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THE VOICE OF THE WESTCOUNTRY

Debate on NHS funding must include all options

Making our National Health Service fit for the future is going to cost more money than is currently being spent. Few people disagree on that point. But the estimates that household costs would have to fork out between £1,200 and £2,000 a year more in taxes, to provide proper healthcare for an increasingly ageing population, will have caused alarm in many homes already across the Westcountry, where low wages and a relatively high cost of living, already leave many families short at the end of every month.

It is right, however, that people will be alarmed. In terms of hard cash that everyone can understand, the scale of the extra funds required to update and future-proof the NHS. There is so much more than can be achieved by improved efficiencies, new technology and other advances. In the end, as life expectancy rises and our medical expertise enables doctors to carry on more and more successful procedures, someone is going to have to pay more.

Dr Sarah Wollaston, Conservative MP for Totnes and chair of the House of Commons Health Committee, is right to urge an all-party approach to tackling this issue. For too long the NHS has been a political football with both major parties using it to score points. That has never been a sensible way to bring about improvements. As Dr Wollaston tells the Western Morning News, progress can only be made if MPs from all parties work together.

In the Western Morning News, Dr Wollaston says the government on healthcare needs to match what spent in France and Germany. In both of those countries, there is an element of cost which falls on the patient, either through top up insurance schemes or directly. Even suggesting such a change to the NHS has, for years, been politically unacceptable in the UK. That is one reason we have seen the NHS fail to get the extra money it needs.

If we are to have a truly open and cross-party debate — without the risk that politicians will make some suggestions just too “toxic” to even mention — then we need to get over that issue here in Britain and get to the possibility of patient contributions to primary healthcare costs onto the agenda. It may prove unforeseen or unworkable. But for the greater good of the NHS, the importance of the issue, no solution should be ruled out from the start.

We want to hear your views

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On this day

1963: Dr Wollaston tells the Western Morning News, progress can only be made if MPs from all parties work together.

How you can support people who have dementia to live well

Many small things can make a big difference, says Dr Anthony Martyr

It is estimated that more than 850,000 people in the UK have dementia, a number set to increase to 2 million by 2051. This year, 225,000 people will develop dementia—one every three minutes. It’s therefore critical that our research efforts don’t focus exclusively on finding a cure. Even if it could be identified now, any treatment would only be likely to benefit people currently in mid life.

Dementia is now the most feared condition in the UK, but relatively little is known about the quality of life and support people live as well as possible. Dr Anthony Martyr doesn’t know how to react when they hear an acquaintance or loved one has dementia. He hopes his research helps give people confidence to try ways to support those with dementia, as well as informing policy.

As part of the University of Exeter-led IDEAL study, a large-scale approach to identifying which factors can support people to live as well as possible with dementia, Dr Anthony Martyr recently led a review of all the available evidence in the field. It involved the four-year task of analysing 198 studies worldwide, encompassing information on nearly 30,000 people with dementia.

Amid this mound of data, one of the key factors that emerged as making a real difference was how socially active people were. Too often older people can be socially isolated, and we know this contributes to dementia risk. Maintaining social activity and being included and involved in social activities were both linked to better quality of life. Family friends and neighbours can all contribute here, and many organisations run excellent initiatives such as memory cafes and day centres to meet this need. One arm of the IDEAL study is the A Life More Ordinary project, where photographer Ian Beasly, cartoonist Tony Husband and poet Ian McMillan worked with people with dementia who were involved in Age UK Exeter’s Budding Friends allotment group. The group itself is an everyday example of social interaction with real purpose, and the artists’ project saw them produce works put on display outside Mothercare in Exeter’s Guildhall Shopping Centre as part of Dementia Action Week.

People with dementia also valued being able to manage everyday activities. The GREAT Trial, which along with the IDEAL study is led by Professor Linda Clare at the University of Exeter, recently found that an approach called cognitive rehabilitation therapy can help people with early stage dementia significantly improve their ability to engage in important everyday activities and tasks. It involves working together to establish personalised everyday goals, which can range from cooking food without burning it to successfully going to the shops or remembering neighbours’ names.

Therapists worked with family carers and people with dementia to establish ways to meet the goals that suited people’s individual needs and abilities.

“Good relationships with friends and family was another key element to having quality of life. Interestingly, certain factors that can be seen as ‘life skills’ had no bearing on differences in people’s quality of life. As individual as we all are throughout our lives, so are our preferences on how we want to live in older age. However, our research did identify that a number of factors can combine in small ways to make a real difference to the extent to which people enjoy their lives. I hope this encourages people that making their own small difference can contribute to a real overall benefit. This could be through engaging someone in conversation or an activity they enjoy like a jigsaw, perusing a photo album or some gentle gardening. The key factor is taking the time and care to ensure that it is individualised to what the person enjoys in life.”

Find out more about dementia research at Exeter.ac.uk/dementia/ or scteromedementia on Twitter.

Dr Anthony Martyr is a funding member of the Centre for Research in Ageing and Cognitive Health at the University of Exeter.