Quality Account

2025/26

NHS
Devon Partnership
NHS Trust

Alzheimer's Society

Contents

1. service update

In 2025/26 we have continued to develop the service and are pleased to share that our service has been recommissioned for a further 2 +2 years. This provides stability and scope to further improve what we offer to those affected by dementia in Bristol.

In our last report we set out four key aims for the year:

1. ***Improving performance***

We Said	**We Did**
"Having in the past year audited the demands upon the service, we will work with staff and the ICB to review specific Key Performance Indicators to ensure they continue to reflect the needs of our service users in the post pandemic health environment"	*We worked closely with our commissioner to agree revisions to a couple of our performance measures to ensure they better reflected the quality experienced by all service users*

2. ***Maintaining accreditation***

We Said	**We Did**
"In March we will undertake the full MSNAP reaccreditation audit process. In the year till then we will undertake internal service audits, lead by our Psychology team to ensure we meet the requirements and that we are able to demonstrate best practice and a flexible approach that keeps our service users at the heart of our delivery"	*We completed our own internal audit and received our external reaccreditation in early 2026 and awaiting the outcome of this process.*

3. Focus on Prevention

We Said	**We Did**
"Reflecting the growing evidence base in relation to prevention of dementia, we will work with local partners to trial community based "clinics" to give opportunity for those with concerns to link directly with us and gain health promotional information as well as early access to support as required"	*We have collaborated locally with other partners to be involved in conversations around prevention, being included in events and also delivering a development day for staff with a focus on dementia prevention.*

4. *System wide engagement*

We Said	**We Did**
"*We will continue to work with the ICB and all other partners including people with lived experience in order to identify what good outcomes for people with dementia and their carers looks like and how this informs the future delivery of dementia care in Bristol and the wider ICB area*"	*We are involved in leading and supporting the local Dementia HIT and work with other partners across the city to support wider system-level change.*

In addition to the above, we continue to be recognised for our delivery of best practice. We were shortlisted as part of four UK Dementia Awards, including in some new categories that reflect the range of excellence across care, innovation and research:

- Sally Townsend, one of the service's Community Development Coordinator team was shortlisted for the **Intergenerational Award** and was highly commended.
- Haya Ghneim (Assistant Psychologist) and Sonya Cantello (Dementia Practitioner) were shortlisted for the **Young Onset Dementia Award.**
- Our service's Psychology and Additional Therapies teams were shortlisted for the **EDI in Practice: Equality, Diversity and Inclusion Award** .
- In addition, we support a local Woodland Wellbeing initiative alongside Forest of Avon Trust which was shortlisted in the **Promoting Health and Wellbeing Award.**

Another exciting achievement in the last year has been the collaboration with our Research Practitioner, Medic Team and local researchers to evidence the value of GPs being able to prescribe Melatonin for those with dementia experience sleeplessness.

Over the last two years we have collected feedback from carers where we have initiated a prescription of Melatonin. The outcomes, as anticipated, were extremely good for the vast majority of patients with better sleep, less agitation and less carer strain - and even reports of less wandering and fewer falls. This was presented to commissioners at the end of last year who have agreed to make Melatonin an Amber drug which GPs can prescribe after being initiated by a specialist.

This means that the service will continue to initiate this medication where it is indicated but can then hand over to GPs to prescribe and review going forward. This is good for patients to have all of their medication managed via their GP.

2. additional therapies and post diagnostic support

The **Additional Therapies** team continues to deliver post diagnostic support to our service users and carers.

The team routinely delivers the **Cognitive Stimulation Therapy** (CST) and the **Living Well with Dementia** groups throughout the year and also individual sessions of these for service users. They continue to focus delivering 1:1 goal focused intervention with service users.

Over the last year the team has worked alongside the Psychology team to pilot a co-produced CST delivery for both the Black Caribbean community and also working with those with a young onset dementia to develop a Young Onset Cognitive Stimulation Therapy Group. Both of these initiatives were shortlisted for the National Dementia Awards in 2026.

"I look forward to this group each month. Friendly and supportive; helpful and informative input from [dementia support workers]. I can share freely and ask any questions I want to. I learn so much from other carers who have been doing this longer than I have".

"The CST was very very useful & staff are wonderful x"

"We have found this service invaluable. You have provided an environment where he feels safe and valued. He has enjoyed every moment and will miss his sessions. As a carer, the information you have given us has been incredible, I couldn't take it all in, so I am grateful to have 'notes'

As a group going through the same journey I feel we have bonded! You have all addressed every concern we have."

3. psychology

In the last year, our **Psychology** team has received 246 internal referrals for psychological input. The team receive on average one referral a day. The breakdown for support is below:

As well as providing psychologically informed care the Psychology team has also provided the highest standard of evidence-based psychological therapy for those whose dementia diagnosis is a barrier to accessing talking therapies.

Supported by both Trainee Art and Music Therapists, and sessional bank Art Therapy support, the team is providing service users with the opportunity to join our Arts Therapy Group, a supportive space for people living with dementia and their carers to express themselves creatively.

