# Quality Account

## 2025/2026

Alzheimer's Society

It will take a society to beat dementia

# Foreword

Welcome to Alzheimer's Society's Quality Account 2025/26.

Having joined Alzheimer's Society in November 2025, this is the first Quality Account I have had the privilege to introduce. It provides a clear reflection on the quality, safety and effectiveness of the support delivered through our services, and on the experiences of the tens of thousands of people affected by dementia who rely on that support.

Whilst we deliver the Quality Account as a requirement of NHS Standard Contract, the services described are paid for by our supporters, partnerships, and Local Authorities, as well as the NHS. We value the production of each Quality Account, as both an important exercise for understanding quality across the full range of our local and universally delivered services, and also as an opportunity to place those services within a broader organisational context of influencing, research and promoting the voices of those with lived experience of dementia. We see this report as an important part of our shared accountability with the NHS, local authorities and Integrated Care Systems (ICSs) for improving outcomes for people affected by dementia.

Since taking up the role of Chief Executive, I have visited a number of our services across the country, speaking with people affected by dementia, alongside staff and volunteers delivering support at every stage of the dementia pathway. These visits have reinforced both the profound impact dementia has on individuals and families, and the essential role that high-quality voluntary sector services play in supporting NHS priorities – from early diagnosis and post-diagnostic support, through to crisis prevention and carer support.

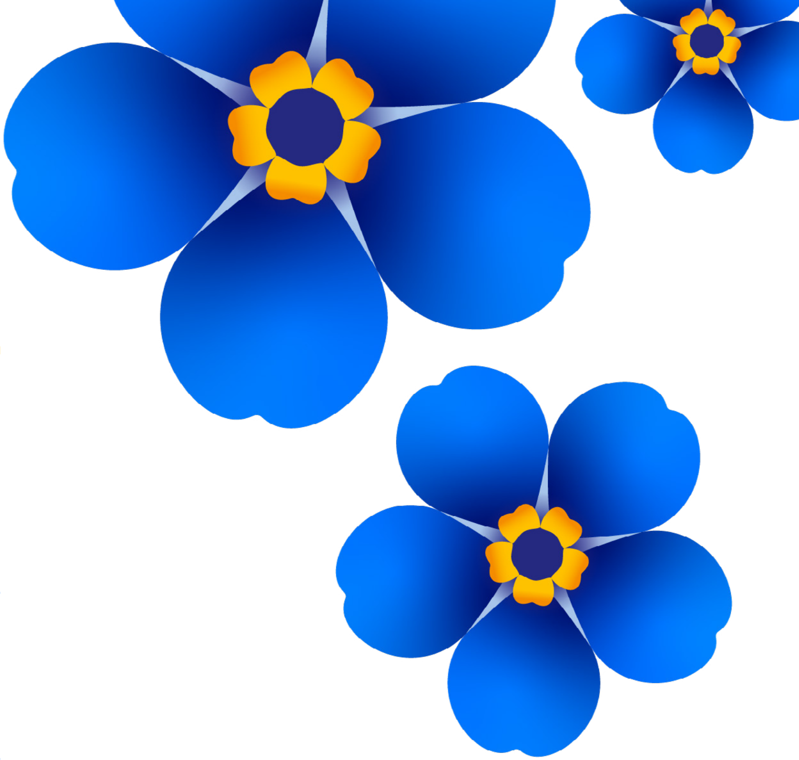
Dementia is a devastating condition and remains the leading cause of death in the UK. While it is often assumed that people die with dementia, more people die because of dementia than from any other cause. The consequences for demand on NHS services – particularly primary care, urgent and emergency care, mental health services and community services – are significant and growing. Our colleagues working across dementia services see daily the impact of delayed diagnosis, fragmented pathways, unmet needs and the pressures created by under-resourced health and social care systems. We recognise the commitment of the NHS to improving dementia outcomes, but also the realities of constrained capacity, workforce shortages and competing priorities.

At the same time, we are at a pivotal point for dementia prevention, diagnosis and treatment. Earlier diagnosis, improved risk reduction and more personalised approaches to support and care are increasingly achievable. These are opportunities which closely align with NHS ambitions around prevention, population health management and reducing avoidable hospital admissions. Alzheimer's Society is proud to play an active role in this evolving landscape, working alongside NHS partners.

This Quality Account sets out our ongoing commitment to delivering services that are safe, effective, responsive and person-centred, strengthening NHS pathways. It draws on robust governance and assurance processes to review our service quality, but equally important, insight gained directly from people affected by dementia. Their feedback helps us to understand where our services reduce pressure on statutory systems, prevent escalation of need, and improve quality of life. As in previous years, this Quality Account reflects on our priorities and delivery throughout 2025/26, acknowledges areas for improvement, and sets out how we are working with partners to support system-wide improvement through 2026/27.

I am proud to lead an organisation that stands alongside people affected by dementia today, while working alongside the NHS and government to improve outcomes for the future. Alzheimer's Society's staff and volunteers bring compassion, expertise and professionalism to their work every day. Whilst this Quality Account represents only a snapshot of the breadth of the support offer we are able to provide through a range of funding arrangements, I hope it provides NHS colleagues and all our stakeholders with assurance about the quality and impact of our services, confidence in our shared priorities, and a clear understanding of how voluntary sector provision can support sustainable, person-centred dementia care across the system.

