



DementiaUK
Helping families face dementia

St Mary's Hospice Admiral Nurse service

Evaluation Report
May 2024 – April 2025

dementiauk.org
info@dementiauk.org
@DementiaUK

7th Floor, One Aldgate,
London EC3N 1RE
020 8036 5400

Dementia UK is a registered charity in England and Wales (1039404) and Scotland (SC 047429).

Introduction

This report was written in partnership with Dementia UK and St Mary's Hospice Admiral Nurse service and covers the data collection period from the service launch in May 2024 to 30th April 2025. The aim of this evaluation report is to showcase the work of St Mary's Hospice Admiral Nurse service and to highlight the achievements over the past year.

This data report provides an overview of:

- Admiral Nurse reflection
- Caseload and referrals to the Admiral Nurse service
- Clinical activity
- Caseload demographics
- Carer survey feedback
- Professional Stakeholder feedback

Admiral Nurse reflection



The past year has been one of immense growth, learning, and meaningful impact as we launched and developed the new Admiral Nurse service; supporting families to navigate a wide range of complex needs, providing timely and compassionate interventions.

The service has quickly become embedded in the local community, actively contributing to the Furness Dementia Partnership and participating in major community engagement events, including the vibrant Active Minds, Healthy Hearts wellbeing event. One of the proudest moments of the year was the Dementia Unmuted Festival, a month-long programme co-produced with the Furness Dementia Partnership. It brought together people living with dementia, carers, and supporters through joyful, creative, and thought-provoking events. We were honoured to receive **Highly Commended** at the Dementia Care Awards 2025.

In response to growing demand, dementia day services have expanded, with waiting lists for our cafés in Ulverston and Barrow encouraging us to explore new outreach locations. We've made deliberate efforts to engage marginalised groups, including those with young onset dementia, and continue to strengthen our training offer. We'll soon be delivering the long-awaited Namaste programme, designed to bring peace, comfort, and meaningful connection to people approaching the end of life. Meanwhile, dementia awareness training is being rolled out across the organisation and to all volunteers, helping to ensure that everyone at St. Mary's is equipped to offer dementia-inclusive care.

The past year has also seen a strong focus on quality improvement and feedback-informed change. Through engagement with service users, steering groups, and the wider community, we've heard powerful testimonies about gaps in post-diagnostic support, the impact of carer burnout, and the emotional toll of social isolation. In response, we are establishing DEEP (Dementia Engagement and Empowerment Project) groups to ensure that people with dementia and carers can influence not just our services, but wider local policies.

Internally, we've developed the Dementia Service Commitment Framework, an ambitious set of principles rooted in education, support, communication, prevention, accessibility, and research. It represents our pledge to embed best practice and continual learning into every facet of hospice care.

Alongside clinical work, I have prioritised professional development to deepen and enhance the service, including participation in Dementia UK Summer School, safeguarding training, a Professional Nurse Advocate master's module, and national learning communities such as Social Finance's programme for older people with complex needs. I've also continued to support new staff through supervision, mentoring, and training initiatives, contributing to a positive learning environment within the team.

Much of this year's work has reaffirmed the importance of strengthening relationships with primary and community care, especially around prescribing safety, coordinated end-of-life planning, and early access to support. Through the Compassionate Communities team, we have been able to offer a safety net to many families in distress, helping them find stability, understanding, and renewed connection.

