



## King's Research Portal

DOI:

[10.18742/pub01-207](https://doi.org/10.18742/pub01-207)

*Document Version*

Publisher's PDF, also known as Version of record

[Link to publication record in King's Research Portal](#)

*Citation for published version (APA):*

Williamson, L., Hagggar, T., Boulding, H., Sleeman, K., Evans, C., & Sampson, E. L. (2024). *Reforming end of life dementia care for those needing greater support: Policy priorities from the EMBED-Care Programme*. King's College London. <https://doi.org/10.18742/pub01-207>

### **Citing this paper**

Please note that where the full-text provided on King's Research Portal is the Author Accepted Manuscript or Post-Print version this may differ from the final Published version. If citing, it is advised that you check and use the publisher's definitive version for pagination, volume/issue, and date of publication details. And where the final published version is provided on the Research Portal, if citing you are again advised to check the publisher's website for any subsequent corrections.

### **General rights**

Copyright and moral rights for the publications made accessible in the Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the Research Portal

### **Take down policy**

If you believe that this document breaches copyright please contact [librarypure@kcl.ac.uk](mailto:librarypure@kcl.ac.uk) providing details, and we will remove access to the work immediately and investigate your claim.

# Reforming end of life dementia care for those needing greater support

Policy priorities from the  
EMBED-Care Programme

December 2024

# Authors

## **Lesley E Williamson**

Health & Social Care Workforce Research Unit and Cicely Saunders Institute of Palliative Care, Policy & Rehabilitation, King's College London

## **Tianne Haggard and Harriet Boulding**

The Policy Institute, King's College London

## **Katherine E Sleeman and Catherine J Evans**

Cicely Saunders Institute of Palliative Care, Policy & Rehabilitation, King's College London

## **Elizabeth L Sampson**

Academic Centre for Healthy Ageing, Whipps Cross Hospital, Barts Health NHS Trust & Centre for Psychiatry and Mental Health, Wolfson Institute of Population Health, Queen Mary University of London

## Permission to share

This document is published under the [Creative Commons Attribution Non Commercial No Derivatives 3.0 England and Wales Licence](https://creativecommons.org/licenses/by-nc-nd/3.0/). This allows anyone to download, reuse, reprint, distribute, and/or copy the Policy Institute publications without written permission subject to the conditions set out in the Creative Commons Licence. For commercial use, please contact: [policy-institute@kcl.ac.uk](mailto:policy-institute@kcl.ac.uk)

---

# Policy Brief

---

This policy brief summarises the evidence developed from the Empowering Better End of Life Dementia Care (EMBED-Care) programme. It endorses a step change in dementia care that draws on a model of integrated palliative dementia care that identifies unmet needs for people with dementia. Prioritising a holistic and person-centred approach, the EMBED-Care programme aims to improve the comfort and quality of life of those affected by dementia.

With the ongoing priority-setting and planning for health and social care, there is opportunity to ensure that reform is informed by the high-quality evidence from EMBED-Care, which understands, prioritises, and addresses the needs of those affected by dementia. EMBED-Care is relevant for advancing strategic policy shifts towards community care, health equity, and digital transformation.

## EMBED-Care

Empowering Better End of Life Dementia Care (EMBED-Care) is a six-year collaboration between King's College London and University College London. It brought together academics, researchers, clinicians, policy makers, people with dementia and families to conduct original research that builds high quality evidence from multiple sources, and to promote a step-change in care for all people affected by dementia needing greater support, regardless of age or type of dementia, to maximise quality of life for them and their caregivers. The programme identified the unmet needs of people with dementia, including those with rarer dementias and those from ethnically diverse communities, projected future need, contributed to new national guidelines, raised public awareness of dementia, and constructed evidence-based solutions for better integration of palliative dementia care for adults needing greater support at home and in care homes.

The EMBED-Care programme was funded by the Economic and Social Research Council (ESRC) and the National Institute for Health and Care Research (NIHR) through the ESRC/NIHR Dementia Initiative 2018 (Grant Reference Number ES/S010327/1). The project was further supported by NIHR Applied Research Collaboratives for South London, and Kent, Surrey and Sussex, and by Cicely Saunders International.

The views expressed are those of the author(s) and not necessarily those of the ESRC, UKRI, NHS, NIHR, or the Department of Health and Social Care.



