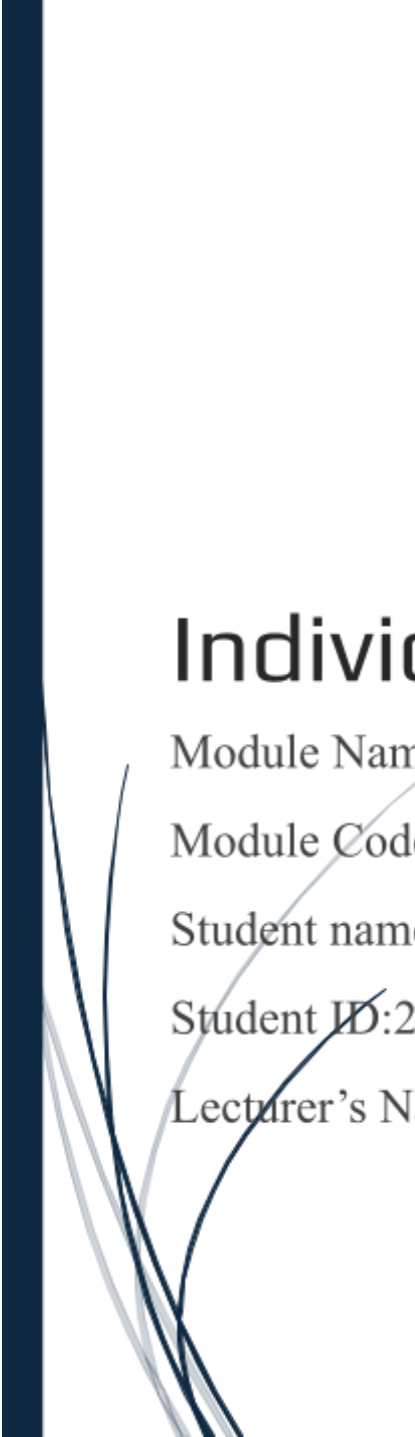




Individual Report

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RESEARCH TOPIC:

Challenges in Providing Effective Dementia Care in the UK: Impact on Patients, Carers, and Health and Social Care Services

Introduction

In the UK, dementia is becoming a major public health concern because of its growing incidence and considerable financial and social costs. This report examines the impact on people with dementia, carers, and health and social care systems, the existing challenges to providing good care for those with dementia in the UK, the reasons why focused research is needed, summarises pertinent recent data, and describes a suitable methodology and data collection plan for additional study. Recent research identifies digital differences, post-diagnostic support deficiencies, pandemic-related harms, and access disparities as some major issues (Alzheimer's Society, 2025).

Problem Statement

The Issue: What it is

The selected topic of the study is "Challenges in Providing Effective Dementia Care in the UK and Their Impacts on Patients, Carers, and Services". Dementia results in progressive cognitive, behavioural, and functional deterioration. Its optimal care requires timely diagnosis, comprehensive health and social care coordination, support at the community level, and substantial informal care. However, UK evidence indicates fragmentation of services, regional inequalities in access, workforce shortages, limited post-diagnostic support, and rapidly changing service delivery - including digital provision - that not all groups can use. These systemic flaws put at risk the continuity of treatment and quality of life among people with dementia (Giebel et al., 2021).

Who it affects

People who have dementia are facing insufficient post-diagnostic support and interruptions to services (notably during COVID-19). This has been linked to worsening cognitive, behavioural, and functional outcomes and reduced well-being. Rapid evidence reviews during the pandemic reported accelerated deterioration and increased neuropsychiatric symptoms associated with isolation and service disruption (Suárez-González et al., 2021).

Also, at the same time, main daily support usually comes from family, friends, and caregivers, who often face high levels of stress, burden, and unmet supportive needs. During and since the pandemic, a few carers have benefited from the digital changes in service delivery; however, when carers or people with dementia cannot access or use technology, a digital divide and new inequities are exposed (Damant et al., 2024).

The growing prevalence of dementia, coupled with human and financial resource constraints, puts pressure on the capacity of services providing health and social care through the NHS and local authorities (Pierse et al., 2021). Fragmented pathways and geographic disparities make workforce planning even more challenging and lead to inefficiencies such as unnecessary admissions and unmet needs. Projected future costs are likely to increase significantly in the absence of better service models, according to recent UK policy and cost assessments (UK Parliament, 2025).

Justification

- Growing prevalence and financial burden: The expected rises in dementia prevalence will further stretch the finances of the NHS and social care; evidence-based planning is required to set priorities for resources and models of care (Alzheimer's Society, 2025).
- Service fragmentation and inequity: Research can illustrate structural barriers and regional remedies that reduce inequity; systematic reviews and UK studies show unequal access to community services and post-diagnostic support (Giebel et al., 2021).
- Pandemic lessons and resilience: COVID-19 showed weaknesses, isolation accelerated the decline of many, and rapid digitalisation created potential but also gaps. Research will help in understanding how resilient hybrid models balance in-person care and remote care (Suárez-González et al., 2021).
- Workforce wellbeing and carer support: Research into the experiences of informal carers and the ways in which services may best sustainably support them has implications for system resilience, given that they continue to get inadequate support (Damant et al., 2024).

