



GREATER MANCHESTER  
DEMENTIA UNITED

# Voices of Delirium Session to mark **World Delirium Awareness Day**

Wednesday 11 March 2026, Virtual via Microsoft Teams Meeting  
#WDAD2026 tag in @dementiaunited

**Greater  
Manchester  
Integrated Care  
Partnership**





**Feel free to  
introduce yourself  
in the chat**



**If you are able to –  
turn your camera  
on**



**Microphone on  
mute unless  
speaking or at the  
Q&A**



**We are recording  
the session**



**What will we cover  
today?**

Time	Item
11:30am	Welcome, introductions and housekeeping – Kellie Smart
11:40am	What is delirium? – Emma Ramsdale
11:55am	What is DCERG and how members have contributed followed by our first delirium voice – Ruth Turner
12:10pm	James Lind Alliance – overview and survey followed by our second delirium voice – Marion Coleman
12:35pm	Policy to practice in delirium care, the Greater Manchester experience – Emma Ramsdale on behalf of Professor Emma Vardy
12:50pm	Comfort break
12:55pm	Our third delirium voice – Ann Booth
1:10pm	Family as partners in care – Kellie Smart
1:25pm	Our fourth delirium voice – Liz Brookes
1:40pm	Q&A

# Voices of Delirium Session to mark World Delirium Awareness Day

Go to

**[www.menti.com](https://www.menti.com)**

Enter the code

**7801 7519**



Or use QR code



**Acknowledgement to** Professor Emma Vardy is a Consultant Geriatrician at the Northern Care Alliance NHS Foundation Trust, Greater Manchester, and Honorary Clinical Chair at the Manchester Academic Health Sciences Centre, University of Manchester. She graduated with a degree in medicine from the University of Sheffield in 1998. She trained in Geriatric medicine in Yorkshire and subsequently Greater Manchester. She completed a PhD at the University of Leeds in 2007 looking at biomarkers in Alzheimer's disease and was a Walport Clinical lecturer in Greater Manchester working on PET brain imaging studies in dementia. Professor Vardy has a number of clinical and academic interests including delirium, acute clinical deterioration of the older person, dementia, digital, quality improvement and health service delivery. She is clinical frailty lead at the Northern Care Alliance and provides expert clinical advice to the Dementia United programme in Greater Manchester.

She led the Global digital Exemplar delirium and dementia programme at Salford Royal, resulting in blueprinting of the pathway by NHS digital. She is co-chair for the British Geriatrics Society North West Regional Committee and is also a BGS Research and Academic and EDI committee member. She is senior editor for the journal Age and Ageing. Professor Vardy was admitted as a fellow of the Royal College of Physicians of London in 2016, subsequently Royal College of Physicians Edinburgh 2024, and is an alumni of the NHS digital academy. She has spoken and published widely on topics around the care of older people, specifically delirium, and is a European Delirium Association Senior Committee member. Professor Vardy is the NIHR Research Delivery Network North West England Specialty lead for Ageing Specialty and is deputy ageing theme lead for the Greater Manchester Applied Research Collaboration. More recently her work has focussed on care of older people in the community, and she is a UK Hospital at Home Society Committee member.

# What is Delirium?

‘Delirium is a **sudden** change in a person’s mental state. People can be confused, agitated or drowsy’ (NICE, 2017)

## Hyperactive

- Increased confusion
- Agitation
- Hallucinations / delusions
- Disturbed sleep



## Hypoactive

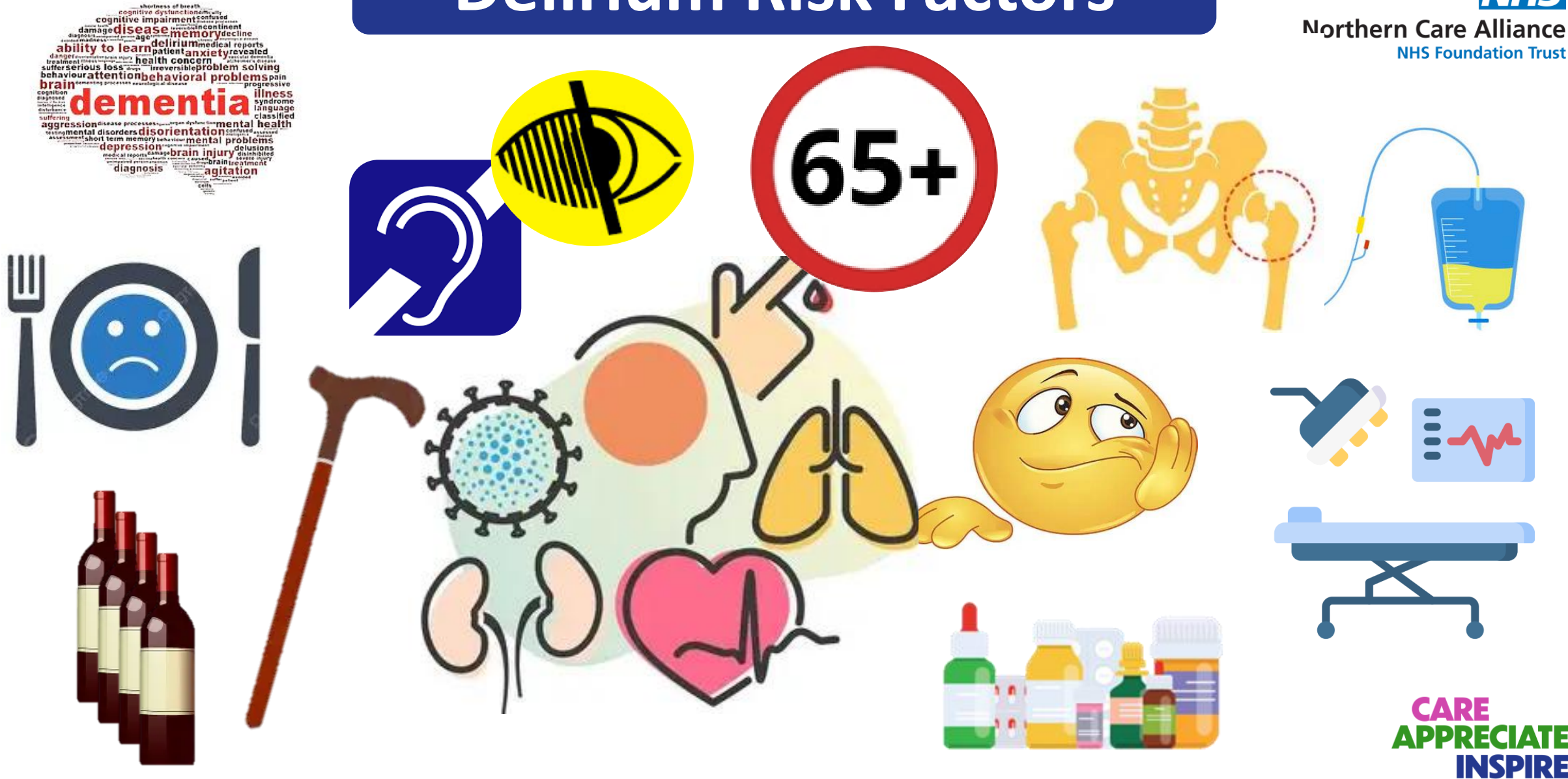
- Withdrawn, quiet, sleepy
- Poor concentration
- Reduced awareness
- Reduced mobility
- Reduced appetite