**Michelle Dyson**
Chief Executive Officer



# Contents

# 1

# Who we are

# It will take a society to beat dementia.

**As the UK's biggest killer, dementia remains our greatest health and social care challenge. One in three people born in the UK today will go on to develop dementia in their lifetime. Dementia is a complex condition; overwhelming both for individuals and for the health and care systems which diagnose, treat and support them.**

At Alzheimer's Society we know that to end the devastation caused by dementia, everyone has a role to play – whether you're living with dementia, affected by it, worried about it, providing treatment for it, or undertaking research.

We are uniquely placed as the only organisation which addresses every aspect of dementia. Our local and universal support services, our contributions in the fields of research and innovation, and our influencing work, are combining to deliver the change that is needed. Alzheimer's Society's Help and Hope Strategy looks ahead to 2030, laying out four main objectives towards ending the devastation caused by dementia:

- Increasing accurate and early diagnosis
- Support and treatment to prevent crises
- Making dementia a priority
- Effective organisation

For over 40 years, we have worked alongside people affected by dementia, listening to and understanding their experiences and amplifying their voices to be heard by decision and policy makers and planners. It is their experiences that have formed the bedrock of our strategy.

The Modern Service Framework (MSF) for Frailty and Dementia, announced in the Government's 10 Year Plan for Health, is a long-term, whole-pathway framework. It aims to shift dementia policy from late-stage crisis response to proactive, treatment-ready care, grounded in lived experience, evidence and data. We believe the MSF should have two bold, long-term outcomes: reduced mortality and compression of morbidity.

This means no matter who you are or where you live, the chance of dying from dementia is reduced; and if you do develop dementia, you live for longer with better quality of life. At Alzheimer's Society we see this as our biggest opportunity to influence the future of dementia. As such, we are now advocating directly into the Department of Health and Social Care for the MSF to set out a bold and deliverable approach on diagnosis, social care workforce capability and treatment readiness, with clear targets, investment in diagnostic capacity and action to reduce regional inequality.

# 2

# Delivering dementia support that makes a difference

# Our Services:

**Through NHS commissions and funding from partners, local authorities and thousands of supporters, Alzheimer's Society's support offer includes 1,104 current local services, national and local dementia support lines, an online dementia forum and specialist legal and financial advice services across England, Wales and Northern Ireland.**

Local support is provided in the community via both one to one and a group offer comprising peer support, activity based and awareness raising. We also deliver evidence-based cognitive stimulation and carer support programmes and Singing for the Brain groups in person and remotely.

Our universal services offer an additional layer of support. Operating outside normal office hours, they ensure choice and accessibility for everyone affected by dementia in the way they obtain information and support. Our national dementia support line is open 7 days a week, providing access to experienced dementia advisers on any aspect of living with dementia. For those people who are looking to connect to others in similar situations, our Dementia Support Forum is our online community available 24 hours a day.

Our person-to-person delivered services are further supported by our two digital solutions. Our Dementia Directory helps people find support available to them locally and nationally. Our Dementia Symptoms Checklist helps people with concerns or questions about possible memory changes, prepare for their appointment and discussions with their GP.

With a review of current data evidencing that 75% of our service user defined outcomes are met within 7 days and over 58,000 calls to our national dementia helpline in 2025/26, our services aim to meet our service users needs for timely and responsive support at some of their most difficult times.

Following diagnosis and at times of crisis, we know that people affected by dementia need to be met with compassion and empathy, supported by people who understand dementia and know what they are talking about. Responses to our 'How did we do?' satisfaction survey tell us that 92% of service users strongly agreed that the service took time to listen and focus on their specific needs. Similarly, 94% strongly agreed that the service was well informed about dementia.

Ensuring that Alzheimer's Society services remain high quality and informed by the latest developments in dementia support, we work in partnership with academic institutions and health and social care providers to develop and then pilot new approaches, influencing practice across primary care, residential care and within both statutory and community based support.

