

Informing the Dementia Strategy 2026 to 2036 – Consultation Response Form

Personal information

<h3>Confidentiality</h3>
Responses to consultations may be made public on the internet or in a report. If you would prefer your response to remain anonymous, please tick here: <input type="checkbox"/>
Your name Dr Karl Davis
Your organisation (if applicable) Welsh Council, British Geriatrics Society
Your interest in the strategy (drop down menu with lived experience, unpaid / family carer, member of the public, health care staff , social care staff, third sector staff, other professional role, organisational response , prefer not to say). Please tick all that apply.
Contact details and email address Karl.Davis@wales.nhs.uk British Geriatrics Society, Marjory Warren House, 31 St John's Square, London, EC1M 4DN
Which version of the consultation document have you looked at? Please tick all that apply. (Draft Dementia Strategy , BSL, Easy Read)

Question 1

How much do you agree or disagree that the following statement sets out an overall vision that is right for Wales?

Wales will be a nation where people living with dementia are respected, supported, and empowered to live independently and with dignity in their communities. We envision a society where stigma is not accepted and an increased awareness of dementia, supports people living with dementia and their families to live and socialise in inclusive and compassionate communities, that will empower people to live independently and with dignity in their communities through diagnosis, care, and treatment. Achieving this vision requires a united, cross-government and multi-agency effort, grounded in the voices and experiences of those living with dementia. Together, we will build a future where rights are upheld, support is person-centred, and no one faces dementia alone.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Question 1.a

Please explain your reasons for your answer to Q1.

This statement is ambitious and sets out a sensible direction for people living with dementia in Wales. The BGS particularly agrees with the emphasis on co-production with people living with dementia and their carers and loved ones.

This statement has however missed an opportunity for emphasis on early and accurate diagnosis which is crucial to ensuring that people living with dementia have access to the care and support they need to live well with their condition.

Question 2

2a) What is the single most important change you want to see for people living with dementia in the next 10 years?

The most important change would be an increase in early and accurate diagnosis of dementia. Wales has the lowest rate of dementia diagnosis in the UK at 56%.^[1] Access to diagnosis is crucial as a diagnosis of dementia unlocks access to services and support for people living with dementia and their carers.

Undiagnosed dementia results in worse outcomes for people living with the condition as they are three times as likely to attend emergency departments and more likely to have longer stays in hospital. This impacts negatively upon individuals and their loved ones as well as adding to the pressures within our healthcare system. A diagnosis enables people to manage their condition and live well for longer at home.

Currently opportunities to diagnose dementia are missed as there are not enough specialists in Wales to diagnose the condition. By training more healthcare professionals to diagnose dementia in all settings, the diagnosis rate could be improved, resulting in better outcomes for individuals and for the system.

[1] Alzheimer's Society Cymru, 2025. *A new dementia action plan for Wales*. Available at: <https://www.alzheimers.org.uk/sites/default/files/2025-03/Wales%20Dementia%20Action%20Plan%20ENGLISH.pdf> (accessed 27 March 2026)

2b) How much do you agree or disagree that the strategy is looking to achieve that change?

The draft strategy is aspirational and we appreciate that this is intentional. We support the aspirations behind the strategy. However, there is very little operational detail in the draft, leaving clinicians wondering about how the strategy is to be achieved. For example, the strategy speaks of 'making every contact count' which could be transformative for dementia diagnosis as clinicians could be supported to diagnose dementia across settings. However, without the detail of how this is to be achieved, there is a risk of systems implementing different processes, resulting in different services across the country.

Question 3

We have set out principles that we think are the building blocks of the new Dementia Strategy. These are:

- Person-centred.
- Rights-based approach.
- Co-production.
- Equity of access, experience and outcomes without stigma and discrimination.
- Recognising intersectionality.
- Timely and accurate diagnosis.
- Taking a preventative approach by focusing on brain health.
- Integrated and coordinated services.
- Providing support for unpaid carers and families.
- Developing our workforce.
- Supporting research and innovation.

How much do you agree or disagree these principles are the right ones?

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Question 3.a

Please explain your reasons for your answer to Q3. If you think any principles are missing, include them here.

These are largely the correct principles for the Dementia Strategy to focus on. We agree that co-production with people living with dementia is crucial and we are pleased to see its inclusion here. However, there is little detail on what co-production looks like in practice across Wales. It is essential that as many people as possible have the opportunity to be involved and that co-production reflects the current lived experience of people living with dementia.