**MIXED**

**CARE**  
**APPRECIATE**  
**INSPIRE**

# Delirium Risk Factors



Be the difference.

CARE  
APPRECIATE  
INSPIRE

# Assessing Delirium



Is the person more confused, agitated or drowsy than usual?

**4AT**

RAPID CLINICAL TEST FOR  
**DELIRIUM**

## Alertness

- Drowsy
- Difficult to rouse
- Agitated
- Hyperactive
- Ask name and address

## AMT 4

- Age
- Date of birth
- Place
- Year

## Attention

- Months of the year - backwards

## Acute change / fluctuating course

- Change / fluctuation in alertness, cognition or mental function within past 2 weeks

**CARE**  
**APPRECIATE**  
**INSPIRE**



[www.the4AT.com](http://www.the4AT.com)

20-30% of people on medical wards will get delirium.

People with dementia are 10 x more likely to get delirium.

Delirium can last up to 6 months in 20% of cases, some people never recover at all.

Half of those with dementia and delirium on general and geriatric medical wards will die within six months.

Delirium in the last weeks before death is up to 88% and usually hypoactive.

Delirium can be very distressing for families. Clear explanation and support is vital to both the family and the person. Debrief is often helpful.

# Delirium Prevention & Management



Use pain assessment tool regularly and treat pain

Use charts to record and encourage preferred diet and fluids

Polypharmacy and/or new medication

**CARE**  
**APPRECIATE**  
**INSPIRE**



- Early Mobilisation
- Physical Therapy
- Cognitive Stimulation
- Frequent Reorientation

- Minimise Disturbances
- Family Engagement
- Familiar Stimuli
- Noise/Light Control

- Nutritional Needs
- Bowel & Bladder Care
- Sleep Hygiene
- Sensory Correction
- Safe Pain Control

# Everyone has a role in delirium prevention and management



#WDAD2026

CARE  
APPRECIATE  
INSPIRE



Ruth Turner works as a volunteer after over 30 years in the NHS, where she worked with all levels of service providers. Ruth gained extensive knowledge about dementia through her experience as a carer for her husband, who was diagnosed with Early Onset Alzheimer's Disease.

Ruth is the Chair of the Greater Manchester Dementia Carers Expert Group, working with Dementia United. In her role as Chair, she attends the Dementia United Strategic Board as a carer representative with lived experience, as well as the Locality Information Forum meetings. Ruth has several areas of special interest and is part of multiple focus groups with Dementia United, where she contributes to compiling guidelines for people living with dementia and their carers. Additionally, Ruth is a local representative for the Alzheimer's Society and a member of three hospital steering groups—the Dementia Steering Group, the Frailty Group, and the End of Life Group—providing carer input to their work. Ruth is also a member of the Healthwatch Steering Monitoring Group and the Lived Experience Panel.

Ruth is passionate about helping to improve services for people living with dementia and their carers. She attends groups to support both carers and those who have lost their loved ones to dementia. Additionally, Ruth is qualified in holistic therapies and has used these skills to help those with dementia and their carers.



Marion Coleman runs two music groups in Tameside, thanks to the Dementia United Big Brain Health Fund. The first is a musical memories group, in conjunction with Tameside Music Centre and the second one is a social music group run in the Together Centre.

Marion previously worked for Playlist for Life which helps people living with dementia discover the unique soundtrack to their lives. She is a keen supporter of National Playlist Day and encourages everyone to uncover the soundtrack to their lives.

Marion's Tameside music groups are a testimony to the power of music and the difference it can make to the lives of people living with dementia.


Marion also runs a Dementia Disco at Newton Ward Conservative Club, Hyde where guests can choose music from their own eras, from rock n roll to disco and anything in between.