### In total, during 2025/26, we have provided person to person support to

**106,500 people**

**14,500** supported through our groups

**72,000** supported through our 1:1 dementia services

**41,500** supported via our national and local dementia support lines

**1,217,000** interactions on our online community – Dementia Support Forum

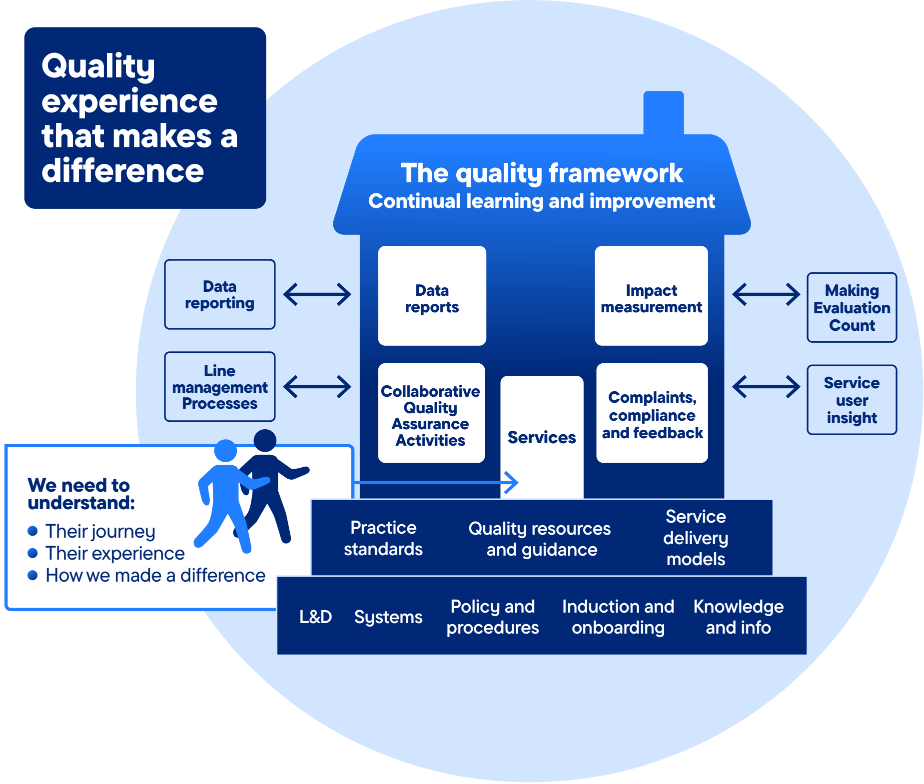
# 3

# Measuring quality, understanding experience

# Safe and effective services

## Measuring quality in our services

Alzheimer's Society has a robust and comprehensive approach to the delivery of high quality services, underpinned by our Quality Framework. The framework sets out both our approach to Quality Assurance within our services and those underpinning enablers, which need to be of equal quality to support those delivering support.

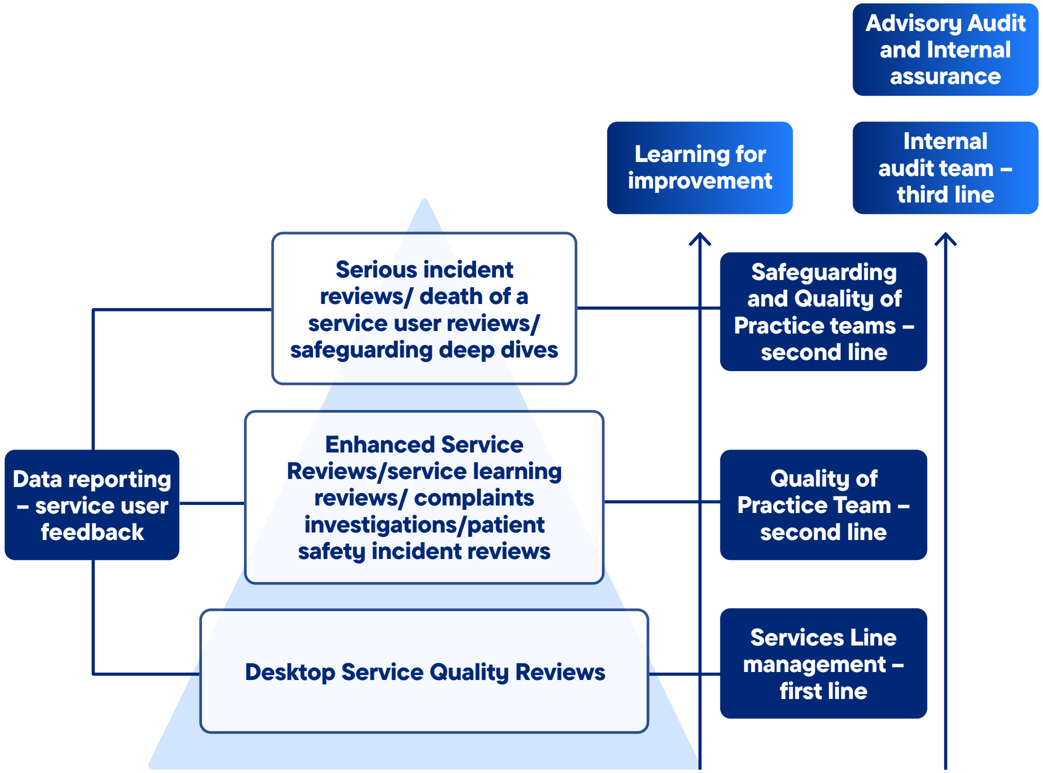


Our quality assurance approach is based on the Three Lines model and is aligned to the Care Quality Commission key themes of safe, effective, caring, responsive and well led. It operates on two key levels:

1. An overall practice delivery level, with responsibility lying with services line management.
2. Bespoke processes undertaken by Safeguarding and Quality of Practice teams to provide more clarity, e.g. Safeguarding practice following a serious incident, allegation or complaint.

Triangulating our Desktop Service Quality Reviews with observations of practice, bespoke and targeted data reports and service user feedback, provides a rich and comprehensive understanding of the quality of our services and the experiences our service users have in accessing support from the Alzheimer's Society.

