

From data to practice: A spotlight on dementia'

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How do we use data to improve care?

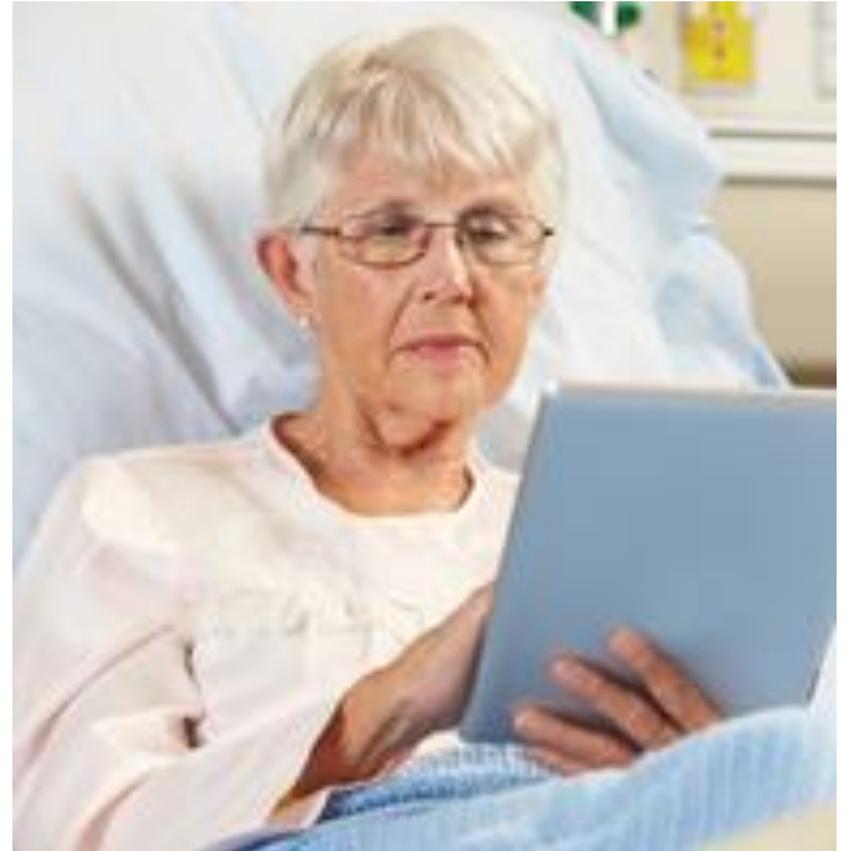
- National Audit of Dementia
- Local experience in Salford
- Regional experience in Greater Manchester



**National Audit of Dementia
(care in general hospitals)
Background, overview, next
steps**

National Audit of Dementia: Background

- NAD is commissioned by HQIP on behalf of NHS England/ Welsh Government
- Information from different sources: health records, organisational information about structures, staffing and resourcing, feedback from patients and carers
- What is collected/how it is measured it is derived from national standards and guidelines e.g. NICE and items that people with dementia and carers have told us are important



NAD audits: 2 healthcare settings...

General Hospitals – 6 reports 2011-2024

- Focus on quality of care provided to PLWD admitted to a general hospital

Key reporting 2022-24:

- **Delirium screening**
- **Pain** assessment/ reassessment
- **Discharge planning -early**
- Information systems which support care provision: ability to **identify people with dementia** admitted, and record as part of incident reporting
- **Carer ratings of care and communication**
- **Personal information document**
- **Staff training**
- **Leadership** roles

Memory Assessment Services – 2 reports 2022-24

- **Waiting times** referral- diagnosis
- **Assessment** components
- **Diagnosis**
- **Post diagnostic support** e.g. Dementia Adviser, Cognitive Stimulation Therapy

Also reported on high degree of variation between results of different services (eg in proportion of dementia diagnoses)

Data collection & case finding in general hospitals

Rounds 1-4

Retrospective sample - ICD10 coding applied post discharge

- Long time lags delaying reporting
- Secondary coding can miss large numbers of people with dementia admitted

Rounds 5&6

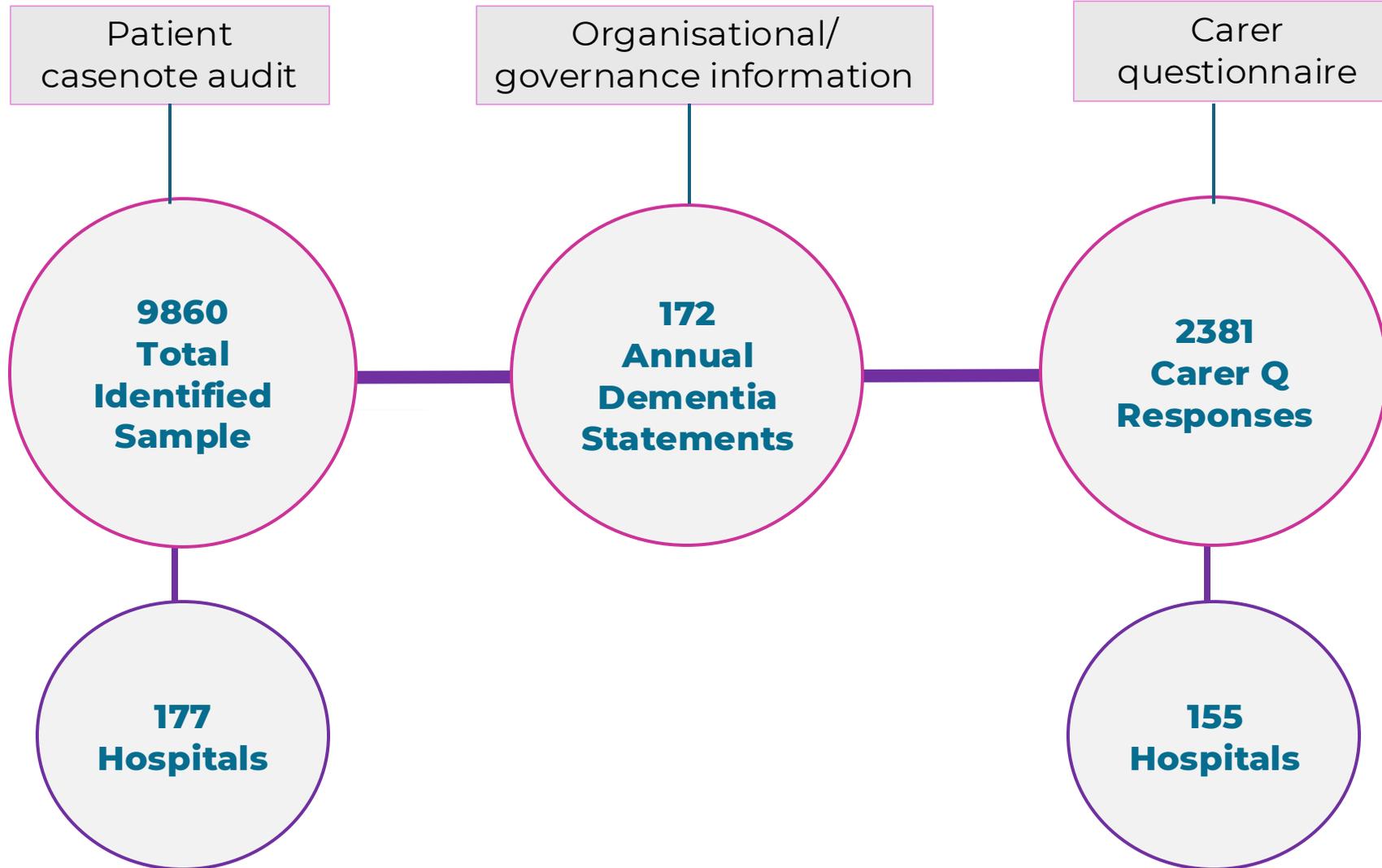
Prospective sample - identification of PLWD during admission to the hospital

- Information systems may not be set up to flag dementia, leading to variation in sampling

Round 7

Under discussion. No routine data available through national dataset(s) covering priority metrics

R6 Data Overview

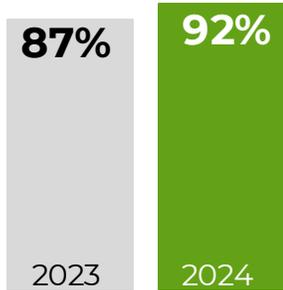


Round 6 general hospitals - key results summary (National Report December 2024)

- Improvements to delirium screening/pain assessment/carer ratings (care and communication)
- 75% hospitals - environmental changes completed/underway
- 95% of adult wards had snack foods available outside of mealtimes and 90% had finger food alternatives
- <50% assessments using structured tools
- Carer ratings slightly lower than 2019
- Variation in provision of personal information documents/systems in place which support care monitoring/identification of PWD