**Help shape the future of delirium research in the UK**

**Take part in the James Lind Alliance Delirium (UK) Survey led by Professors Elizabeth Sampson and Emma Vardy**

 Delirium is a clinical emergency and can affect anyone who is seriously unwell

 It's linked to numerous serious outcomes including causes falls, longer hospital admissions, post-traumatic stress, dementia, deaths, and increased health and social care costs

 Despite its impact, unanswered questions remain about how best to prevent, treat, and support those affected

 Unique opportunity for patients, carers, and professionals—to influence research priorities

 <https://acha.qmul.ac.uk/james-lind-alliance/>



# Policy to practice in delirium care, the Greater Manchester experience

Professor Emma Vardy

Royal Oldham Hospital, Northern Care Alliance  
Consultant Geriatrician, Clinical Frailty Lead

Manchester Academic Health Science Centre and NIHR  
Applied Research Collaboration, University of Manchester

How do we use regional experience to inform policy ?

How do we use policy to improve care?

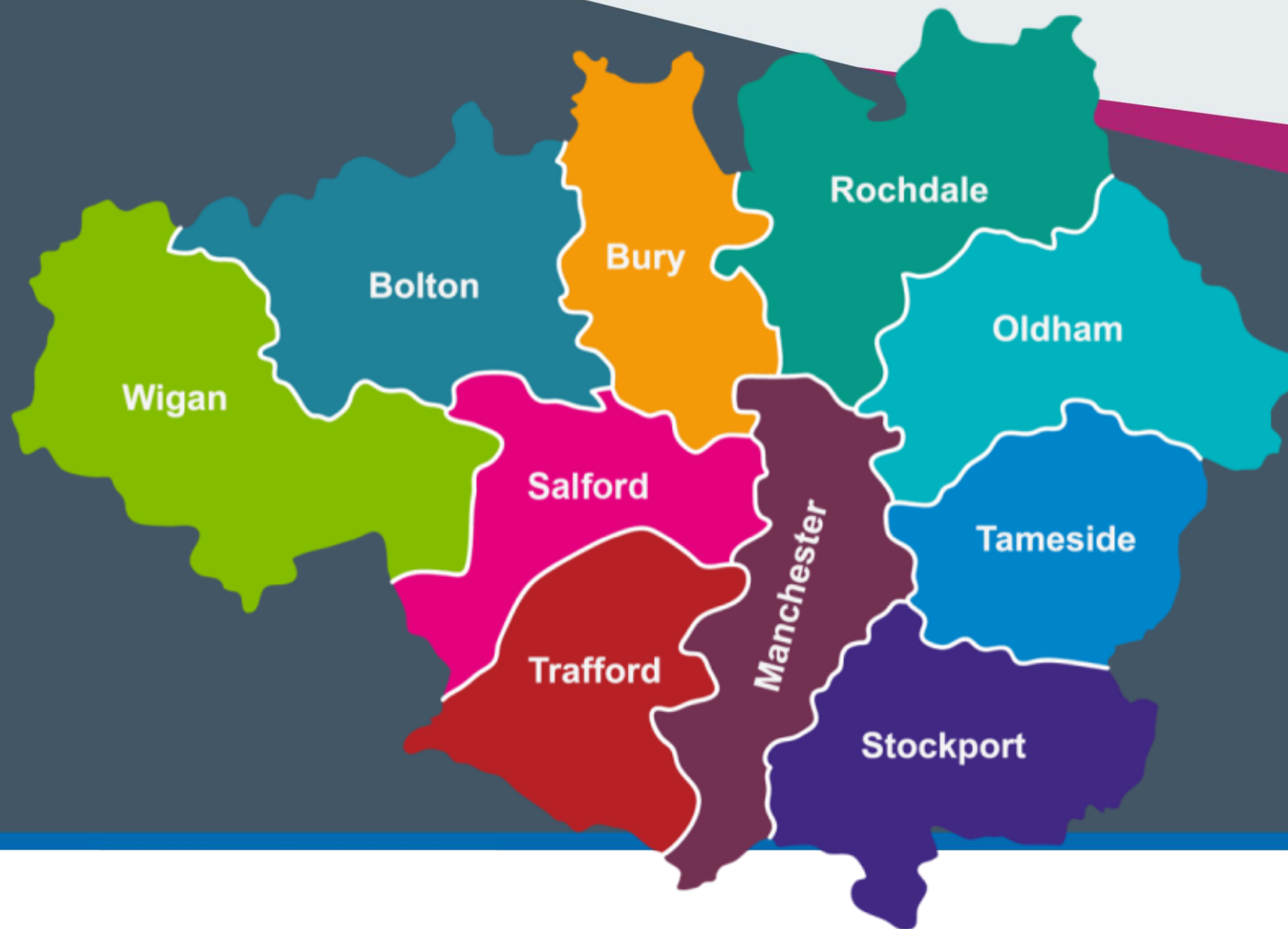


Importance of  
policy

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

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

Full report  
April 2025



Population 2.8 million



# Greater Manchester's seven key delirium standards

1. People >65yo or who have a dementia diagnosis are provided with information on signs, symptoms and prevention
2. 100% of patients >65yo or who have a dementia diagnosis that are admitted to hospital are assessed for delirium using [4AT](#)
3. Every care organisation should have a standardised pathway for assessment and management
4. Family carers are provided with information to help support relative with delirium
5. Evidence that non-pharmacological de-escalation techniques used before medication for agitation/distress
6. Delirium diagnosis should be conveyed at all transitions of care
7. All people with delirium should have MDT follow up

Evidence based, incorporating [Risk reduction and management of delirium \(sign.ac.uk\)](#) and [Overview | Delirium: prevention, diagnosis and management in hospital and long-term care | Guidance | NICE](#)

[Greater Manchester Approach to Delirium - Dementia United \(dementia-united.org.uk\)](#) includes the standards