The team provides service-wide training on the use of new evidence-based cognitive screening tools and is preparing the service for re-accreditation by MSNAP (Memory Services Accreditation Programme) to continue meeting the highest standard of quality care for those accessing our service.

We have developed the in-house capacity of the team, utilising both Clinical Psychologists in Training and Honorary Assistant Psychologists to support service evaluation projects:

Unspecified Dementias

The service identified an emerging national priority to reduce the occurrence of Unspecified Dementia and in response set out to explore this within the service as part of our commitment to ensuring everyone has access to an accurate diagnosis. A comprehensive audit was undertaken to identify the scale of use alongside potential impact and review both the appropriateness of these diagnoses and identify approaches to reducing inappropriate ongoing use of this as a diagnosis in the future

Psychological Interventions

As part of this year's MSNAP re-accreditation process, the service undertook an audit of psychological interventions exploring referral type and barriers to access for interventions including Cognitive Stimulation Therapy (CST), Living Well with Dementia (LivDem) and Individual, Couples, Family and Art Therapy

Access Poin t

The service has a duty desk ‘Access Point’ which is a core component of the service and its responsiveness to service user and carer need. Running between 8am and 6pm Monday to Friday, this is staffed by clinical colleagues within the service providing rapid access to expert advice and support. Monthly data is recorded on the number of calls received, but on an annual basis, an enhanced audit takes places throughout a month to explore in detail the nature of calls and outcomes achieved.

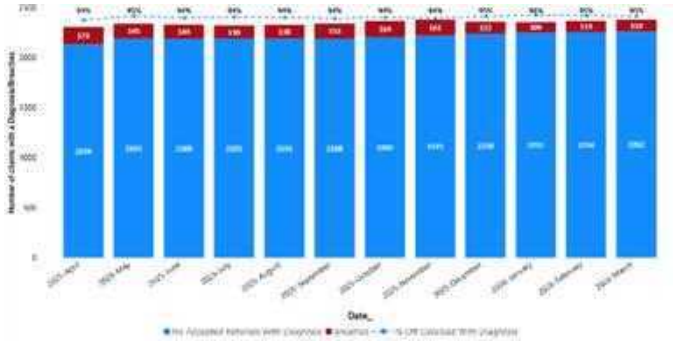
4. service performance

As in our introduction, we have worked closely with our commissioner to review our performance measures to best reflect the experiences of those receiving our service, whether this is no waiting lists at referral with quick first appointments, or evidence that we are staying in touch with everyone on our caseloads.

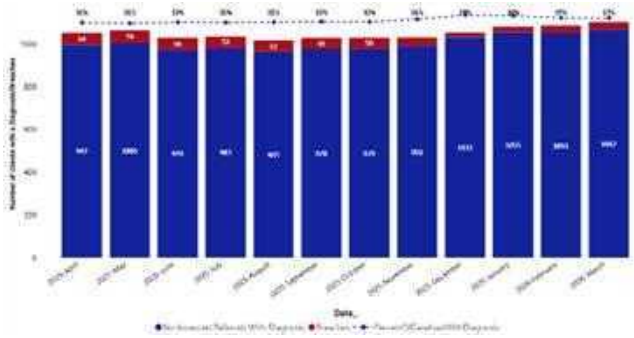
referrals and diagnosis

During 2025-26, referral rates remained consistent with around 100 new referrals each month. Overall, the service received 1,254 (up from 1,202) community referrals in the year, with 207 *(down from 255) referrals into Care Home Liaison = 1,461 total referrals.

Those with a recorded diagnosis has remained stable across both our community and care home teams this year. This is not expected to be 100% as this reflects those being supported within the service who are undergoing a diagnostic process.



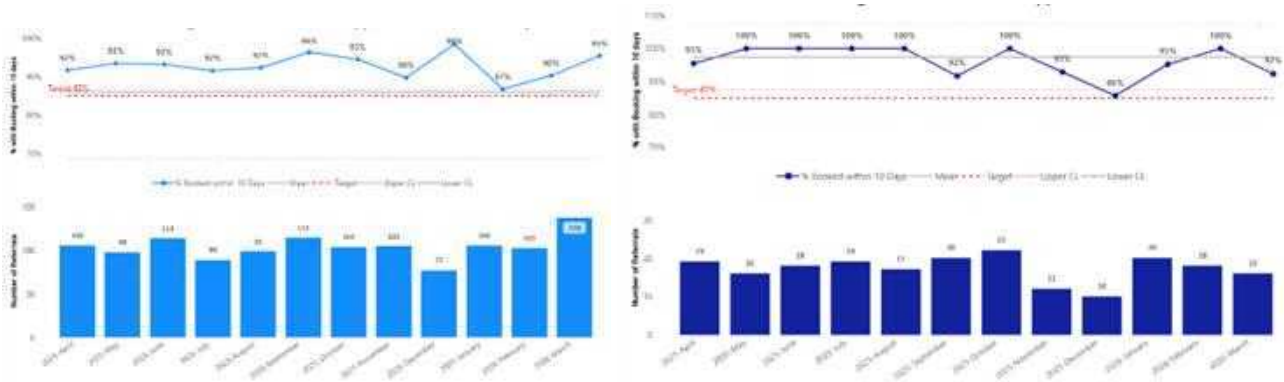
Community caseload (left) and Care Home caseload (right) - percentage of caseload with a recorded



