the home, and thorough inspection regimes.
- Improved end-of-life care is to be achieved by people with dementia and their carers having access to services that recognise the principles in the Department of Health's End of Life Care Strategy.

There is also a need to ensure that people with dementia have access to services relating to their physical health in order to ensure improved dignity and quality of life. Some of the key aspects of physical health that can be particularly important are:

- oral hygiene/dental care
- eye sight and eye care
- hearing aids
- foot care/nails
- feeding – Speech and Language Therapist (SaLT) assessment
- dietician support (especially when oral intake is affected by changes in taste perceptions and poor motivation)
- pain management
- continence
- infections (especially urinary tract infections/chest infections)
- constipation (often related to deterioration of behavioural symptoms)
- falls. For example, falls assessment at time of admission; prevention; review of medications; hip protectors, treatment of head injuries).

6.2 Intervals of care

The concept of intervals of care[37] provides a framework for assessing the different levels of care required for people with dementia. The framework is summarised in figure 34 which also shows the numbers of people affected across London. For the full data-set see page 68, figure 66.

Figure 34: Interval of care for people with dementia, with figures for London 2007[37]

Care interval description	Requirement	Proportion of people with dementia	Number in London 2007
Critical (critical interval)	Constant care or supervision needed	34%	22,179
Substantial (short interval)	Care needed at regular intervals during the day, for dressing, meals etc	48%	31,312
Moderate (long interval)	Care needed once a week	11%	7,176
Low (independent)	Care considered	6%	3,914
Total		**100%**	**64,580**

The following descriptions of the interval of care groups has been taken from a recent dementia needs assessment in a south London borough[38]:

- **Critical care needs** – likely to have severe dementia, functional disability and co-morbid conditions and will need constant care. They are likely to be aged over 80 (the majority over 85) and consist largely of white British women. Whilst approximately 50% may live independently especially those with informal support, most are likely to be living alone with intensive packages of care. A number will have palliative care needs and meet the criteria for admission to care and to level one continuing care. About half will be in care homes.
- **Substantial needs** – need care at regular intervals in order to manage independent living. This group is likely to aged over 80 with some aged up to 84 and include as many white British men as women, and some people from BME groups. Those with severe behavioural and psychological symptoms of dementia without access to informal care are likely to be at most risk of admission to care, particularly individuals who are mobile, although many in this group are likely to have functional disabilities and co-morbid illnesses. More people will have collocated carers and are more likely to be living in their own homes and supported by a range of services to meet the troughs and peaks of their condition and support carers. However, about one third will be living in a care home.
- **Moderate needs** – lower levels of functional disabilities and co-

[37] Adapted from London Centre for Dementia Care 2008 and GLA populations 2007
[38] London Centre for Dementia Care. London Borough of Sutton – older people with dementia service redesign, 2008

morbid illness with long interval needs and care needed once a week. This is likely to be a group aged over 74 years old, this group will also have more white British men, more people from BME communities, many more people with family carers. Some 26% will nevertheless be living in a care home.

- **Low needs** – given current barriers to assessing dementia this group may well be larger. It will consist of people who have been brought to the attention of primary or community care services, but whose memory deficits might not yet be causing problems in activities in daily living. This group aged between 65 and 74 will consist of more white British men than women, and more people from BME communities. Almost all of this group will be living with family carers or independently at home.

6.3 Early diagnosis and intervention

The following model for the health economics of early diagnosis and intervention includes:

- establishment of a national network of memory services
- support for existing community mental health teams for older people
- enhancement of social care services for older people with mental health problems[39].

The indicative additional resources modelled for a PCT with a population of 50,000 people aged 65+ are shown in figure 35.

Figure 35: Indicative additional resources modelled for a PCT with a population of 50,000 people aged 65+[40]

Service	Indicative staff requirement for 50,000 people aged 65+	Cost
Memory services (five day a week service with 600-800 referrals a year)	1.5 wte doctors 3.0 wte nurses 1.0 wte psychologist 2.0 wte care managers 1.0 wte occupational therapist 1.5 wte administrators	£600,000 pa for an average PCT £95 million pa nationally.
Support for existing CMHTs for older people	0.5 wte doctors 2.0 wte nurses 1.0 wte psychologist 2.0 wte care managers 1.0 wte occupational therapist 1.0 wte administrator	£460,000 pa for an average PCT £70 million pa nationally.
Enhancement of social care services for older people with mental health problems	7.0 wte care managers	£360,000 pa for an average local authority with adult social services responsibilities £55 million pa nationally.

More support in the community has been found to improve quality of life and delay or prevent admission to care homes. Their economic modelling deals with the uncertainty about the exact impact by employing a range of possible scenarios. These assume that reductions in care home admission would start in the fourth year of the intervention and would amount to a six per cent, 10% or 20% reduction in admissions over a 10 year period.

The cost of the intervention would be an additional £220 million per annum nationally, equivalent to £265 million per annum by year 10.

[39] Banerjee S and Wittenberg R. The clinical and health economic case for early intervention services in dementia in Department of Health Transforming the quality of dementia care: Consultation on a national dementia strategy, 2008
[40] Ibid.

Assuming a medium (10%) reduction in care home admissions by that time there would be annual savings of £120 million in health and social care expenditure and £125 million in private expenditure (service users and their families). This amounts to a (gross) societal saving of £245 million per annum by year 10.

The net cost to the public sector needs to be judged against the quality of life gained by service users and their carers. A pilot memory service in Croydon has found a statistically significant improvement in quality of life (four per cent) and the authors judge that only a relatively small improvement in quality of life would be needed to make the early diagnosis intervention service cost effective in relation to the standards used by NICE and others.

Across London there are currently some 861,810 people aged 65 years and over (GLA 2007). The following table shows the scaled up staff requirement if the above Banerjee and Wittenberg model were to be applied across the capital. The actual requirement could clearly vary according to the service model in place and the size of individual services.

Figure 36: Indicative staff requirements for early diagnosis and intervention services for dementia for the London population[41]

Service	Indicative staff requirement for London 2007.
Memory services (five day a week service with 600-800 referrals a year)	25.8 wte doctors 51.6 wte nurses 17.2 wte psychologists 34.4 wte care managers 17.2 wte occupational therapists 25.8 wte administrators
Support for existing CMHTs for older people	8.6 wte doctors 34.4 wte nurses 17.2 wte psychologists 34.4 wte care managers 17.2 wte occupational therapists 17.2 wte administrators
Enhancement of social care services for older people with mental health problems	120.4 wte care managers

[41] Derived from Banerjee and Wittenberg 2008 and GLA population data for 2007

6.4 Requirement for memory services

Memory services are a key national service requirement for dementia. They aim to provide earlier and more accurate diagnoses, with subsequent referral to appropriate and effective services at an earlier stage in the condition.

The potential benefits of memory services are said to include:

- Providing a cost-effective way of significantly increasing the number of people seen for early diagnosis and intervention
- Reducing total care expenditure by delaying the time to nursing home admissions and other costly outcomes
- Breaking down the stigma of dementia and potential barriers to recognition/diagnosis, and reducing refused referrals
- Improving the quality of life of people with dementia and their carers by promoting and maintaining the independence, including mobility, or people with dementia for as long as possible
- Improving performance and patient-centred clinical care through implementing the recommendations outlined in NICE-SCIE clinical guidelines CG42 on dementia
- Reducing inequalities and improving access to appropriate treatment and support
- Increasing patient choice and improving partnership working, patient experience and engagement
- Better value for money, through helping commissioners to manage their commissioning budgets more effectively – this may include opportunities for commissioners to undertake local service redesign to meet local requirements in novel ways[42].

Audit data from NICE 2009 on two current memory services reveal the diagnostic profile of people using the service. The proportion of service users who were found to have dementia was 65% in Croydon and 43% in South Manchester. The other most common conditions found were mild cognitive impairment (17% and 37% respectively) and depression (4% and 14% respectively).