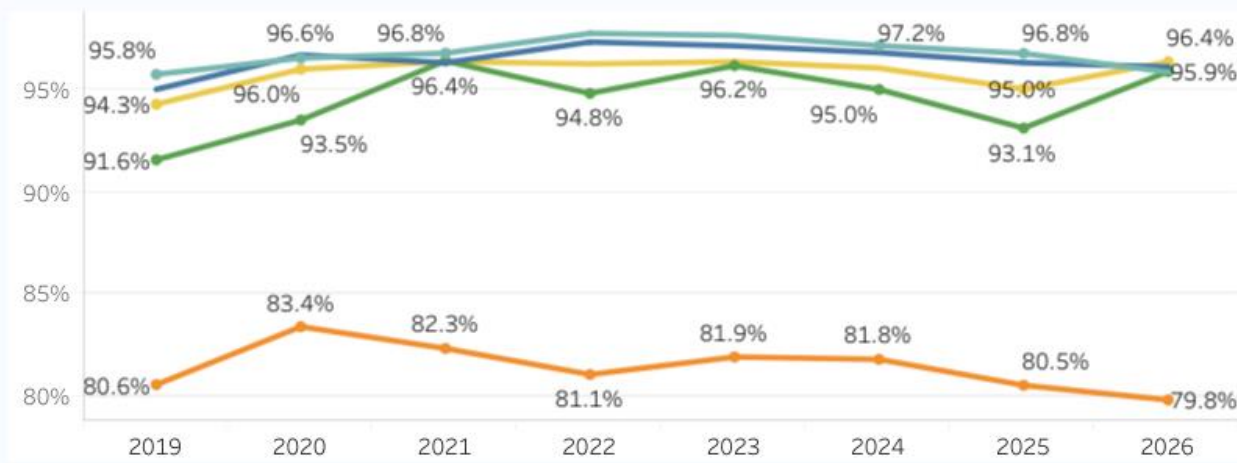
**Connecting with citizens and communities**

Filters Selected on sheet: Year: Calendar Age: All Admission Type: Delirium Diagnosis All

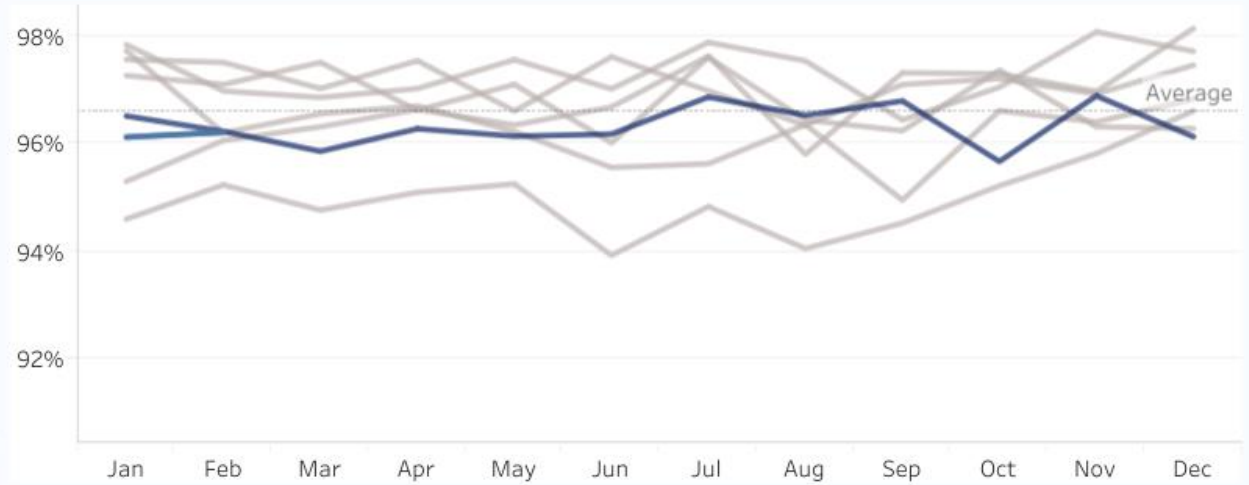
Select Locality for line graphs: All

Data last updated: 2/28/2026

% of Emergency Admissions via A&E for **All** Admissions, those coded as **Delirium at any stage of the Diagnosis**, **Dementia at any stage of the Diagnosis**, **Delirium in the Primary or Secondary Diagnosis Codes only** and **Dementia in the Primary or Secondary Diagnosis Codes only**