### Quality Assurance within Alzheimer's Society Services



## Providing effective services

Alzheimer's Society is committed to providing services and support which makes a tangible difference to the lives of people affected by dementia. We support our service users to identify the outcomes they want to achieve from engaging with our services ensuring that we are fully person-centred in our delivery of support.

Current data tells us that over 97% of service users felt that their outcomes had been fully met. On average our service users are seeking outcomes related to three areas of their lives. We know that the top priority for people contacting our local services in the past two years is to gain more knowledge and information. In fact, over 46% of chosen outcomes relate to this activity, and in the main connected to dementia specific knowledge and information.

For many of our service users, it is the access to good quality information that supports them to take control of their lives and make informed choices. Our Dementia Advisors are all comprehensively trained and supported by our in-house knowledge hub and Ask Des, our internal dementia enquiry service for information relating to more complex enquiries. The Ask Des service responded to 1,523 queries across 2025/26.

Support related to finance and legal issues and remaining safe and well are the next most common areas of need for our service users. Outcomes relating to these areas include income maximisation, decision-making authority or paying for care (finance and legal), and home safety, physical health and emotional well being (safe and well).

> **"Being a carer for someone with dementia is really difficult and often makes you feel alone and isolated. Help is always available through the telephone, email and dementia cafe. They really make you feel special and welcome. They are there to listen, offer advice, point you in the right direction and most of all make sure you are alright. I really can't praise this service enough and without them I would be lost. So a big thank you."**

Carer for someone with dementia. Feedback received through our 'How did we do?' survey

# Service example
# Southmead Hospital Discharge Programme

North Bristol NHS Trust and Alzheimer's Society have partnered to embed Dementia Advisers within the hospital discharge pathway at Southmead Hospital.

Two Dementia Advisers work within the Transfer of Care Hub, an integrated discharge team bringing together NHS, social care, and voluntary sector colleagues. This places specialist dementia support at a critical transition point between hospital and community settings.

The advisers work across the multidisciplinary team to ensure people with dementia receive timely, appropriate support during discharge planning. Their role focuses on reducing failed discharges through clear communication between secondary care, primary care, and social care services.

This integrated approach creates a vital bridge between care settings, helping people with dementia and their families navigate the discharge process. Being embedded within the hospital's discharge infrastructure allows advisers to identify needs early, coordinate support, and enable smoother transitions home.

Picture source: BBC News

All staff, both clinical and non-clinical, receive dementia awareness training. Each ward and department also has a Dementia Champion who receives additional training and promotes good dementia care. The 'This is me' document helps staff better understand people with dementia in their care.

# Understanding experience, informing practice:

**At Alzheimer's Society, we have a strong and ongoing commitment to both listening to the views, opinions and lived experiences of those affected by dementia. By drawing on this understanding, we can then take informed action.**

We have three main avenues through which our service users can share their views with us:

**'How did we do?' survey**
our service user satisfaction survey – access provided to anyone who uses any of our services

**Making Evaluation Count:**
a qualitative semi-structure interview process with a cross section of our service users

**Feedback:**
an electronic form, allowing service users to provide any kind of feedback, both compliments and complaints

Data from all these sources is reviewed quarterly, with learning extracted and shared with both the senior leadership team and across services. Our newly established Quality Forum combines data from these sources with insights from service quality reviews, wider data reports and service evaluations. This combined data is then used to produce a bi-annual review of service user experience measuring both satisfaction and outcomes.

**'How did we do?' survey results**

I feel more optimistic about the future since using the service
**72%**

Since using the service I feel better able to cope with how dementia affects me/my loved one
**83%**

On a scale of 1 to 10 how likely are you to recommend an AS service
**90%**
scored a 9 or 10

**Making Evaluation Count results:**

I am informed
**97%**

I feel supported to manage
**93%**

**Feedback data:**

**42%**
of compliments are related to our service users feeling supported

Knowing that not everyone who is affected by dementia will access one of our services, we also ensure that opportunities to share lived experience are offered more widely. Learning from these activities not only supports developments within our own practice and service offer, but additionally provides valuable evidence for influencing and further research.

**Lived Experience survey**

In 2024 and 2025, Alzheimer's Society undertook a Lived Experience survey[1] reaching out beyond our immediate service users to a wider audience of people affected by dementia. In 2025, the survey received 3,487 responses from across England, Wales and Northern Ireland, including 74 people with dementia, 2,605 people who know someone living with dementia and 808 people who are caring for or have cared for someone with dementia.

---

[1] https://www.alzheimers.org.uk/about-us/policy-and-influencing/reports/survey-lived-experiences-dementia

## Top line summary from the Lived Experience Survey 2025

**Diagnosis**
The diagnosis experience can be negative for some, with barriers to access remaining. We asked questions this year to understand the experiences of diagnosis in more depth to continue to build our evidence base.

**Social care**
Social care support can be a lottery, with mixed experiences and ability to access, with many unpaid carers still not being aware of or accessing the support that is available to them. We explored this topic in depth this year in response to the external environment and the work we've been doing to progress our aims in this area.