Caseload

Clinical Activity and Reach

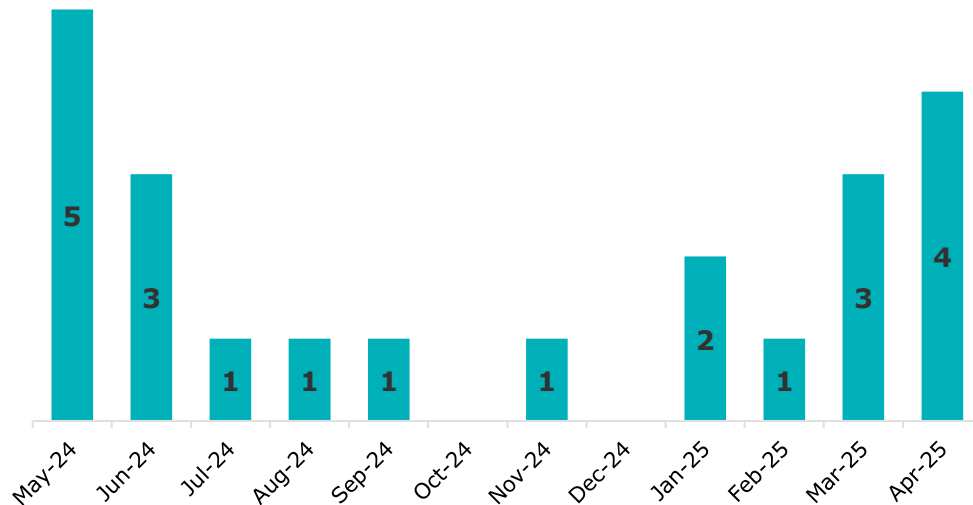


Service Reach

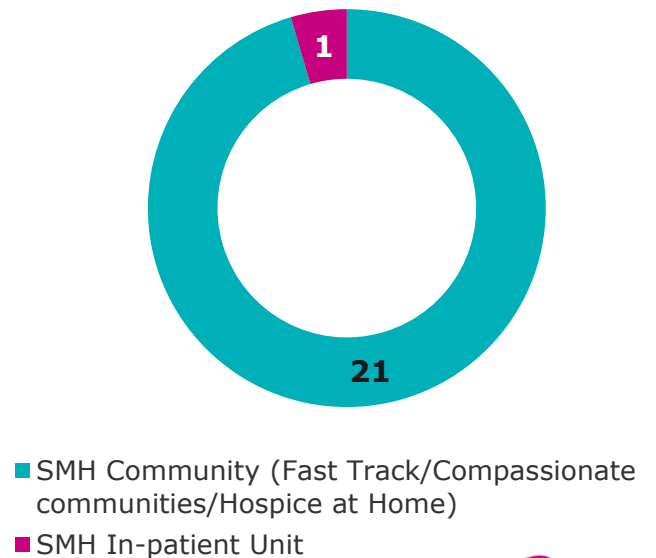
Referral Numbers and Sources

- **22** referrals were recorded between 1st May 2024 and 30th April 2025 (almost 2 referrals per month)
- **All 22** were appropriate and accepted for caseload work.
- There were no inappropriate or re-referrals during this reporting period
- The majority of referrals were from St Mary's Hospice's Compassionate Communities Team (n=21)

Referrals by month (n=22)