## Dementia is the leading cause of death in the UK and poses significant health, social, and economic burdens

Dementia is a progressive neurodegenerative condition and the leading cause of death in the UK.<sup>1</sup> In the absence of a cure, the number of people living with dementia is expected to rise by 45% in the UK by 2040.<sup>2</sup> Dementia is also projected to have the highest proportional increase in global burden of serious health-related suffering between now and 2060.<sup>3</sup>

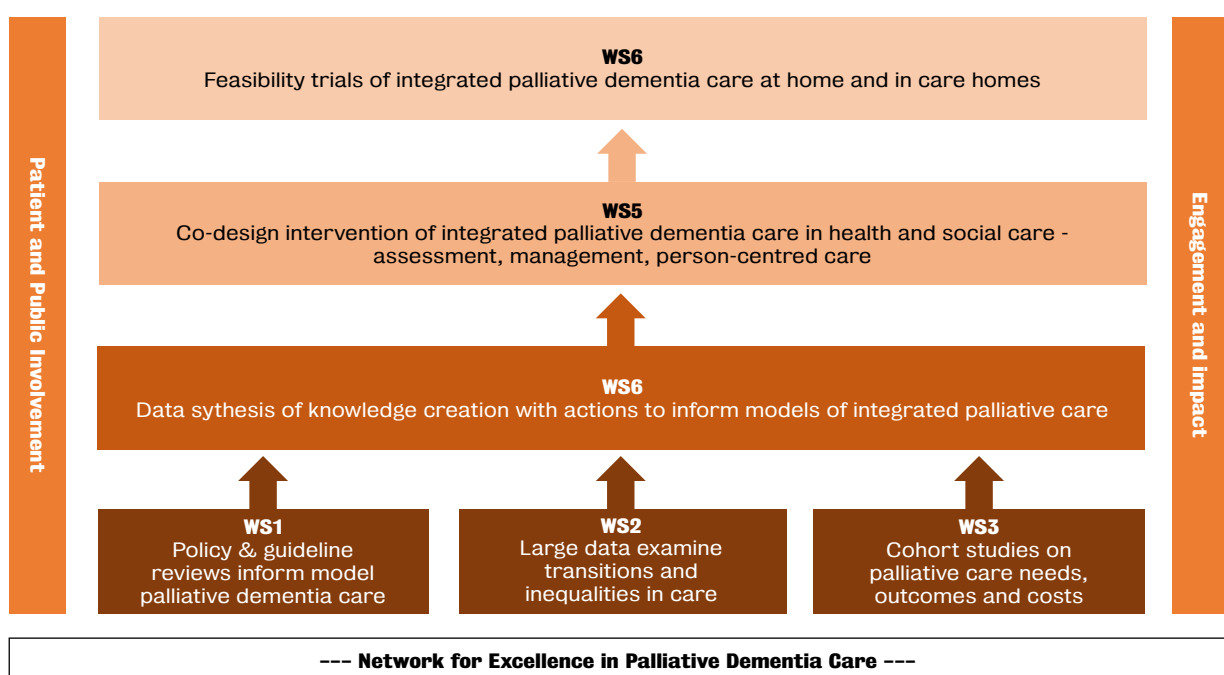
Despite this, timely access to care for people with dementia is variable,<sup>4</sup> and many will experience unmet care needs across the course of their dementia,<sup>5</sup> receive interventions discordant with their preferences,<sup>6</sup> increasingly visit emergency departments towards the end of life,<sup>7,8</sup> and spend up to 20% of their last six months of life in hospital.<sup>9</sup> Lord Darzi's recent independent investigation into the NHS in England specifically highlights dementia care as falling behind other countries, with higher death rates and poorer care.<sup>10</sup>

## The EMBED-Care programme has pioneered research to inform evidence-based policy and practice

December 2024 sees the conclusion of the six-year research programme, Empowering Better End-of-Life Dementia Care (EMBED-Care; figure 1). This programme aimed to promote a step change in care for people affected by dementia by identifying unmet needs, delivering person-centred care, and improving outcomes towards end of life.

The programme projected that the number of people with dementia who have palliative care needs will increase by at least 45.6% and at most 146.7% by 2040.<sup>11</sup> Unplanned hospitalisation, including critical care use, was also found to increase towards the end of life.<sup>9,12</sup> Despite this, few hospital patients with dementia had their end-of-life preferences on record and fewer had an advance decision to refuse treatment.<sup>13</sup> These findings validated and supported the need for an integrated palliative care approach to improve dementia care.

Figure 1: Overview of the EMBED-Care Programme. EMBED-Care, Empowering Better End-of-Life Dementia Care; WS, work stream (adapted from: Sampson et al., 2020<sup>14</sup>)



---

## EMBED-Care identified three enablers to improve care for people living and dying with dementia

The research identified a holistic approach, shared decision-making, and considering dementia from diagnosis to end of life as three enablers for improving dementia care. A need for equitable care extends across all three enablers.

Figure 2: Three evidence-informed enablers for improving dementia care, with a cross-cutting theme of equitable care.

