OXFORD PSYCHIATRY GROUP
Think Well. Feel Well. Live Well.

AFTER A DIAGNOSIS

Dementia: practical next steps

A short guide from Oxford Psychiatry Group for the person diagnosed, family members and carers.

Take this at your own pace

A diagnosis can bring relief, worry or both. Choose one or two priorities and ask someone you trust to help. This guide is for adults using services in England; legal and benefit arrangements differ elsewhere in the United Kingdom.

Ask for a care plan and named contact

Ask who will coordinate care: someone in the memory service, your general practitioner (GP) or another professional. The plan should cover what matters to you, health needs, services, who to contact if things change and review arrangements. National Institute for Health and Care Excellence (NICE) quality standards say people should have a single named health or social-care professional responsible for coordinating care. **NICE QS184** | **NHS after diagnosis**

Understand the diagnosis and treatment

Ask what type of dementia is suspected or confirmed, what the assessment showed and what remains uncertain. Medicines can help some symptoms for some people but do not cure dementia. Ask about non-drug support, including group cognitive stimulation therapy and cognitive rehabilitation or occupational therapy where suitable. **NICE NG97**

Tell people in the way that feels right

You decide who to tell and when, unless information must be shared for a legal or safeguarding reason. With your agreement, a trusted person can attend appointments and help with agreed tasks. Ensure your GP knows the diagnosis and keep a current medicine and contact list. **NHS after diagnosis**

Driving and work

If you drive, you must tell the Driver and Vehicle Licensing Agency (DVLA) and your motor insurer. Diagnosis does not automatically mean stopping; DVLA decides after considering medical information. Follow clinical advice meanwhile. If you work, discuss safety and reasonable adjustments where relevant. **GOV.UK driving** | **Work adjustments**

PLANNING AHEAD

Keep control of important decisions

Planning early gives you more say; wishes can be revisited as circumstances change.

Lasting powers of attorney

A lasting power of attorney (LPA) lets you appoint trusted people. There are property and financial affairs, and health and welfare, LPAs. You must have mental capacity to make one. A health and welfare attorney acts only when you cannot make the relevant decision; a registered property and financial affairs LPA may be used with your permission. **GOV.UK LPA**

Advance care planning

This is voluntary. You may record what matters to you, people to involve, care preferences, an advance statement, or an advance decision to refuse specified treatment. Ask a clinician to explain the differences, legal requirements and where records will be kept. **NICE NG97**

Money, benefits and practical safety

Consider a will and a benefits check. Attendance Allowance may be relevant after State Pension age; Personal Independence Payment (PIP) rules usually concern people below State Pension age. Council Tax reductions or a Blue Badge depend on eligibility. At home, improve lighting, remove trip hazards and use simple medication support without taking over unnecessarily. **Benefits information** | **Blue Badge**

Social care and carers

A free council needs assessment considers support for the person with dementia. An unpaid carer can request a separate carer's assessment. Services arranged afterwards may be chargeable following a financial assessment. Ask about a dementia adviser, memory café, activity group and local carer support. **Council needs assessment** | **Carers UK**

Health, support and urgent changes

Good care supports the person's interests, relationships, culture and preferred routine.

Physical and emotional health

Keep reviews for hearing, sight, dental health, long-term conditions and medicines. Routine, suitable activity, food, fluids, sleep and company can support wellbeing. NICE advises considering psychological treatment for mild to moderate anxiety or depression in mild to moderate dementia. A sudden change needs prompt medical assessment for illness, delirium or stroke. **NICE NG97**

Trusted support

Alzheimer's Society provides advice and local support on 0333 150 3456. Dementia UK's Admiral Nurse Dementia Helpline is 0800 888 6678. Age UK and Carers UK offer practical information. Check opening hours and eligibility on the organisations' websites. **Alzheimer's Society** | **Dementia UK** | **Age UK** | **Carers UK**

Through Oxford Psychiatry Group

Oxford Psychiatry Group provides older-adult psychiatry, memory assessment, treatment guidance, personalised wellbeing planning and support for patients and carers. Existing patients should use their clinical letter; new patients can enquire through our website. **Oxford Psychiatry Group**

Terms used

National Health Service (NHS); National Institute for Health and Care Excellence (NICE); general practitioner (GP); Driver and Vehicle Licensing Agency (DVLA); lasting power of attorney (LPA); Personal Independence Payment (PIP); accident and emergency (A&E).

Urgent help

Call 999 for possible stroke, immediate danger or serious acute illness. For urgent advice that is not an emergency, use NHS 111. A sudden or marked change should not automatically be attributed to dementia. **NHS 111**

Trusted sources used in this leaflet

Clinical guidance: **NICE NG97** | **NICE QS184**

NHS information: **After diagnosis** | **Help and support**

Government guidance: **Driving** | **LPA**

This leaflet gives general information and does not replace an individual clinical, legal, educational or occupational assessment. Guidance and links were checked on 4 September 2026. External services and availability can change. Legal and service information is for England and Wales where stated; seek legal advice for individual circumstances.