



Education with impact: taking action on dementia care

Dementia MasterClass impact report 2024-25



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Acknowledgements

Every single piece of work in this booklet comes from the efforts of dedicated healthcare professionals and we are very grateful to each for their work on these projects. We're also aware that, without our Faculty and our speakers, there would be no Dementia Academy, and are hugely thankful to them, and to our sponsors whose financial support enables so much of our work.

Introduction

As the prevalence of dementia continues to rise, the importance of quality, equitable services has never been so important. It is up to healthcare professionals to be the change they want to see – and that is exactly what Dementia Academy members have been doing.

Teams from across the UK and Ireland have been exploring innovative approaches to improve the detection of mild cognitive impairment (MCI), embed brain health education into routine care, streamline diagnoses, and improve the quality of care at every step of the patient pathway.

This report brings together a series of projects and pilot initiatives focused on screening, risk factor modification, and early intervention, as well as medication management and service redesign.

From GP-led brain health clinics in Bristol and hospital-based diagnosis in Sunderland, to culturally inclusive assessment tools in Manchester, the work highlights both the challenges and opportunities in ensuring timely, equitable care. Projects have looked at people with neurodegenerative Parkinsonism, who have a high risk of developing dementia, and the often under-recognised need for structured follow-up after delirium episodes. Others explored how improved clinical pathways, enhanced documentation, and greater collaboration between sectors can support earlier diagnosis and better outcomes.

Together, these initiatives reflect a shared commitment to shape the future of dementia services, by reducing delays, improving access, and, ultimately, helping more people live well for longer.

“It is deeply rewarding to see how the Dementia Academy continues to empower healthcare professionals to deliver better, timelier, and person-centred care. The projects showcased in this report are a testament to the transformative power of education when combined with clinical leadership and collaboration. From addressing health inequalities to pioneering new models of care, these initiatives reflect a growing commitment to real-world change. As academic director, I am incredibly proud of the innovation and impact being driven by our delegates and faculty – and of the role the Academy plays in supporting a future where people affected by dementia can live well for longer.”

– Prof Iracema Leroi, academic director, Dementia Academy

“Every year, I’m inspired by the passion and innovation shown by our Dementia MasterClass delegates – and this year is no exception. The work featured in this impact report reflects exactly what the Neurology Academy stands for: education that drives meaningful, measurable change in clinical practice. From addressing inequalities in access, to improving early identification, diagnosis and post-diagnostic care, these projects demonstrate how committed healthcare professionals are to improving outcomes for people affected by dementia.

The quality and diversity of ideas shared this year is extraordinary. Whether it’s piloting brain health clinics in primary care, strengthening delirium follow-up, or exploring readiness for disease-modifying treatments, each project is a practical step towards transforming services. I’m proud that the Dementia Academy provides not just knowledge, but the time, support and space to turn that learning into action. My heartfelt congratulations to all the graduates of Dementia MasterClass 8 – your commitment to improving dementia care is clear, and your impact will be felt long after the course has ended.”

– Sarah Gillett, managing director, Neurology Academy

Screening, early identification, and brain health

Screening and early diagnosis enable timely interventions, and combined with proactive brain health strategies, offer a powerful approach to reducing risk and enhancing quality of life. A number of Dementia Academy projects looked at this element of service provision in 2024/5.

GP Dr Chris Lear, a partner at the Downend Health Group in Bristol, for example, ran two pilot memory/brain health clinics. Thirteen people aged over > 65 with a MCI, but no dementia diagnosis were invited to take part. Chris assessed their dementia risk and progression of disease, and provided risk factor modification and brain health education. Four patients had evidence of progression to dementia. Based on the success of the project, the health group has agreed to continue the clinics “when capacity allows”.

Another project looked at people with neurodegenerative Parkinsonism (PwP), who have a high risk of developing dementia. Despite this, a retrospective audit of the electronic health records of 155 PwP, by Dr Glyn Scott, consultant geriatrician with the movement disorder service at Broadgreen Hospital in Liverpool, found that dementia risk factors were poorly documented. Based on these findings, he recommended the clinical pathway be redesigned so that this information could be better recorded. “Design of a brain health information sheet for patients and carers will form the basis of a quality improvement project to incorporate brain health promotion into standard clinical practice,” he concluded.