Delirium screening and assessment

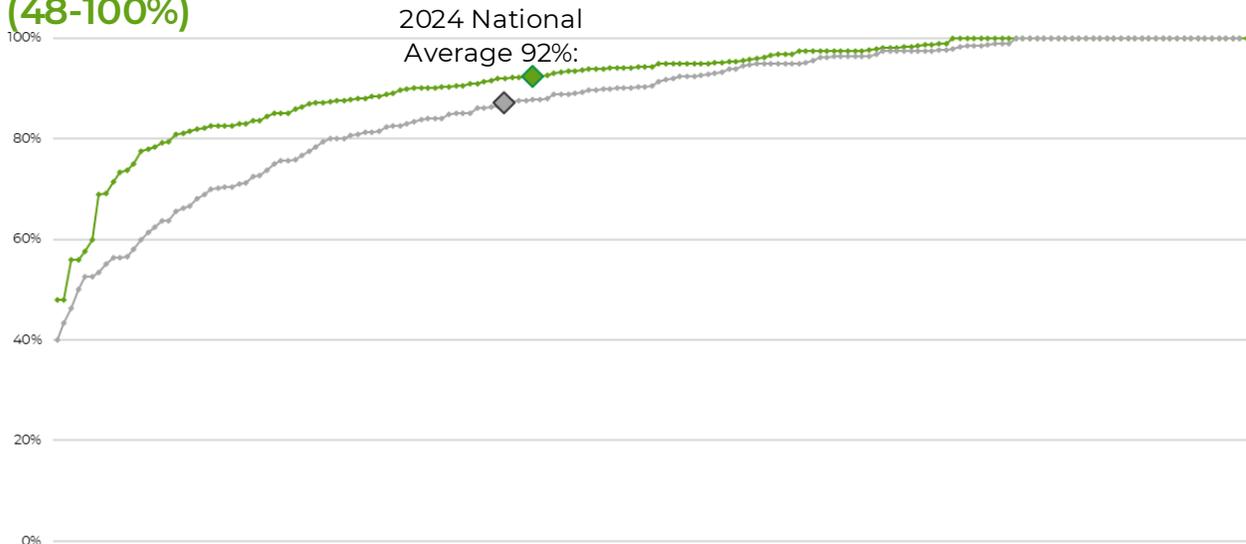
% Patients Receiving any Initial Delirium Screen



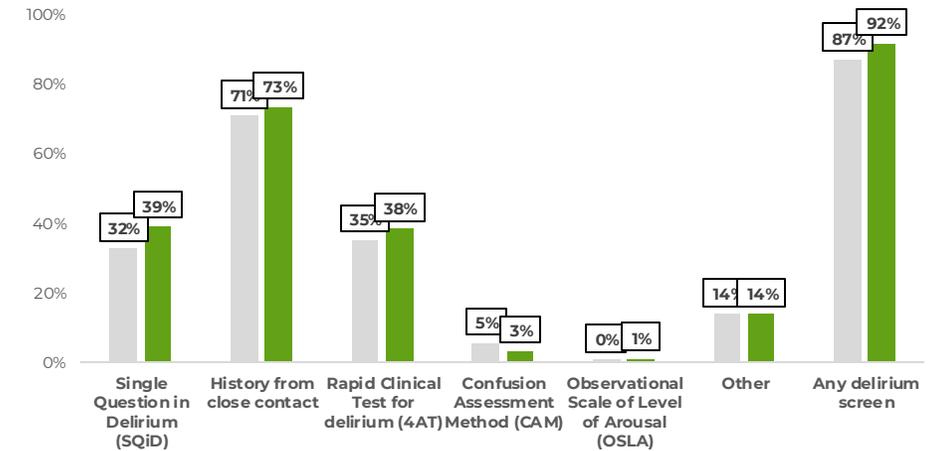
92% screened for delirium (87% in 2023)

86% screened within 24 hours of admission (81% in 2023)

% Patients Receiving any Initial Delirium Screen, by hospital (48-100%)



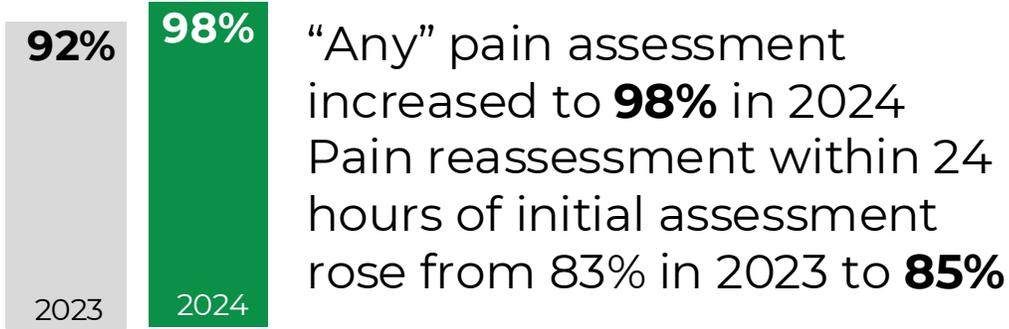
Breakdown of Delirium Screens Received by Patients



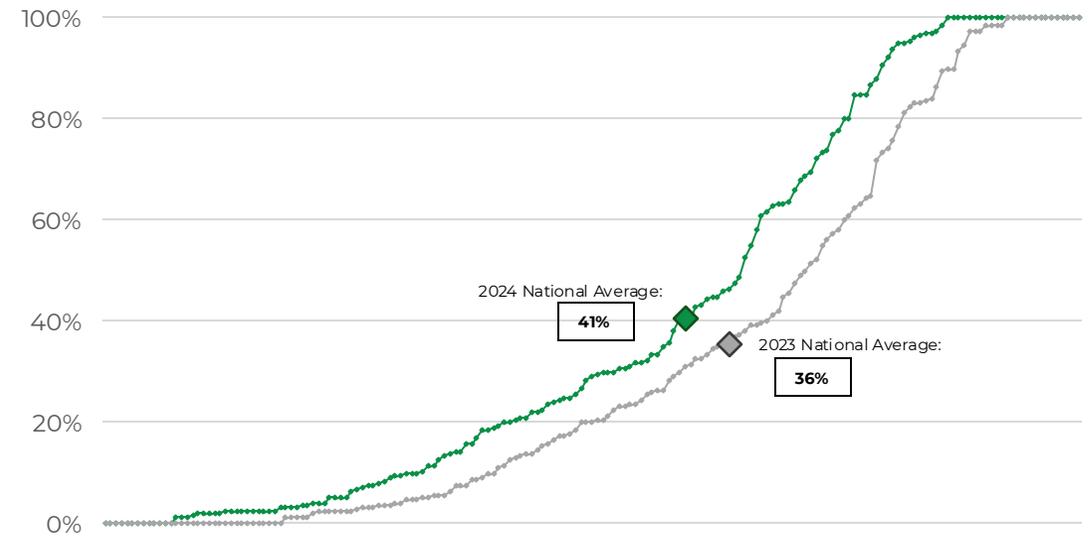
Pain assessment and reassessment



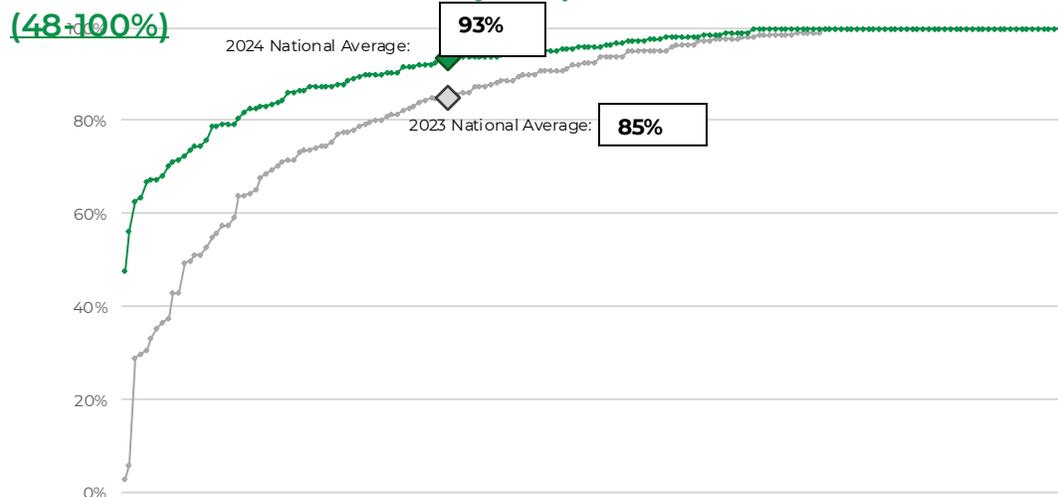
% Patients Receiving Initial Pain Assessment