The minimum requirements for memory services in London have been modelled using a tool developed by NICE. The results are set out in figure 37. The costs are based on salaries for consultants, nurses and administrative staff together with expenditure on diagnostics and other revenue costs. They are at national levels and would thus under-represent the costs of delivering such a service in London. The figures are based on a population of 1,166,000 people aged 60 and over in London, with the 'average' London PCT having 37,600 people in that age group. For the full data-set see page 69, figure 67.

[42] www.nice.org.uk

Figure 37: Minimum requirement for memory assessment services in London based on current (2007) population[43]		
Requirement	**London 2007**	**Average London PCT 2007**
New patients	10,609	343
Clinic attendances	53,045	1,715
Clinic sessions	13,262	429
Revenue cost (pa)	£18,269,000	£592,000

Figure 37 demonstrates a minimum service based on current referral levels. However, delivery of appropriate memory services to meet local needs will require a greater level of resource because:

- Many people are not formally diagnosed at present.
- The goal is to identify and intervene at an earlier stage.
- The prevalence of dementia is increasing.
- Costs in London are greater than national levels.
- The nature of London's population may require additional inputs such as outreach and interpreting services.

The memory tool is based on a particular model for memory services and it should be recognised that actual provision may need to vary according to local requirements and overall patterns of dementia care in each area. Examples might include the provision of specialist dementia nurses or GPs with a special interest in dementia.

6.5 Services for carers

Most carers are spouses of a similar age as the person with dementia; many will also have some degree of age related impairment or be in poor health. Where spouse care is not available, daughters or other female kinare often involved[44].

Dementia can have a devastating effect on family relationships and in particular on the psychological stress, depression and physical strain experienced by the primary carers. This often increases as the dementia progresses and one study[45] found that the number of hours of informal care required increased sharply as follows:

- People with normal cognition received an average of 4.6 hours per week informal care.
- People with mild dementia received an average of 13.1 hours a week.
- People with moderate dementia received an average of 39.4 hours a week.
- People with severe dementia received an average of 46.1 hours a week.

[43] Derived from GLA population estimates and NICE modelling tool

[44] London Centre for Dementia Care. London Borough of Sutton – older people with dementia service redesign, 2008

[45] Langa KM et al. National estimates of the quantity and cost of informal care giving for the elderly with dementia. Journal of General Internal Medicine, 16(11):770-78, 2001

These figures are likely to understate the support provided by carers as, for example, it is unlikely to cover the long hours required to be spent with someone with severe dementia although not physically carrying out specific caring tasks.

Nevertheless, family care often enables people with dementia to continue to live at home for a longer period of time. Overall those living with a family carer have been found to be 20 times less likely to be admitted to long-term care[46]. Older people with dementia were more likely to move into a care home if they were frequently active at night, immobile or had difficulty walking, incontinent, being cared for more than 16 hours a week and where the primary carer was female[47].

Support for family carers has been recognised as a crucial element in services for people with dementia in the *National Dementia Strategy.* The needs of carers are further detailed in a national carer's strategy published in 2008[48].A report on short breaks for carers of people with dementia by Care Services Improvement Partnership (CSIP)[49] suggests there is only a limited body of evidence on short breaks but research suggests that:

- there is still limited access to short breaks
- there is insufficient choice, with a particular need to focus on in-home care and affordability
- the range of services available in many areas does not reflect the diversity of the population it is commissioned for
- short breaks cannot be seen in isolation from other services supporting people with dementia.

There is a range of different models of short break that can include:

- day care
- support provided in the person's own home
- overnight care away from home
- host family care
- adult placements
- emergency breaks.

The report includes a set of principles that should govern provision of short breaks, and provides examples of good practice. It is important that this should be seen as part of a wider package of support for carers.

[46] Banerjee S et al. Predictors of institutionalisation in people with dementia. Journal of Neurology Neurosurgery and Psychiatry. 74:1315-1316, 2003

[47] Eaker ED. Predictors of nursing homes admission and/or death on incident Alzheimer's disease and other dementia cases compared to controls: a population based study'. Journal of Clinical Epidemiology 55:462-468, 2002

[48] Department of Health. Carers at the heart of 21st century families and communities – a caring system on your side, a life of your own, 2008

[49] Care Services Improvement Partnership. Creative models of short breaks (respite care) for people with dementia, 2008

7 Future need

7.1 London projections

The number of people with dementia will increase as the population ages. It is suggested that the total number of people affected in the UK will increase by 38% from 2005 to 2021 and by 154% to 2051[50]. London will also be affected by this increase, but probably at a different rate. Figure 38 shows the projected overall increase in the numbers of people with dementia across London as a whole according to Dementia UK.

Figure 38: Projected increase in the numbers of people with dementia in London by gender and age group, 2005 to 2021[51]

Gender	Age group	Number with dementia 2005	Number with dementia 2021	Percentage increase
Male	30-64	855	1134	33%
	65-75	4912	5529	13%
	75+	15009	20241	35%
	Total	**20776**	**26904**	**29%**
Female	30-64	657	801	22%
	65-75	3981	4691	18%
	75+	32301	33541	4%
	Total	**36939**	**39033**	**6%**
Persons	30-64	1513	1935	28%
	65-75	8893	10220	15%
	75+	47310	53781	14%
	Total	**57716**	**65937**	**14%**

The above figures suggest:

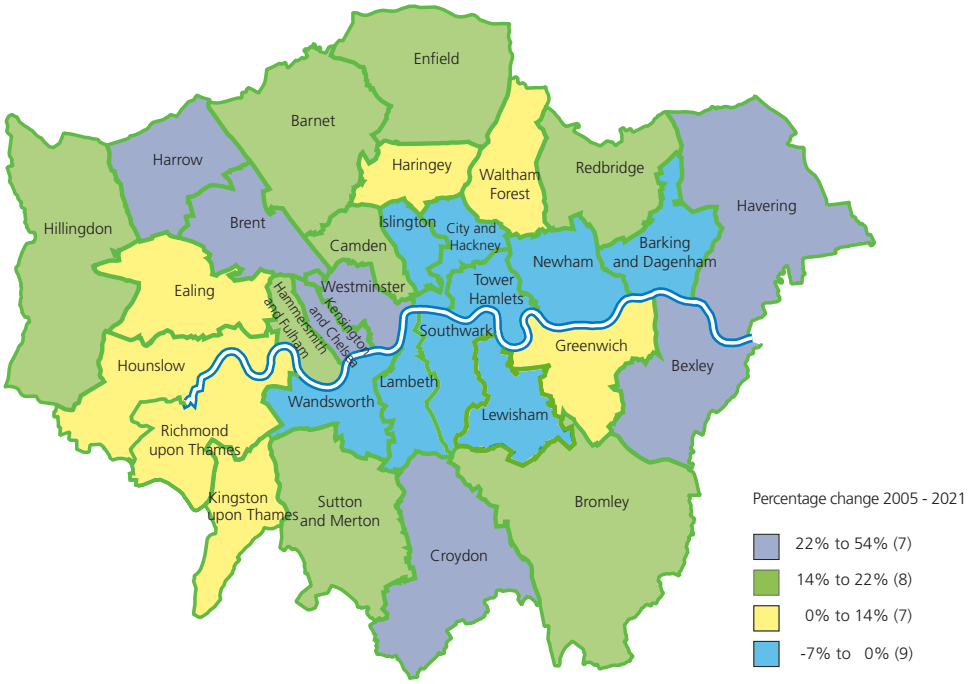
- There will be a 14% increase in the numbers of people with dementia in London over the 16 year period.
- The proportion of people with dementia who are female will reduce from 64% in 2005 to 59% in 2021.
- The proportion of people with dementia who are aged 75 and over will remain at 82%.
- The largest increase will be in males aged 75 and over (5232 or 35% more).

PCT-level projections from Dementia UK are shown in figure 38 and 68. The range of projections by PCT is shown in figure 39, indicating a very diverse picture from a decrease in some PCTs to an increase of over 50% in Kensington and Chelsea.

[50] Alzheimer's Society. Dementia UK, The full report, 2007
[51] Ibid.

