In the November 2008 issue of Nursing Older People, readers were invited to give their opinion of the National Dementia Strategy and have the chance to win a place at a conference. Jackie Tuppen's entry was the runner-up

I am an Admiral nurse; that is, a registered mental health nurse with previous experience in community mental health. An Admiral nurse supports families, carers and the person with dementia through the journey from pre-diagnosis to end of life. I work with carers of people with dementia to enable them to balance their needs with the needs of the person with dementia.

The National Dementia Strategy for England has three themes:
- Improve public and professional awareness of the condition.
- Early diagnosis leading to early intervention.
- High quality care and support for the person with dementia and their carers.

I am involved in delivering all aspects of the strategy. Training and education are key to its implementation. Education should start in schools and continue throughout life. After all, one in 50 people between the ages of 65 and 70 has a form of dementia. Education and training could be undertaken together so that we learn about each other’s roles and gain an understanding of how we can improve the quality of care. Education and training should also address where, when and how to give information – this includes knowledge of how sensitive and distressing information can be and how everyone has a right not to know as much as they have a right to know.

The right information
Information giving is an important aspect of the care I provide. This can be in clinics at local Age Concerns, in the home or anywhere else chosen by the family. I have carers who are known to no other service providers but their GP, and other carers who receive a range of services. It is therefore important to discover what the patient and carers have been told and not assume that if they have had a diagnosis they have been given enough information to know what the future holds. It is also important not to assume that they want a lot of detailed information. Some carers want the person with dementia to know what is wrong, while some people with dementia do not want the full-on diagnosis – it is too depressing for them. It is all about getting the balance right while being sensitive to what they want to know and how, when and where they want to receive this information.

For example, a young family whose father had been diagnosed recently asked me to visit because they felt he was not taking the diagnosis seriously. When I arrived I asked the father to tell us what he understood about the diagnosis. He clearly understood what was happening and said he coped with it with humour. This helped him stay positive. His wife – the carer – went along with this. The son however wanted to keep prompting his father whenever he forgot something. I suggested the son put himself in his father’s position and asked how he would feel if his son kept telling him to go back upstairs and think about what he had been doing. I also suggested that someone with dementia would not always be able to go back and recall an event – once it has gone it has gone.
When the going gets tough...

Hard times lie ahead in the current financial climate, but older people's nurses will rise to the challenge, says Deborah Sturdy

Services for older people have improved in the past decade. The publication of the first national service framework for older people in 2001 and subsequent strategies published by the devolved governments have focused attention on the health and social needs of older people. This has resulted in role expansion in the specialty with nurse consultants and nurse specialists leading services for Parkinson's disease, falls, intermediate care and dementia, among others. As a profession and a specialty we should take stock of what we have achieved and use it to inspire us during the current difficult economic period.

The Department of Health has been setting in place work that will be published this year and which forms part of an overarching strategy to support better prevention of key conditions that affect older people. This year will see the publication of updated guidance for intermediate care, a focus on foot care and publication of a commissioning guide for falls services. These are three fundamental aspects of care for older people.

Giving people choice
Intermediate care services have enabled older people to live full and independent lives and remain in their own homes. When I was in practice the range of services was not available to allow for home-based rehabilitation and there were few options. We have come a long way in providing outreach services that improve people's choice and lives. The development of inreach services to acute hospitals and early discharge avoid unnecessary hospital stays and maximise opportunities to remain independent.

Improving foot care through robust commissioning will also improve the lives of older people. Simple, low-level interventions such as nail cutting mean that older people can become active citizens and participate in their communities. The challenge will be to ensure that such low-level interventions receive high priority at a local level.

There have been many excellent service developments in falls prevention since 2001. The establishment of a national hip fracture database and integrated falls services mean that we can learn from robust evidence what interventions make differences in falls prevention. This year the development of a commissioning framework for primary care trusts (PCTs) around falls services will help to improve these services further and assist PCTs and their partners to set in place joint improvements. These will have a real effect on people's lives.

The launch of the long-awaited National Dementia Strategy for England in February set out a blueprint of care for this patient group and their families. The strategy is focused on improving awareness, early diagnosis and quality of care in all settings including care homes. Nurses will be instrumental in delivering care to patients with dementia. The accompanying commissioning guide will support the case for change and assist in implementation.

The results of the national consultation on the review of the No Secrets guidance will also set in place improvements for safeguarding older people and all vulnerable adults.

Nursing has played a significant part in the achievements in older people's services and will continue to do so. It will be a difficult year for the country, but I believe older people's nurses will rise to the challenges ahead and continue to strive for better outcomes for patients.

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