---



**A holistic approach** to dementia care is fundamentally person-centred. It involves considering a wide range of care needs relevant to the person with dementia, such as, but not limited to, symptom management, cultural sensitivity, support for carers, joined up responses from health and social care services, training of practitioners, education for people affected by dementia,<sup>15</sup> and grief support for family carers.<sup>15-17</sup> The Integrated Palliative Care Outcome Scale for People with Dementia (IPOS-Dem) is an existing holistic measure,<sup>18</sup> which enables people with dementia, family carers and practitioners to better recognise and communicate individual needs and concerns,<sup>19</sup> and increases confidence to engage in discussions about care.<sup>19, 20</sup>

**Shared decision-making** between practitioners and people with dementia and their families is fundamental to those affected by dementia to feel empowered and informed.<sup>20, 21</sup> Family carers and practitioners are well positioned to support the person living with dementia to maintain as much agency as possible and inform person-centred care.<sup>19, 21</sup> Decision aids can facilitate shared decision-making,<sup>22</sup> prompting people with dementia to reflect on care plans and wishes,<sup>23</sup> and reducing uncertainty and stress among family carers in making key care decisions, such as around eating and drinking and care transitions.<sup>22, 24</sup>

**Considering dementia as a chronic condition, where support is needed from diagnosis to end of life,** can mitigate the need for inappropriate end of life hospitalisation by managing care proactively across the dementia trajectory for adults needing greater support.<sup>4, 7, 12</sup> This involves reviewing care plans and monitoring symptoms continually, having services with the skills and capacity to respond to changes, and acknowledging that priorities and capacities can change as dementia progresses.<sup>21, 22</sup> Regular reviews using a person-centred holistic outcome measure, like the IPOS-Dem, facilitated by digital health, can help to proactively identify problems and improve care and outcomes.<sup>25, 26</sup>

---

## **The digital EMBED-Care Framework builds on these enablers, supporting the delivery of a step change in care for people affected by dementia**

The EMBED-Care research culminated in the development of the EMBED-Care Framework,<sup>25</sup> a novel complex intervention designed to identify and manage unmet care needs among people with dementia, designed to integrate palliative care into dementia care delivered by generalist practitioners, namely community nurses, general practitioners, and care home staff. The Framework prioritises the needs and comfort of each person with dementia, ensuring that the right services are in the right place at the right time.<sup>14</sup>

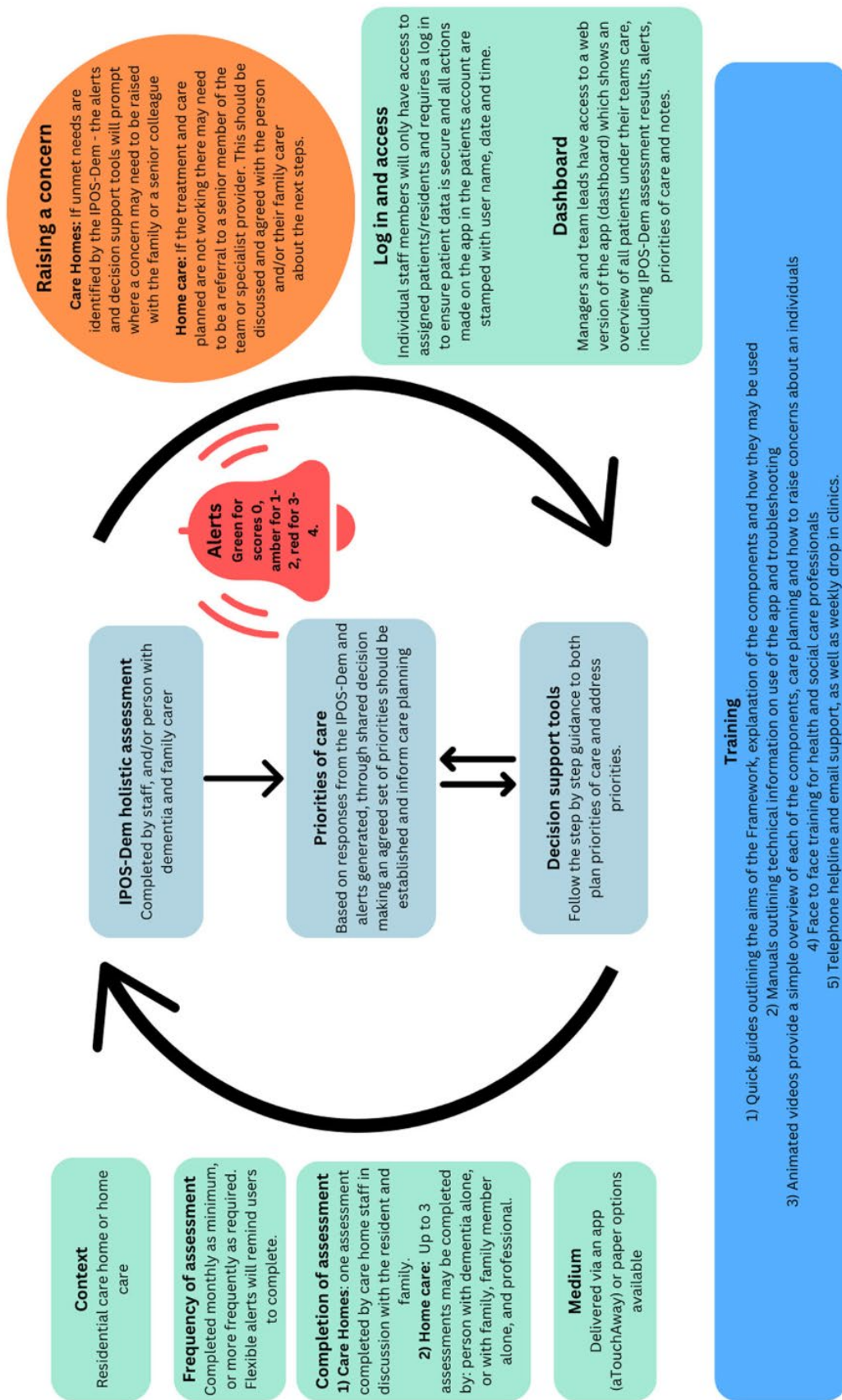
The Framework is delivered via the EMBED-Care digital app. This offers a means of joining up services and teams, improving communication, assessing holistic care needs, and agreeing priorities for care, all within a shared decision-making approach between healthcare practitioners and people with dementia alongside their families and carers.