Figure 39: Range of projected increases in numbers of people with dementia by PCT, 2005 to 2021[52]		
Relative position	**PCT**	**Percentage increase in number of people with dementia, 2005 to 2021.**
Highest	Kensington & Chelsea	+54%
	Westminster	+32%
	Bexley	+28%
Average	**London**	**+14%**
	Tower Hamlets	-2%
	City & Hackney	-6%
Lowest	Barking& Dagenham	-7%

Figure 40: Projected increases in numbers of people with dementia by PCT, 2005 to 2021[53]



[52] Ibid.
[53] Ibid.

The Dementia UK projections were quoted in the *National Dementia Strategy* and were calculated by applying census prevalence rates to Office of National Statistics (ONS) population projections. However, the use of other population projections produces different results and two alternative scenarios should also be considered:

- Projections of dementia by POPPI using more recent ONS population projections than those used in Dementia UK.
- Projections of dementia calculated by Healthcare for London for this Needs assessment project using GLA population projections.

Figures 41, 42 and 43 show the difference between these alternative futures. The tables include an annual rate of increase to compensate for the reasons that the different projections are based on slightly different time horizons. The different projections are illustrated in figure 44.

Figure 41: Total numbers of people with early onset dementia in London using different sets of projections

Source of projection	Current number with early onset dementia (year)	Projected number with early onset dementia (year)	Average annual increase: number (and %)
Dementia UK	1513 (2005)	1935 (2021)	26 (1.7%)
PANSI	1580 (2008)	1888 (2020)	26 (1.6%)
HfL using GLA	1560 (2007)	1863 (2021)	22 (1.4%)

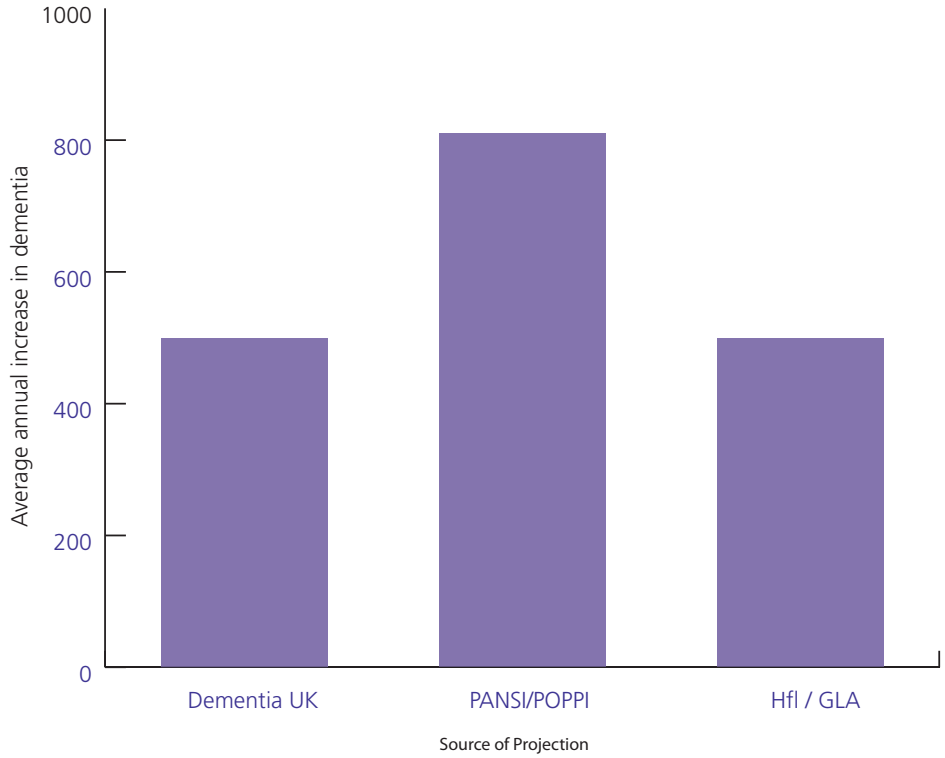
Figure 42: Total numbers of people with late onset dementia in London using different sets of projections

Source of projection	Current number with late onset dementia (year)	Projected number with late onset dementia (year)	Average annual increase: number (and %)
Dementia UK	56,203 (2005)	64,001 (2021)	487 (0.9%)
POPPI	63,560 (2008)	73,237 (2020)	806 (1.3%)
HfL using GLA	63,019 (2007)	69,684 (2021)	476 (0.8%)

Figure 43: Total numbers of people with dementia in London using different sets of projections

Source of projection	Current number with dementia (and year)	Projected number with dementia (and year)	Average annual increase: number (and %)
Dementia UK	57,716 (2005)	65,937 (2021)	514 (0.9%)
PANSI/POPPI	65,140 (2008)	75,125 (2020)	832 (1.3%)
HfL using GLA	64,579 (2007)	71,547 (2021)	498 (0.8%)

Figure 44: Annual increases in the numbers of people with dementia according to different projections



It is important that these alternative projections are considered when planning services both across London and at PCT/borough level. Although the PANSI/POPPI projections could be considered an outlier these are in fact based on more recent ONS projections than those in *Dementia UK* and should certainly be considered along with other sources.

7.2 Future service requirements

The above projections are now used to calculate the level of care that might be required in the future. This uses the intervals of care definitions from earlier in the report and applies it to alternative projections of numbers of people with dementia. The results are shown in figure 45.

Figure 45: Interval of care for people with dementia, using alternative projections for London[54]

Care interval description	Requirement	Projection for 2021 (Dementia UK)	Projection for 2020 (PANSI/ POPPI)	Projection for 2021 (HfL/ GLA)
Critical (critical interval)	Constant care or supervision needed	22,645	25,801	24,572
Substantial (short interval)	Care needed at regular intervals during the day, for dressing, meals etc	31,969	36,424	34,689
Moderate (long interval)	Care needed once a week	7,326	8,347	7,950
Low (independent)	Care considered	3,996	4,553	4,336
Total		**65,937**	**75,125**	**71,547**

[54] Adapted from London Centre for Dementia Care 2008 and projections described in section 7.1

Key issues for London 8

While local models of care will need to be based on national guidelines and on evidence of efficiency and cost effectiveness, specific service requirements will vary across the capital. These will be influenced by differences in populations and in service infrastructure between PCT areas.

Population size and composition varies widely. Some PCTs face substantial growth in the numbers of people with dementia while others will see relatively little change. All PCTs will see an increase in the ethnic diversity of their older populations, and many face challenges associated with detecting dementia and providing support for more vulnerable groups.

There appear to be very substantial differences and inequalities in current service provision. These include variations in the recording of people with dementia in primary care registers, in prescribing levels and in social care provision. The number of places in care homes registered to take people with dementia appears to be lower than required and varies hugely across London. This may skew the numbers of people living with severe dementia in particular in some PCT areas, and have implications for the level of community services required at the local level.

Implementation of the *National Dementia Strategy* offers the opportunity to develop more consistent care pathways while taking local differences into account. The size and location of memory clinics, for example, will need to consider the local pattern of health and social care services for older people with mental health problems as well as factors such as the availability of key staff, the critical mass required, cost effectiveness and accessibility for people who may have dementia and their carers.

This needs assessment has painted an overall picture across London using a range of indicators and other evidence of need. It aims to provide some of the foundations for the strategic commissioning of services and sets the scene for more detailed work at the local level.