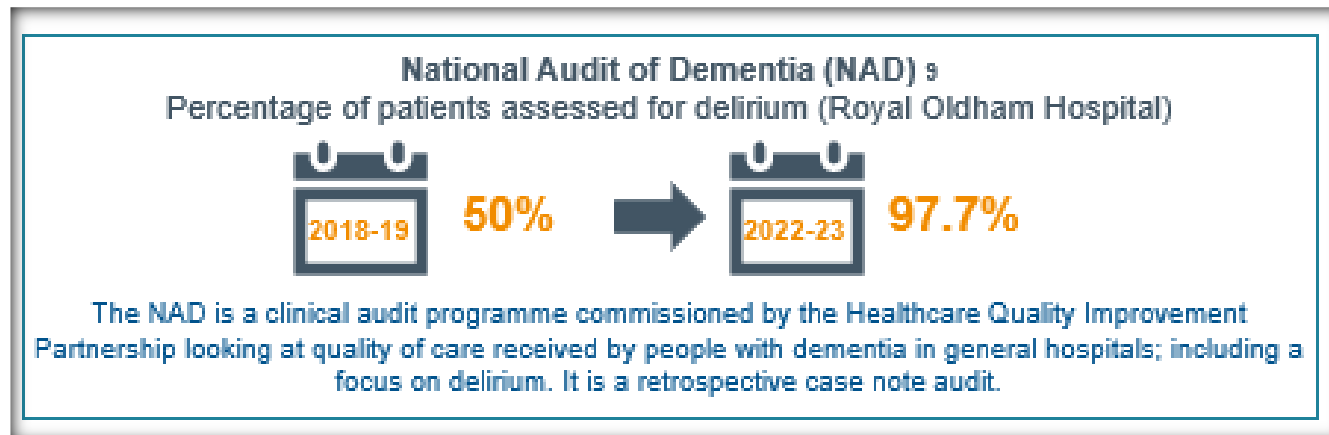
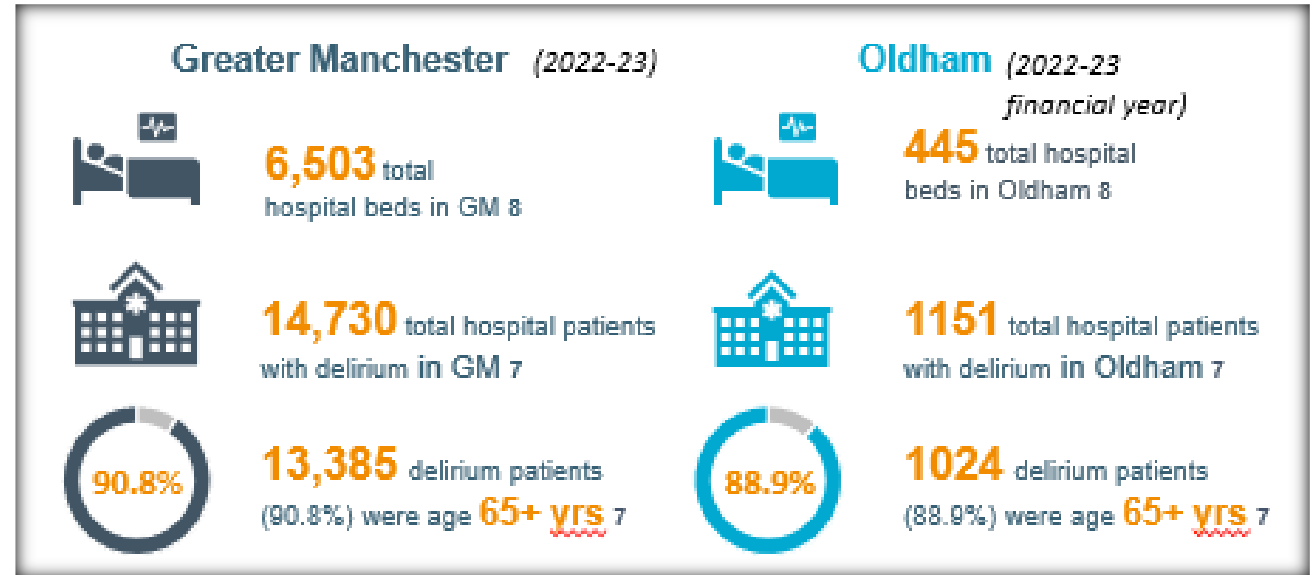
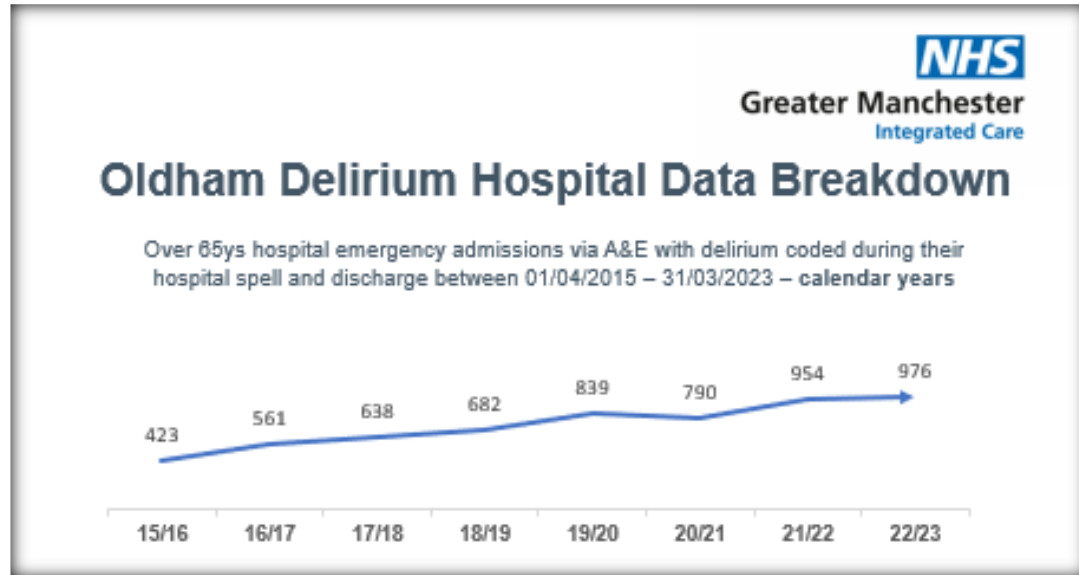
% of Emergency Admissions via A&E. \*The Latest months data will likely show a drop in Delirium & Dementia admissions, this is due to the data not yet being fully coded by the Providers.