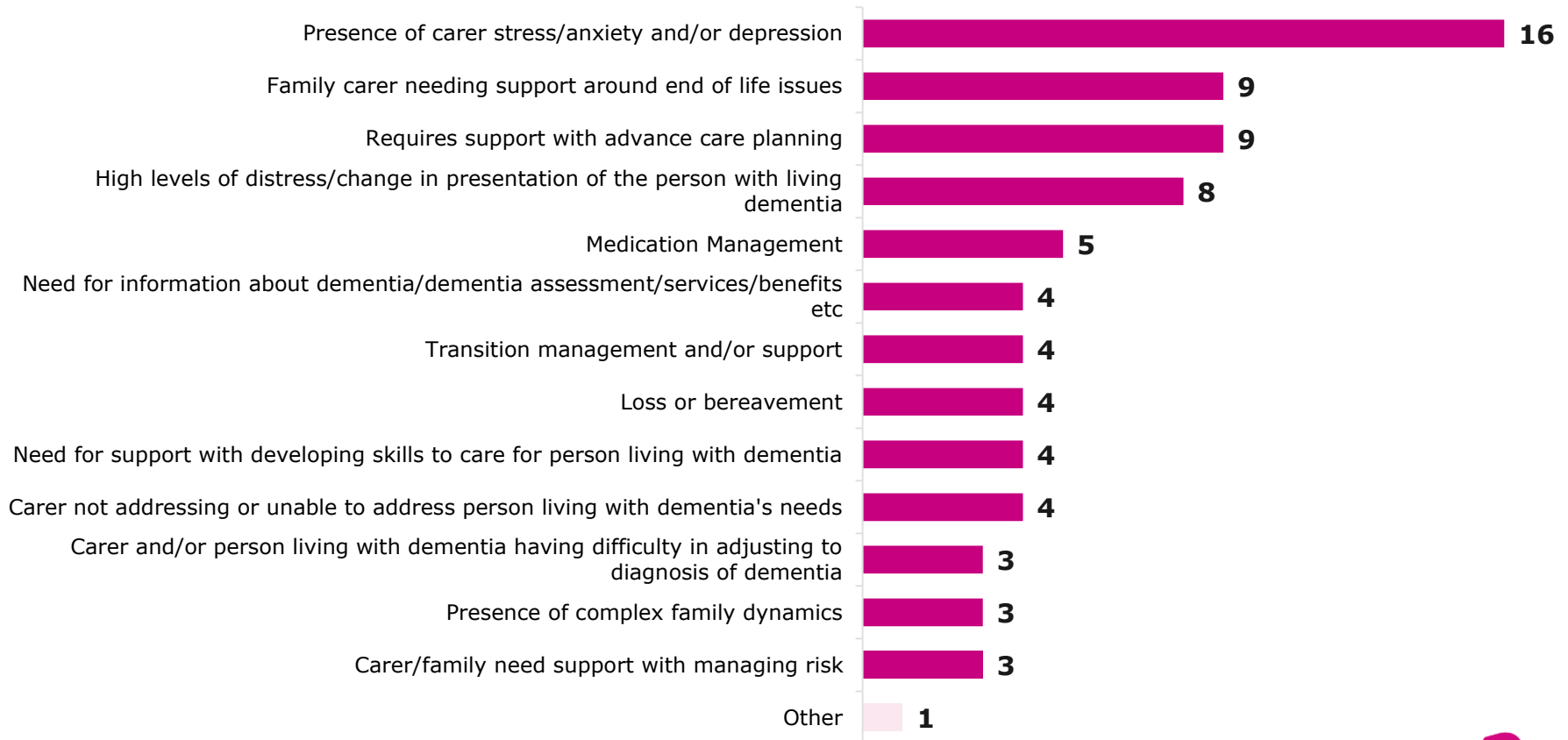
Sources of referral (n=22)



Reasons for referral

77 reasons for referrals were recorded between 1st May 2024 and 30th April 2025. One of the main reason for referral recorded was '**Presence of carer stress/anxiety and/or depression**' (n=16).

Reasons for referral (n=77)



Caseload

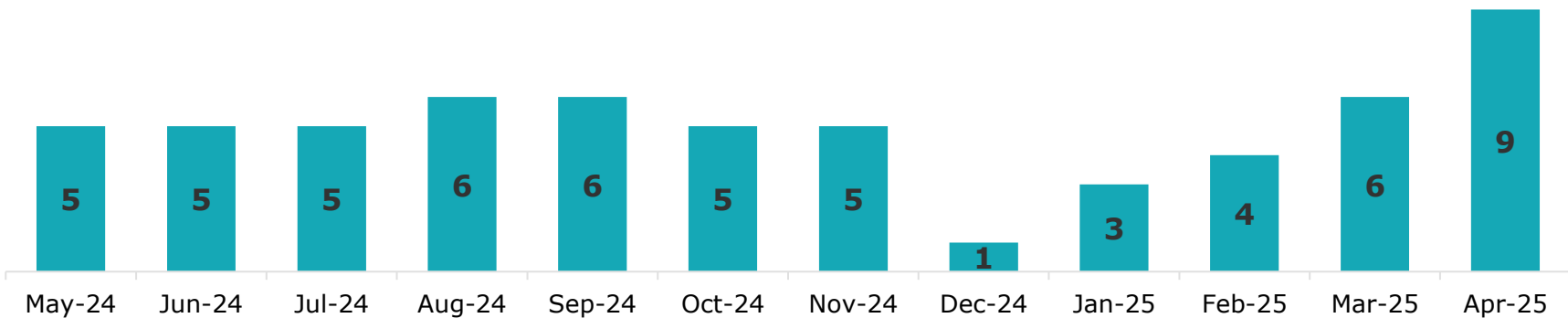
Between 1st May 2024 and 30th April 2025:

- **9** cases were discharged
- There was an average of **5** people on the caseload at the end of each month

Discharges by month (n=9)



Number on caseload at end of the month



*The chart showing caseload numbers does not provide a cumulative picture, but a monthly snapshot only

Clinical Activity

Clinical contacts with families

Between 1st May 2024 and 30th April 2025:

- **156** clinical contacts with families (people living with dementia and carers) were recorded
- The majority of clinical contacts were by **telephone** (**n=81**, 52%)
- There were **52 face to face** contacts and **23 contacts via email, text or letter**



Telephone

52%



Face to Face

33%



Email / Text / Letter

15%

During the reporting period, there was a total of 7 hours of travel time to complete the clinical activity above.

Clinical interventions delivered to families

Between 1st May 2024 and 30th April 2025:

- **309** clinical interventions were delivered. This is an average of 2 interventions per clinical contact.
- There were 23 types of interventions delivered
- The most frequently delivered intervention was **emotional and psychological support** (n=50).
- The top twelve most commonly recorded intervention types were:



50
Emotional and
psychological
support



32
Managing and
promoting
physical health
and wellbeing



22
Care
options and
transitions



19
Self care



18
Advance care
planning



16
Managing and
promoting mental
health and
wellbeing



16
Medication
advice



15
Coping
strategies



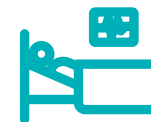
14
Psychological
wellbeing-
coping
strategies



14
Adjustment,
loss and
bereavement



14
Care
coordination
/liaison



13
End of life
care

Clinical liaisons

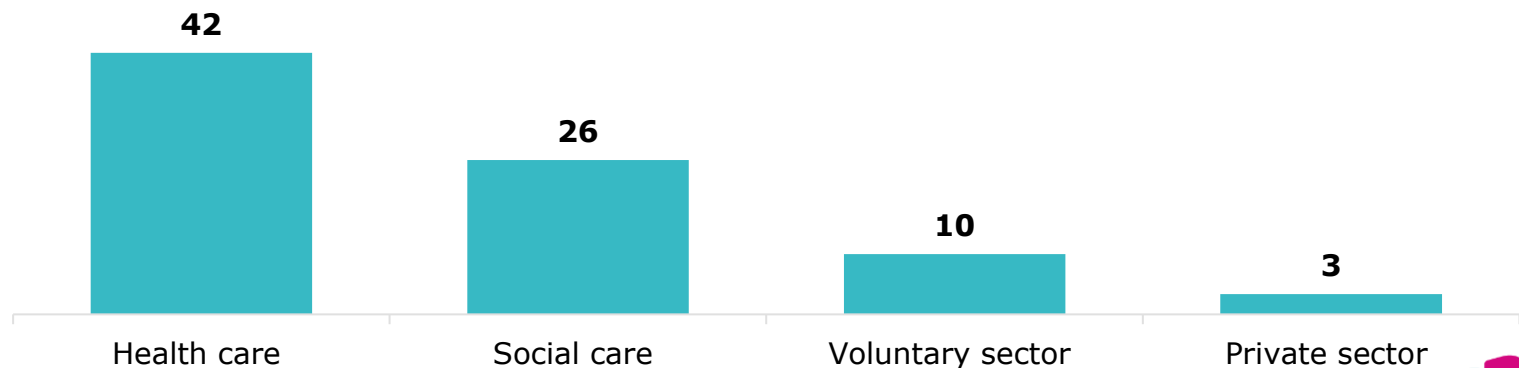
Between 1st May 2024 and 30th April 2025 :

- **91** clinical liaison activities were recorded:
- The most commonly recorded method of clinical liaison was **telephone** (n=63)



- The most commonly recorded type of professional liaised with was **health care professional** (42)

Type of professionals liaised with (n=81)