% Patients Receiving a Structured Pain Assessment



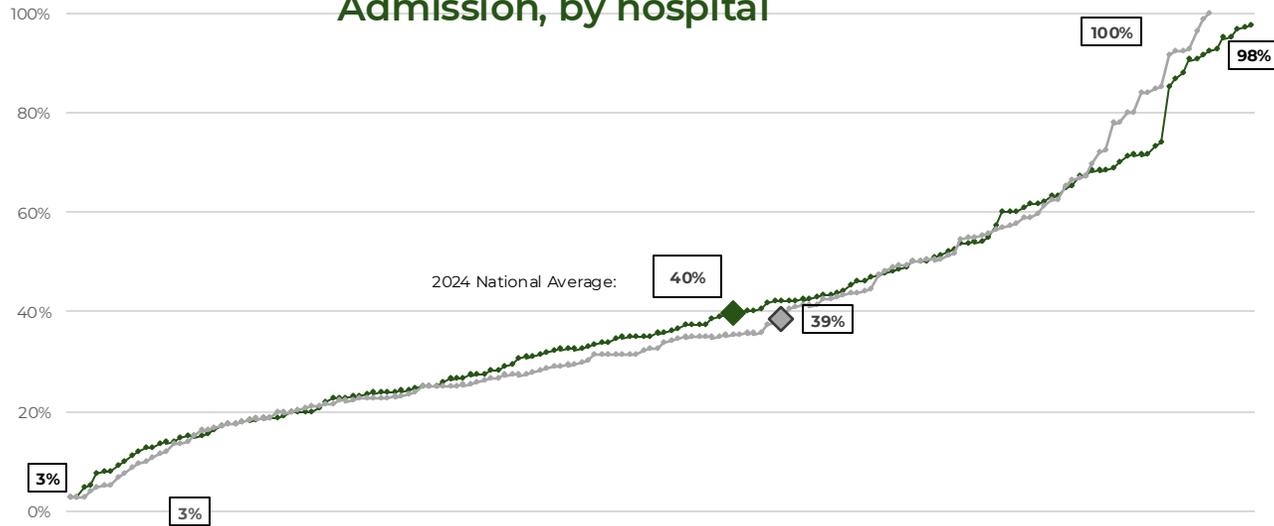
% Patients Receiving an Initial Pain Assessment within 24 hours, by hospital



Percentage of patients who **were asked a question as their only pain assessment** fell from 61% (5880/9623) in 2023 to **59%** (5595/9563) in 2024

Discharge information

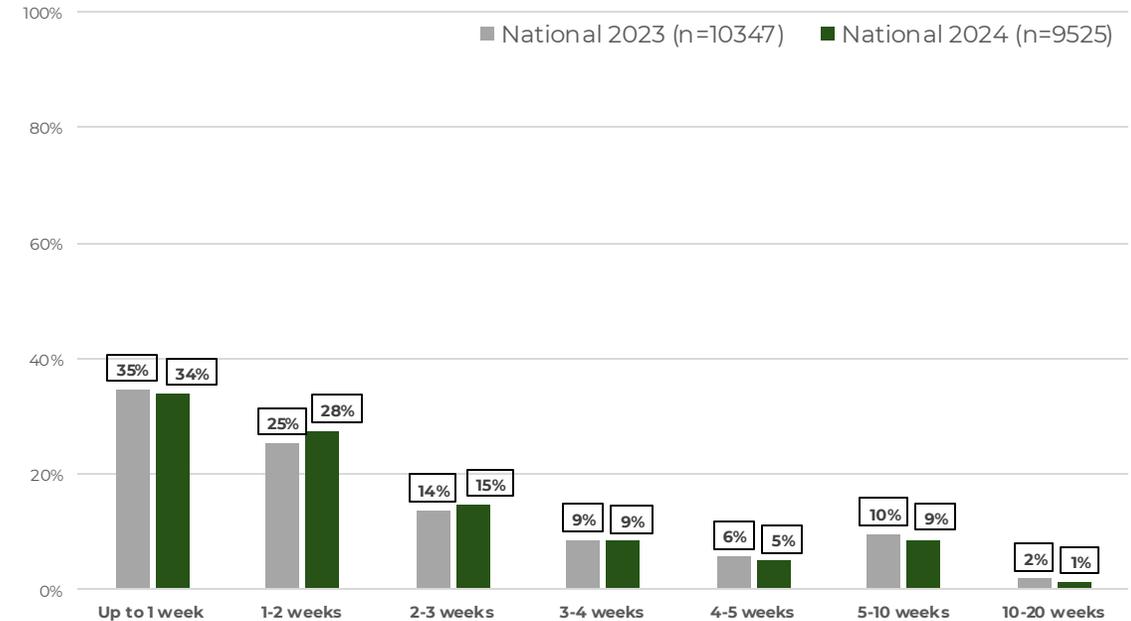
% Patients with a Discharge Plan Initiated within 24 hours of Admission, by hospital



When reasons given are taken into account as 'not applicable', the percentage of patients with discharge planning initiated within 24 hours rose to **89%**

Median Length of Stay = 10 days

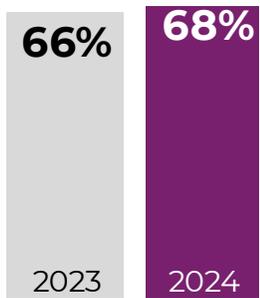
Length of Stay in Weeks



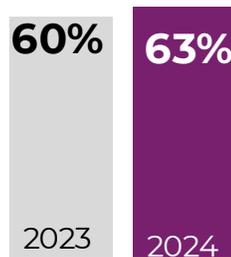
Feedback from carers

- Carer questionnaire - NAD audits since 2017
- 2 scores : overall **care quality** and quality of **information and communication**. Increased from 2023 having previously decreased between 2019 and 2023.
- Overall care quality scores ranged from 48% to 94% and communication scores from 27% to 85%, suggesting very diverse patient and carer experiences in different hospitals.

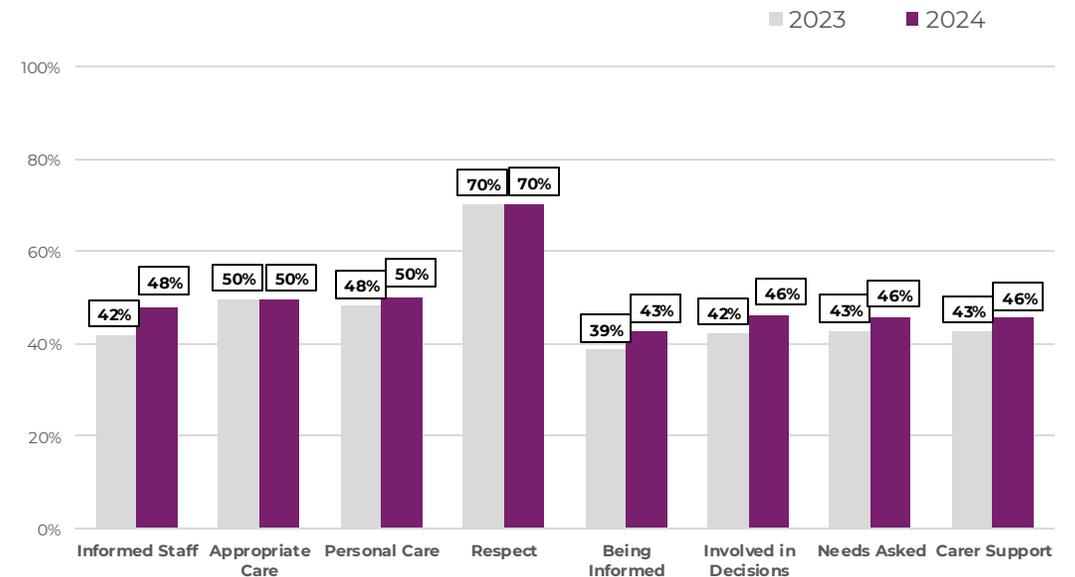
Overall Care Quality



Communication



% 'Yes, Definitely' Responses in Carer Questionnaire



Question level results show a significant increase in 'yes, definitely' responses for hospitals having informed staff, and carers being informed about and involved in decisions

Priority Areas for Improvement – 2024 National Report

Identifying People with Dementia (2024)

Figures returned by hospitals for **people with dementia admitted per year** **207 to 29831**
with admission proportions of all patients ranging from **1% to 21%**

2024: figures returned from hospital business systems for numbers of people admitted with dementia are unreliable (extreme range)

Monitoring Adverse Events (2024)



2024: 23% hospitals cannot discern the proportion of people with dementia affected by adverse events (falls, pressure ulcers, incidents, delayed discharge) within their monitoring systems.