Select Locality for PCN View: All

	2019		2020		2021		2022		2023		2024		2025		2026	
	Emergency Admissions	% of Admissions via A&E	Emergency Admissions	% of Admissions via A&E	Emergency Admissions	% of Admissions via A&E	Emergency Admissions	% of Admissions via A&E	Emergency Admissions	% of Admissions via A&E	Emergency Admissions	% of Admissions via A&E	Emergency Admissions	% of Admissions via A&E	Emergency Admissions	% of Admissions via A&E
BOL	1,457	93.0%	1,757	96.1%	2,104	94.1%	2,077	97.0%	2,203	97.5%	2,257	97.7%	2,194	96.5%	248	96.8%
BUR	783	95.8%	794	97.1%	978	97.3%	1,075	98.0%	1,254	95.6%	1,333	95.0%	1,340	92.4%	81	93.8%
HMR	850	92.0%	873	92.8%	1,045	91.4%	1,062	92.5%	1,268	92.3%	1,383	90.6%	1,466	89.9%	106	86.8%
MAN	1,084	95.9%	1,063	96.6%	1,313	97.0%	1,635	96.3%	1,904	98.2%	2,002	98.5%	2,309	98.2%	211	96.2%
OLD	910	96.9%	889	98.1%	1,053	97.9%	1,100	97.6%	1,241	98.1%	1,479	97.2%	1,529	96.5%	80	97.5%
SAL	1,729	97.3%	1,769	98.6%	1,812	97.5%	2,060	98.9%	1,965	98.5%	1,943	97.7%	1,936	97.3%	117	93.2%
STO	818	93.3%	970	97.0%	1,366	98.1%	1,557	98.8%	1,734	98.0%	1,786	98.0%	1,669	97.7%	217	96.8%
TAM	371	91.4%	428	97.2%	524	95.6%	569	96.8%	673	95.8%	807	96.4%	979	97.5%	156	98.1%
TRA	909	95.7%	935	95.7%	942	98.4%	1,057	98.3%	1,328	98.1%	1,279	98.3%	1,310	98.6%	122	99.2%
WIG	1,011	95.5%	1,211	96.9%	1,327	96.6%	1,576	97.6%	1,795	97.0%	1,976	96.8%	1,935	97.1%	213	98.1%
<b>Grand Total</b>	<b>9,922</b>	<b>95.0%</b>	<b>10,689</b>	<b>96.7%</b>	<b>12,464</b>	<b>96.3%</b>	<b>13,768</b>	<b>97.3%</b>	<b>15,365</b>	<b>97.2%</b>	<b>16,245</b>	<b>96.8%</b>	<b>16,667</b>	<b>96.3%</b>	<b>1,551</b>	<b>96.1%</b>

# Local Impact Infographic



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



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



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



This would equate to a cost saving of;

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



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

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

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



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



This would equate to a cost saving of;

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

# Greater Manchester Delirium Program

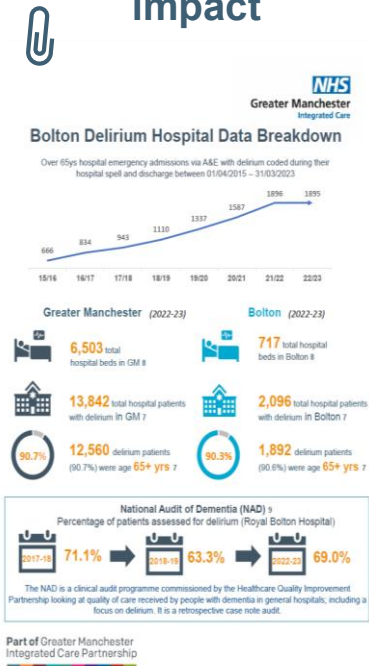


**88% remained at home: Stockport Crisis Team implementing the toolkit**

**IMPROVED SUPPORT FOR PATIENTS WITH DELIRIUM RECOGNISED AT HSJ SAFETY AWARDS - DEMENTIA UNITED**



**Data infographics – making a local impact**



**Building workforce skills and knowledge**

*“30 years as a GP and one of the best webinars I have attended”*  
*“the toolkit certainly helped staff increase knowledge in delirium and understand what action to take. It kept patients out of hospital.” (Urgent Care ACP)*

**Dementia United’s delirium webinars and in-person events - Dementia United**



**International and national recognition**

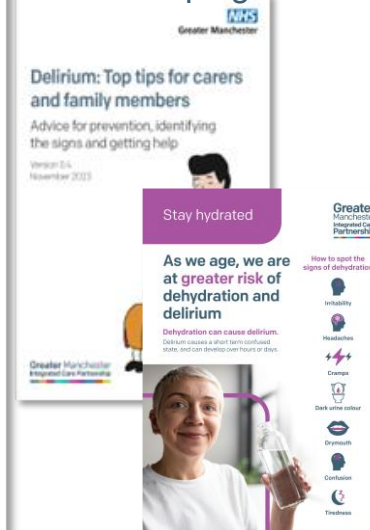
A team of clinicians from Singapore visited for a month-long study visit Learning from Greater Manchester's delirium pathway - Dementia United

GM collaboration on national models and policy High Impact Change Model: Improving the timely and effective discharge of people with dementia and delirium into the community | Local Government Association



**Raising public awareness**

Delirium: top tips for carers and family members; Delirium hydration campaign



**Meeting the needs of diverse communities**

Delirium leaflets translated into **16 languages**, including film and audio versions

*“This information should be widely circulated to raise awareness on the subject because it is affecting many individuals, and they don’t know. Our community really needs information in relevant languages.” (Gujarati community worker)*

# National Audit of Dementia: Background

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



# NAD audits: 2 healthcare settings...

## General Hospitals – 6 reports 2011-2024

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

Key reporting 2022-24:

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

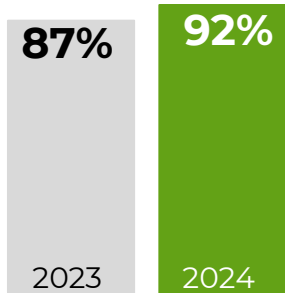
## Memory Assessment Services – 2 reports 2022-24