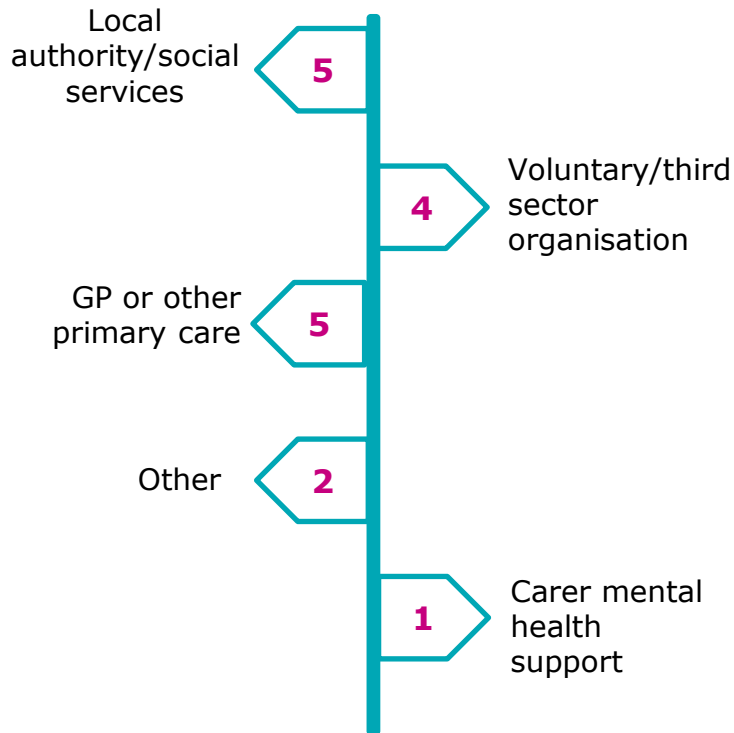


Signposting

Between 1st May 2024 and 30th April 2025:

- **17** signposting activities were recorded

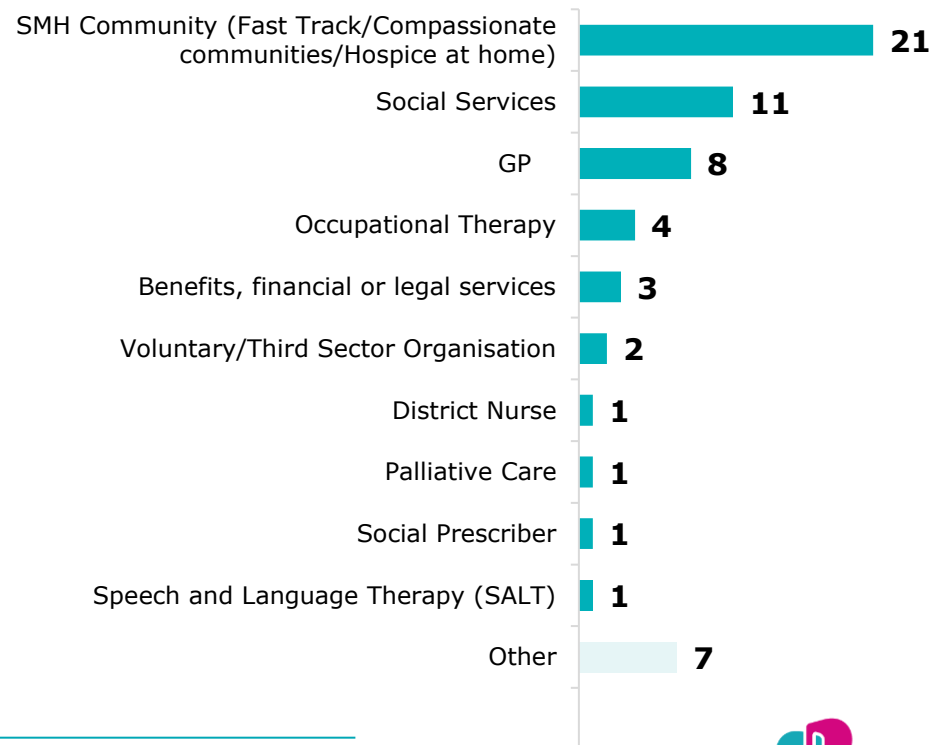
Signposting activities (n=17)