View full projects:

- [*Is patient initiated follow up for those diagnosed with MCI good enough in the era of DMTs and an increasing evidence base for risk factor modification?*](#)

Dr Chris Lear, GP partner, North Bristol NHS Trust

- [*Mental health profile and practice in an older persons’ movement disorder clinic: a retrospective electronic patient record audit*](#)

Dr Glyn Scott, consultant geriatrician, Liverpool University Hospitals NHS Foundation Trust

Improving referrals

Accurate referrals are a crucial part of ensuring timely diagnosis and appropriate treatment, as well as enabling the most efficient use of specialist dementia services.

Improving the transfer of care (ToC) letter pathway between community and hospital teams increased the quality of information available to clinicians in emergency departments (ED) and medical assessment units. Before the project, from Dr Hannah Street and Dr Anneka Solomonsz at University Hospitals of Derby and Burton NHS Foundation Trust, just 11% of ToC letters written by the community team were present in the ED. That figure was zero in the medical assessment unit. After the pathway redesign and implementation, 35% were available to clinicians, as a hard copy in the patient's notes, in the ED, and 100% were available in the medical assessment unit. In their poster, Hannah and Anneka said a ToC “makes care better”.

Dr Sarah Morris, from the Guernsey Memory Service, also focused on improving referrals. Her audit, carried out between January and March 2025, aimed to identify any patterns of missed investigations so that appropriate action could be taken. It found that cognitive assessment was completed in 80% of referrals. “Review of information with referrers, particularly secondary care consultants, needs to occur, with importance placed on a formal cognitive assessment,” Sarah reported. Mid-stream urine (MSU) was only completed 33% of the time, and heart rate (HR) in only 7%. “Their requirement to be included in the referral pathway needs to be considered,” she added.

View full projects:

- [*A transfer letter makes care better*](#)
Dr Hannah Street & Dr Anneka Solomonsz, consultant geriatricians, University Hospitals of Derby and Burton NHS Foundation Trust
- [*Audit of the quality of referrals to the Guernsey Memory Service*](#)
Dr Sarah Morris, consultant older adult psychiatrist, Oberlands Centre, Princess Elizabeth Hospital

Streamlining diagnosis

Early diagnosis provides healthcare professionals with an opportunity to ensure people get the right care at the right time. Two projects aimed to help remove barriers to timely detection in their trusts.

Memory assessment and treatment nurse Maxine Grant's project addressed gaps in service provision that can result in delayed diagnosis for minority ethnic groups in Manchester. It was in response to previous work, which found the area had a younger, more ethnically and linguistically diverse population than national averages. The team implemented a number of service developments, such as enhancing interpreter provision, training interpreters in dementia care, and ensuring culturally-appropriate assessment. Other interventions included raising awareness among staff, and community outreach. The project is ongoing, but so far it has led to the standardisation of culturally appropriate assessment tools. Enhanced interpreter training has enabled them to provide clinicians with more detailed information.

Dr Dominic Hart, of Our Lady of Lourdes Hospital, Drogheda, plans to use the findings of his project to help identify people with undiagnosed dementia in the ED. An audit showed significant portion of patients with MCI, but no formal dementia diagnosis, and with a diagnosis but not on treatment, presented to the Older Persons Assessment and Liaison (OPAL) team. As a result, the OPAL, a discharge liaison service, plans to educate the ED team on assessment for cognitive impairment. In addition, clinical leads from OPAL, geriatric medicine, and psychiatry of old age will meet to agree pathways and protocols for onward referral for specialist assessment and follow up.