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

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

# Delirium screening and assessment

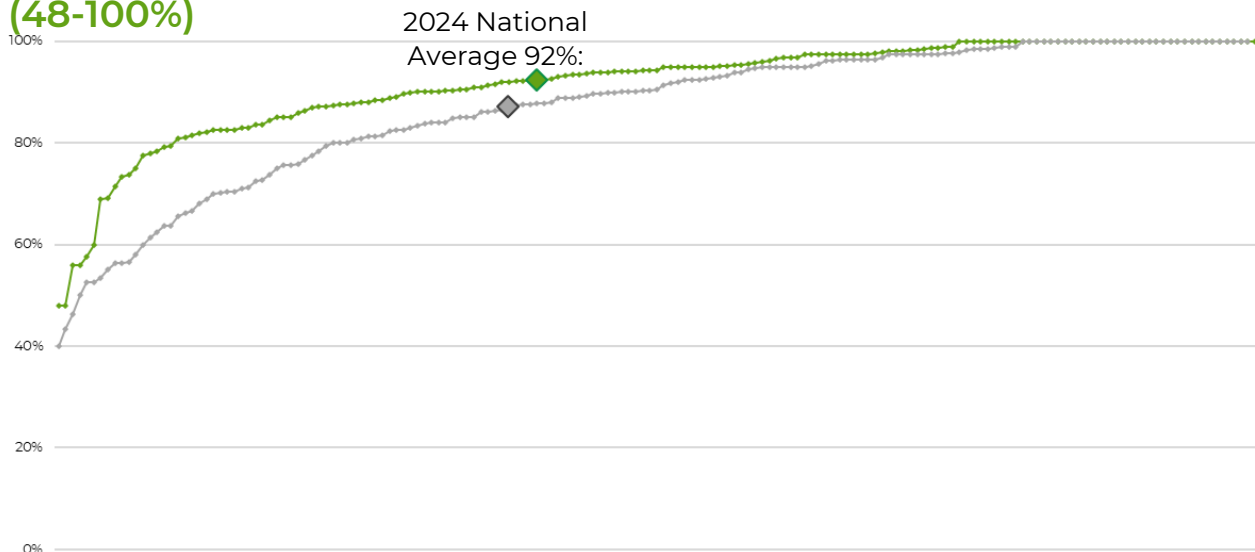
## % Patients Receiving any Initial Delirium Screen



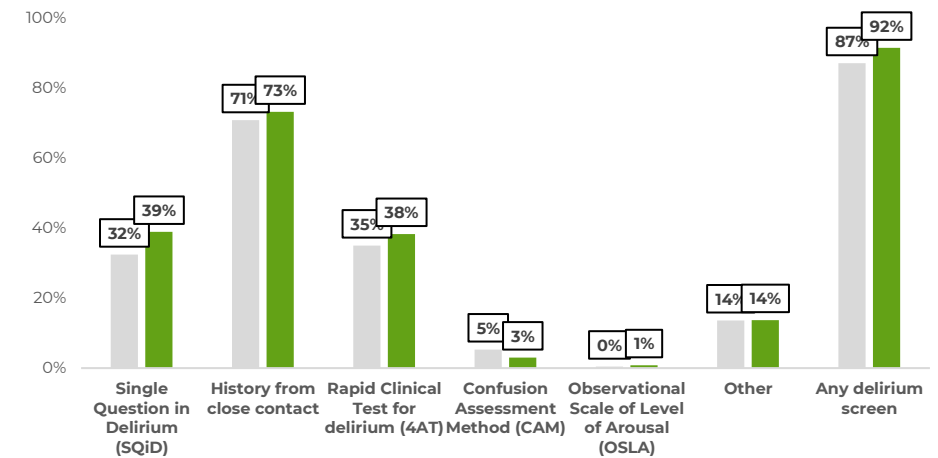
**92%** screened for delirium (87% in 2023)

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

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



## Breakdown of Delirium Screens Received by Patients



Carer ratings slightly lower than 2019

# Audit in general hospitals: priorities for next audit

## ***Assessments***

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

## ***Training***

- Increase staff trained to Tier/ Level 2

## ***Awareness and governance***

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

## ***Care planning and provision***

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

# Hospital metrics, data collection, impact

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

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








**NIHR**

Policy Research Unit  
Dementia and neurodegeneration  
Queen Mary University of London

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

Full report  
April 2025

# Recommendations


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

How do we move from policy to improvement?

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**Date published:** 9 February, 2026

**Date last updated:** 10 February, 2026

 Print or save to PDF

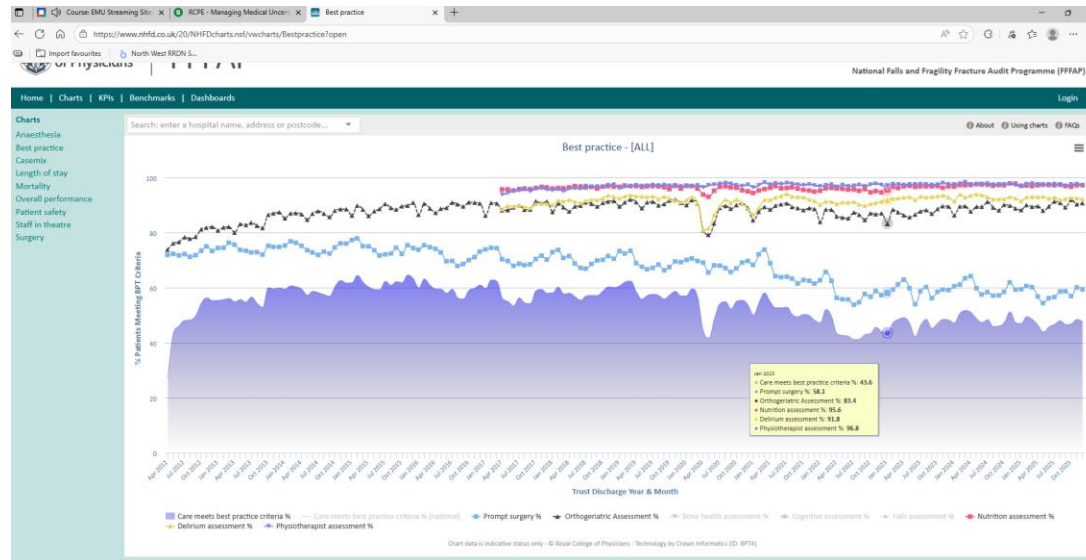
[10 Year Health Plan](#), [Urgent and emergency care](#)