Onward Referrals

- **60** onward referrals were recorded
- The most frequently recorded onward referrals were to the St Mary's Hospice Community (n=21)

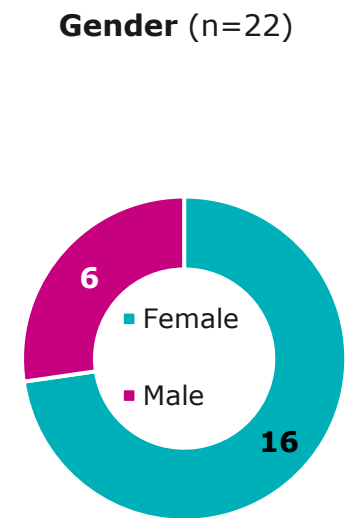
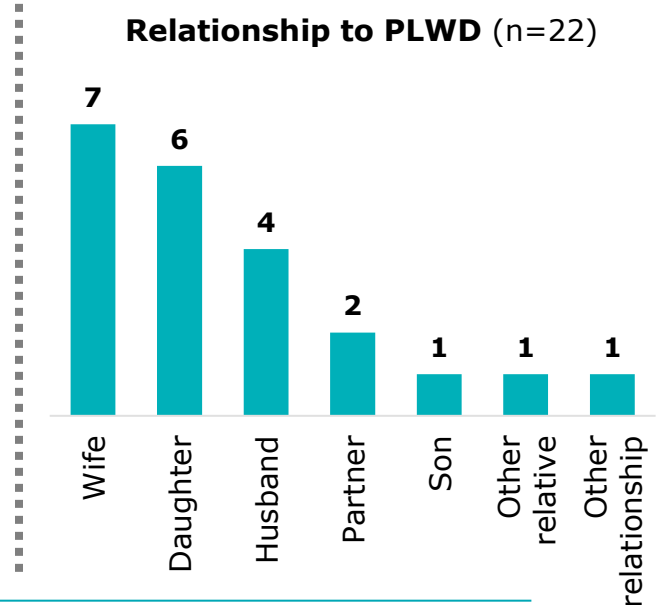
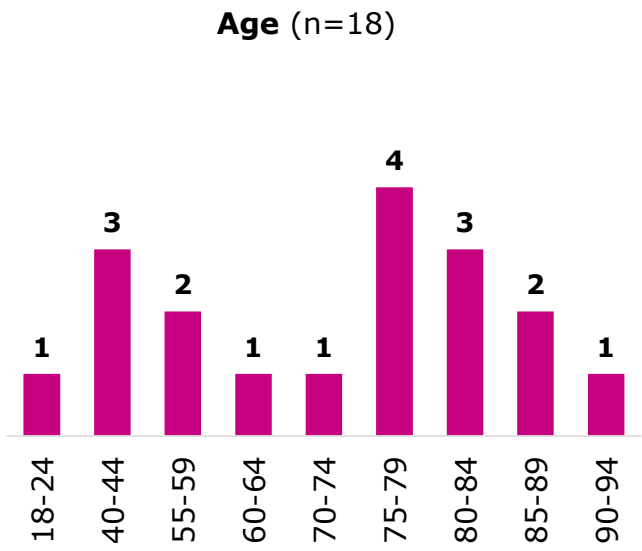
Onward referrals (n=60)



Carer Demographics

Of the 22 referrals received and taken onto the caseload* between 1st May 2024 – 30th April 2025:

- 7 carers were aged under 65 and 11 carers were aged 70 and over
- All carers were recorded as **white** (n=22)
- The most commonly recorded relationships were **wife** of the person with dementia (n=7) or **daughter** (n=6)
- Most carers were recorded as **female** (n=16)



* Data is provided where this was recorded

Impact on Families



The following slide provides feedback from carers who have been supported by the Admiral Nurse service at St Mary's Hospice. Feedback was collected via a clinic experience survey* (developed by the Insights and Evaluation team at Dementia UK). To date, we have received **3** completed clinic feedback surveys.