View full projects:

- [Addressing gaps in service provision for minority ethnic groups accessing memory services in central Manchester](#)

Maxine Grant, memory assessment and treatment nurse, Greater Manchester Mental Health NHS Foundation Trust

- [Snapshot audit of undiagnosed dementia presenting to the ED department](#)

Dr Dominic Hart, consultant geriatrician, Our Lady of Lourdes Hospital, Drogheda, Ireland

Delirium follow-up

People who experience delirium are at an increased risk of dementia. Despite NICE recommending these patients be followed up, in practice there are significant barriers. This year's academy projects including two initiatives designed to address this.

At South Tyneside and Sunderland NHS Trust, people are often acutely admitted to hospital with delirium, following a period of cognitive decline. Long waiting lists for the Community Mental Health Team delay diagnosis and intervention, said Dr Catherine Barnes, consultant geriatrician. She worked with the trust's dementia nurse consultant and existing Delirium and Dementia Outreach Team (DDOT) to set up a Dementia Diagnostic clinic within the hospital. Of the 186 eligible patients seen in 2024, 145 have so far been assessed by both the consultant nurse and the consultant geriatrician. Of these, 71 have received a dementia diagnosis, and all eligible patients have started treatment.

Dr Claire Cullen, of Royal Liverpool and Broadgreen University Hospital, reported on a geriatrician-led delirium follow-up clinic. It was designed to ensure patients received holistic assessment, to provide an opportunity to discuss brain health, and to facilitate early referral to the memory clinic, where necessary. Of the 45 patients evaluated during a pilot phase, 49% were seen within eight weeks of hospital discharge. A total of 29% had mild cognitive impairment (MCI) and 49% had suspected dementia. Ten (22%) were referred to the memory clinic for further investigation. Looking ahead, Claire said more work was needed to improve appointment uptake, and to improve delirium education in patients and carers.

View full projects:

- [*The impact of a new dementia diagnostic clinic*](#)
Dr Catherine Barnes, consultant geriatrician, South Tyneside and Sunderland NHS Trust
- [*Development of a geriatrician-led delirium follow-up clinic at Broadgreen Hospital*](#)
Dr Claire Cullen, consultant geriatrician, Liverpool University Hospitals NHS Foundation Trust

Managing medications

Dementia medication management is as complex as it is vital to quality care. Two projects focused on this element of service provision: one on the appropriate use of antipsychotics and one on the upcoming delivery of new monoclonal antibodies (MABs).

Dr Ann Ige, Dr Sunday Cephas and Dr Aderopo Adetola, of Essex Partnership NHS Foundation Trust, reviewed electronic health record data provided by a care home and assessed compliance with NICE guidelines on antipsychotic medications. It revealed that only 37% of the 52 patients had had their drugs reviewed within the recommended six weeks, and that antipsychotic use had been discontinued in 33% of these individuals. Contrary to the guidelines, most patients had been on the medications for more than 52 weeks, which was “concerning, given the increased risks associated with long-term antipsychotic use in this population”. The authors made a range of recommendations on improving education on the optimal use of antipsychotics in dementia. They included Dr Adetola sharing the results at the trust’s postgraduate training session and at a meeting of older adult community mental health team (OA CMHT) members.

With MAB treatment for early Alzheimer’s disease (AD) on the horizon, readiness for its utilisation across the NHS is key, reported Anna Koniotes and Catherine Warren, neurology clinical nurse specialists at University Hospitals Sussex NHS Foundation Trust. In their project poster, they explained that dementia teams could learn from previous experience of disease modifying therapy services in other areas, such as multiple sclerosis (MS). Pre-screening, decision-to-treat, consent process, delivery, and monitoring all need to be considered, they said. Such services require robust diagnostic capabilities, close integration between primary and secondary care, and advanced infrastructure for monitoring and treatment. “By addressing challenges such as early detection, access to facilities and cross-sector collaboration, we can build a timely, patient centred and safe service for AD,” they added.

View full projects:

- [*Review of use of antipsychotic medications for management of non-cognitive symptoms in care home patients with dementia in Southeast Essex*](#)
Dr Sunday Cephas, older adult specialty doctor & Dr Ann Ige, consultant psychiatrist, Essex Partnership NHS Foundation Trust
- [*Setting up a ‘MAB’ service - lessons learnt from previous experience*](#)
Catherine Warren, neurology clinical nurse specialist & Anna Koniotes, cognitive neurology clinical nurse specialist, University Hospitals Sussex NHS Foundation Trust

Service development

A strong theme among this year's projects was continual improvement of services, right the way along the patient pathway.