The first step involves conducting a person-centred holistic assessment of need using the Integrated Palliative Care Outcome Scale for People with Dementia (IPOS-Dem).<sup>18</sup> The IPOS-Dem scores highlight unmet need through an alert system, which can inform and promote shared decision-making between the healthcare practitioner and those affected by dementia to support setting priorities and goals of care. The identified needs are automatically linked with evidence-informed clinical decision support tools to help manage care.<sup>25</sup> Such tools are practical and easy to use in the community and care homes, whilst effectively addressing the complexity of palliative dementia care.<sup>20, 25, 27</sup>

The Framework is intended for use by people with dementia, family carers and health and social care professionals in community and social care settings. The EMBED-Care app comprises a supplementary training package comprising a user guide, short animations and technical and troubleshooting information to support users. Co-designed with people affected by dementia, health and social care practitioners, academics and managers and commissioners, the application and training package also aligns to user preferences and current practice.<sup>20, 25, 27</sup> The principles of the Framework can also be adapted and applied offline (e.g., recorded on paper, integrated with electronic health records) to suit users' needs.

The Framework is particularly beneficial for people with dementia with more complex care needs, who therefore require greater support. For example, EMBED-Care conducted several cohort studies (WS3) to investigate the needs of those with dementia, including embedded studies of rarer forms of dementia, such as frontotemporal lobe dementia and those caused by prion disease (e.g. Creutzfeldt-Jakob disease).<sup>28-30</sup> Using a holistic approach, including application of the IPOS-Dem, the studies identified a range of unmet physical, psychological and social needs, such as pain,<sup>28</sup> neuropsychiatric symptoms,<sup>30</sup> or communication difficulties.<sup>29</sup> Such findings can inform shared decision-making, and subsequent treatment and management.

Figure 3. EMBED-Care Framework overview and flow (from Davies et al., 2024).<sup>25</sup>



---

## **EMBED-Care promotes a step change that draws upon integrated palliative dementia care to improve outcomes for people with dementia**

EMBED-Care promotes a step change that draws upon integrated palliative dementia care, empowering people affected by dementia, addressing their unmet needs and prioritising person-centred care.

Palliative care is the active total care of patients and their families by a multi-professional team when the patient's disease is incurable.<sup>31</sup> It is associated with reductions in symptom burden,<sup>32</sup> healthcare costs,<sup>32, 33</sup> and unplanned emergency care,<sup>33</sup> including emergency department (ED) attendance.<sup>34</sup> However, as an underdeveloped priority area in dementia care,<sup>14</sup> the palliative care needs of people with dementia are often underassessed,<sup>35</sup> and undermanaged.<sup>36</sup>

As such, a palliative care approach to dementia more often starts in a crisis or when death is imminent,<sup>4, 8</sup> but it can be integrated earlier into routine practice to optimise comfort and quality of life.<sup>14</sup> Delivered by generalist teams, a model of integrated palliative dementia care ensures needs-based person-centred care is accessible across care settings. EMBED-Care endorses such an approach across the dementia trajectory, to support people with dementia to live as well and as independently as possible.