Personal Information Document (2024)

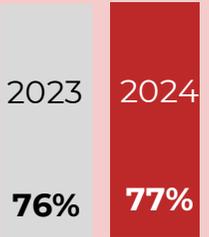


2024: Increase in the proportion of PWD with a personal information document, great variation in local results

Priority Areas for Improvement – 2024 National Report

Staff Training (2024)

Average % of staff trained at tier/level 1



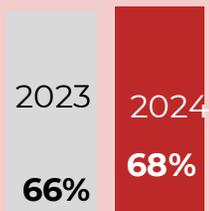
58% hospitals could provide **tier/level 2** staff training figures

Small change in % of staff trained at **tier/level 1**, ranging from **0% to 100% staff**

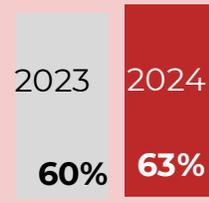
2024: 42% of hospitals were unable to provide figures for staff trained at Tier/Level 2 working on adult wards

Feedback from Carers (2024)

Overall Care Rating



Carer Rating of Communication



2024: Scores not recovered to pre-pandemic levels. This remains an area for improvement

Structured Pain Assessments (2024)

% of patients receiving a structured pain assessment



Increase in the % of patients with a **structured pain assessment** to **41%**, ranging from

0% to 100%

2024: Only 41% of patients received a structured pain assessment rather than a single question

Changes to the audit, challenges and progress.....



2025-27: NAD to investigate use of **routine data** for audit in diagnostic services and general hospitals - data sources that **already exist**

- Aim to reduce burden for audit leads
- 2025: Consultation with audit leads, Lived Experience Group, on revised key metrics
- Draft metrics and timeline signed off by WG and NHSE
- Audit in Memory Assessment Services will roll out in 2026 – general hospitals in 2027
- There will be development activities for general hospitals in 2026

Future challenges in data availability:

- Mismatch in Wales and England datasets for memory assessment services
- No national datasets currently available for general hospitals NAD metrics
- Information systems in development will greatly influence what the audit can capture and report

Audit in general hospitals: priorities for next audit

Assessments

- Increase the proportion of patients receiving a structured assessment for the following:
 - Delirium
 - Pain
 - Nutrition

Training

- Increase staff trained to Tier/ Level 2

Awareness and governance

- Increase the hospitals able to report on the number of PLWD admitted, based on identification used during admission

Care planning and provision

- Increase the use of Personal Information Documents.
- Increase the proportion of patients appropriately sat out of bed across 2-3 wards on Annual Census day
- Increase the proportion of carers for people with dementia, reporting that they were appropriately involved in the discharge plan OR reporting overall satisfaction with the care (including discharge)

Hospital metrics, data collection, impact

- Many comments from consultation on the purpose of measurement. Will this tell us about the impact on patient care?
- QI prompts to be built into local learning
- Some key information needs to be collected on the spot/ in the moment to see if effectively done
- Annual census day and mini spot audit to be trialled in 2026

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



Search

Global Digital Exemplar

- Aims:

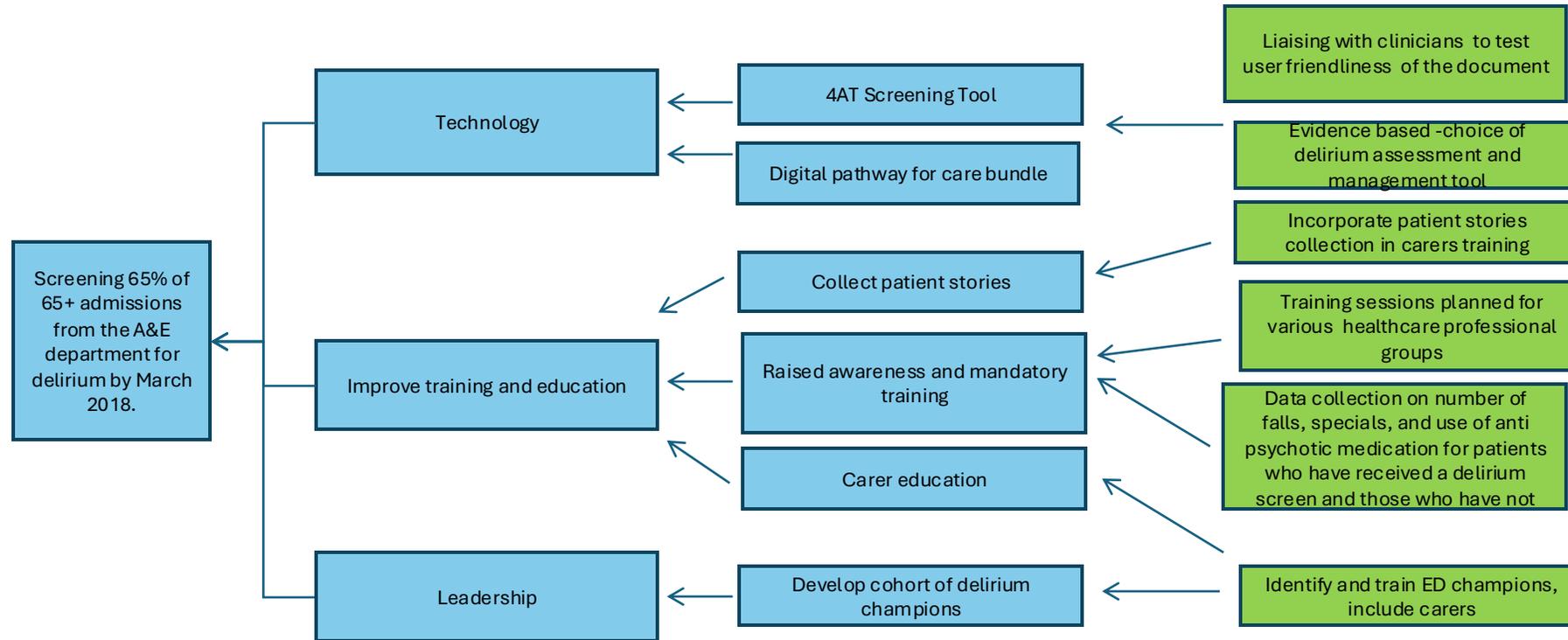
- Improve patient safety
- Improve reliability
- Increase operational effectiveness and efficiency
- Improve patient experience



rd Royal



Driver Diagram – Improve Delirium Screening on hospital admission



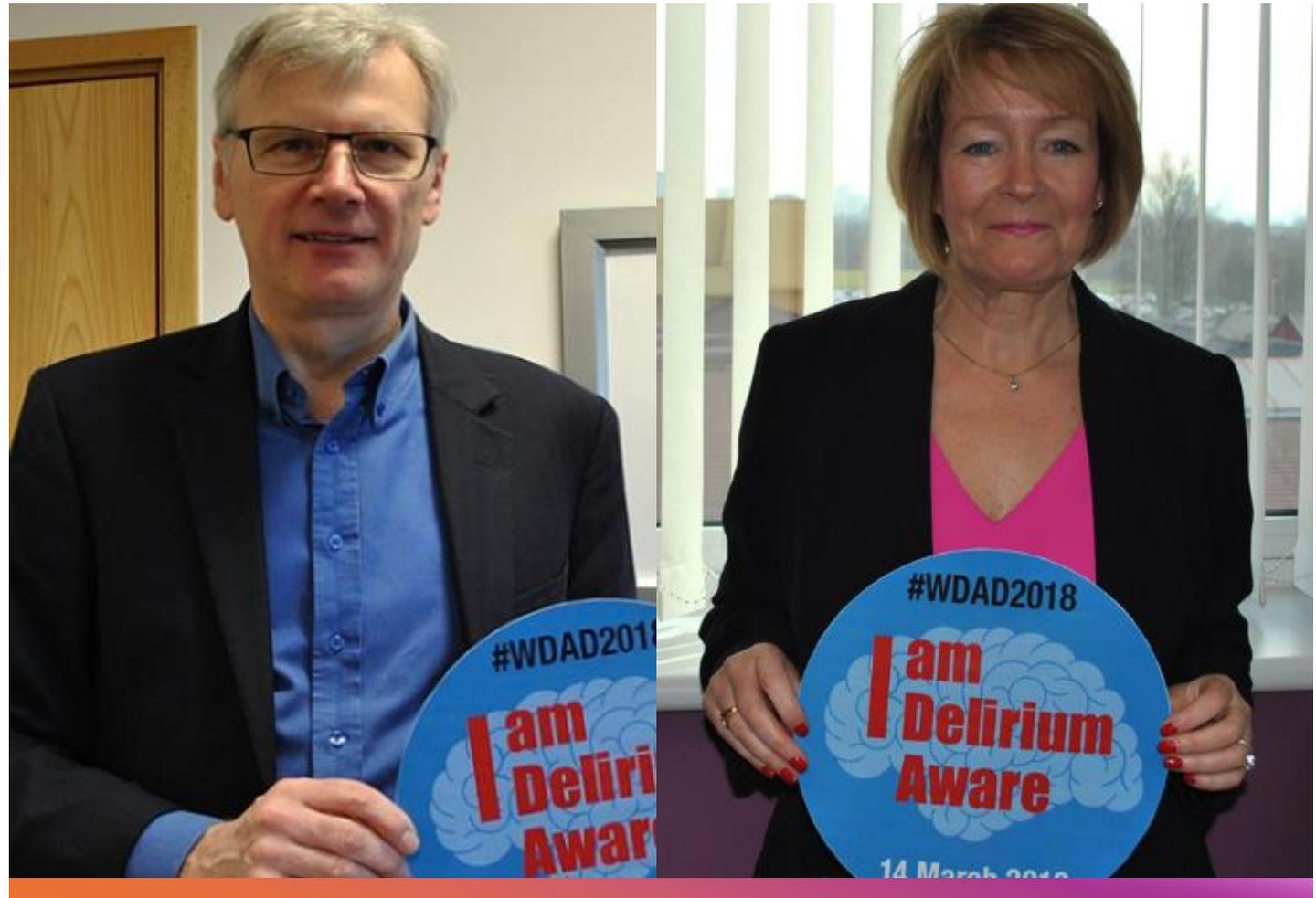
Staff survey (April 2017)