Appendices

Figure 46

Population pyramid for London (GLA projections 2007)

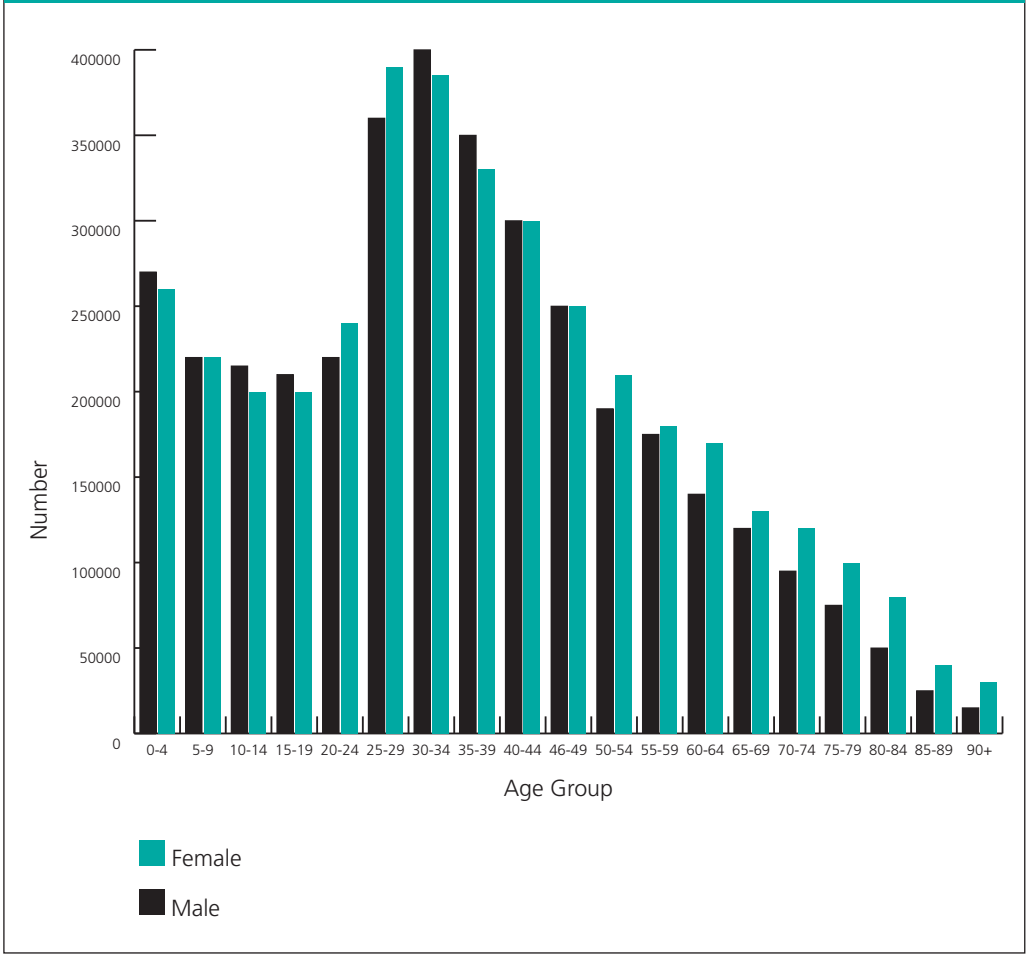


Figure 47

Populations in the older age groups by PCT, 2007					
PCT	**Total population**	**65-74**	**75-84**	**85+**	**% 65+**
Barking & Dagenham	168,040	9902	8330	3119	12.7%
Barnet	324,074	20735	15539	6367	13.2%
Bexley	215,306	16709	11941	4505	15.4%
Brent	274,618	18077	10830	4064	12.0%
Bromley	297,899	22832	17486	7166	15.9%
Camden	202,766	10408	7097	2464	9.8%
City & Hackney	225,539	10364	6650	2467	8.6%
Croydon	330,011	21983	14778	5611	12.8%
Ealing	310,585	18758	12118	4681	11.4%
Enfield	285,142	19244	12888	5033	13.0%
Greenwich	233,202	13405	9579	4134	11.6%
Hammersmith & Fulham	176,056	8806	5718	2256	9.5%
Haringey	226,283	11504	6492	2142	8.9%
Harrow	215,270	14794	10186	4365	13.6%
Havering	226,331	18119	14419	4633	16.4%
Hillingdon	243,965	16642	11481	4527	13.4%
Hounslow	223,535	12964	8266	3140	10.9%
Islington	189,327	9021	5841	1941	8.9%
Kensington & Chelsea	165,649	10146	6658	2796	11.8%
Kingston	152,353	8891	6554	2880	12.0%
Lambeth	283,879	12723	8117	2888	8.4%
Lewisham	260,846	13139	8388	3129	9.5%
Newham	253,661	11352	6425	2439	8.0%
Redbridge	248,679	16053	11383	4660	12.9%
Richmond & Twickenham	180,947	10515	7834	3563	12.1%
Southwark	267,750	12390	8424	3065	8.9%
Sutton & Merton	372,724	24456	17760	7075	13.2%
Tower Hamlets	224,950	9673	6345	2014	8.0%
Waltham Forest	225,958	12942	8347	3413	10.9%
Wandsworth	285,647	13121	8778	3352	8.8%
Westminster	213,951	12168	8383	3047	11.0%
London Total	**7,504,945**	**441837**	**303036**	**116937**	**11.5%**

Source: GLA 2007 projections.

Figure 48

Population aged 65+ from black and minority ethnic groups, by PCT

PCT	Number of people aged 65+ from BME groups 2001	People from BME groups as a % of the total population aged 65+ 2001	Estimated number of people aged 65+ from BME groups 2021	People from BME groups as a % of the total population aged 65+ 2021
Barking & Dagenham	610	2.5%	4018	18.0%
Barnet	4794	10.5%	11982	24.2%
Bexley	994	2.9%	2279	6.7%
Brent	10368	34.3%	22181	58.1%
Bromley	1136	2.3%	3087	6.2%
Camden	2166	10.2%	4185	19.1%
City & Hackney	4778	24.0%	8867	40.9%
Croydon	5218	12.2%	14682	29.7%
Ealing	7614	22.0%	17672	42.8%
Enfield	3212	8.5%	9555	23.7%
Greenwich	1582	5.7%	5551	17.6%
Hammersmith & Fulham	2286	13.2%	3948	22.9%
Haringey	4455	21.0%	6917	33.3%
Harrow	5021	16.8%	13676	43.3%
Havering	583	1.5%	1452	3.9%
Hillingdon	2206	6.5%	7201	20.4%
Hounslow	4206	17.3%	10674	37.9%
Islington	2357	13.1%	3770	22.1%
Kensington & Chelsea	1954	10.1%	3060	14.9%
Kingston	985	5.0%	3332	15.7%
Lambeth	5914	24.0%	9845	38.6%
Lewisham	3706	13.5%	8376	33.6%
Newham	5446	25.0%	14234	62.8%
Redbridge	3809	11.4%	12216	34.3%
Richmond & Twickenham	757	3.2%	1922	8.0%
Southwark	3590	14.2%	9016	32.6%
Sutton & Merton	3531	7.0%	9643	18.1%
Tower Hamlets	4035	22.0%	8330	41.1%
Waltham Forest	3200	12.5%	8726	30.2%
Wandsworth	3955	14.6%	6037	24.5%
Westminster	2583	11.5%	4798	20.3%
London total	**107051**	**12.0%**	**251232**	**26.7%**

Source: 2001 data from ONS Census, 2021 data from GLA 2007 ethnic group projections.