**Treatments and interventions**
Experiences of treatments and interventions are positive, but access can be difficult. We explored the experience of accessing interventions this year, including drug and non-drug treatments.

**Health inequalities**
Protected characteristics and socioeconomic groups were recorded by respondents. Survey results can be broken down by these characteristics and provide insights into the range of experiences. Separate summaries will be published for England, Wales and Northern Ireland to understand regional differences.

We recognise how important it is for future health care workers to have the skills and understanding to provide high quality care for people affected by dementia. As such, Alzheimer's Society, working with Brighton and Sussex Medical School, has developed **Time for Dementia** – an educational programme which matches individuals and families affected by dementia with students from across 10 universities. By sharing lived experiences with students, they can learn first hand about the impact of the condition over time. In operation since 2014, the programme has now been integrated into 10 universities and a range of healthcare courses from medical and nursing to physiotherapy and dietetics. Since inception Time for Dementia has worked with more than 2,200 families and 8,000 students.

Additionally, our **Research Network** is made up of 145 volunteers who all have lived experience of dementia as either a person with dementia or a carer or former carer. They support us with ensuring our grant-funded researchers are incorporating lived experience into the grant life-cycle. They lay review applications and share their experience to help shape the research we fund and the research of our partners.

Between April 2025 and March 2026, more than 500 active **Dementia Voice Partners** (people living with dementia and carers) participated in over 600 involvement opportunities.

This activity spanned 35 Dementia Voice Local groups and extended into key organisational priorities, including campaigning and influencing, staff recruitment, and the co-creation of resources. Partners also played a critical role in shaping delivery by contributing to training, and by designing and facilitating workshops and events, reflecting how lived experience is included within decision-making and across service design and delivery.

Finally, Alzheimer's Society works with **innovators**, individuals and organisations who are at the forefront of developing tools, resources, and applications.

By providing support services alongside working closely with innovators, Alzheimer's Society is uniquely placed to ensure that people affected by dementia can directly impact the development of those innovations, increasing the likelihood that the solutions are successful and effective, based on real lived experience. Once fully developed, trialled and assessed as effective and beneficial, these innovations can be made available through our own services, ensuring added value to the support and guidance already provided. Two examples of this are:

- Jelly Drops – 95% water, sugar-free sweets designed to help people with dementia stay hydrated
- Recreo VR – a person-centred virtual reality reminiscence experience to improve mental and social wellbeing.

# 4

# Looking back

# Reviewing our planned improvements for 2025/26

1. Strengthening safeguarding in our services
2. Growing as a learning directorate
3. Supporting our volunteers
4. Establishing our Quality Forum
5. Supporting under-served communities

# Safe and effective services

## 1. Strengthening safeguarding in our services

### 1.1. The plan

To help us make better, data-informed decisions around safeguarding, we will launch a process where we record how often and why services contact the safeguarding team. This will help us identify possible concerns or lines of enquiry for further investigation by the Safeguarding and Quality of Practice teams, either through initial discussions with managers or fuller deep dives.

### 1.2. The progress

Process and accompanying reporting tools were developed and introduced in the second quarter of 2025/26. Sitting as a bespoke element of our overall Quality Framework, this process provides an innovative approach, using key performance data to identify potential unexpected and unusual activity in how local services contact our internal safeguarding team. Highlighted services are then followed up for further discussions about risk management and, if necessary, improvement, planning and monitoring put in place. Still in early stages of implementation and trial, we have already seen practice improvements, with 70% of services making improvements within two quarters and no longer appearing as concerns within the data set; as a result of the creation of targeted opportunities for staff development, awareness raising and the strengthening of prevention practice.

> **“I’ve only brought mum twice to this group and mum is loving it. It’s lovely to see the ladies include everyone make everyone feel included and welcome. Mum loves attending can’t wait for next time.”**
>
> Carer for person with dementia. Feedback gathered through our ‘How did we do?’ survey

> **“Exceptional service second to none. I have found out how easy it is for me to accept I have dementia through the advise and care I have received from my dementia advisor. She has helped to open so many other doors where I can benefit from their services too.”**
>
> Person with dementia. Feedback gathered through our ‘How did we do?’ survey

## 2. Growing as a learning directorate

### 2.1. The plan

Our Quality of Practice and Practice Learning teams working collaboratively will identify the variety of opportunities that currently exist to share learning and clearly record the audience, purpose, content and owners for each. It will also establish areas where further learning opportunities might be required and provide a structure to support us grow as a learning directorate.

### 2.2. The progress

The structure supporting a learning directorate has been sharpened. There are now clearly established routes for both the identification and sharing of learning from a wide range of sources internal to the directorate and cross directorate, with the aim of ensuring that practice is continually evolving and developing in line with lessons learnt through those processes. During 2025/26, our Practice Learning and Quality Practice teams delivered numerous learning opportunities in response to identified need, alongside the directorate's established learning and development pathways. This includes quarterly Quality Matters sessions (sharing best practice), 5 learning reviews, 7 new e-learning modules (accessed over 1700 times), 12 bespoke workshops and webinars, and mentoring and coaching for teams and individuals.