## **EMBED-Care informs and advances current policy priorities to improve community care, reduce health inequalities, and develop digital solutions**

At the time of writing, the government is in the process of developing a “10-year plan” for healthcare reform, to move care “from hospitals to communities” and to better integrate health and social care.<sup>37</sup> It contributes to delivering on manifesto commitments to neighbourhood delivery of healthcare and a ‘home first’ principle for social care to support people to live independently for as long as possible.<sup>38</sup> This builds on commitments to increase community support and reduce hospitalisation set out in the 2019 NHS Long Term Plan,<sup>39</sup> and promoted by primary care programmes, including Hospital at Home,<sup>40</sup> and Enhanced Care in Care Homes.<sup>41</sup> EMBED-Care directly advances and informs these policy priorities, providing a solution to deliver community models of integrated, personalised care across the dementia trajectory.

By offering a novel solution for identifying unmet needs, the EMBED-Care Framework further supports policy ambitions to reduce health inequalities. Delivery of the Framework in a digital format additionally supports digital transformation in the NHS. Innovative digital technologies are a priority for improving access to care and building health solutions which are sustainable in the long-term.<sup>42</sup> With the ongoing goal setting and planning for health and social care, there is opportunity to ensure that reform is informed by the high-quality evidence of EMBED-Care, which understands, prioritises, and addresses the needs of those affected by dementia.

---

## Recommendations for Health and Social Care Policy

### A holistic approach

- ♦ Integrated Care Boards (ICBs) to consider dementia in their legal duty to respond to local palliative care needs.
- ♦ ICBs to ringfence funding for Community Mental Health Teams, as core providers of post-diagnostic dementia care for those with greatest needs.
- ♦ NHS England to ensure dementia-specific palliative care knowledge and skills are core competencies in professional training and development of health and social care practitioners working with older people.
- ♦ NHS England to reform Continuing Healthcare funding to ensure the rising needs of people with dementia approaching the end of life are equitably addressed.
- ♦ ICBs to commission support services for family carers (e.g. pre- and post-death grief support), delivered by staff with culturally sensitive competencies.

### Shared decision-making

- ♦ Clinical teams, whether in primary or secondary care, to be equipped with generalist clinical skills needed to deliver person-centred, needs-based dementia care.
- ♦ Implementation by NHS England of evidence-informed decision aids for use by clinical teams with family carers and people with dementia, to support understanding on optimally managing care needs (e.g., eating and drinking)

and making key decisions about care (e.g., transitions in care).

- ♦ Practitioners to work with people with dementia and family carers as equal partners in care.
- ♦ Practitioners to align care plans with cultural and religious beliefs.

### From diagnosis to end of life

- ♦ ICBs to fund targeted community interventions to reduce unwanted variation in end-of-life hospitalisation among people with dementia from socioeconomically and ethnically diverse communities.
- ♦ ICBs to hold consultations with people affected by dementia, health and social care practitioners, the voluntary sector and researchers to identify where along the dementia trajectory service funding is most needed.
- ♦ ICBs to invest in interoperable electronic patient records across physical and mental health services to optimise care and reduce duplication.
- ♦ Increase funding for research that tests digital health interventions, including the EMBED-Care Framework digital app, to enable shared monitoring and management of symptoms over time.

---

## Next Steps

The number of people with dementia who have palliative care needs is expected to increase substantially in the next 20 years and beyond. The EMBED-Care Programme has been driving research on dementia care relating to those needing greater support, and is leveraging change in care to meet this need:

- The Programme supported public engagement work to raise awareness of the roles of carers of people with dementia.<sup>43, 44</sup>
- The Programme guided the development of the policy brief, 'A Right to be Heard',<sup>45</sup> which has informed ICB dementia strategies for optimal palliative and end-of-life care.
- The EMBED-Care Framework is included in the Derbyshire Dementia Palliative Care Toolkit, which has been implemented nationally by NHS England.
- The Programme, specifically a cohort study on prion diseases, is producing national guidance on palliative care for people with rapidly progressive dementias.

The EMBED-Care Programme is also laying the foundations for future work that will:

- Assess the scalability of the EMBED-Care Framework for people with dementia needing greater support, and their families, in care homes and at home in England.
- Through the ESRC/AS EMPOWER Dementia Network Plus, build a network of excellence to connect dementia communities, people with lived experience, practitioners, policy makers and researchers to work together to lever change for equality in dementia care.
- Drive change through working with the new NIHR Policy Research Units in Dementia and Neurodegeneration and Palliative and End of Life Care.