Figure 49

Relative levels of socio-economic deprivation in London by PCT (as measured by the Index of Multiple Deprivation 2007)

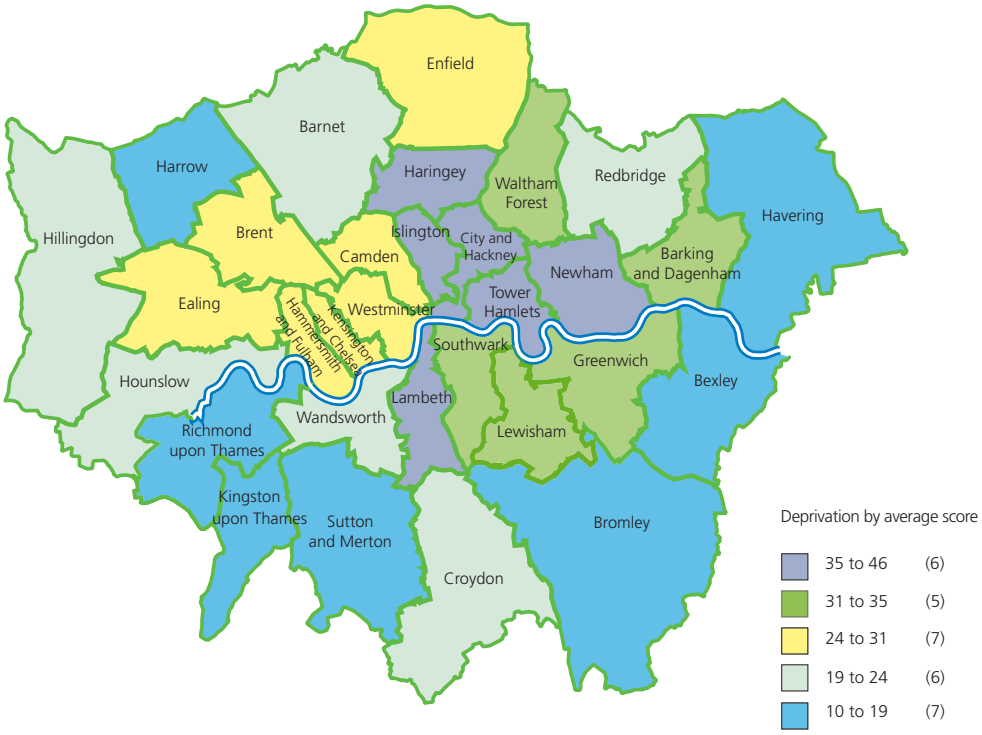


Figure 50

Population aged 65+ living alone in private households, by PCT			
PCT	**Number of people aged 65+ living alone**	**People aged 65+ living alone as a percentage of the total Households**	**People aged 65+ living alone as a percentage of the total population aged 65+**
Barking & Dagenham	10226	15%	42%
Barnet	17180	14%	38%
Bexley	13200	15%	38%
Brent	10859	11%	36%
Bromley	18760	15%	38%
Camden	10894	12%	51%
City & Hackney	10952	12%	55%
Croydon	16626	12%	39%
Ealing	14117	12%	41%
Enfield	14882	13%	39%
Greenwich	12995	14%	47%
Hammersmith & Fulham	9714	13%	56%
Haringey	9519	10%	45%
Harrow	10846	14%	36%
Havering	14306	16%	36%
Hillingdon	12766	13%	38%
Hounslow	9670	12%	40%
Islington	9613	12%	53%
Kensington & Chelsea	11925	15%	61%
Kingston	7996	13%	41%
Lambeth	11817	10%	48%
Lewisham	12245	11%	45%
Newham	10140	11%	46%
Redbridge	12383	13%	37%
Richmond & Twickenham	10490	14%	44%
Southwark	12236	12%	48%
Sutton & Merton	20663	13%	41%
Tower Hamlets	8673	11%	47%
Waltham Forest	11051	12%	43%
Wandsworth	12577	11%	46%
Westminster	12765	14%	57%
London total	**382086**	**13%**	**43%**

Source: Census 2001.

Figure 51

Numbers of people aged 65 and over projected to be living in a care home (with or without nursing) by PCT 2008 to 2025					
PCT	**2008**	**2010**	**2015**	**2020**	**2025**
Barking & Dagenham	448	440	425	415	440
Barnet	2129	2195	2376	2633	3028
Bexley	627	645	715	787	906
Brent	448	457	510	564	631
Bromley	1589	1628	1791	1971	2257
Camden	183	188	204	218	250
City & Hackney	265	266	279	283	315
Croydon	1412	1459	1589	1760	2024
Ealing	1049	1120	1269	1406	1583
Enfield	1014	1040	1113	1217	1386
Greenwich	754	760	788	828	927
Hammersmith & Fulham	188	191	202	216	238
Haringey	335	336	353	382	424
Harrow	828	858	932	1040	1191
Havering	992	1024	1139	1234	1408
Hillingdon	593	609	666	731	831
Hounslow	536	528	567	608	702
Islington	131	130	137	144	155
Kensington & Chelsea	299	319	377	436	522
Kingston	754	757	813	904	1044
Lambeth	571	570	579	598	656
Lewisham	565	559	562	583	641
Newham	330	320	323	330	362
Redbridge	746	748	785	849	952
Richmond & Twickenham	692	699	725	794	916
Southwark	450	457	474	493	539
Sutton & Merton	1557	1604	1710	1874	2122
Tower Hamlets	215	209	218	221	235
Waltham Forest	610	608	610	649	730
Wandsworth	825	828	842	885	970
Westminster	98	103	114	127	143
London Total	**21233**	**21655**	**23187**	**25180**	**28528**

Source: POPPI based on ONS data.

Figure 52

Appendix 7. Numbers of people aged 65 and over providing informal care, by PCT			
Primary Care Trust	**People aged 65+ in households**	**Number providing care**	**Percentage providing care**
Barking and Dagenham	23,543	2,622	11.1
Barnet	20,461	1,959	9.6
Bexley	33,582	3,980	11.9
Brent	29,421	3,394	11.5
Bromley	47,984	5,957	12.4
Camden	20,373	2,132	10.5
City & Hackney	19,384	1,759	9.1
Croydon	40,982	4,765	11.6
Ealing	33,523	3,839	11.5
Enfield	36,212	4,298	11.9
Greenwich	26,778	2,943	11.0
Hammersmith and Fulham	17,016	1,630	9.6
Haringey	20,496	2,184	10.7
Harrow	28,932	3,711	12.8
Havering	38,395	4,535	11.8
Hillingdon	32,811	4,025	12.3
Hounslow	23,633	2,709	11.5
Islington	17,645	1,631	9.2
Kensington and Chelsea	18,581	1,664	9.0
Kingston upon Thames	18,781	2,103	11.2
Lambeth	23,713	2,301	9.7
Lewisham	26,509	2,845	10.7
Newham	20,994	2,170	10.3
Redbridge	32,209	4,056	12.6
Richmond upon Thames	22,773	2,782	12.2
Southwark	24,638	2,373	9.6
Sutton and Merton	48,581	5,445	11.2
Tower Hamlets	17,887	1,718	9.6
Waltham Forest	24,652	2,790	11.3
Wandsworth	25,988	2,641	10.2
Westminster	21,937	1,975	9.0
London Total	**838,414**	**92,936**	**11.1**

Source: ONS Census 2001.

Figure 53

Estimated prevalence of dementia in each London PCT, 2007					
PCT	**Number with early onset dementia**	**Number with late onset dementia**	**Total number with dementia**	**Total number with dementia as % of the population aged 30 +**	**Number with late onset dementia as % of the pop aged 65+**
Barking & Dagenham	35	1675	1710	1.8%	7.8
Barnet	73	3304	3376	1.7%	7.7
Bexley	52	2442	2494	1.9%	7.4
Brent	57	2267	2324	1.4%	6.9
Bromley	74	3680	3754	2.0%	7.7
Camden	42	1403	1445	1.2%	7.0
City & Hackney	39	1376	1415	1.1%	7.1
Croydon	77	3060	3137	1.5%	7.2
Ealing	66	2558	2625	1.4%	7.2
Enfield	64	2706	2769	1.6%	7.3
Greenwich	48	2088	2136	1.6%	7.7
Hammersmith & Fulham	32	1214	1245	1.2%	7.2
Haringey	41	1289	1330	1.0%	6.4
Harrow	49	2245	2294	1.7%	7.7
Havering	57	2702	2759	1.9%	7.3
Hillingdon	55	2411	2465	1.7%	7.4
Hounslow	47	1722	1770	1.3%	7.1
Islington	34	1139	1173	1.1%	6.8
Kensington & Chelsea	38	1442	1481	1.4%	7.4
Kingston	35	1438	1473	1.6%	7.8
Lambeth	48	1633	1681	1.0%	6.9
Lewisham	48	1733	1781	1.2%	7.0
Newham	42	1352	1394	1.1%	6.7
Redbridge	57	2424	2481	1.7%	7.6
Richmond & Twickenham	43	1753	1796	1.6%	8.0
Southwark	45	1707	1752	1.2%	7.1
Sutton & Merton	86	3722	3808	1.6%	7.6
Tower Hamlets	33	1210	1244	1.0%	6.7
Waltham Forest	46	1803	1849	1.4%	7.3
Wandsworth	49	1826	1875	1.1%	7.2
Westminster	46	1698	1744	1.3%	7.2
London total	**1560**	**63019**	**64579**	**1.4%**	**7.3**

Source: Derived from 'Dementia UK' prevalence rates and 2007 GLA populations.