**Existing opportunities that provide learning**

- Quality Assurance Activities
- How did we do? (satisfaction survey)
- Making Evaluation Count
- Feedback (complaints)
- Health and Safety Incidents
- Low Level Concerns
- Death of a Service User
- Serious Incidents
- Information Governance Breaches
- Safeguarding concerns
- Services Experiences

**Learning**

**Delivery and Audience**

**Quality Matters**
Dementia Support and Partnerships

**Learning Reference Group**
Practice and Compliance and All Services.

**Communities of Practice**
Dementia Support and Partnerships.

**Reporting**
Leadership teams and Dementia Support and Partnerships

**Peer Support Webinars**
All Services

## 3. Supporting our volunteers

### 3.1. The plan

Our Volunteering Team will work with our Safe Practice Team to develop an annual refresher for all volunteers. We will provide wrap-around support nationally and involve service users in the creation and testing stages of the development to ensure that it has the intended impact. Our aim is to create appropriate learning in multiple formats for our service volunteers to feel confident and capable to understand the complexities of dementia and support people on their journey, at whatever stage they are.

### 3.2. The progress

We focussed on safe practice essentials for our volunteer learning and rolled out our first learning refresh for all volunteers and volunteer managers. Both accessible and proportionate, the refresh enabled them to complete learning modules, with full support, in multiple formats including e learning, video, workbooks and group sessions. The content was produced with a volunteer involvement group testing and feeding into the development, including people with a diagnosis of dementia.

The three modules of learning (covering data protection, health and safety and safeguarding) have been well received with volunteers and to date, 86% of volunteers have completed it. We will develop role specific practice guides for those volunteers with more contact with people living with dementia, strengthening their safe and effective support of people throughout their dementia journey.

> **“It has given me renewed confidence to refresh and focus, on safeguarding especially.”**

> **“Found the process easy to follow and was very helpful and informative.”**

Volunteer feedback on refresher training 2026

# Experience

## 1. Establishing our internal Quality Forum

### 1.1. The Plan

Our Quality Forum comprises representatives from all the key stakeholders responsible for gathering, analysing and presenting insight related to the experience of people who use our services. For 2025/26 the aim is for the Forum to pull together all insight within Alzheimer's Society related to feedback across the previous year, combining satisfaction, outcomes and impact to provide a more robust understanding of how people experience our services.

### 1.2. The progress

In May 2025, teams across the organisation, who are involved in listening to and recording our service users' experiences, came together for our first Quality Forum meeting. They shared data and insights arising from service evaluations, feedback forms, 'How did we do?' survey, making evaluation count interviews, data related to complaints, outcomes and service user journeys. Through this process, we were able to identify the areas of practice where our service users were having a positive experience (where the support was safe and effective and where they experienced care and compassion) and where improvements were required. Data showed that service users were reporting high levels of support and care, of being respected and responded to as individuals. Data also demonstrated strong safeguarding practice with 94% of referrals made to adult social care receiving a positive response. Areas of practice for further development included the importance of establishing clarity about the boundaries of the service offer at the outset, and strengthening recording related to the reasons behind a potential service user withdrawing from the service.

At the same time, collaborating in this way helped us to see where the data and insight was strong, who for and in what situations. It also showed us where there were gaps in the evidence and knowledge we have and so where we need to build that data collection. An action plan was developed in May 25 and reviewed in December 25 (showing over 50% of identified actions showing improvements or completed at this mid-point). The process, with improvements, will be repeated in May 2026.

# 2. Supporting underserved communities

## 2.1. The plan

Informed by people with lived experience, we are intending to equip our services staff and managers with increased information, knowledge and understanding relating to minoritised communities. The aim is that they are more culturally informed, sensitive, and aware and so more able to increase the accessibility of the service to currently underserved communities.

Building on work this year developing and delivering models of support for underserved communities, 2024/25 will see the test and trial for some of those models which have been in development. We will also continue to embed learning from those already being delivered, such as the Sahara project.

## 2.2. The progress

In 2025/26, we made significant progress in supporting equitable access to our services. This has included working alongside British Deaf Association to ensure people who use British Sign Language have improved access to our Universal Services offer, via the use of a video sign language interpreter (in partnership with VideoSign). This is part of our wider Translation Project – this project has provided improved pathways for front line dementia advisers to access appropriate interpretations of Alzheimer's Society materials.

In partnership with researchers from University College London, we have completed phase one of a significant project to co-produce culturally appropriate services for people from Black African and Black Caribbean communities. This phase has included involvement from families from those communities to share their experiences and what best practice should look like. This involvement will continue into phase two (2026/27) where we will then test and refine the model before embedding in our service delivery.

During 2025/26, Alzheimer's Society invested £2 million in research to tackle health inequalities in dementia care and support, with funding for the GRACE care programme (Goal directed, accessible and evidence based care for families affected by dementia) for adaptation of resources for under-served groups, to ensure that they are as accessible to as many people as possible.

Researchers from Queen Mary University London, will explore how the GRACE care programme can support people living in areas which have a high level of health inequalities, working initially in Belfast, Humber and North Yorkshire, North East London, and Kent and Medway.