---

# References

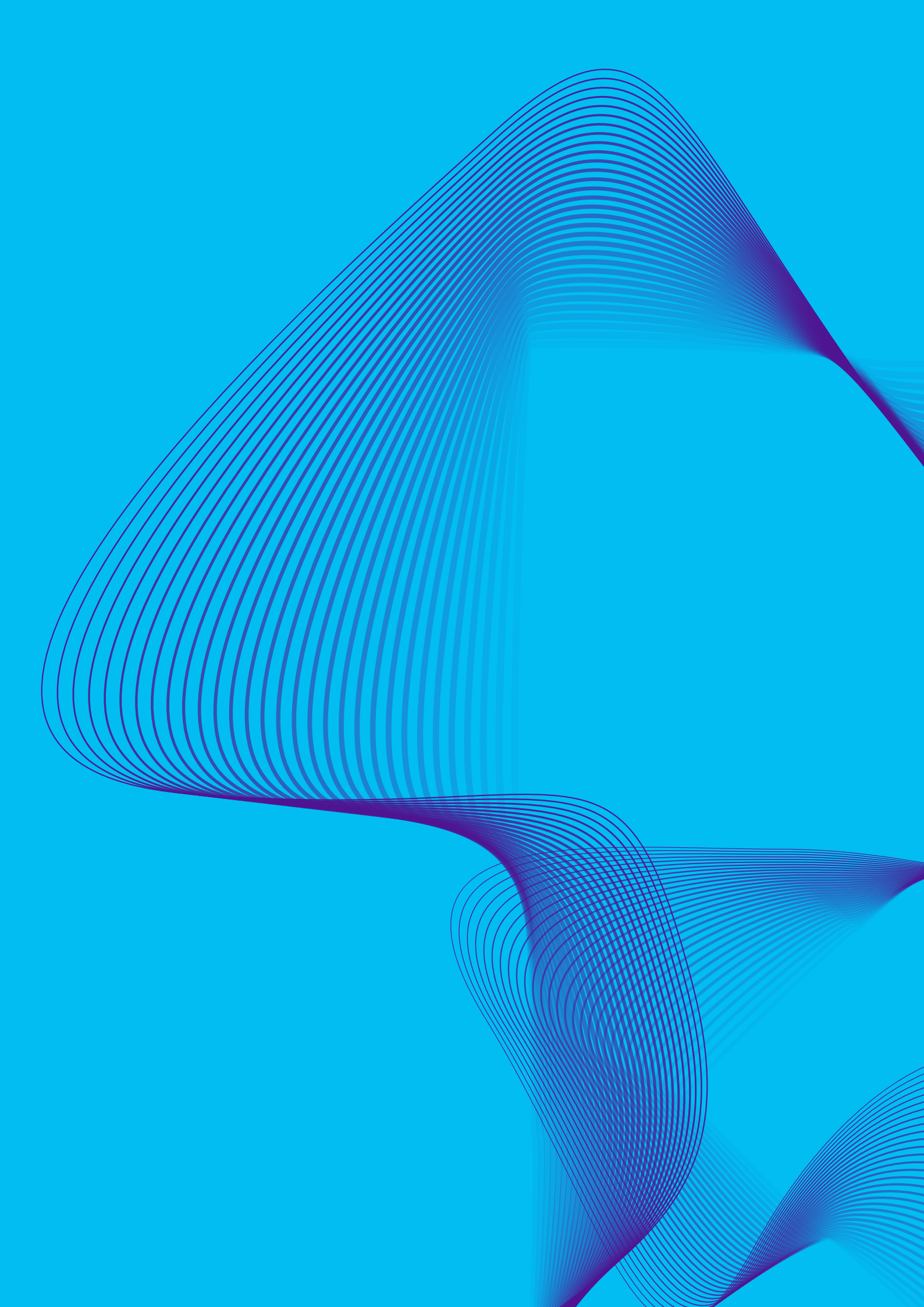
---

1. Office for National Statistics. Death registration summary statistics, England and Wales, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathregistrationsummarystatisticsenglandandwales/2023> (2023).
2. Carnall Farrar. The economic impact of dementia, <https://www.alzheimers.org.uk/sites/default/files/2024-05/the-annual-costs-of-dementia.pdf> (2024).
3. Sleeman KE, De Brito M, Etkind S, et al. The escalating global burden of serious health-related suffering: projections to 2060 by world regions, age groups, and health conditions. *The Lancet Global Health* 2019; 7: e883-e892.
4. Williamson LE, Sleeman KE and Evans CJ. Exploring access to community care and emergency department use among people with dementia: a qualitative interview study with people with dementia, and current and bereaved caregivers. *International Journal of Geriatric Psychiatry* 2023; 38: e5966.
5. Hodgson NA, Black BS, Johnston D, et al. Comparison of unmet care needs across the dementia trajectory: findings from the maximizing independence at home study. *Journal of Geriatrics and Palliative Care* 2014; 2: 5.
6. Zhu Y, Olchanski N, Cohen JT, et al. Life-sustaining treatments among Medicare beneficiaries with and without dementia at the end of life. *Journal of Alzheimer's Disease* 2023; 96: 1183-1193.
7. Williamson LE, Leniz J, Chukwusa E, et al. A population-based retrospective cohort study of end-of-life emergency department visits by people with dementia: multilevel modelling of individual-and service-level factors using linked data. *Age and Ageing* 2023; 52: afac332.
8. Sampson EL, Candy B, Davis S, et al. Living and dying with advanced dementia: a prospective cohort study of symptoms, service use and care at the end of life. *Palliative Medicine* 2018; 32: 668-681.
9. Yorganci E, Stewart R, Sampson EL, et al. Patterns of unplanned hospital admissions among people with dementia: from diagnosis to the end of life. *Age and Ageing* 2022; 51: afac098.
10. Darzi A. Independent Investigation of the National Health Service in England, <https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf> (2024).
11. Yorganci E, Bone AE, Evans CJ, et al. Estimating the escalating future need for palliative care among people living with dementia. *Palliative Medicine* 2024: 02692163241269773.

- 
12. Yorganci E, Sleeman KE, Sampson EL, et al. Survival and critical care use among people with dementia in a large English cohort. *Age and Ageing* 2023; 52. DOI: <https://dx.doi.org/10.1093/ageing/afad157>.