- Myth around identification
- Feeling of futility of assessment
- Helped shape training package



Leadership

- Champions
- Visibility
- Executive Sponsor



CREATE Preview

Sections

- Delirium & Dementia Ass...
- Delirium & Dementia Assess
 - 4AT Assessment**
 - ED TIME Bundle
 - TIME Bundle
 - CAM
 - Dementia Assessment
 - Capacity Assessment
 - EPR Admin use only
- DOCUMENT VERSION

Acronym Expansion Allergies/intolerances/Adverse Events

Alertness information
This includes patients who may be markedly drowsy (e.g. difficult to rouse and / or obviously sleepy during assessment) or agitated / hyperactive. Observe the patient. If asleep, attempt to wake with speech or gentle touch on shoulder. Ask the patient to state their name and address to assist rating.

Alertness score

- Normal (fully alert, but not agitated, throughout assessment) - 0
- Mild sleepiness for <10 seconds after waking, then normal - 0
- Clearly abnormal - 4

AMT4 information
Age, date of birth, place (name of the hospital or building), current year.

AMT4 score

- No mistakes - 0
- 1 mistake - 1
- 2 or more mistakes / untestable - 2

Attention score

- Achieves 7 months or more correctly - 0
- Starts but scores < 7 months / refuses to start - 1
- Untestable (cannot start because unwell, drowsy, inattentive) - 2

function (e.g. paranoia, hallucinations) arising over the last two weeks and still evident in patient questions such as 'Are you concerned about anything going on here?'; 'Do you g unusual?'.
This item requires information from one or more sources, e.g. own knowledge of patient, other staff who know the patient, GP letter, family or carers.

Acute change or fluctuating course score No - 0 Yes - 4

TOTAL SCORE 12 **Refer to the detailed score information below once the assessment is complete**

Assessment Score Information

Score of 4 or more
Possible delirium +/- cognitive impairment.
TIME bundle to be completed within 2 hours of this assessment - proceed to the next section / tab.

Diagnosis

Delirium present Yes No

Retrieve Last Charted...
Insert Default Values
Clear Unsaved Data

Need Help? Mark Note As: Results pending Priority Incomplete E&M Calculation Charge Capture SuperBill