Within our front line services, Local Community and Volunteer teams have been working with those most affected by health inequalities. This has been guided by local and regional data, focusing on raising awareness of dementia and the support routes available. Over 100 community connections have been made, focusing on South Asian communities, LGBTQIA+, rural and farming communities, and Roma, Traveller and boating communities. 89% of people involved in awareness raising sessions have reported that they now know more about dementia than before our involvement – with 100% reporting they would share information with others and now know where to turn to for more support. The impact framework for this has now been further developed with improved reporting ready for 2026/27.

Better Together: Equity, Diversity, and Inclusion learning has been written into every learning pathway as part of CORE learning. We also have 4 learning modules which focus on Cultural Patters, Cultural Awareness and Humility, Microaggressions and Cultural Differences: Northern Ireland, and offer the Oliver McGowan training on learning disabilities and autism. We host practice academy pages focused on ethnicity and culture and religion and belief which include the NHS Intercultural dementia care guide, as well as a collection of other internal/external resources and organisations.

| | |
|---|---|
| **Cultural Patterns Modules** | **over 1,000 people completed** |
| **Oliver McGowan Learning Disability and Autism training** | **over 800 people completed** |

We have established communities of practice to provide focus on the development of quality culturally informed practice in relation to Romani, Gypsy and Irish travellers; supporting individuals with learning disabilities and dementia, and people with young onset dementia.

A collaboration has begun between quality of practice and practice learning teams, staff delivering support services, and people with lived experience. The aim of this collaboration is to set out a road map to improve and increase both understanding of and confidence in the delivery of culturally informed, sensitive and aware practice. This work will continue throughout 2026/27 to build on resources available within our Practice Academy, using the learning from the experiences of targeted services delivery to under-served communities as described above.

We are working with a co-designed community project together with the University of the West of England which is considering the diagnostic and assessment process for Chinese, Caribbean and South Asian communities. The project aims to consider potential barriers in receiving a diagnosis and what changes could be made to better the process.

# 5

# Looking forward

# Priorities for improvement in 2026/27

1. Establishing a services impact framework
2. AI, technology and innovation
3. Game changing service approaches
4. Engaging with research
5. Knowing our service users

# Safe and effective services

## 1. Establishing a Services Impact Framework

### 1.1. What we want to improve

During 2025/26, we have taken significant steps to improve the recording of activities related to supporting service users to achieve their chosen outcomes. We now record activity that includes identifying the outcomes themselves, the actions taken to achieve outcomes, and the degree to which our service users feel that their outcomes have been met. This work has provided strong foundations to implementing a more robust and consistent approach to how we understand the impact for our service users, as well as communities and local systems. It enables us to talk more comprehensively about our impact across services as a whole.

### 1.2. The plan

Building on the existing progress of data collection and reporting achieved through 2025/26, and utilising our new Theory of Change for Services, we will develop an impact measurement. Working in consultation with both service users and those delivering services, this framework will enable us to better gather and evidence the difference made for individuals, carers, communities and local systems.

### 1.3. Measuring impact

By the end of 2026/27, we will have developed and implemented a services impact measurement framework, which will increase our ability to report on the impact of the support our services offer.

## 2. AI, technology and innovation

### 2.1. What we want to improve

At Alzheimer's Society, we pride ourselves on being at the forefront of innovative and effective dementia support, using the latest knowledge, research, innovations and development in practice approaches to guide and develop our service offer. With the ever increasing possibilities provided by artificial intelligence (AI), we are keen to see how these can and will support with the delivery of safe and effective services and improve experiences for our service users.

### 2.2. The plan

Over the next two years we will take a thoughtful, responsible and value-driven approach to exploring how AI could support more efficient use of staff time in services, enabling staff to spend more time on delivery rather than administration. We will also explore how AI can open up wider opportunities for people affected by dementia to access digitally delivered products and support. Working with our online shop and innovation team, local services will support the adoption of key technology aimed at reducing risk and preventing crises; maintaining independence; improving emotional well being, and expanding access to care in underserved communities.

### 2.3. Measuring impact

By the end of 2026/27, we will have established cross-directorate stakeholder groups which will have both service users and service staff integral to shaping our AI approach. These groups will establish the potential benefits, objectives and risks of both exploration and introduction of AI supported products in the areas outlined above, and, drawing on internal and external expertise, develop a roadmap for the way forward.

> **I really enjoyed it. I have been given hope for the future. I have excellent support in place but it all felt like they were taking over. the toolkit helped me regain my independence without losing their support. I now feel like I have got back my version of a normal life not somebody else's. I also feel like I am accepted more because I felt like people always assumed that my diagnosis meant I couldn't do anything for myself.**
>
> Feedback from a person with dementia about early intervention support pilot

## 3. Game changing service approaches

### 3.1. What we want to improve

Still too often people affected by dementia seek and receive support at times of crises. Being able to provide targeted interventions and support as early as possible helps to increase control for people affected by dementia or concerned about their brain health. Early evidence indicates both the potential for prevention of onset through a reduction of risk factors and the prevention of crises through support to plan ahead.