One example was an audit of the post-COVID MCI backlog in North East Lincolnshire. The NAViGO community memory service found that the pandemic, combined with a service restructure, resulted in 271 patients without a directional plan for follow-up. Based on these findings, the team now plan to develop a clinic to provide more proactive individualised MCI care planning and review, as well as education on brain health, memory changes, and risk factors. They also identified the need for team training and development around MCI and brain health.

The University Hospital Coventry and Warwickshire (UHCW) Dementia and Delirium Steering Group also reported on an ongoing programme of service development. Their stated objectives include raising standards of care, enhancing staff education on prevention, detection, and managing challenging behaviours, and establishing an in-hospital diagnostic pathway. Initiatives include “Preventing Well”, “Diagnosing Well”, “Supporting Well”, “Living Well”, and “Dying Well”. Their poster said: “Early informal feedback from patients, families, and staff has been overwhelmingly positive. Our next priority is to formalise and analyse this feedback to drive continuous improvement.”

View full projects:

- [*Mild cognitive impairment review*](#)
Charlotte Spowage, senior mental health practitioner, Navigo Health and Social Care CIC
- [*Improving dementia care – trust wide*](#)
Dr Ammar Waraich, neurology specialty registrar, University Hospitals Coventry and Warwickshire NHS Trust

Fit for the future: 10 Year Health Plan for England

The projects featured in this report demonstrate a powerful, collective commitment to advancing dementia care through early diagnosis, improved referrals, and targeted interventions and in line with the recently launched NHS 10 Year Health plan support the three key aims of the plan:

Preventing sickness not just treating it

Through screening and proactive brain health strategies services can offer a powerful approach to reducing risk and enhancing quality of life as in the work undertaken by Dr Chris Lear and Dr Glyn Scott. Issues surrounding hard to reach groups and inequalities in health were further addressed through Dr Maxine Grant's work which supports a more ethnically and linguistically diverse population.

Making better use of technology

Through, for example, use of electronic health record data by Dr Glynn Scott. The 10 Year NHS plan highlights that the NHS app is a centre piece of the NHS reforms and utilising technology to better support patients and services is set to become more widespread.

Moving more care from hospitals to community

Initiatives that can deliver more care in the community, closer to home, is another central plank of government initiatives, which the North East Lincolnshire NAViGO community memory service is developing, as they ensure directional plans for follow-up are in place promoting integration between secondary and community care.

Conclusion

These projects highlight the importance of multidisciplinary collaboration, education, and innovation in ensuring that people receive the personalised, proactive support that helps them live well for longer and their transferability to other services to ensure service transformation for dementia management will greatly benefit patients and care partners alike.

"This course has made a significant impact on my practice and has been responsible for the improvement in the quality of care I provide to my dementia patients from initial assessment to post-diagnostic support."

"Not just food for thought, but inspiration to act!"

– Delegate feedback, Dementia MasterClass 8

Find out more about Dementia Academy: neurologyacademy.org/dementia-academy



Neurology Academy: education with impact

Dementia Academy is part of Neurology Academy.

Neurology Academy is an innovative educational provider for healthcare professionals including consultants, specialist nurses, pharmacists, therapists and other allied health professionals. Our courses are developed by practising specialists who combine their experience and expertise into case-based learning designed to create specialists in their field with confidence in effecting change.

We specialise in education, networking and mentorship, encourage the sharing of good practice, and promote clinical leadership across a range of conditions. Each condition or healthcare theme has its own 'Academy'.

www.neurologyacademy.org

Neurology Academy

1 The Edge Hillsborough Barracks
Langsett Rd
Sheffield
S6 2LR

 **01143 270 230**

 **info@neurologyacademy.org**

 **@TheNeuroAcademy**

NA-DM-2025-001

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