Save Cancel

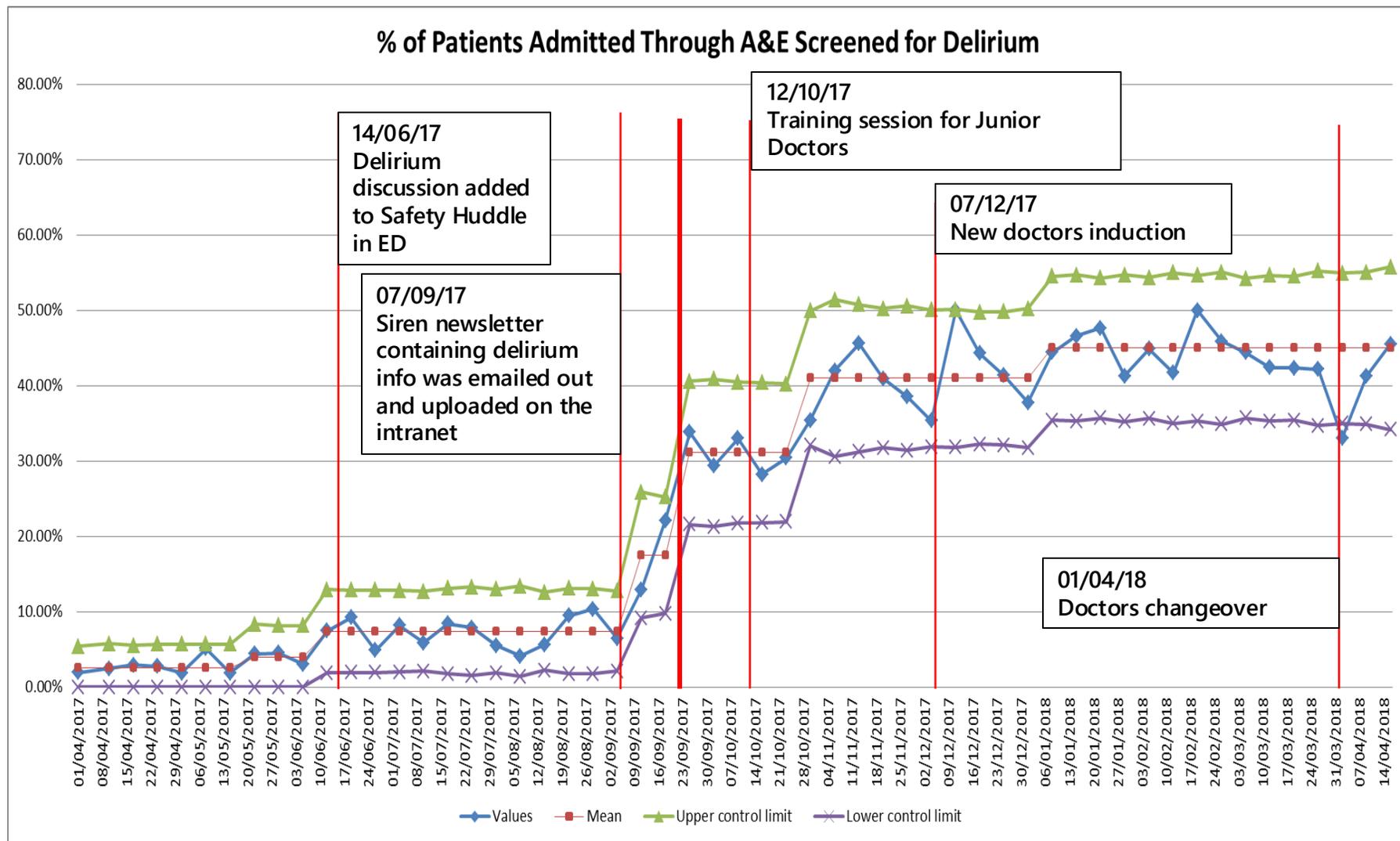
Sunrise Clinical Manager

SCM Notice

Please note this will create a health issue and significant event of Delirium

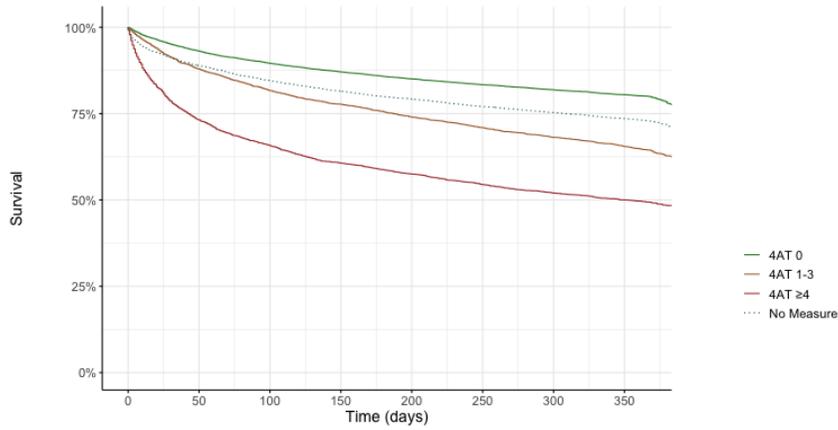
OK



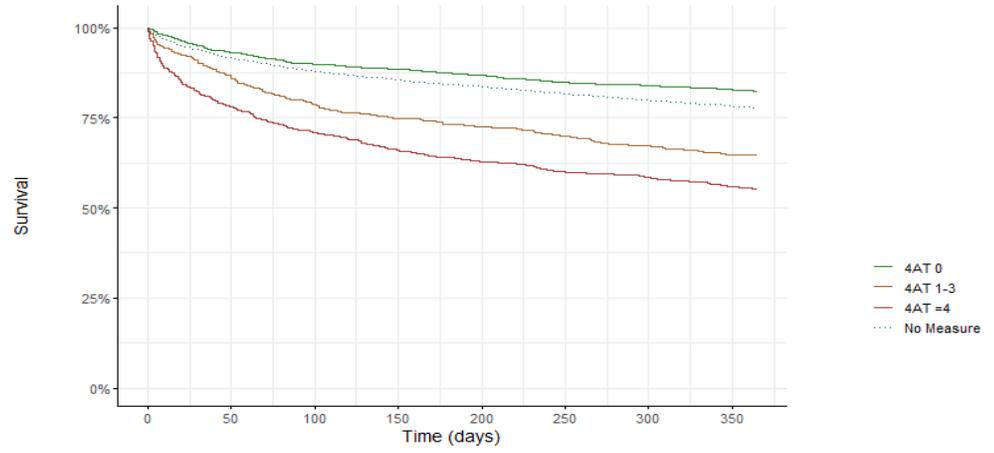


19/09/17: EPR changes as part of GDE Programme went live

Kaplan-Meier plots for survival from all-cause mortality in the year following index hospital presentation in Lothian



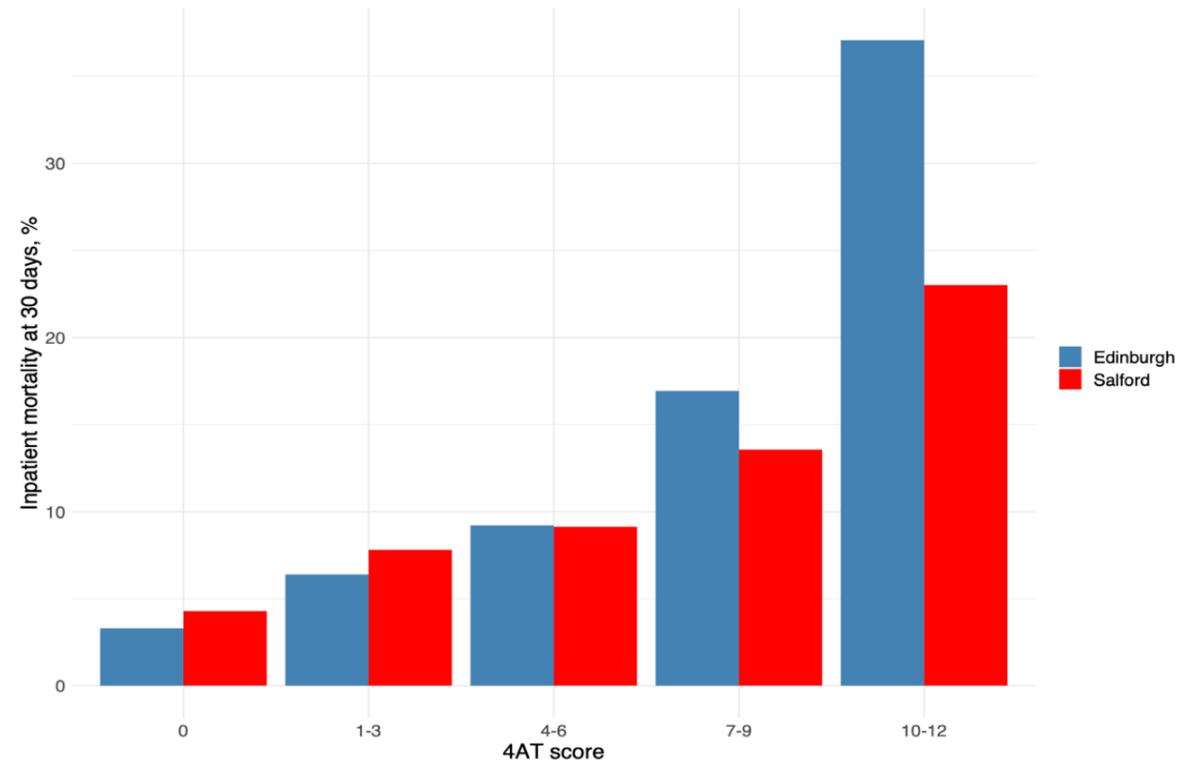
	0	50	100	150	200	250	300	350
4AT 0	11216	10450	10052	9770	9541	9350	9186	9028
4AT 1-3	3359	2955	2746	2612	2489	2384	2288	2201
4AT ≥4	3093	2266	2037	1877	1779	1685	1609	1547
No Measure	5266	4685	4457	4294	4171	4058	3967	3874



	0	50	100	150	200	250	300	350
4AT 0	2531	2358	2275	2240	2196	2147	2124	2095
4AT 1-3	598	519	471	447	434	417	402	387
4AT =4	845	660	600	558	531	507	494	472
No Measure	4354	3987	3834	3729	3643	3558	3479	3404

Anand et al, Age and Ageing, 2022

Inpatient mortality by 30 days



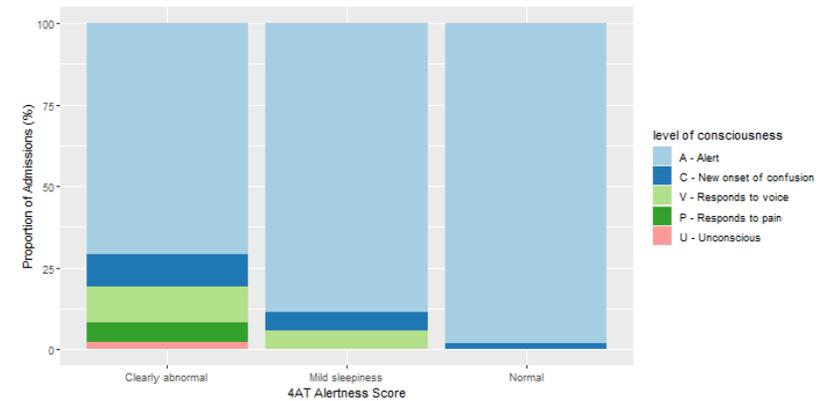
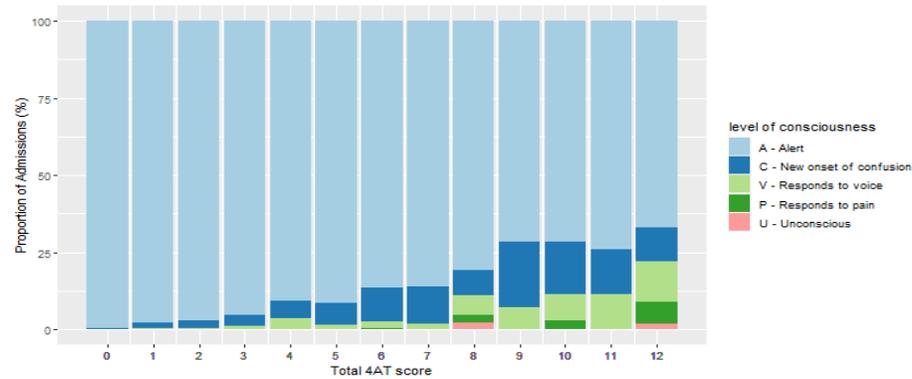
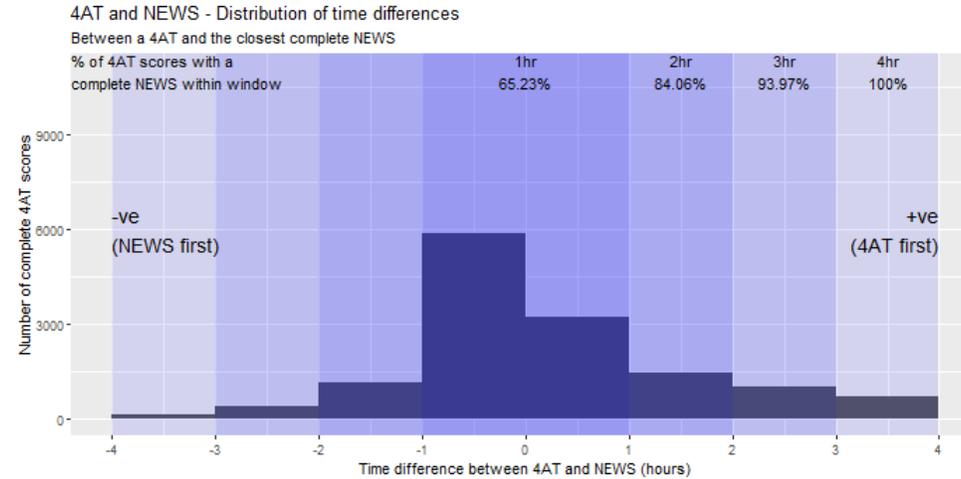
Anand et al, Age and Ageing, 2022