We would suggest that this list of principles is missing a focus on holistic management of multiple long-term conditions. Most people living with dementia will also be living with other conditions including frailty. It is essential that care focus on what is most important to the individual and supports them to live well with all conditions that they may have.

This list is also missing a focus on palliative and end of life care. Dementia and Alzheimer's Disease are the leading causes of death in Wales accounting for 11% of all deaths in Wales in 2024.[1] Despite this, palliative care is significantly under-represented in dementia services as the main focus of palliative care tends to be cancer and organ failure. This strategy should include planning for a good death, including advance care planning and planning where an individual wishes to die. It should be acknowledged that advance care planning is a continuous process and should be revisited throughout an individual's illness, ensuring that any changing priorities are recorded. It would also be beneficial to have more collaboration between memory assessment services and palliative care.

[1] Office for National Statistics, 2025. *Deaths registered in England and Wales*. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsregisteredinenglandandwalesseriesdrreferencetables>
(accessed 30 March 2026)

In questions 4 to 10, we've listed these key areas and provided space for you to share your views on each one.

Question 4

Section A outlines the areas that we will consider under 'Risk Reduction and Prevention in Dementia'.

How much do you agree or disagree that this section identifies the appropriate areas to consider for this key theme?

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Question 4a

Please explain your reasons for your answer to Q4.

While we agree with the themes of this section, we think there could be more detail provided regarding lifestyle factors including clarity on duration and intensity of physical activity and details about what comprises a healthy diet. There is a need for public health messaging to be delivered throughout the life-course, including at schools, to support people to make healthy choices around physical activity, diet, smoking and alcohol consumption. Around 45% of dementias are preventable through modifiable risk factors, including lifestyles factors.[1]

[1] Livingston G, Huntley J, Liu KY, Costafreda SG, Salbæk G, Alladi S, Ames D, Banerjee S, Burns A, Brayne C, Fox NC, Ferri CP, Gitlin LN, Howard R, Kales HC, Kivimäki M, Larson EB, Nakasujja N, Rockwood K, Samus Q, Shirai K, Singh-Manoux A, Schneider LS, Walsh S, Yao Y, Sommerlad A, Mukadam N, 2024. 'Dementia prevention, intervention, and care: 2024 report of the *Lancet* standing Commission', *The Lancet*, Volume 404, Issue 10452, P572-628.

Question 4b

Is there anything else you think should be included in this section?

This section highlights the importance of brain health which the BGS supports. We would suggest that a tiered approach to brain health should be developed focusing firstly on public health, secondly on primary care and thirdly on specialist centres focusing on the population with mild cognitive impairment (MCI) and the development of personalised intervention plans. However, in order to prioritise brain health, brain health clinics must be sustainably funded across Wales which is not currently the case. Brain health services are currently often pushed into primary care which is not ideal as the needs of people with mild cognitive impairment are best met in specialist centres led by nurses and allied health professionals with appropriate skills.

Question 5

Section B outlines the areas that we will consider under 'raise awareness and understanding of dementia.'

How much do you agree or disagree that this section outlines the areas that we should consider for this key area?

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Question 5a

Please explain your reasons for your answer to Q5.

Question 5b

If there are other population groups that you feel are at greater risk of dementia and should be drawn out here, please include these below.

We would like to see people who have a history of substance misuse and alcohol related brain damage included in this section of the strategy; heavy drinking over many years contributes to the risk of developing dementia and awareness of this needs to be raised.

Question 5c

Is there anything else you think should be included in this section?

In addition to raising awareness of dementia, it is crucial to raise awareness of what is not dementia to avoid services being overwhelmed with requests from the worried well. While this is a delicate balance, it is important to remember that while dementia rates are rising, developing dementia is not an inevitable part of ageing. Fewer than 10% (one in 14) people aged over 65 in the UK are living with dementia.[1]

[1] Alzheimer's Research UK, undated. *Prevalence and incidence of dementia*. Available at: <https://dementiastatistics.org/about-dementia/prevalence-and-incidence/> (accessed 30 March 2026)

Question 6

Section C outlines the areas that we will consider under ‘dementia diagnosis, treatment, care and support’.

How much do you agree or disagree that this section outlines the areas that we should consider for this key area?

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 6a

Please explain your reasons for your answer to Q6.