Figure 54

Estimated prevalence of late onset dementia by level of severity in each PCT, 2007

PCT	Number 65+ with mild dementia	Number 65+ with moderate dementia	Number 65+ with severe dementia	Total number 65+ with late onset dementia
Barking & Dagenham	916	541	218	1675
Barnet	1797	1069	437	3304
Bexley	1341	788	313	2442
Brent	1242	731	293	2267
Bromley	2008	1190	482	3680
Camden	773	452	178	1403
City & Hackney	754	444	178	1376
Croydon	1680	987	392	3060
Ealing	1403	826	330	2558
Enfield	1480	874	351	2706
Greenwich	1139	675	273	2088
Hammersmith & Fulham	665	392	157	1214
Haringey	714	414	161	1289
Harrow	1220	727	298	2245
Havering	1492	870	340	2702
Hillingdon	1320	779	312	2411
Hounslow	946	556	220	1722
Islington	629	367	143	1139
Kensington & Chelsea	788	466	188	1442
Kingston	783	465	189	1438
Lambeth	900	526	207	1633
Lewisham	952	559	222	1733
Newham	745	436	171	1352
Redbridge	1325	784	316	2424
Richmond & Twickenham	952	568	233	1753
Southwark	939	550	218	1707
Sutton & Merton	2035	1203	484	3722
Tower Hamlets	670	389	151	1210
Waltham Forest	985	583	235	1803
Wandsworth	1002	589	234	1826
Westminster	932	548	218	1698
London total	**34528**	**20349**	**8143**	**63020**

Source: Derived from Dementia UK prevalence rates and GLA 2007 population data.

Figure 55

Numbers of places in homes registered to take older people with dementia per 100 people aged 65 and over by local authority, London 2005-06

Borough	Number of places per 100 aged 65+
Barking & Dagenham	2.2
Barnet	3.6
Bexley	1.2
Brent	1.1
Bromley	1.3
Camden	0.6
Croydon	1.7
Ealing	1.0
Enfield	1.8
Greenwich	1.4
Hackney	0.8
Hammersmith & Fulham	0.4
Haringey	1.5
Harrow	0.8
Havering	1.7
Hillingdon	0.7
Hounslow	0.7
Islington	0.7
Kensington & Chelsea	0.2
Kingston upon Thames	2.8
Lambeth	1.0
Lewisham	1.7
Merton	2.4
Newham	1.0
Redbridge	1.6
Richmond upon Thames	1.9
Southwark	1.4
Sutton	2.3
Tower Hamlets	0.5
Waltham Forest	2.6
Wandsworth	1.5
Westminster	0.3

Source: Commission for Social Care Inspection data quoted in Dementia UK 2007.

Figure 56

Projected numbers of people from black and minority ethnic groups with dementia in London in 2021 compared with 2001		
PCT	**Number of people from BME groups with late onset dementia in 2001**	**Estimated number of people from BME groups with late onset dementia in 2021**
Barking & Dagenham	42	302
Barnet	348	798
Bexley	70	164
Brent	777	1317
Bromley	84	227
Camden	143	268
City & Hackney	330	562
Croydon	375	910
Ealing	562	1095
Enfield	231	642
Greenwich	119	368
Hammersmith & Fulham	160	278
Haringey	271	429
Harrow	377	972
Havering	40	106
Hillingdon	157	491
Hounslow	297	653
Islington	149	252
Kensington & Chelsea	145	215
Kingston	72	226
Lambeth	392	631
Lewisham	235	582
Newham	337	849
Redbridge	276	833
Richmond & Twickenham	56	140
Southwark	242	557
Sutton & Merton	261	674
Tower Hamlets	266	498
Waltham Forest	226	545
Wandsworth	266	448
Westminster	196	345
London total	**7566**	**16846**

Source: Prevalence rates from Dementia UK applied to population data from 2001 census and 2021 GLA projections.

Figure 57

Projected increases in the number of people from BME groups with dementia by PCT, 2001 to 2021