### 3.2. The plan

In line with our operational strategy, we will move forward with the development of preventative practice models. Firstly, providing support with improving and maintaining brain health through our Manchester Brain Health Centre, where our brain health workers will work on personalised risk reduction plans, and secondly, support through Planning for Change (our early intervention model) providing specialist, bespoke support to plan ahead, reducing the risk of future crises. The aim with both models is to support our service users to maintain greater control over their lives and an ability to live independently and safely for longer.

### 3.3. Measuring impact

Through successful trials of the models outlined above, which are able to evidence both positive outcomes from steps taken to support brain health and, where a service user is already affected by dementia, that support provided early enables them to identify and plan for changes, thereby taking greater control of their lives. Learning arising from the piloting of models will be used to develop clear guidance and process for the identification and piloting of possible delivery models.

# Experience

## 1. Engaging with research

### 1.1. What we want to improve

We want to empower people living with dementia to understand and access research opportunities. At present many people affected by dementia have the opportunity to engage in activities where they are able to use their experience to inform research, the development of treatments and practice. But this offer is not consistent across England, Wales and Northern Ireland, with a number of communities underrepresented in their involvement. As an organisation that undertakes research and delivers support, we are uniquely positioned to improve this situation. Many people affected by dementia find engaging with research trials and clinical pilots supports their well-being, contributing to a sense of purpose by using their experiences to help others.

### 1.2. The plan

With the introduction of research nurses across the three nations, we will ensure that practice staff are equipped and confident to engage service users in discussions about research opportunities, both pharmaceutical and clinical. With the launch of our **Clinical Trial Finder**[2] in February 2025, in partnership with UK Dementia Trials Network, we are aiming for the majority of our service users to be given the opportunity to make informed decisions about whether they wish to share and use their experiences in this way.

### 1.3. Measuring impact

Discussions about engagement with research trials and piloting will be recorded and reviewed quarterly. We will seek feedback from both practitioners and service users regarding their feelings about both making and receiving the offer and, for those service users who choose to engage, gather feedback about how they experienced that engagement.

> **“Rather than just adding years to your life, research adds life to those years.”**
>
> Quote from user research participant

---

[2] Find a clinical trial | Alzheimer's Society – the first dementia specific tool in the UK which connects people with opportunities to participate in research.

## 2. Knowing our service users

### 2.1. What we want to improve

Over the past year, a considerable amount of activity has gone into improving both the gathering and recording of demographic data in relation to our service users. However, this is not consistent across all categories of demographics nor across all forms of service delivery. In order to accurately understand our service users unique experiences and journeys, with dementia and with our services, we need to be confident that we have robust demographic data.

### 2.2. The plan

Over the year, we will continue to increase the consistency of data gathering and recording internally, and will also provide service management with the tools to be able to view that data within an external context, both locally and nationally. In this way, a more accurate assessment of the impact of health inequalities for those affected by dementia can be made and addressed, either by our services or through our influencing work. This data will support the clear identification of underserved communities and will be used to work with commissioners to develop services to meet any unmet need.

### 2.3. Measuring impact

By mid 2026/27, our service management will have the ability to place robust service user demographic data in the context of the external data environment. This will enable us to identify where health inequalities exist and are impacting on the experiences of people affected by dementia and their access to support. Reports with national insights will be provided every six months to inform internal service development and external influencing. As a result of this action, we will seek to make improvements for currently underserved communities in their experience of accessing support, both from Alzheimer's Society and more broadly.

> **“Brilliant support, a shoulder to cry on, and listened to me and provided reassurance – having the same person to talk to so that I did not have to go through everything with them again – They were my guardian angel.”**

Feedback gathered through
Making Evaluation Count interviews

# Final words from some of our service users

> **“My mum was diagnosed about 6 weeks ago and then discharged from hospital with no follow up no information and no help or support or even a phone number for help to get support we was totally on our own and not knowing where to turn and the lady I spoke to today was amazing she gave me advice phone numbers and someone I could just talk to and she listened and she helped me so so much by talking to me and listening to me.”**

Carer for person with dementia via ‘How did we do?’ survey

> **“Having someone to talk to and someone who understood my problems was a big bonus for me. I was given ideas and ways of how to cope with the person with dementia and how to talk to them such as not challenging them and not contradicting them but instead going along with them. This made a positive impact on my life because I learned to not be argumentative and to live in the moment. I was also made to realise that even though I want to I can’t fix everything. I want to take all of the person with dementias problems away but I’m not physically able to do that and I’m ok with that now.”**

Carer for person with dementia via Making Evaluation Count

> **“I just wanted to let you know how grateful I am for what you did last week. Firstly you picked me up when I was at my lowest ebb. But also you imparted some information which has transformed our understanding of my mums condition...”**

Feedback from a carer of a person with dementia on our national Dementia Support Line

> **“I enjoy being here, spending time with my daughter singing and being silly. It reminds me of the good old days and means I don’t feel entirely useless.”**

Feedback from a group participant

**At Alzheimer's Society, we bring people together to end the devastation of dementia. We give vital support to those who need it, fund groundbreaking research and campaign to make dementia the priority it should be. It will take a society to beat dementia.**

**Call us**
0330 333 0804

**Email us**
enquiries@alzheimers.org.uk

**Visit us**
alzheimers.org.uk