This survey sets out to capture information on the carers' experience of the Admiral Nurse service and the difference the service has made to them. The survey includes questions exploring:

- overall experience of the service (using the NHS Friends and Family test question)
- whether support from the service has made a positive difference to the carers' ability to cope
- whether support from the service has made a positive difference to the carers' knowledge of other services that can offer support

"The admiral nurse was very kind and compassionate, she informed us of other services available to us I felt supported by her and it was good to know there was someone to turn to."



"Knowing that we have support when we could have been doing this journey blindfolded is priceless"

*The survey was sent to families, where this was appropriate for them to receive

Carer experience of the Admiral Nurse service

Carers were asked to think about the Admiral Nurse service and rate their overall experience of the service.*

All 3 respondents felt that their experience had been **very good** (the highest rating)

Carers were asked whether having access to the Admiral Nurse had made a positive difference.**

All three carers felt the Admiral Nurse had made a positive difference to their:

- **ability to cope**
- **ability to be involved in decisions about the care of the person with dementia**
- **knowledge of other services that can offer support**

All three also felt that the Admiral Nurse had made a positive difference to the **coordination of support from other health and social care professionals**

Two carers felt the Admiral Nurse had made a positive difference to their:

- **understanding of dementia**
- **ability to communicate with the person with dementia**

One carer said having access to the Admiral Nurse had made a positive difference to their:

- **understanding of end-of-life care**
- **ability to help identify the person with dementia's wishes**

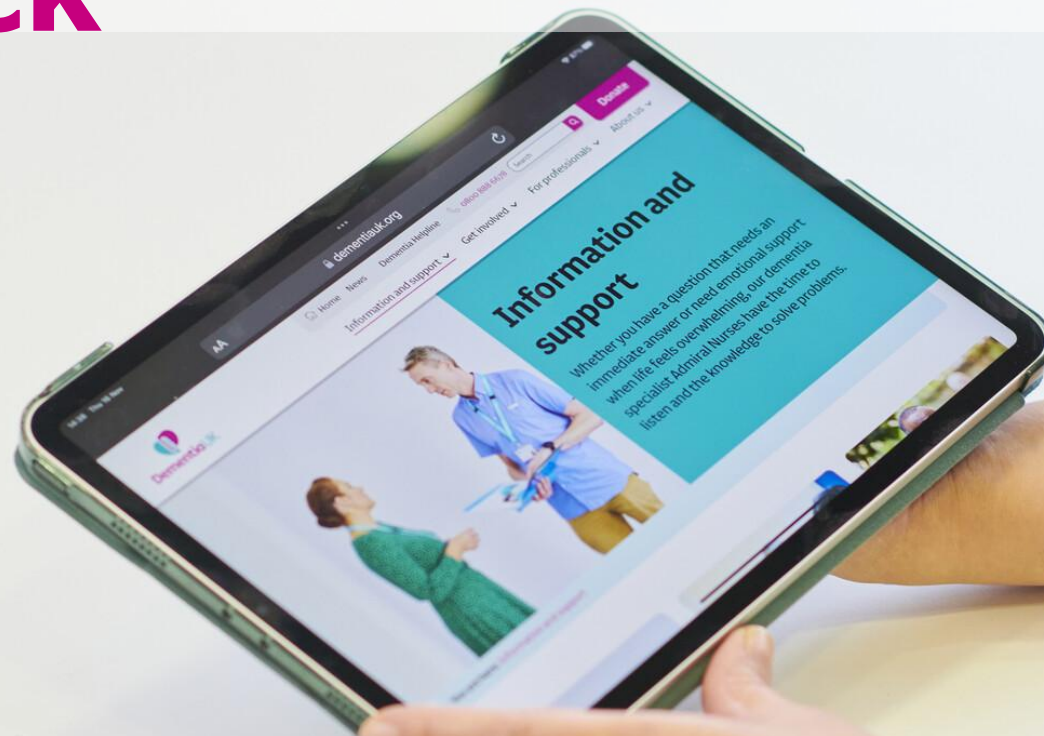
"Our Admiral Nurse is so approachable, calming and understanding, I hope everyone is as lucky as us."