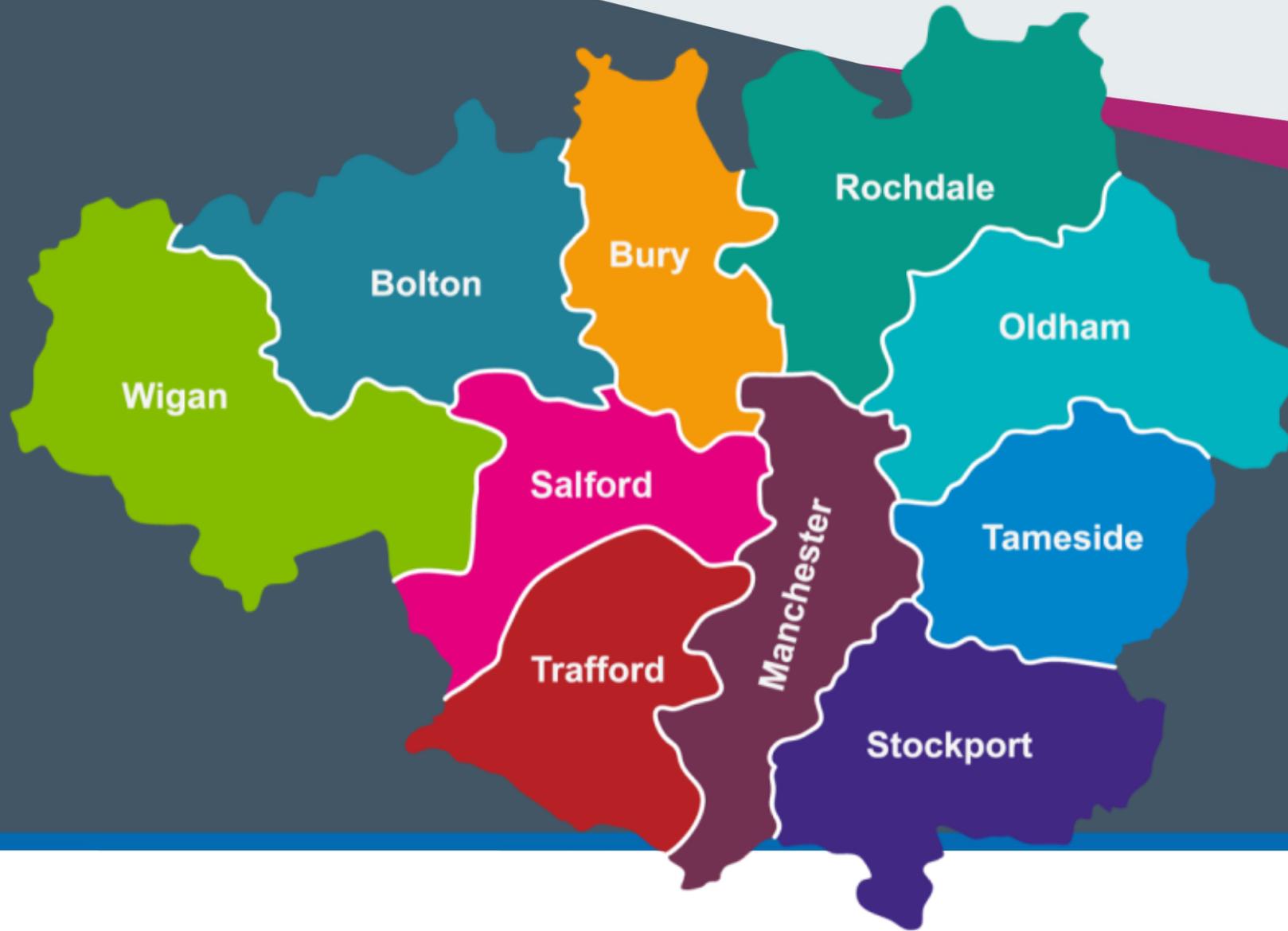
Acute deterioration

- aggregate early warning scoring system to identify acutely unwell patients
- calculated from routinely collected physiological measurements
- developed in 2012 by the Royal College of Physicians
- Updated to include new confusion in 2017



NEWS2 shows low sensitivity and high specificity for delirium detection: a single site observational study of 13,908 patients





Population 2.8 million

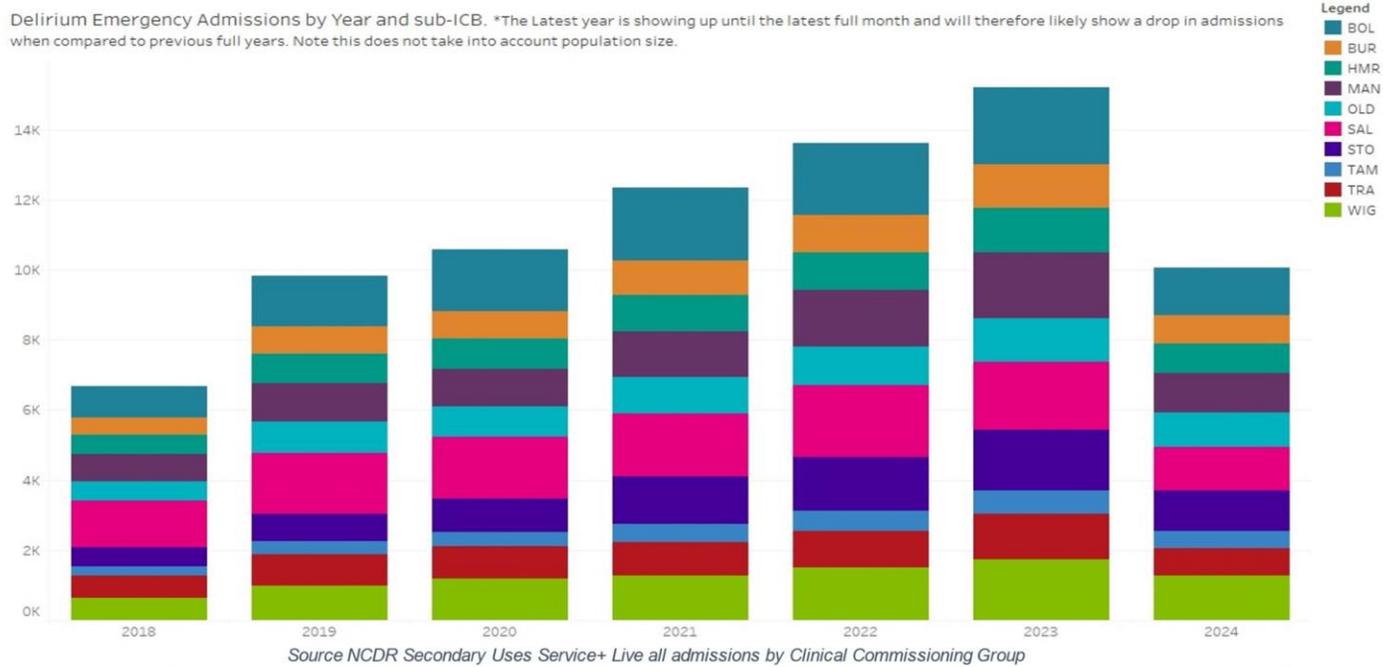


Greater Manchester's delirium data

Greater Manchester hospital emergency admissions via A&E with delirium coded during their hospital spell and discharge between 01/01/2018 – 30/08/2024