Measured against expected local prevalence, between April 2025 and March 2026, Bristol's diagnosis rate stayed steady at 76% which remains the highest rate in the South West, consistently above the NHS England target of 66.7%.

first appointment

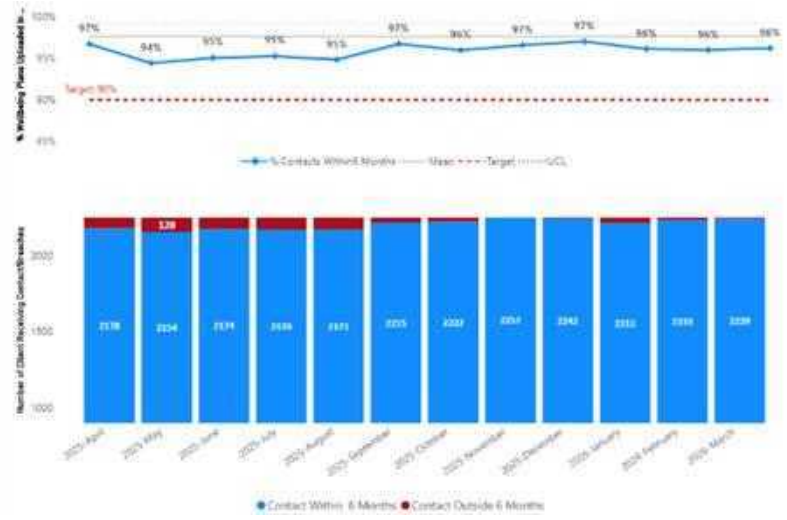
After we accept a referral from a GP, we ensure that we book our first appointment within 10 working days, wherever possible. Our target is 85% of first appointments each month being in our diaries within this timeframe. For both our community and care home liaison teams, this was almost always achieved throughout the year, which is an improvement from last year's report.



Waiting time for First Booked Appointment for our community and care home liaison caseloads

reviews

We take a proactive approach to staying in touch with people who are receiving our service. We have stayed above target (90%) across our caseloads in having a meaningful contact at least every 6 months (community) and 12 months (care home liaison).



Community caseload - % of caseload with review recorded in last 6 months

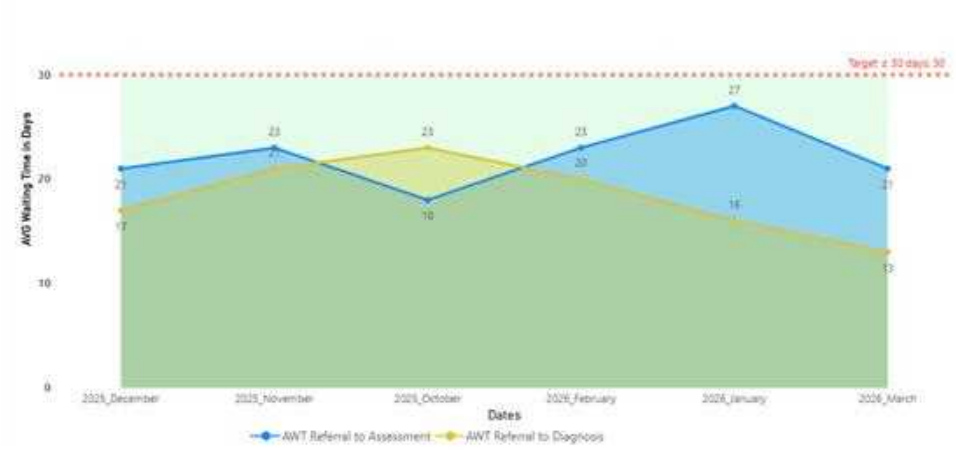
For those who breached target, we review this list to ensure we are staying in touch. Breaches can include seeing someone just outside the 6-month period, not accurately recording appointment outcomes in clinical record diaries, or being unable to review someone if they are in a long-term hospital stay, or abroad.

access point

Another way we can measure how people have been able to stay in touch is in the calls to our duty desk (Access Point). We are continuing to review data coming in from our new telephony system which logs called received into each of our service's

