

National Audit of Dementia in Memory Assessment Services

Healthcare Quality Improvement Plan 2025-2027

Background

The National Audit of Dementia (NAD) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and the Welsh Government and is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). It is managed by the Royal College of Psychiatrists College Centre for Quality Improvement (CCQI) working in close partnership with professional and service user representatives.

Healthcare Quality Improvement Plan

The National Audit of Dementia has developed a Healthcare Quality Improvement (HQI) Plan that will act as a central audit framework moving forward. This plan evaluates whether patients living with dementia via diagnostic services receive consistent, high-quality care aligned with professionally agreed guidelines and standards. It includes reporting on areas for improvement and presenting audit data in ways that drive better care delivery, improved outcomes, and shared learning.

Healthcare Improvement Goals define specific, measurable targets for change. Key metrics have been identified based on national priorities, guidance, and consultation with the NAD Steering Group, Clinical and Patient and Carer Advisors, Audit Lead Advisory Panel, and the Lived Experience Advisory Group. Five priority goals have been selected through consultation and previous audit findings; however, these may be amended or refined once data are received and reviewed to assess data quality and feasibility of analysis. The goals will be agreed with funders and reviewed periodically with input from expert advisers.

Healthcare Improvement Goals

Goal 1: Reduce the wait time for diagnosis

Reduce the average waiting time between referral to a diagnostic service and the patient receiving a diagnosis.

Over two consecutive rounds of audit, the aim will be reduction of the median 137 day waiting time to less than 126 days (18 weeks).

Rationale: The National Collaborating Centre for Mental Health (NCCMH) Dementia Care Pathway notes the importance of prompt diagnosis that enables the person and their family and/or carer to plan for the future while the person still has the capacity to make decisions (2018, [3.1](#)).

Goal 2: Increase the proportion of services with access to Picture Archiving and Communication System (PACS)

To increase the proportion of services with access to Picture Archiving and Communication System to view structural imaging to diagnose dementia.

Rationale: Imaging is one of the five pillars of medical diagnostics ([NHS England, 2023](#)). NICE (2018) recommends offering structural imaging to rule out reversible causes of cognitive decline and to assist with subtype diagnosis, unless dementia is well established and the subtype is clear ([1.2.13](#)).

Goal 3: Decrease the variation between services in reporting diagnosis by dementia type

Over two consecutive rounds of audit, a) factors affecting extreme variation in diagnosis by type will be established, and b) a target decrease in variation between diagnostic services and diagnosis by type will be determined.

Rationale: Services vary widely in the reported proportion of patients receiving diagnosis of dementia type or other memory problems (AD: 6-90%; MCI 0-42%) [National Audit of Dementia Memory Services Spotlight Audit 2023-24](#)).

Goal 4: Increase the proportion of patients receiving Cognitive Stimulation Therapy (CST)

By early 2026 or the outset of the next audit, a target increase in the proportion of patients receiving CST will be determined.

Rationale: NICE (2018) recommends offering group cognitive stimulation therapy to people living with mild to moderate dementia ([1.4.2](#))

Goal 5: Increase the proportion of patients receiving post diagnostic monitoring

By early 2026 or the outset of the next audit, a target increase in the proportion of patients receiving post diagnostic monitoring will be determined.

Rationale: Post diagnostic monitoring is essential to ensure that patients are receiving interventions and support that will benefit them.

- NICE (2018) recommends that people living with dementia are provided with a single named health or social care professional who is responsible for coordinating their care ([1.3.1](#)).
- NICE (2018) recommends that named professionals develop, agree, review, and share a personalised care and support plan with the person, their carers, and relevant professionals, addressing comorbidities and regularly reviewing and recording progress ([1.3.2](#)).

Data Source: [Mental Health Services Data Set \(MHSDS\)](#)

Key metrics drafted 31 July 2025, amended 12 January 2025

ID Number	Metric	Level
DS0001	<p><i>Waiting time</i></p> <ul style="list-style-type: none"> Average time in days from referral to dementia diagnosis 	Patient
DS0002	<p><i>Access time (as part of waiting time)</i></p> <ul style="list-style-type: none"> Average time in days from referral to assessment for dementia 	
DS0003	<p><i>Assessment</i></p> <ul style="list-style-type: none"> Proportion of patients receiving a comprehensive dementia assessment (including assessment of vision, hearing, falls risk, alcohol consumption, smoking status) 	Patient
DS0004	<p><i>Assessment (neuroimaging)</i></p> <ul style="list-style-type: none"> Proportion of services with access to a Picture Archiving and Communication System (PACS) 	Service
DS0005	<p><i>Assessment quality</i></p> <ul style="list-style-type: none"> Proportion of assessed patients diagnosed with dementia (by type) 	Patient
DS0006	<p><i>Intervention</i></p> <ul style="list-style-type: none"> Proportion of patients receiving cognitive stimulation therapy from the service 	Patient
DS0007	<p><i>Post-diagnostic support</i></p> <ul style="list-style-type: none"> Proportion of patients with a named Dementia Care Advisor Proportion of patients with a dementia care plan on record 	Patient
DS0008		