Filters Selected: Year: Calendar Age: All Sub Icb: All

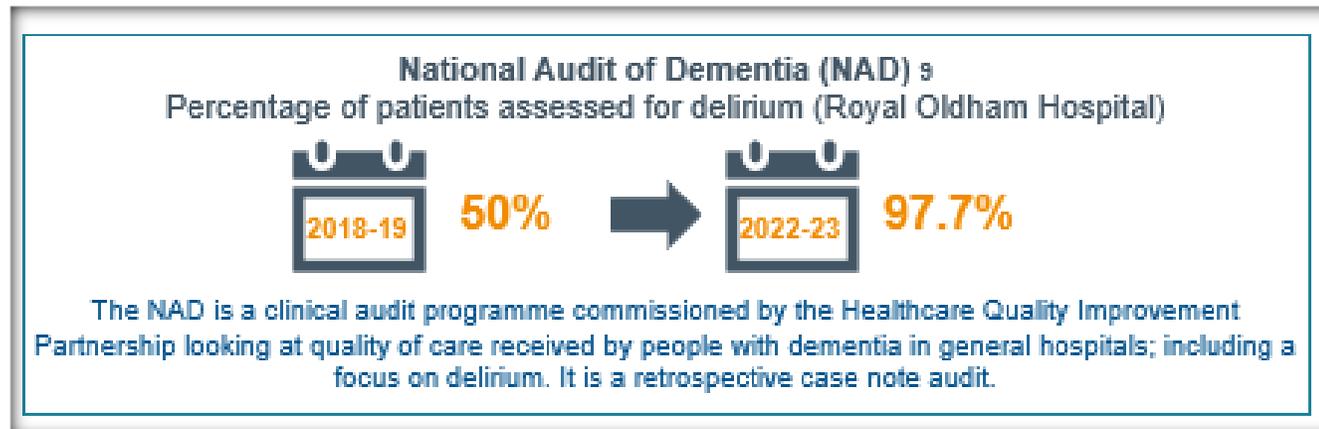
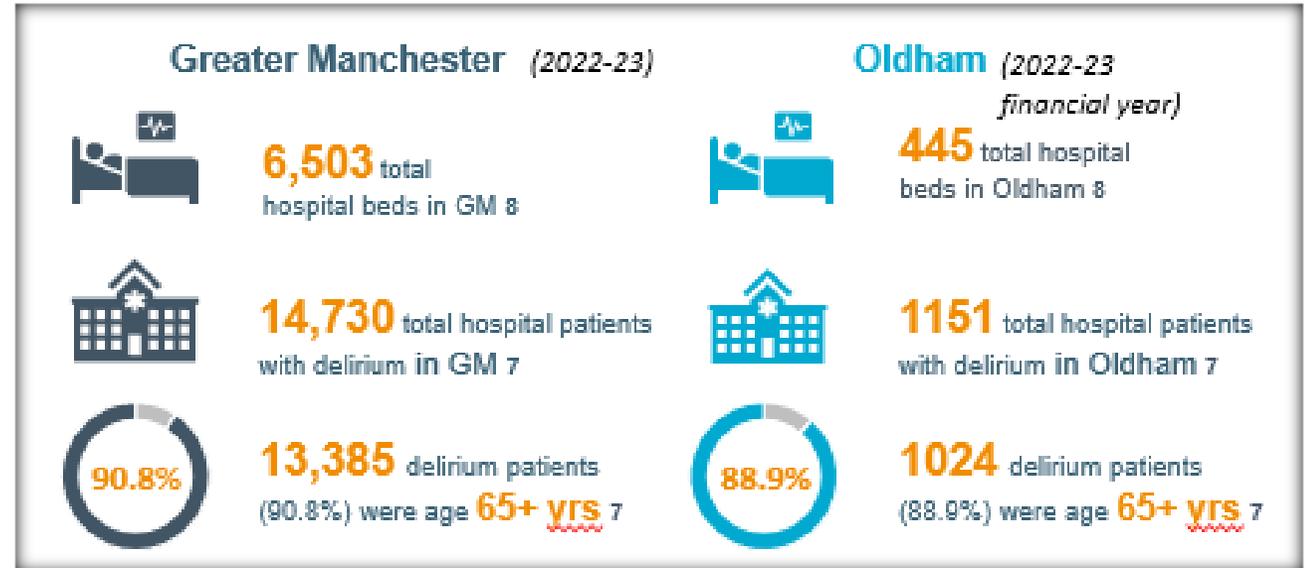
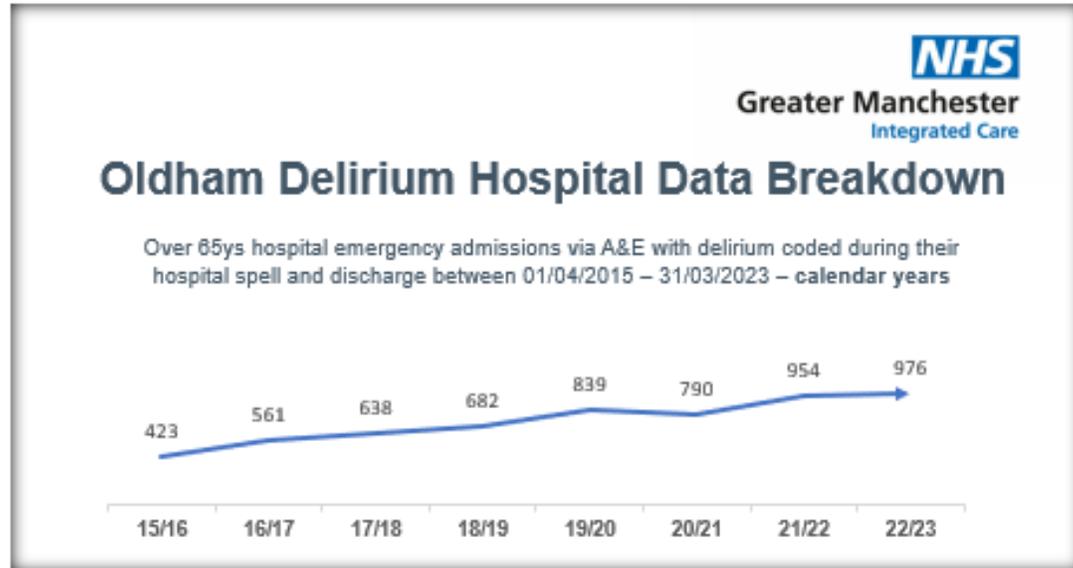
Delirium Emergency Admissions by Year and sub-ICB. *The Latest year is showing up until the latest full month and will therefore likely show a drop in admissions when compared to previous full years. Note this does not take into account population size.



Delirium coded emergency admissions via ED increased by 127% from 2018 to 2023; 6,684 in 2018, to 15,192 in 2023



Local Impact Infographic



An economic extrapolation has been completed based on Kinchin et al 2022 ¹¹ [Cost-effectiveness of clinical interventions for delirium: A systematic literature review of economic evaluations \(qub.ac.uk\)](#) to calculate the estimated cost savings made by reducing delirium hospital admissions.



A **1%** reduction admissions to general hospitals via Emergency Department with delirium coded in Oldham, would result in a **reduction of 11 hospital patients.**



(Total delirium hospital admissions in Oldham for 22/23: **1,099 patients**)



This would equate to a cost saving of;

£6,722.22 – £204,262.58 saving (Kinchin et al., 2022)



Dementia United created the Greater Manchester community delirium toolkit ¹² which is designed for health and social care staff to use in the community to help them identify and manage delirium.

The GM Proof-of-concept Pilot in 2020 ¹³, implementing the Community Delirium Toolkit, demonstrated that the teams were able to keep **70%** of the people with delirium at home;

[Delirium can be safely managed in the community through implementation of a community toolkit: a proof-of-concept pilot study | RCP Journals](#)



Based on the above estimation, a **70%** reduction in Oldham's patients being admitted via the Emergency Department would result in a **reduction of 769 patients.**



This would equate to a cost saving of;

£470,555.17 – £14,298,380.76 saving (Kinchin et al 2022)

Importance of
policy

NIHR | Policy Research Unit
Dementia and neurodegeneration
Queen Mary University of London

**Delirium Matters: priorities
and opportunities for health
and social care policy in
England**

Full report
April 2025

Recommendations

-  1. Collate national data across health and social care settings, to provide a sound evidence base
-  2. Adopt consistent terminology
-  3. Decrease avoidable harms secondary to delirium
-  4. Decrease cases of delirium associated with surgery
-  5. Ensure care closer to home is commissioned and supported for people with delirium

Key messages

- Meaningful data
- Visibility of data
- Confidence in data
- Leverage of data, align to existing strategy
- Quality Improvement
- Use data purposefully and creatively
- Sustainability
- Data to inform policy
- Engage and inspire at all levels
- Think outside of hospital walls
- Stay patient focussed



Acknowledgements

- NAD RCPsych team
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- Dementia United and Project Manager Helen Pratt
- NCA Data Analytics Team
- University of Edinburgh colleagues – Atul Anand and Alasdair Maclullich

Thank you

Any questions

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