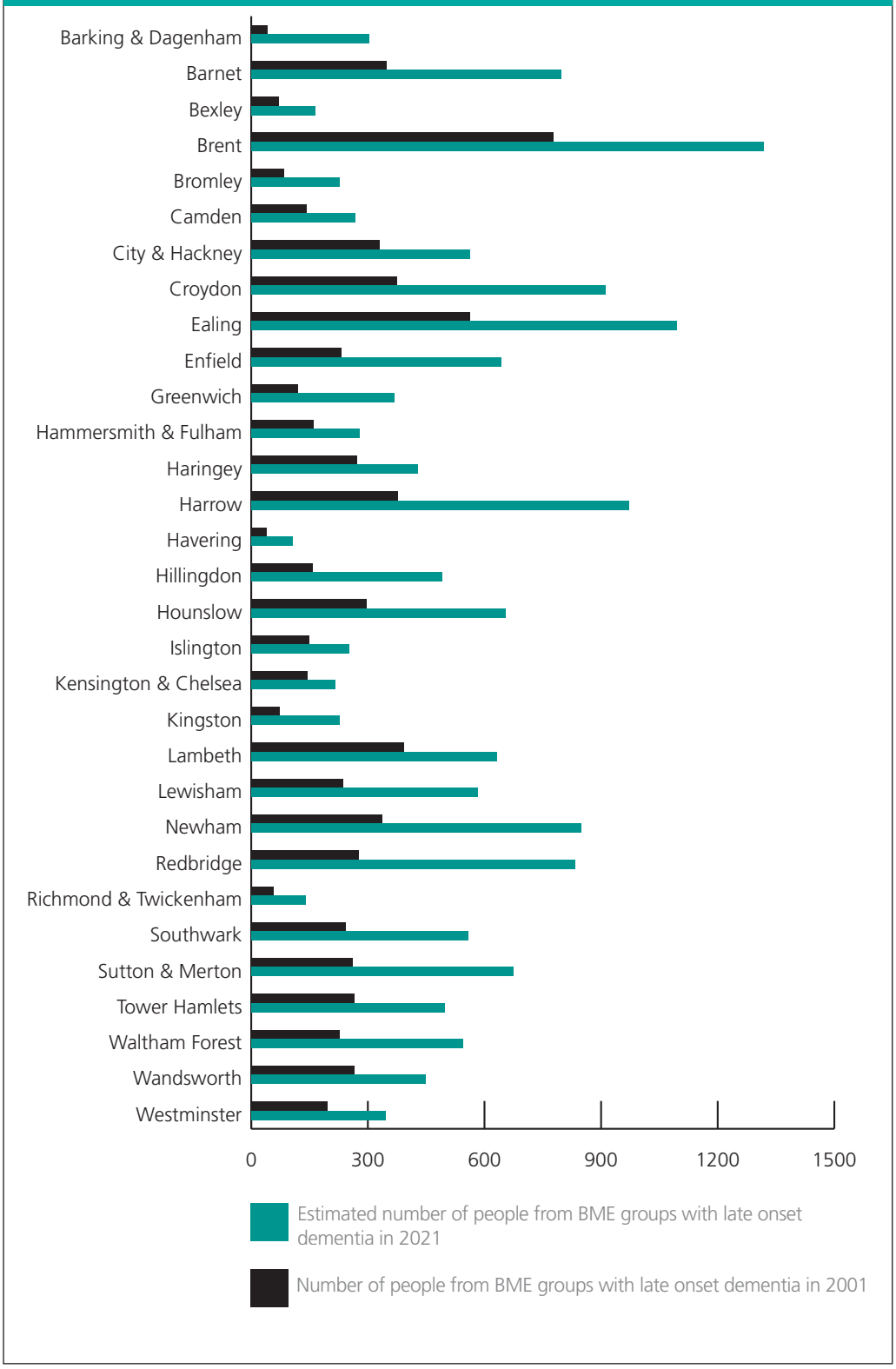


Figure 58

Numbers of people with dementia recorded on GP registers compared to estimated prevalence in each London PCT, 2007/08			
PCT	**Number of people with dementia recorded on QoF 2007-08**	**Estimated total number of people with dementia 2007**	**QoF-recorded dementia as a percentage of estimated prevalence**
Barking & Dagenham	423	1710	25%
Barnet	1761	3376	52%
Bexley	900	2494	36%
Brent	708	2324	30%
Bromley	1452	3754	39%
Camden	619	1445	43%
City & Hackney	436	1415	31%
Croydon	1252	3137	40%
Ealing	962	2625	37%
Enfield	905	2769	33%
Greenwich	800	2136	37%
Hammersmith & Fulham	349	1245	28%
Haringey	522	1330	39%
Harrow	703	2294	31%
Havering	1015	2759	37%
Hillingdon	675	2465	27%
Hounslow	718	1770	41%
Islington	640	1173	55%
Kensington & Chelsea	425	1481	29%
Kingston	525	1473	36%
Lambeth	829	1681	49%
Lewisham	750	1781	42%
Newham	690	1394	49%
Redbridge	769	2481	31%
Richmond & Twickenham	620	1796	35%
Southwark	699	1752	40%
Sutton & Merton	1269	3808	33%
Tower Hamlets	432	1244	35%
Waltham Forest	767	1849	41%
Wandsworth	727	1875	39%
Westminster	529	1744	30%
London	**23871**	**64579**	**37%**

Source: QoF 2007/08 and prevalence derived from 'Dementia UK' rates.

Figure 59

Numbers of people with dementia reviewed in primary care in relation to those eligible to be reviewed

PCT	Number of people with dementia whose care has been reviewed in the previous 15 months	Number of people eligible to be reviewed on GP register	% of people with dementia reviewed against those eligible to be reviewed	% of people with dementia reviewed with exceptions not excluded
Barking & Dagenham	340	375	91%	80%
Barnet	1367	1654	83%	78%
Bexley	657	835	79%	73%
Brent	542	616	88%	77%
Bromley	1066	1337	80%	73%
Camden	499	565	88%	81%
City & Hackney	354	405	87%	81%
Croydon	970	1177	82%	77%
Ealing	710	871	82%	74%
Enfield	684	839	82%	76%
Greenwich	629	747	84%	79%
Hammersmith & Fulham	248	321	77%	71%
Haringey	404	482	84%	77%
Harrow	521	662	79%	74%
Havering	819	956	86%	81%
Hillingdon	494	602	82%	73%
Hounslow	537	669	80%	75%
Islington	470	579	81%	73%
Kensington & Chelsea	340	397	86%	80%
Kingston	391	484	81%	74%
Lambeth	596	714	83%	72%
Lewisham	520	652	80%	69%
Newham	539	647	83%	78%
Redbridge	598	709	84%	78%
Richmond & Twickenham	516	587	88%	83%
Southwark	507	649	78%	73%
Sutton & Merton	961	1153	83%	76%
Tower Hamlets	306	360	85%	71%
Waltham Forest	527	679	78%	69%
Wandsworth	589	692	85%	81%
Westminster	387	469	83%	73%
London total	**18088**	**21884**	**83%**	**76%**

Source: QoF 2007/08.

Figure 60

Numbers of prescriptions for dementia related drugs compared to estimated prevalence in each London PCT, 2007/08			
PCT	**Number of prescriptions of dementia related drugs**	**Estimated prevalence of dementia**	**Prescriptions as a rate per 1000 of the population with dementia**
Barking & Dagenham	2715	1710	1587.5
Barnet	7163	3376	2121.5
Bexley	3741	2494	1499.9
Brent	1966	2324	846.0
Bromley	4727	3754	1259.3
Camden	2428	1445	1680.2
City & Hackney	1155	1415	816.2
Croydon	743	3137	236.8
Ealing	525	2625	200.0
Enfield	3523	2769	1272.1
Greenwich	4404	2136	2061.8
Hammersmith & Fulham	363	1245	291.5
Haringey	2514	1330	1890.8
Harrow	2291	2294	998.6
Havering	5601	2759	2030.3
Hillingdon	2485	2465	1007.9
Hounslow	1638	1770	925.6
Islington	1407	1173	1199.6
Kensington & Chelsea	1885	1481	1273.2
Kingston	2342	1473	1590.4
Lambeth	4656	1681	2769.5
Lewisham	3823	1781	2146.8
Newham	2300	1394	1650.0
Redbridge	3161	2481	1274.2
Richmond & Twickenham	3305	1796	1840.1
Southwark	2796	1752	1595.8
Sutton & Merton	6125	3808	1608.4
Tower Hamlets	2947	1244	2369.8
Waltham Forest	2106	1849	1139.0
Wandsworth	3630	1875	1936.1
Westminster	2390	1744	1370.5
London total	**90855**	**64579**	**1406.9**

Source: NHSBSA/EPACT.

Figure 61

Numbers of new clients aged 65+ with completed social care assessments, for mental health client group (and of which dementia) by London PCT 2006/07

PCT	All mental health Assessments	All mental health assessments as a % of dementia prevalence	Number of mental health assessments recorded as dementia	MH assessments recorded as dementia as a % of dementia prevalence
Barking & Dagenham	35	2.0	0	0.0
Barnet	205	6.1	120	3.6
Bexley	180	7.2	135	5.4
Brent	45	1.9	45	1.9
Bromley	240	6.4	240	6.4
Camden	135	9.3	25	1.7
City & Hackney	15	1.1	0	0.0
Croydon	215	6.9	0	0.0
Ealing	85	3.2	45	1.7
Enfield	180	6.5	125	4.5
Greenwich	150	7.0	110	5.1
Hammersmith & Fulham	70	5.6	5	0.4
Haringey	95	7.1	40	3.0
Harrow	20	0.9	15	0.7
Havering	105	3.8	95	3.4
Hillingdon	20	0.8	0	0.0
Hounslow	55	3.1	35	2.0
Islington	90	7.7	15	1.3
Kensington & Chelsea	55	3.7	0	0.0
Kingston	55	3.7	5	0.3
Lambeth	35	2.1	20	1.2
Lewisham	40	2.2	0	0.0
Newham	50	3.6	35	2.5
Redbridge	205	8.3	205	8.3
Richmond & Twickenham	100	5.6	25	1.4
Southwark	45	2.6	15	0.9
Sutton & Merton	140	3.7	95	2.5
Tower Hamlets	85	6.8	55	4.4
Waltham Forest	60	3.2	20	1.1
Wandsworth	60	3.2	20	1.1
Westminster	75	4.3	30	1.7
London total	**2945**	**4.6%**	**1575**	**2.4%**

Source: Derived from DH return A1.1d and prevalence data in Appendix 8.

Figure 62

Numbers of older people (65+) receiving social care for mental health problems compared to estimated prevalence of late onset dementia in each London PCT, 2007

PCT	Number of people aged 65+ receiving social care for mental health problems	Estimated prevalence of late onset dementia	Social care users as a percentage of estimated late onset dementia prevalence
Barking & Dagenham	290	1675	17%
Barnet	915	3304	28%
Bexley	505	2442	21%
Brent	295	2267	13%
Bromley	1540	3680	42%
Camden	690	1403	49%
City & Hackney	195	1376	14%
Croydon	685	3060	22%
Ealing	365	2558	14%
Enfield	690	2706	26%
Greenwich	345	2088	17%
Hammersmith & Fulham	400	1214	33%
Haringey	410	1289	32%
Harrow	215	2245	10%
Havering	475	2702	18%
Hillingdon	130	2411	5%
Hounslow	220	1722	13%
Islington	470	1139	41%
Kensington & Chelsea	425	1442	29%
Kingston	390	1438	27%
Lambeth	230	1633	14%
Lewisham	115	1733	7%
Newham	475	1352	35%
Redbridge	370	2424	15%
Richmond & Twickenham	320	1753	18%
Southwark	245	1707	14%
Sutton & Merton	845	3722	23%
Tower Hamlets	170	1210	14%
Waltham Forest	360	1803	20%
Wandsworth	380	1826	21%
Westminster	700	1698	41%
London total	**13880**	**63020**	**22%**

Source: DH return RAP P1.1c 2007/08.