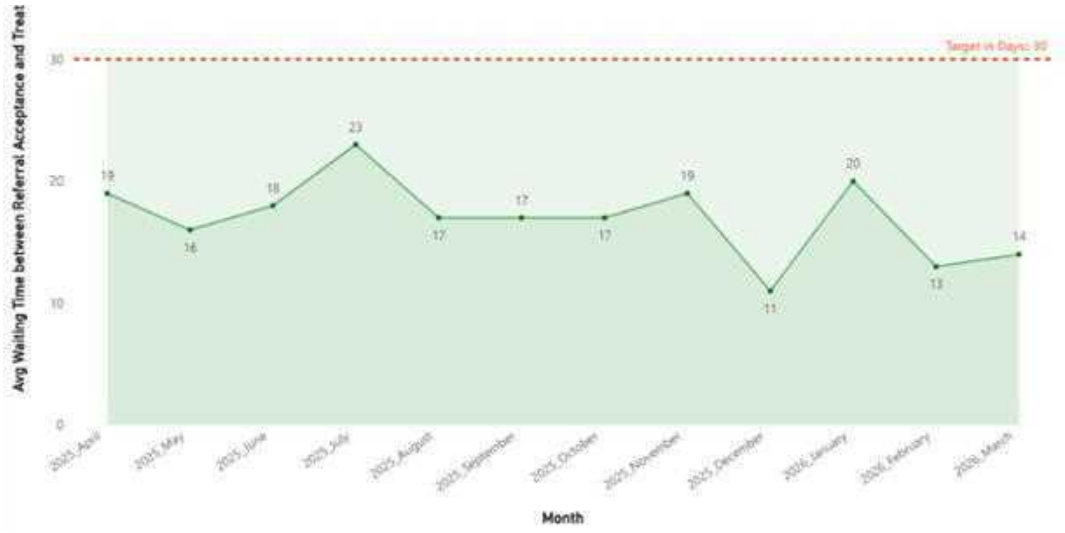
phone lines.

Last year we introduced performance monitoring which tracks the time it takes from receiving a referral to a first appointment taking place. For ‘Referral to Assessment’ (the time between accepting a referral from a GP to our clinical colleagues attending the first diagnostic appointment) and the national target is 30 days. Our average has remained below 30 and was 21 days at the end of March 2026.



Referral to Assessment / Diagnosis (Target = Below 30 days)

Similarly, ‘Referral to Treatment’ refers to those who already have a diagnosis when they are referred, but our first appointment with them is the start of ‘treatment’. Again, we have remained within the 30-day target, and this was 14 days at the end of March 2026.

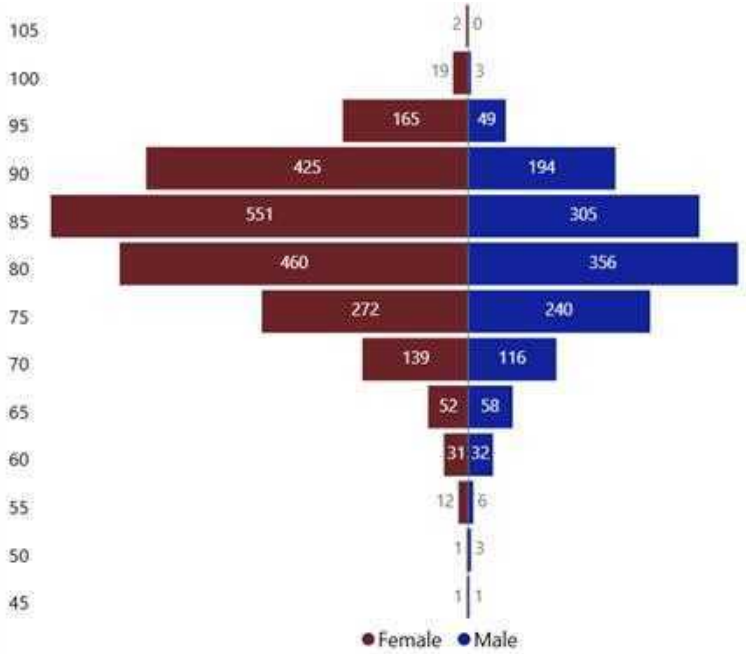


Referral to Treatment (Target = Below 30 days)

demographics

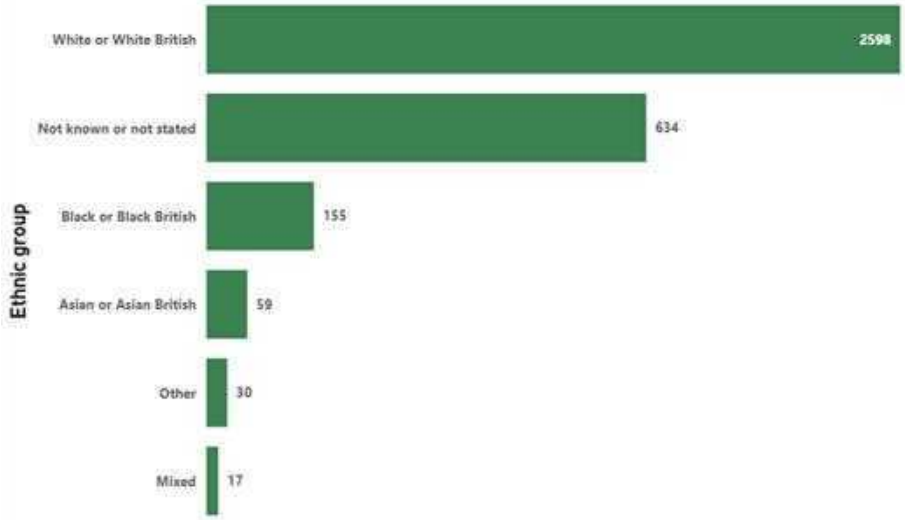
We have undertaken dedicated work to better understand the compliance of our demographic data and have seen a gradual improvement in ensuring everyone's important demographic information is recorded. Below is our complete data for age and gender, in 5-year intervals, alongside ethnicity and sexual orientation data.