  13. Kupeli N. For more information, please email: [n.kupeli@ucl.ac.uk](mailto:n.kupeli@ucl.ac.uk). unpublished.
  14. Sampson EL, Anderson JE, Candy B, et al. Empowering better End of Life dementia care (EMBED Care): a mixed methods protocol to achieve integrated person centred care across settings. *International Journal of Geriatric Psychiatry* 2020; 35: 820-832. DOI: <https://doi.org/10.1002/gps.5251>.
  15. Evans C. Unpublished meta-review findings. For more details, please email: [Catherine.Evans@kcl.ac.uk](mailto:Catherine.Evans@kcl.ac.uk).
  16. Moore K, Sampson E, Kupeli N, et al. Supporting families in end-of-life care and bereavement in the COVID-19 era. *International psychogeriatrics* 2020; 32: 1245-1248.
  17. Crawley S, Sampson EL, Moore KJ, et al. Grief in family carers of people living with dementia: A systematic review. *International psychogeriatrics* 2023; 35: 477-508.
  18. Ellis-Smith C, Evans CJ, Murtagh FE, et al. Development of a caregiver-reported measure to support systematic assessment of people with dementia in long-term care: The Integrated Palliative care Outcome Scale for Dementia. *Palliative Medicine* 2017; 31: 651-660.
  19. Aworinde J, Ellis Smith C, Gillam J, et al. How do person centered outcome measures enable shared decision making for people with dementia and family carers?—a systematic review. *Alzheimer's & Dementia: Translational Research & Clinical Interventions* 2022; 8: e12304.
  20. Aworinde J, Evans CJ, Gillam J, et al. Co design of the EMBED Care Framework as an intervention to enhance shared decision making for people affected by dementia and practitioners, comprising holistic assessment, linked with clinical decision support tools: A qualitative study. *Health Expectations* 2024; 27: e13987.
  21. West E, Moore K, Kupeli N, et al. Rapid review of decision-making for place of care and death in older people: lessons for COVID-19. *Age and Ageing* 2021; 50: 294-306.
  22. Davies N, Sampson EL, West E, et al. A decision aid to support family carers of people living with dementia towards the end of life: coproduction process, outcome and reflections. *Health Expectations* 2021; 24: 1677-1691.
  23. West E, Nair P, Aker N, et al. Rapid development of a COVID 19 care planning decision aid for family carers of people living with dementia. *Health Expectations* 2022; 25: 1954-1966.
  24. Davies N, Schiowitz B, Rait G, et al. Decision aids to support decision-making in dementia care: a systematic review. *International Psychogeriatrics* 2019; 31: 1403-1419.