While the strategy outlines a clear pathway and competency framework, more detail is needed about how this is to be achieved and how the framework is being shaped. It is helpful to have the focus on capability and ensuring that people have the appropriate skills. However, it is also important to focus on capacity. The current gaps in the service will not be fixed with additional training. More people are needed to deliver care to people living with dementia in Wales.

There is currently a postcode lottery in Wales affecting equitable access to advanced dementia diagnostics. Many investigations, including MRI, which is considered to be standard in dementia diagnosis, are not routinely available across Wales due to capacity. There is also an issue regarding access to PET/CSF biomarkers [outside of Cardiff].

Post-diagnostic information is important to people living with dementia and their carers. However, this information is often provided digitally, which means that some people living with dementia will struggle to access it. It is important to provide patients with information in a format that is most useful and accessible for them.

The strategy talks extensively about the role of dementia connectors with minimal detail about the skillset that is required of individuals taking on these roles. It is important to acknowledge that dementia connectors cannot work in isolation – they must be part of a multidisciplinary team with support and oversight. There is also inequitable access to dementia connectors currently as this role tends to sit in primary care or geriatrics. However, dementia care spans these two specialties as well as mental health and neurology. Many mental health and neurology teams do not currently have access to dementia connectors.

We have concerns about the readiness of the infrastructure to provide disease-modifying therapies (DMTs). We would like to see clarity on how and when the infrastructure will be in place to enable delivery of DMTs).

Question 6b. Below is a list of the key topics in this area. Please let us know if you think more information is needed for any of these

Supporting dementia diagnosis.	Early and accurate diagnosis is crucial – this must be a priority as the strategy is implemented with a focus on ensuring access to diagnostic testing.
Tackling Inequalities in Dementia Care	
Assessment and Support for Mild Cognitive Impairment (MCI)	Brain health is essential for the assessment and support of MCI – brain health clinics must be funded to operate sustainably.
Young Onset Dementia (Under 65s)	
Post-Diagnostic Support	People living with dementia and their loved ones must have access to the post-diagnostic support that will benefit them, in a format that is appropriate.
Person-Centred Care and Support	
Dementia Treatment and Disease-Modifying Therapies (DMTs)	Wales does not currently have the infrastructure for the provision of DMTs. Readiness for these therapies must be prioritised.
Planning for the Future: Advance Care Planning, Palliative and End-of-Life Care	Dementia is a leading cause of death in Wales and end of life care must be planned with this population in mind. People living with dementia must be supported to plan for the end of their lives through the advance care planning process, making it clear that it is an ongoing process and that plans can evolve over the course of an individual's illness.

Question 6c

Is there anything else you think should be included in this section?

Question 7

Section D outlines the areas that we will consider under 'support for unpaid carers of people living with dementia'.

How much do you agree or disagree that this section outlines the areas that we should consider for this key area?

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Question 7a

Please explain your reasons for your answer to Q7

Question 7b

Is there anything else you think should be included in this section?

There is a desperate need for carers of people living with dementia to be better supported. There is currently extremely limited access to psychological support for carers, particularly after the person they care for goes into a care homes. Caring for someone living with dementia takes a psychological toll on an individual and they must have access to ongoing support.

Respite care must be available for people caring for a person living with dementia and they must also have access to a social workers to address their needs. Availability of social workers across Wales is restricted with carers not able to access assessments or any support pre-diagnosis and only limited support post-diagnosis.

Question 8

Section E outlines the areas that we will consider under ‘supporting the workforce.’

How much do you agree or disagree that this section outlines the areas that we should consider for this key area?

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 8a

Please explain your reasons for your answer to Q8

The strategy does not mention geriatricians or primary care which is a considerable oversight. Care for people with dementia largely sits with geriatric medicine and primary care and this must be addressed if the strategy is to achieve the impact set out.

Question 8b

Is there anything else you think should be included in this section?

Wales is currently lacking a specialist workforce to make dementia diagnoses. This workforce shortage exists across medicine, nursing and allied health professions meaning that dementia diagnoses are held up by local workforce pressures.

In order to ensure that people living with dementia in Wales have access to the support and care that they need, training will need to be increased to ensure that everyone working in the future workforce becomes a dementia specialist. Even within geriatric medicine currently there is limited training in dementia, despite geriatricians caring for the majority of people living with dementia.