Age and Gender



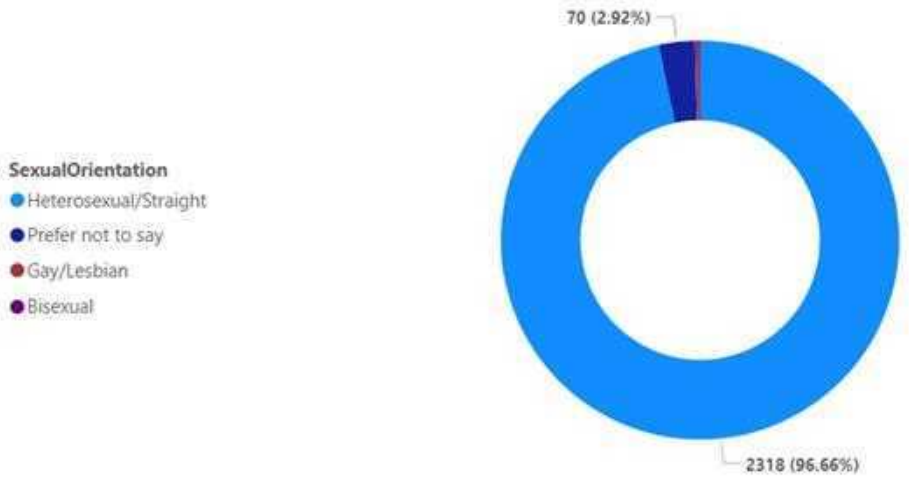
Age in 5 Year Intervals	Female	Male
105	0.06%	
100	0.54%	0.09%
95	4.72%	1.40%
90	12.17%	5.55%
85	15.77%	8.73%
80	13.17%	10.19%
75	7.79%	6.87%
70	3.98%	3.32%
65	1.49%	1.66%
60	0.89%	0.92%
55	0.34%	0.17%
50	0.03%	0.09%
45	0.03%	0.03%
Total	**60.98%**	**39.02%**

Ethnicity



Ethnic group	Number of Service Users	% of caseload
White or White British	2598	74.38%
Not known or not stated	634	18.15%
Black or Black British	155	4.44%
Asian or Asian British	59	1.69%
Other	30	0.86%
Mixed	17	0.49%

Sexual Orientation



SexualOrientation	Number of Service Users	% of Caseload
Heterosexual/Straight	2318	66.36%
NULL	1052	30.12%
Prefer not to say	70	2.00%
Unknown	40	1.15%
Gay/Lesbian	6	0.17%
Bisexual	4	0.11%
Other	3	0.09%

5. research

Research engagement can enhance a sense of purpose for a person, increase social interaction, and likely have a positive effect on wellbeing. Evidence has suggested that people who take part in research, no matter what the treatment, have better health outcomes.

Bristol Dementia Wellbeing Service consistently achieves high standards in research activity and engagement. Our projects have varied in scope, subject and investigation. Once again, we have been pleased to offer a variety of research opportunities for those affected by dementia. These include people with rarer dementias, those from less heard from communities and family carers.

Our staff have also had the chance to be involved in research and in doing so enhance their professional expertise and skills.

This year, we have engaged with a co-designed community project with the University of the West of England which considered the diagnostic and assessment process for Chinese, Caribbean and South Asian communities and potential barriers which could be addressed. We were able to advise on the diagnostic pathway and inform of culturally appropriate tools and use of interpretation and translation. An outcome of this project has been a community support letter to their GP or health professional which can aid the diagnostic process and a faith-based screening tool.

We also collaborated with the ICB and University of the West of England on a project investigating the potential benefits of melatonin prescription for people with dementia, as shared in the Service Update above. The project was successful in its aims and in undertaking, we were able to obtain evidence to support a change in the prescription pathway.

Our research engagement has again covered a variety of disciplines and topics. Studies have ranged from the qualitative to medical trials. Please find a summary of the last year's activity below:

Fastball (EEG in dementia diagnosis)
Exploration of EEG techniques to aid dementia assessment.