- 
25. Davies N, Sampson EL, Aworinde J, et al. Co Designing a Palliative Dementia Care Framework to Support Holistic Assessment and Decision Making: The EMBED Care Framework. *Health Expectations* 2024; 27: e70011.
  26. Tunnard I, Gillam J, Harvey C, et al. The acceptability and effectiveness of ehealth interventions to support assessment and decision-making for people with dementia living in care homes: A systematic review. *Frontiers in Dementia* 2022; 1: 977561.
  27. Gillam J, Evans C, Aworinde J, et al. Co-design of a theory-based implementation plan for a holistic eHealth assessment and decision support framework for people with dementia in care homes. *Digital Health* 2023; 9: 20552076231211118.
  28. Williams R, Vickerstaff V, Crawley S, et al. The palliative care needs and symptoms of people living with sporadic Creutzfeldt-Jakob disease (sCJD) - the EMBED-Care study. For more information, please email: n.kupeli@ucl.ac.uk.
  29. Turner G, Kupeli N, Warren J, et al. Describing the palliative needs of people living with FLTD using IPOS-Dem, and their association with quality of life. For more information, please email: n.kupeli@ucl.ac.uk.
  30. Turner G, Kupeli N, Warren J, et al. Measuring neuropsychiatric symptoms in patients with frontotemporal lobar degeneration using IPOS-Dem. For more information, please email: n.kupeli@ucl.ac.uk.
  31. Keeley PW and Noble S. Palliative care: introduction. *Medicine* 2011; 39: 635.
  32. Evans CJ, Bone AE, Yi D, et al. Community-based short-term integrated palliative and supportive care reduces symptom distress for older people with chronic noncancer conditions compared with usual care: a randomised controlled single-blind mixed method trial. *International Journal of Nursing Studies* 2021; 120: 103978.
  33. Pereira MJ, Tay RY, Tan WS, et al. Integrated palliative homecare in advanced dementia: reduced healthcare utilisation and costs. *BMJ Supportive & Palliative Care* 2023; 13: 77-85.
  34. Williamson LE, Evans CJ, Cripps RL, et al. Factors associated with emergency department visits by people with dementia near the end of life: a systematic review. *Journal of the American Medical Directors Association* 2021; 22: 2046-2055. e2035.
  35. Leniz J, Higginson IJ, Yi D, et al. Identification of palliative care needs among people with dementia and its association with acute hospital care and community service use at the end-of-life: a retrospective cohort study using linked primary, community and secondary care data. *Palliative Medicine* 2021; 35: 1691-1700.
  36. Dempsey L, Dowling M, Larkin P, et al. The unmet palliative care needs of those dying with dementia. *International Journal of Palliative Nursing* 2015; 21: 126-133.
  37. The King's Fund. The government's 10-year plan for health and care, <https://www.kingsfund.org.uk/insight-and-analysis/projects/governments-long-term-plan-health-and-care#the-case-for-reform-and-approach-to-it-> (2024).

- 
38. Labour Party. Change. Labour Party manifesto, <https://labour.org.uk/change/> (2024).
  39. NHS England. The NHS Long Term Plan, <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/> (2019).
  40. British Geriatrics Society. Bringing hospital care home: Virtual Wards and Hospital at Home for older people, <https://www.bgs.org.uk/sites/default/files/content/attachment/2022-08-11/Bringing%20hospital%20care%20home%20-%20Virtual%20Wards%20and%20Hospital%20at%20Home%20for%20older%20people.pdf> (2022).
  41. NHS England. Providing proactive care for people living in care homes – Enhanced health in care homes framework, <https://www.england.nhs.uk/long-read/providing-proactive-care-for-people-living-in-care-homes-enhanced-health-in-care-homes-framework/>.
  42. Health and Social Care Committee. Digital transformation in the NHS. Eighth Report of Session 2022–23., <https://committees.parliament.uk/publications/40637/documents/198145/default/> (2023).
  43. Yorganci E and Sleeman KE. Palliative care can benefit people with dementia. British Medical Journal Publishing Group, 2023.
  44. Science Gallery. Dementia Journeys: Towards Better End of Life Dementia Care, <https://london.sciencegallery.com/sgl-events/dementia-journeys> (2024).
  45. Williamson L, Yorganci E, Leniz J, et al. A Right to be Heard: Better palliative and end-of-life care for people affected by dementia. King’s College London, <https://doi.org/10.18742/pub01-165> (2023).





# The Policy Institute

The Policy Institute at King's College London works to solve society's challenges with evidence and expertise.

We combine the rigour of academia with the agility of a consultancy and the connectedness of a think tank.

Our research draws on many disciplines and methods, making use of the skills, expertise and resources of not only the institute, but the university and its wider network too.

## Connect with us

 [@policyatkings](https://twitter.com/policyatkings)  [kcl.ac.uk/policy-institute](https://kcl.ac.uk/policy-institute)