It is essential that the entire workforce across both health and social care have the skills and abilities needed to provide dementia attuned care. It is important for social care staff and carers to be supported to understand and develop their knowledge of dementia. In addition, specialists in other specialties should have the skills to care for people living with dementia. Most cases of dementia occur in older people and older people use health and social care services more than any other population group. With the exceptions of those working in paediatrics and obstetrics, most healthcare professionals will care for older people, some of whom will be living with dementia and they must have the appropriate skills to deliver this care.

Question 9

Section F outlines the areas that we will consider under 'dementia research and innovation'.

How much do you agree or disagree that this section outlines the areas that we should consider for this key area?

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Question 9a

Please explain your reasons for your answer to Q9.

We agree with the proposals in the strategy around the importance of research. It is essential that dementia research is accessible to all, including those living with frailty and regardless of an individual's location within Wales. Postcode lotteries around access to research must be avoided.

Question 9b

Is there anything else you think should be included in this section?

Question 10

Section G outlines the areas that we will consider under ‘governance and accountability arrangements that will monitor the impact of the strategy’.

How much do you agree or disagree that this section outlines the areas that we should consider for this key area?

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 10a

Please explain your reasons for your answer to Q10

We were pleased to see plans in place for a Ministerial Board to oversee the national dementia agenda in Wales. We would however request that geriatric medicine is represented on the board to ensure that the specialty that provides most of the care for people living with dementia is represented. BGS would be happy to nominate a suitable individual to sit on the board. The decision-making process of the board must be transparent and representative of specialists providing care for people living with dementia.

We would also like to request that a National Lead for Dementia is appointed. This person should be an expert in dementia care and should develop a Quality and Outcomes Framework (QOF) for dementia setting targets for what units should set out to achieve and robust measures to allow organisations to demonstrate where they have improved services.

Question 10b When reporting on progress against the strategy, what methods of communication do you think would be helpful so that you can keep track of progress? Choose the three most helpful resources:

Annual written update	
6 monthly newsletter	6 monthly newsletter
Easy read summaries of updates	Easy read summaries of updates
Video updates	Video updates
Ministerial written statement	
Ministerial Oral statement	
Other (please specify)	

Question 10c

Is there anything else you think should be included in this section?

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The Strategy Overall

Question 11

In this consultation document we are setting out what we want to achieve. The full strategy and supporting delivery plans will set out more detail on how. Are there key areas that you want to see included in how we will achieve these changes?

Section A: Risk reduction and prevention in dementia.	
Section B: Raise awareness and understanding of dementia.	
Section C: Improving dementia diagnosis, treatment, care and support.	
Section D: Supporting unpaid carers of people living with dementia.	
Section E: Supporting the Workforce.	
Section F: Supporting dementia research and innovation.	
Section G: Suitable governance and accountability arrangements to ensure the strategy is delivered.	
Other areas not covered elsewhere.	

Question 12

The new strategy will have a number of measurable targets that will show how much progress has been made. What areas would you focus on developing these targets for?

Early and accurate diagnosis must be priority for the strategy. Too many people are living with dementia without a diagnosis and, as a result, do not have access to the care and support that they need to enable them to live well with the condition. Once people receive a diagnosis, it is important to ensure that post diagnostic support is in place and that individuals are able to access suitable therapies.

Question 13

We have prepared impact assessments to show how the strategy may affect Wales and its people, considering both positive and negative impacts. Are there any impacts or considerations you think are missing from these assessments? Is there anything specifically you would draw out into an integrated impact assessment?

Question 14

We would like your views on how the strategy could affect the Welsh language. How could the strategy give people greater opportunities to use Welsh? How could it ensure that Welsh is treated fairly and equally alongside English?

It is important to ensure that Welsh language speakers who are living with dementia are able to access care and support from clinicians and social care staff who speak Welsh and that this requirement does not result in a delay to their care. In some parts of Wales, access to healthcare professionals who speak Welsh is a particular problem. Some people with dementia revert to speaking their first language, forgetting other languages that they have learned subsequently; for example, people who speak Welsh as a first language, can forget English. It is therefore extremely important to ensure that Welsh speakers living with dementia have access to health and care staff who speak Welsh.

Question 15

Please use this section to share any other comments or suggestions you think we should consider when finalising the dementia strategy

We would like to reiterate the importance of early an accurate diagnosis via appropriate investment in memory assessment services. There is also a need for better cross-discipline working to avoid siloes and to ensure that there is a consistent approach to dementia care across Wales.