COBALT
Investigation of benefits of memantine for Lewy Body and Parkinson's Dementia

Good Life with Dementia
Pilot study considering the benefits of peer-led support.

LivDem Families
Adaptation of the Liv Dem course for people who may not be comfortable in a group setting.

ANCHOR-D

South-west project considering complexities of post-diagnostic dementia support and support offered.

We are proud that our research engagement consistently meets and often exceeds the required targets of recruitment and activity. This has been recognised nationwide, with academics and health professionals interested in collaborating with us and exploring our range of provision and support.

As we have become more recognised in research circles we are now being approached to give consultancy advice about projects at developmental stages. We are able to offer our experience to assist researchers when considering project feasibility, capability and activity planning.

Upcoming research looks promising with a variety of new studies on the horizon. These include exploring the benefits for people with dementia of music learning, a project investigating gentle exercise as a sleep intervention and a broader study of the popular Oral Health project.

8. your feedback

Every month we receive Friends and Family Test feedback. This is a measure of likelihood that a user of the service would recommend our service to a friend or family member. We also receive feedback through Patient Advice and Liaison Service (PALS), and we also hold monthly Dementia Voice groups, which bring together those living with dementia and their carers, who are able to provide feedback on our service or anything else that is important to them.

Friends and Family survey

We received 160 Friends and Family returns for the past year which is slightly down from last year, but retained a 97% satisfaction rate where people would be likely or extremely likely to recommend our service.

We always value the feedback we receive, share this with colleague and look to use this to improve what we do. This year, we produced a thematic analysis of the feedback we receive, and this told us that overwhelmingly positive with strong praise for staff qualifies, communications, feeling supported, high quality information and advice, accessibility, practical help and carer recognition and support.

The following pages share a range of responses received within the past 12 months:

“[Practitioner] was warm and sensitive in taking our history and listened to us so we felt heard. The material was covered comprehensively and clearly although there was a lot of material to take. This service is an invaluable comfort and source of information and ongoing I would have been lost without it.”

“The dementia nurse who visited us on 2 occasions couldn't have been kinder or more thorough in doing the tests to arrive at diagnosis and explaining everything we needed to know when delivering his diagnosis. We both will be forever grateful for all her help. Thank you for being there.”

“Just a short note to thank you most sincerely for all the help support and kindness you have given me. I was so alone no one seemed to understand me. Until you came along. I cannot thank you enough its such a dreadful situation to be in people do not seem to understand dementia – it’s an illness like all other conditions but with your help and advice I know see everything in a different light.”

The wellbeing team has given support when I needed the help, when I phoned they are always there.

They come and visit to chat and keep an eye on my husband who as dementia and me.

When my husband was first diagnosed with dementia we were at a loss at what to do next. Dementia Wellbeing provided very comprehensive booklets and information. We received a full assessment for diagnosis and were signposted to activities and clubs that would interest my husband.

In the later stages when we needed more support, there was always someone at the end of the phone, or a practitioner willing to visit to support- it was much appreciated.

have good support around me.

the test for my sake. [Practitioner] also was thorough and empathic, so much so that it doesn't feel like a big deal at the moment.

Everyone I have had contact with was always very friendly, very helpful and very knowledgeable. The support I have received has been incredibly important to me. Long may it continue!

"Always available for practical help and advice.

An ESSENTIAL Service."

We are very pleased with the experience we have had with Bristol Dementia Wellbeing Service, in particular our visit from [Practitioner], it was a pleasure to have met her, she was friendly and informative giving us all the information

“We count ourselves very lucky to have Bristol Dementia Unit in our corner.

Everyone we've been in contact with or seen has been caring, friendly, patient & very professional. They genuinely care & nothing is too much trouble.

I'm very grateful for the support they provide. If I have any concerns I know I can always call for advice. Thank you!”

“The service and care i received was excellent throughout the whole assessment process. Informative and supportive. You provide a necessary service, an example of how patient care should be”

9. community development

The service works hard to address health inequalities faced by those affected by dementia and our Community Development Coordinators have continued to work with Bristol’s diverse communities, identifying and addressing barriers in accessing services likes ours, and delivering dementia awareness sessions.

Community Development

The service benefits from the investment in Community Development roles, with a team of Community Development Coordinators (CDCs) employed via Alzheimer’s Society. Whilst EDI and Health Inequalities remains everyone’s responsibility, as a service we are able to engage in a range of initiatives, advocacy and awareness-raising. Over the past year this has included:

- Targeted community engagement and development across the Somali, Polish, Ukrainian, Deaf BSL and LGBTQ+ communities, such as producing language help sheets, attending dementia clubs or having a stall at community events. At a staff development day we had a session from the local Specialised Deaf Service.

- Awareness sessions in faith communities, including Bristol Mosques and Gurdwaras.

- Research into barriers faced by Gypsy, Roma and Traveller's Communities, including meetings with organisations who are already engaged and trusted by these communities, and sharing information on the 'Safe Surgery' model.