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# The Model Acute Pathway: standards for care of acutely unwell patients in their first 72 hours in hospital

Developed in partnership with the Royal College of Physicians, the Society for Acute Medicine and the British Geriatrics Society.

# National hip fracture database - RCP



- Delirium assessment ~92%
- Own organisation comparison
- Reason for cohort differences

# Key ingredients

- People affected by delirium central
- Data is crucial: building a robust system for collection, quality and accessibility
- Visibility insights on how improvement achieved
- Quality Improvement is a team sport – you need enthusiasts and leaders
- Sustainability should be considered at the start and throughout change processes
- Incentives are very helpful
- Build policy recommendations into operational guidance

# Acknowledgements

- Dementia United and Project Manager Helen Pratt
- Greater Manchester Dementia Carers Expert Reference group
- NAD RCPsych team



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Comfort break





Ann Booth is a qualified nurse with 36 years' experience in clinical practice. 26 of those years were spent within the field of neuro rehabilitation. Ann is fully aware of the value of working together within an integrated multidisciplinary team and how much can be achieved with this approach. People living with dementia have complex needs and continue to require long term care and support and Ann understands how important it is to recognise the family carers as a valuable member of the team. It is important that they are given the knowledge and skills which they will require in order to care for their relative, monitor their wellbeing and alert professionals to any need for early interventions.

Ann cared for her aunt for three and a half years after she was diagnosed with vascular dementia. Despite many struggles we did manage to look after her at home until she died as was her wishes. The difference between the teamwork she had taken for granted during her nursing career and the fragmented services they experienced as family carers was probably the biggest cause of stress and frustration.

As a member of tide, Ann was asked to relate her experiences. (My journey with dementia. \_ tide website) to the Dementia United board meeting. Since then the Dementia United team has embraced the value of carers, and now has group representation from all the localities of Greater Manchester which feeds into the Dementia United programme on many levels.

A close-up photograph of a hand placing a puzzle piece into a larger puzzle. The puzzle pieces are light blue and white, and the hand is positioned over a piece that is being inserted into a gap. The background is a soft, out-of-focus light blue.

# The vital piece of the jigsaw

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Kellie Smart

Nurse Lead for Dementia  
& Delirium

# Subtle changes

- Changes in behaviour
- Confusion levels
- Sleep disturbances
- Pain
- Change in toileting habits
- Changes in eating and drinking habits

Is this person  
more confused  
today than  
yesterday?



# Relative engagement

- *“What is normal for them?”*
  - *“Has anything about their usual patterns been different?”*
  - *“Are they more confused/less alert/less active/less engaged?”*
  - *“Have they been unwell recently/are they unwell now?”*
- 
- Provide GM delirium leaflet
  - Provide ‘top tips for carers’ leaflet



## Partners in prevention and management

- Orientation
- Hearing aids/glasses
- Promotion of adequate nutrition and hydration
- Support good sleep hygiene
- Familiar face/objects/activities
- Feeling of safety

# Instilling confidence

- Encourages them to keep their loved one well
- Reduces fear when changes occur
- Prepares families for fluctuating symptoms
- Enables appropriate discussions about when to escalate and who to
- Aids early recognition
- Manages expectations
- Helps them to stay in a familiar environment

# Take aways

- Families are partners in care, not just visitors
- Baseline knowledge is imperative
- Engagement improves recognition, prevention and recovery
- Delirium is common, serious and often preventable

# Resources

- [Greater-Manchester-Delirium-Leaflet-Long-Version-June-2023.docx](#)
- [Delirium-Raising-awareness-resources-for-support-staff-and-family-carers.docx](#)
- [Delirium-top-tips-for-carers-or-family-members.pdf](#)



Liz Brookes cared for her husband Mike until he sadly passed away in October; Mike had been diagnosed with vascular dementia in 2011, and with Alzheimer's in 2019.

Mike will be warmly remembered as a passionate campaigner and advocate for people living with Dementia for many years along with his wife Liz, a retired nurse. He was dedicated to his work and cared deeply about his family and friends, and everyone affected by Dementia.

Mike was a retired RAF Pilot from Rochdale who had travelled all over the world. Mike and Liz, as highly respected speakers at clinical commissioning groups, patient participation groups, conferences and university events, contributed their knowledge and expertise with great generosity over many years.

Later in life, as members of DCERG, they became involved in many projects shaping dementia services across the region. They were particularly interested in end of life care, post diagnostic support, delirium and transport. They took part in research into the impact of live music on the wellbeing of people living with dementia. They found that music cafes could help avoid isolation, bring a smile to their faces and keep the brain active.

Liz and Mike were also involved in an early detection project for Delirium and experienced first-hand the benefits of a quick diagnosis tool at Salford Royal.



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# Evaluation

Post-event feedback survey