Figure 63

Number of older people in the mental health client group receiving social care services in 2007/08 as a proportion of people with late onset dementia

Figure 64

Numbers of people admitted to hospital as inpatients with a primary diagnosis of dementia compared to estimated prevalence in each London PCT, 2007/08

PCT	Number of people admitted with a diagnosis of dementia (Primary diagnosis used)	Estimated prevalence of dementia	Admissions as a rate per 1000 of the population with dementia
Barking & Dagenham	64	1710	37.4
Barnet	50	3376	14.8
Bexley	76	2494	30.5
Brent	63	2324	27.1
Bromley	174	3754	46.4
Camden	44	1445	30.4
City & Hackney	105	1415	74.2
Croydon	78	3137	24.9
Ealing	68	2625	25.9
Enfield	47	2769	17.0
Greenwich	80	2136	37.5
Hammersmith & Fulham	40	1245	32.1
Haringey	31	1330	23.3
Harrow	36	2294	15.7
Havering	111	2759	40.2
Hillingdon	75	2465	30.4
Hounslow	80	1770	45.2
Islington	66	1173	56.3
Kensington & Chelsea	54	1481	36.5
Kingston	51	1473	34.6
Lambeth	88	1681	52.3
Lewisham	53	1781	29.8
Newham	75	1394	53.8
Redbridge	79	2481	31.8
Richmond & Twickenham	57	1796	31.7
Southwark	54	1752	30.8
Sutton & Merton	101	3808	26.5
Tower Hamlets	119	1244	95.7
Waltham Forest	147	1849	79.5
Wandsworth	58	1875	30.9
Westminster	102	1744	58.5
London total	**2326**	**64579**	**36.0**

Source: HES
Note: In a small number of cases data did not cover the full 12 months of 2007/08. These have been scaled up proportionately to produce figures for the whole year.

Figure 65

Numbers of people admitted to hospital as inpatients with any diagnosis of dementia compared to estimated prevalence in each London PCT, 2007/08

PCT	Number of people admitted with a diagnosis of dementia (All diagnosis fields)	Estimated prevalence of dementia	Admissions as a rate per 1000 of the population with dementia
Barking & Dagenham	561	1710	328.0
Barnet	719	3376	213.0
Bexley	395	2494	158.4
Brent	437	2324	188.1
Bromley	1000	3754	266.4
Camden	439	1445	303.8
City & Hackney	339	1415	239.6
Croydon	749	3137	238.8
Ealing	868	2625	330.7
Enfield	680	2769	245.5
Greenwich	556	2136	260.3
Hammersmith & Fulham	381	1245	306.0
Haringey	349	1330	262.5
Harrow	403	2294	175.7
Havering	912	2759	330.6
Hillingdon	625	2465	253.5
Hounslow	582	1770	328.9
Islington	409	1173	348.7
Kensington & Chelsea	283	1481	191.1
Kingston	286	1473	194.2
Lambeth	478	1681	284.3
Lewisham	591	1781	331.9
Newham	535	1394	383.8
Redbridge	738	2481	297.5
Richmond & Twickenham	389	1796	216.6
Southwark	536	1752	305.9
Sutton & Merton	881	3808	231.4
Tower Hamlets	367	1244	295.1
Waltham Forest	693	1849	374.8
Wandsworth	524	1875	279.5
Westminster	403	1744	231.1
London total	**17,108**	**64579**	**264.9**

Source: HES
Note: In a small number of cases data did not cover the full 12 months of 2007/08. These have been scaled up proportionately to produce figures for the whole year.

Figure 66

Intervals of care for each London PCT, 2007					
PCT	**Critical**	**Substantial**	**Moderate**	**Low**	**Total**
Barking & Dagenham	587	829	190	104	1710
Barnet	1159	1637	375	205	3376
Bexley	857	1209	277	151	2494
Brent	798	1127	258	141	2324
Bromley	1289	1820	417	228	3754
Camden	496	701	161	88	1445
City & Hackney	486	686	157	86	1415
Croydon	1077	1521	349	190	3137
Ealing	902	1273	292	159	2625
Enfield	951	1343	308	168	2769
Greenwich	734	1036	237	129	2136
Hammersmith & Fulham	428	604	138	75	1245
Haringey	457	645	148	81	1330
Harrow	788	1112	255	139	2294
Havering	948	1338	307	167	2759
Hillingdon	847	1195	274	149	2465
Hounslow	608	858	197	107	1770
Islington	403	569	130	71	1173
Kensington & Chelsea	509	718	165	90	1481
Kingston	506	714	164	89	1473
Lambeth	577	815	187	102	1681
Lewisham	612	864	198	108	1781
Newham	479	676	155	84	1394
Redbridge	852	1203	276	150	2481
Richmond & Twickenham	617	871	200	109	1796
Southwark	602	849	195	106	1752
Sutton & Merton	1308	1846	423	231	3808
Tower Hamlets	427	603	138	75	1244
Waltham Forest	635	896	205	112	1849
Wandsworth	644	909	208	114	1875
Westminster	599	846	194	106	1744
London total	**22179**	**31312**	**7176**	**3914**	**64580**

Source: Derived from Melzer et al 2004 and prevalence data in Appendix 8.

Figure 67

PCT populations aged 60 and over compatible with the NICE memory assessment clinic tool	
PCT	**Population aged 60 and over**
Barking & Dagenham	28,313
Barnet	57,250
Bexley	44,683
Brent	43,668
Bromley	63,778
Camden	27,817
City & Hackney	26,337
Croydon	58,327
Ealing	47,815
Enfield	50,066
Greenwich	36,550
Hammersmith & Fulham	22,583
Haringey	27,545
Harrow	39,367
Havering	49,804
Hillingdon	43,867
Hounslow	33,273
Islington	23,065
Kensington & Chelsea	27,161
Kingston	25,176
Lambeth	31,801
Lewisham	33,410
Newham	27,476
Redbridge	43,712
Richmond & Twickenham	30,634
Southwark	31,867
Sutton & Merton	66,636
Tower Hamlets	23,556
Waltham Forest	33,683
Wandsworth	34,027
Westminster	32,550
London total	**1,165,797**

Source: GLA 2007 projections.

Figure 68

Forecast numbers of people with dementia in 2021 compared with 2005, by PCT			
PCT	**Estimated number of people with dementia, 2005**	**Forecast number of people with dementia, 2021**	**Percentage change 2005 to 2021**
Barking & Dagenham	1362	1262	-7%
Barnet	3707	4435	20%
Bexley	2069	2640	28%
Brent	1779	2202	24%
Bromley	3571	4327	21%
Camden	1402	1652	18%
City & Hackney	1200	1124	-6%
Croydon	2944	3599	22%
Ealing	2223	2408	8%
Enfield	2476	2910	18%
Greenwich	1798	2018	12%
Hammersmith & Fulham	976	1113	14%
Haringey	1202	1322	10%
Harrow	2021	2467	22%
Havering	2440	3014	24%
Hillingdon	2070	2447	18%
Hounslow	1438	1559	8%
Islington	938	938	0%
Kensington & Chelsea	1320	2037	54%
Kingston	1417	1594	12%
Lambeth	1544	1528	-1%
Lewisham	1661	1657	0%
Newham	1256	1245	-1%
Redbridge	2262	2646	17%
Richmond & Twickenham	1685	1877	11%
Southwark	1563	1553	-1%
Sutton & Merton	3443	3938	14%
Tower Hamlets	932	915	-2%
Waltham Forest	1589	1651	4%
Wandsworth	1996	1963	-2%
Westminster	1431	1895	32%
London total	**57716**	**65937**	**14%**

Source: Dementia UK.

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