"(...) I think [the Admiral Nurse] was brilliant..(...) she made a big difference to us"

* Q. Overall, how was your experience of the service? (NHS Friends and Family test question). Scale options – very good to very poor, plus don't know

**Numbers are calculated from 'yes' and 'no' responses to each question

Professional stakeholder feedback



The professionals survey (developed by the Insights and Evaluation team at Dementia UK) sets out to capture information on professionals' experience of the Admiral Nurse service and their views on the difference that the service has made to them and to families affected by dementia. Professionals were provided with a link to the online survey by the Admiral Nurse service; **3** completed surveys were received.

The survey includes questions exploring the following outcomes:

Outcomes for families affected by dementia

- Families receive person-centred care
- Enabling families to be involved in decisions about care
- Improvements to quality of life for families

Outcomes for professionals and contribution to system-wide outcomes

- Embedding the Admiral Nurse service and establishing partnerships within the locality, resulting in better coordination between services and improved case management for families affected by dementia
- Increasing professionals understanding and confidence in dementia care
- Improving utilisation of health and social care resource

Professionals were also asked about the impact if the Admiral Nurse service no longer existed

Note about the responses - given the small number of responses, care should be taken when interpreting the results

Outcomes – for families

Professionals felt that the service was making a difference to key aspects of people's lives and improving their care:

All three professionals* who responded said the Admiral Nurse had: **improved person-centred care** for families; **enabled the inclusion of families in decisions** about care; **improved quality of life** for families.

All three professionals also felt that the Admiral Nurse had **supported them or their service to introduce the concept of Advance Care Planning to families**

Outcome – improved utilisation of health and social care resource

Professionals felt that the Admiral Nurse service was contributing to improved utilisation of health and social care resources, by:

- **helping to avoid crisis points** for families affected by dementia (3 out of 3 said this)
- having an **impact on delaying long-term care home placement** of the person with dementia (3 out of 3 said this)
- having an **impact on reducing unplanned hospital admissions** (3 out of 3 said this)

".. she has improved family contact in the Dementia Service [and] helped people at crisis point."
Dementia Activity Coordinator

* Numbers are calculated from 'yes' and 'no' responses to each question

Outcome – embedding the service and establishing partnerships

Responses demonstrated how the Admiral Nurse service was embedding within the Hospice

In response to a question about their reasons for contacting the Admiral Nurse service:

- **3** said 'our services work together'
- **1** said 'to get advice or information'
- **1** had attended a training session

All respondents reported a **positive experience of this contact**, saying that:

- The Admiral Nurse service responded to requests in a timely manner (3/3)
- the frequency of the contact was appropriate for their/their service's needs (3/3)

.. and contributing to improved coordination and case management

- **3** (out of 3) said the service had **improved case management/coordination** for families affected by dementia
- **3** (out of 3) said the service had **increased their awareness of other services** available to support families affected by dementia

"A person with young onset dementia was supported by the Admiral Nurse and now receives appropriate care and support. Through collaborative working knowledge is shared." –
Dementia Adviser – Voluntary Sector

• Numbers are calculated from 'yes' and 'no' responses to each question

Outcome – professionals’ understanding and confidence

There has also been an impact on professionals’ understanding and confidence

- **3** (out of 3) felt the service **increased their confidence in assessing need for families affected by dementia**
- **2** (out of 2) said the service had **increased their understanding of dementia and its effects**
- **1** (out of 1) felt the service **increased their confidence in identifying potential dementia symptoms**
- **1** (out of 2) felt the service **increased their awareness of dementia assessment tools**

"Since our Admiral Nurse started they been there for families whose loved one had diagnosis of Dementia. As a staff member they have brought in training for all staff in Dementia Awareness."

Dementia Activity Coordinator

Impact of no Admiral Nurse service

All 3 respondents agreed that there would be an impact on them/their service or families affected by dementia if the Admiral Nurse service no longer existed

Two respondents told us what the impact would be:

"People would not have contact to help with their family member with Dementia, it would be [worse] if we had no admiral nurse" **Dementia Activity Coordinator**

"There would be less support for carers and people with Young onset dementia." **Dementia Adviser**

* Numbers are calculated from 'yes' and 'no' responses to each question