- Working with our Care Home Liaison team to produce Community Profiles for residents of care homes, supporting staff to better understand how to meet people's cultural needs including a list of community organisations who can continue to provide support once someone is living in a care home.

- The service has been part of the EMPATHY project, building on existing relationships with Dhek Bhal, Chinese Community Wellbeing Society and Bristol Black Carers. This has included attending health events and delivering Dementia Awareness sessions, and in turn representatives from these groups delivering a session for our staff when working with people from their communities.

- The CDC team have visited GP surgeries across the city of Bristol and have delivered dementia awareness sessions in a variety of ways, according to time given and the members of staff present. Practitioners or Navigators from the service often attend alongside CDC. Surgery staff have committed to making changes to the environment (signage) and practices, whether this is appointment booking or ensuring that there is a notification on patient records that the person needs support.

Schools

The CDC for Schools has now been actively delivering sessions in schools for seven full academic years. As delivery of the role extends, the following observations include:

- Teachers moving to new schools within the city and requesting sessions in their new schools. This demonstrates the value they see and their commitment to the programme.
- Schools have the confidence and desire to engage in innovative projects, deepening pupil's learning and experiences, an example is secondary school

students who designed an assistive aid for someone living with dementia.

- More positive attitudes are shown towards dementia through an increasing number of sessions involving lived experience. More skilled and confident interactions are also observed during these, with genuine connections being made. Fear and stigma are being reduced.
- In one school, families are now seeking out repeated contact with the CDC for Schools at school events, as their own experience of dementia within their family progresses. Families know that this support is a constant in their school community and value it.
- A greater depth of knowledge and understanding is demonstrated by pupils who have attended sessions with the CDC for Schools over time in their different educational settings i.e. sessions at Infant, Junior and Secondary School. This is shown through their questioning and insight**.**

Dementia Voice

The Dementia Voice Group, “Different Voices”, continues to be a very well established and popular forum.

Every month the service runs its Dementia Voice Group, “Different Voices”, which is made up of people living with dementia and their carers who come together in a local community space. This is a well-attended group who actively participate in discussions and building relationships with others. Over the last year, topics for discussion have included a review of the service’s website and making this more accessible, as well as providing input into materials for our Care Home Liaison team.

The group has told us how much they enjoy attending, participating in the discussions and building relationships with others in a similar situation.

As facilitators of the group, we are always learning from the service users and their carers; we find their contributions to the discussions very insightful. It is very rewarding and empowering for the group and for the CDC team to see the evidence of their voices being heard.

10. groups

Alzheimer's Society continues to deliver a range of supportive groups across Bristol for people with a dementia diagnosis and their carer. Each type of group has a particular focus. **Singing for the Brain** is designed around the principles of music therapy and singing, and each session is planned and delivered by a skilled contractor. Everyone is encouraged to participate in a stimulating mix of activities including vocal warm-ups, learning new songs, and physical actions to accompany songs, creating maximum stimulation for the brain.

- Singing for the Brain takes place at:
    - Fishponds (three times a month)
    - Knowle West (weekly)
    - Withywood (weekly)
    - Westbury on Trym (weekly)

The focus of **Memory Cafes** is to provide information about dementia and services and organisations that enable people affected by dementia to live well at home and in the local community. A range of guest speakers are invaluable in the success of these groups.

- Memory Cafes take place at:
    - Bedminster Library
    - Fishponds

Activity Groups are popular groups to try new activities as well as enjoy favourite ones such as dominoes, board games and jigsaws. Activities are designed to cater for the needs of all service users, and the groups are well supported by volunteers to enable everyone to take part. We successfully work in partnership with Lighting Up Charity; this is a group of volunteer artists who specifically support people living with dementia to create and express themselves through art.

- Activity Groups take place at
    - Fishponds (monthly)
    - Brislington (monthly)
    - Withywood (monthly)

As well as the particular focus of each group, there are a range of Alzheimer's Society resources and publications available at each group, to enable people to access wider support. Flyers for external organisations' groups and services are also available at each group. Group Facilitators work closely with Dementia Navigators and refer to the Dementia Navigators and Practitioners as and when required, to ensure timely support for each service user.

We also support Carers Groups across the city, as an opportunity to meet others who understand what you might be going through with peer support. The group is run by a facilitator and offers a chance to ask questions, get information and share experiences in a safe and supportive environment. These take place at:

- North Bristol Carer Support Group (Ardagh Community Trust)
- Carer Support Group Fishponds (Verona House)
- Carers Support Group South (Withywood Centre)

11. side by side

Our Side by Side service provides people in the earlier stages of dementia with regular companionship from a trained volunteer. The service focuses on enabling individuals to stay active in their communities, maintain hobbies and interests, and try new activities. Side by Side is a preventative service, designed to overcome barriers to meaningful activity and support people to remain engaged and independent for longer.

1 April 2025 – 31 March 2026 Side by Side volunteers in Bristol supported 22 people living with dementia for a total of 573 hours. Summer 2025 saw our fourth consecutive year of partnership working with Dogs for Good to recruit and train volunteers to take their own dogs to visit people living with dementia.

