



National Audit of Dementia

UPCARE: 1.0 National Audit of Dementia
Programme
name - please
do not change
this field.*

1.1 NAD
Abbreviation

1.2 Audit or Audit
non-audit

1.3 HQIP Yes
commissioned*

1.4 Programme HQIP103
unique
identifier*

Contract status Ongoing

HQIP AD JC

HQIP PM NP

1.5 Lead Royal College of Psychiatrists
organisation*

1.6 Programme <https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-audit-of-dementia>
homepage*

1.7 Programme NAD in General Hospitals
summary

NAD was initially established to measure the performance of general hospitals against criteria relating to care delivery which are known to impact people with dementia while admitted to a general acute hospital.

These criteria (standards) are from national and professional guidance, including NICE Quality Standards and guidance, the Dementia Friendly Hospitals charter, and reports from the Alzheimer's Society, Age Concern and Royal Colleges.

Up to round 4 of the audit data collection at patient level was carried out on the basis of retrospective sampling.

Rounds 5 and 6 of the audit involved extensive changes to content and methodology:

- Move to more rapid and regular reporting, enabling sites to gauge the effect of local quality improvement initiatives
- Move to prospective identification of patients for sampling, to aid above
- Focus on areas where there is lower/variable performance and reduce the total number of items measured

- Examine methods for collecting feedback from patients as well as carers on an annual basis

After piloting, the audit was rolled out with these changes/ new content in September 2022.

Round 5 national Report was published in August 2023, and Round 6 National Report was published in December 2024.

NAD in Memory Assessment Services

In 2023 and 2024, NAD published reports on audits in community-based memory assessment services, focussing on waiting times, access to assessments, treatment and post diagnostic support for people with dementia. Tools and methodology were adapted with permission from the NHS London 2019 Audit in memory services.

2025-2027

Over the next three years we will be fully redesigning and implementing audits in both general acute hospitals and in dementia diagnostic services. We plan to work with routine data, which is already collected, lessening the burden of audit data collection for our participating services.

During the first year we will:

identify and test Healthcare Priorities and metrics for audit, while supporting hospitals and services with Quality Improvement projects based on previous results
evaluate methods of collecting meaningful feedback from people living with dementia and carers.

carry out service mapping activity in dementia diagnostic services

We will roll out the new audits in 2026 and 2027, with one State of the Nation report in each year.

2.1 Organogram <https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-audit-of-dementia/information-governance>

2.2 Organisations involved in delivering the programme [British Geriatrics Society \(BGS\) www.bgs.org.uk](http://www.bgs.org.uk)
“The British Geriatrics Society is the membership association for professionals specialising in the healthcare of older people across the UK. Founded in 1947, we now have over 3,400 members, and we are the only Society in the UK offering specialist expertise in the wide range of healthcare needs of older people. Special Interest Groups within the Society focus on specific conditions including Falls and Bone Health, Oncology, Community Geriatrics, Cardiovascular Disease, Movement Disorders, Diabetes and Dementia.”

The BGS is represented on the project steering group and provides input into the programme design and outputs.

Age UK www.ageuk.org.uk

“Age UK is the country's largest charity dedicated to helping everyone make the most of later life.... We provide services and support at a national and local level to inspire, enable and support older people.”

Age UK is represented on the project steering group and provides input into the programme design and outputs.

[Alzheimer's Society www.alzsoc.org.uk](http://www.alzsoc.org.uk)

"Alzheimer's Society is a care and research [charity](#) for people with [dementia](#) and their carers. It is a membership organisation, which works to improve the quality of life of people affected by dementia in England, Wales and Northern Ireland"

Alzheimer's Society is represented on the project steering group and provides input into the programme design and outputs.

Dementia Alliance for Culture and Ethnicity (DACE) [HOME | dementiaace](#)

"The Dementia Alliance for Culture and Ethnicity (DACE) is an alliance of groups currently providing information and support to people from Black, Asian and minority ethnic communities in the UK.

We want to invite the support of any and all of those who want to help with our aims.

Our Call to Action promotes improved understanding of dementia in Black, Asian and minority ethnic communities and improved services and support for all those living with dementia and their carers and families."

DACE is represented on the project steering group and provides input into the programme design and outputs.

2.3 Governance arrangements

The audit is governed by a steering group (SG) which meets 2-4 times a year. The steering group is jointly chaired by the Clinical Advisers

The steering group advises on all aspects of the project including:

- standards
- methodology
- audit process
- recruitment of services
- reports and publications
- liaison with other key bodies such as the Department of Health and Welsh Government.

The Implementation Group is responsible for delivering the programme and ensuring the quality and accuracy of the data and project outputs.

The Implementation Group is formed of the core Project Team, Clinical Advisors, Patient and Carer Advisors, with input as required from Expert Advisors (statistician, QI expert)

2.4 Stakeholder engagement

Patients and carers are involved at all levels:

- The Patient /Carer Adviser is a person with lived experience who has input into the Implementation Group informing key decisions and development, and the Steering Group which advises on all aspects of the project
- the Lived Experience Advisory Group convenes to provide direct feedback from people with lived experience into the programme, including healthcare priorities, standards, measurement and reporting.
- The Patient /Carer group of representatives devised, discussed and finalised the content of the Patient Feedback Survey rolled out in round 5 and continuing in Round 6

- Development of the carer questionnaire used since Round 3 of audit was informed by a panel of carers and patients. Carers involved in testing the questionnaire returned comment on content and format

Clinicians are involved as Clinical Leads, via the Steering Group, and via Reference Panels providing advice on key aspects of the programme:

- Advising on measurement of evidence-based standards for the care of people with dementia.
- Being involved in the design of the audit tool and audit methodology.
- Interpreting the data from the audit from a clinical perspective.
- Presenting key findings from the audit at the professional annual conference.
- Input at report write-up stage.

2.5 Conflict of interest policy

Steering group members are required to declare conflicts of interest and this is reviewed at each meeting – this is a standing agenda item. Signed declarations regarding conflict of interest are collected from committee members annually/ when a new interest is declared, and any interests are registered. The Royal College of Psychiatrists has a standard COI policy for all committee and steering group meetings.

<https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-audit-of-dementia/what-is-nad>

Data collection for national clinical audits is covered by a joint privacy notice, explaining why data is collected and how confidentiality is maintained. This can be found on the website:

Our privacy notice can be found on the following web page:

<https://www.rcpsych.ac.uk/aboutthecollege/dataprotection/privacynoticenationalaudits.aspx>

3.1 Quality improvement goals

The current quality improvement objectives of the programme are to:

1. Increase the proportion of people with dementia admitted to a general hospital who receive a screen or initial assessment for delirium
2. Increase the proportion of people with dementia admitted to a general hospital who receive a structured assessment of pain
3. Increase the proportion of people with dementia admitted to a general hospital whose discharge planning is initiated within 24 hours of admission
4. Increase the proportion of carers reporting that the overall quality of care was very good or excellent

These are under review and Healthcare Improvement Priorities will be redeveloped in 2025

3.2 Quality improvement driver diagram

<https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-audit-of-dementia/national-audit-dementia-round-6>

3.3a Methods for stimulating quality improvement*

Workshops; On-line Quality Improvement guides; Action plan template

4a) Please add the most recent

02/05/2025

date that you have reviewed and updated an online version of UPCARE (Programme section) on your project's website (click into the response to see pop-up guidance).

4b) Please add a hyperlink to UPCARE (Programme section) on your website (click into the response to see pop-up guidance).*

<https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-audit-of-dementia/information-governance>