Information Sources and Justification 88rr(each described & justified)

- **Source 1** — Giebel et al., “Barriers in Accessing and Utilising Dementia Care” (2021)

Content & relevance: This empirical UK study (with comparative/qualitative elements) examines barriers to formal dementia care, demonstrating how socioeconomic factors, locality, and service configuration influence access. It documents regional disparities and drivers of unmet needs (Giebel et al., 2021).

Why selected: It directly addresses access inequalities and system fragmentation—central to the research topic—and offers UK-specific empirical evidence useful for policy recommendations.

- **Source 2** — Suárez-González et al., “The effect of COVID-19 isolation...people living with dementia” (2021)

Content & relevance: A rapid comprehensive review measuring the negative effects of pandemic isolation measures on dementia patients' mental and cognitive well-being; aspects of deteriorating neuropsychiatric symptoms and functional impairment associated with service discontinuation are described (Suárez-González et al., 2021).

Why was it chosen: The pandemic has shed light on pre-existing vulnerabilities and often exacerbated them. This study shows systematic evidence of harm and grounds the requirement for resilience in care models.

1. **Source 3** — Watson et al., “A systematic review of digital access to post-diagnostic health and social care services for dementia” (2024)

Content & relevance: A mixed-methods systematic review of 44 empirical studies on the benefits, inequalities and implementation challenges of digital post-diagnostic support delivery for people with dementia and unpaid carers.. (Watson et al., 2024)

Why selected: Digital health is now an intrinsic part of service delivery. This review provides timely evidence about the digital divide and informs the research design, which incorporates digital access as a key factor.

These studies, together, provide both quantitative outcome evidence and qualitative insights into lived experiences, access barriers, digital inequalities, and service resilience, covering the issue's full scope.

Research Methodologies

Different approaches, each with unique advantages, are available for health and social care research: quantitative and qualitative methods. Quantitative research relies on data collection and analysis of numerical data in order to discern patterns, trends, and correlations between variables. In studies on dementia, it measures such aspects as prevalence rates, service utilisation, hospital admissions, carer burden scores, and quality-of-life indicators. This has the advantage of statistical comparisons that can be drawn between regions or demographic groups, and findings generalised to larger populations. However, on its own, it is insufficient to capture lived experience complexity or to explain specific findings (Giebel et al., 2023). Qualitative research relies on non-numerical data to explore experiences, perceptions, and meanings. Focus groups, semi-structured interviews, and open-ended surveys have traditionally been among the most productive methods of research in dementia care in understanding how people with dementia and their caregivers view support, overcome challenges, and access services. Qualitative approaches are particularly helpful when investigating sensitive topics, such as emotional burden, stigma, and the consequences of fragmentation in service delivery. While qualitative findings provide context and depth, they often arise from smaller samples and cannot be generalised statistically.

A mixed-methods design would be most appropriate for this study's issue. Since there is a need to capture both the quantifiable outcomes and the lived experience of patients, carers, and services, a mixed-methods approach is necessary to understand both systemic and individual issues of dementia care in the UK. This mixed-methods approach can firmly place the national service data and survey results on a basis of the more qualitative insights from professionals and carers to fully understand the scope of the problem and its root causes. This methodological choice informs the development of evidence-based and person-centered recommendations for improving dementia care (Mansfield et al., 2022).

Data Collection

Data collection methods in research broadly involve primary and secondary data collection. Primary data collection involves collecting original information from the subjects directly through focus groups, interviews, questionnaires, or observations. In the context of the study of dementia care research, primary data may offer first-hand insight into the experiences of patients and caregivers and the viewpoints of professionals. However, collecting primary data from people suffering from dementia raises a set of ethical issues, such as consent, capacity, and vulnerability of participants, and often requires a tremendous amount of time

and resources. These have involved the collation of data from existing sources, including government publications, peer-reviewed academic journals, statistics from the NHS, and reports from reputable organisations, such as the Alzheimer's Society. Secondary data will enable large-scale health and social care research since it allows access to nationally representative data, long-term trends, and high-quality evidence without requiring direct participant involvement. Also, comparing the results between the many studies and contexts is possible and enhances their dependability.

For this research, secondary data collection is the most suitable approach and will form the primary data source. The study will draw on recent peer-reviewed research, systematic reviews, and UK health and social care reports published within the last five years. This is reports from reputable organisations, such as the Alzheimer's Society. Secondary data will enable large-scale health and social care research since it allows access to nationally justified dementia care in the UK is vastly researched, and thus there is a strong evidence base regarding service challenges, carer experiences, and patient outcomes. Secondary data also corresponds well with the mixed-methods methodology approach since there are both quantitative findings and qualitative analyses from previous studies. Using secondary data minimises ethical risks but enables the research to synthesise evidence to inform policy, practice, and future service improvement.

Conclusion

There are five complex challenges facing dementia care in the UK: a widening digital divide, personnel and budget constraints, geographic disparities, service fragmentation, and pandemic-related effects. The latter all interact to adversely affect health and social care services, unpaid carers, and people with dementia. Recent UK studies document accelerated deterioration following COVID-19 service disruptions, inequitable access to community resources, and conflicting outcomes of rapid digitalisation. They call for evidence that integrates extensive secondary analyses with primary qualitative insight to find practical, locally applicable answers. A mixed-methods study will be conducted to combine targeted

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