"The volunteer is amazing at engaging mum. Since they'*ve been visiting, I can see* mum is more chill. The volunteer is committed to make whoever she is seeing really *enjoy it. Mum's absolutely loving it and has more of a spark, she's a little more easy to manage as she has a purpose now, something to look forward to. … We are so grateful for the service, it makes a change for the person with dementia and for us as a family, we get the person back, and they get a little bit of themselves back.*" - **Daughter of person living with dementia**

What's it like to volunteer?

"What an honour it was to help someone who had such an incredible life and background, in a time where I know can be extremely difficult to navigate. But as we both said - every day is a new one and so let's go on an adventure and if not, a cup of tea will do! I feel so lucky to have been able to hear stories from travelling to cherished family moments, to have had so many incredible discussions and enjoy the present moment whether that was at the theatre, botanical gardens or at the seaside.

My time spent doing Side by Side volunteering was not just fun but also eye opening. I learnt so much about Alzheimer's, the way it affects service users and the people around them and it made me feel so much more connected with my community. Learning about all the amazing resources, charities, businesses and community spaces Bristol has to offer for those living with Alzheimer's has helped me pass on information about classes and clubs to people I know who are helping their family members with Alzheimer's too. The importance of these spaces are bigger than I could have imagined, but this can be difficult for people to access and especially in a world where lots of information is online.

The training you gain and the first-hand experience will also help with your approach to those living with Alzheimer's, outside of Side by Side, which I think is something invaluable.

I think it's also important to mention the incredible support you have from your volunteer manager and safeguarding teams make you feel well looked after and are always there to help you with any questions, queries or worries.

Thank you so much for such a brilliant couple of years, it is something that will stay with me forever!" - **A Side by Side Volunteer**

Interested in volunteering? Find out more here - Side by Side Volunteer - Bristol in Bristol - Alzheimer's Society

12. commissioned services

Age UK – Information and Advice Service. We continue to support the dementia advice worker role in *Age UK Bristol* to deliver the Information and Advice Service. They support people with applying for benefits they are entitled to, and other legal and financial forms, such as Lasting Power of Attorney (LPA), helping people living with dementia in Bristol claim over £300,000 in benefits each year.

Alive – Dementia Friendly Allotment. Alongside the dementia-friendly allotment located in Brentry (North Bristol), we support the provision of a similar allotment in South Bristol, located at the Talbot Road allotments. This new group has developed well over the past year and will continue to grow into the next!

Woodland Wellbeing. Delivered by *Forest of Avon Trust*, these Woodland Wellbeing groups in Conham River Park and Kingsweston also maintain remain a popular intervention. This has enabled people to come together and reconnect with others in nature. This includes 'winter warmer' sessions in the colder months and a 'Friends and Family' day. Woodland Wellbeing was recently shortlisted in the Health and Wellbeing category in the UK Dementia Awards.

13. looking forward

Our priorities for 2026/27 are:

1. Prevention and Proactive Care
We continue to explore opportunities to be involved in prevention and proactive care. We are identifying existing public health activity that overlaps with dementia; increasing staff awareness and confidence around prevention; develop a specific Mild Cognitive Impairment (MCI) offer, and develop a living well / brain health approach to support pre-diagnosis and post discharge. This is to improve early detection and diagnosis and improve wider health outcomes and reducing health inequalities.

2. Evidencing Quality
We will identify ways to enhance the breadth of feedback received from people affected by dementia, including identifying the most effective outcome measures for those who receive our service or a specific intervention (i.e. Cognitive Stimulation Therapy sessions). This supports wider development of the service and evidencing the quality that the service delivers.

3. Carers Offer
This year we want to map what we offer to carers and identify appropriate ways to enhance measures of outcomes for carers as distinct from those they care for. In this, we want to give carers a greater voice in the continued development of the carer support aspects of the service.

4. Improve Pathways
We will produce a pathway to reduce the use of ‘unspecified dementia’ in recording of diagnosis - ensuring that people have an accurate diagnosis recorded that in turn helps support self-management of each person’s condition.

Alongside this, we will develop a Mild Cognitive Impairment (MCI) psychoeducation group, and develop the service’s post-discharge offer for those who are assessed and do not have a dementia.

where can I find out more?

The Bristol Dementia Wellbeing Service has a website where you can find out more about what we do at

www.bristoldementiawellbeing.org

Twitter/X: @BristolDWS
Facebook: @BristolDementia

Devon Partnership NHS Trust
Visit: www.dpt.nhs.uk

Alzheimer's Society
Visit: www.alzheimers.org.uk

However, if you need any advice on referral or have any general enquiries about the Bristol Dementia Wellbeing Service you can use our **Access Point** number.

You can contact the **Access Point** line on: 0117 904 5151

If you are a BSL user supported with Text Relay, please call

18001 0117 904 5151