

National Audit of Dementia

Memory Assessment Services Spotlight

Audit 2021

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Content is advised and approved by all members of the Steering Group. Please see our website for full details of the [Steering Group members](#) and the [Project Team](#).

Partner Organisations

Age UK
Alzheimer's Society
British Geriatrics Society (BGS)
John's Campaign
Royal College of Nursing (RCN)

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- The audit leads, champions, and clinical audit staff for their hard work organising the data collection in their memory services. (For a list of participating memory services see our [website](#))
- The Steering Group and members of the Memory Assessment Services Spotlight Audit Working Group Party (For a full list of Working Group Party members, please [Appendix V](#)).

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The National Audit of Dementia is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP holds the contract to commission, manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies. www.hqip.org.uk/national-programmes.

Who should read this report?

- Clinicians, managers and other staff who provide inpatient care to people with dementia in memory services in England and Wales
- People with dementia and their families/carers
- People involved in commissioning care –
 - NHS England, Welsh Government and Clinical Commissioning Groups
- People who regulate care – including the
 - Care Quality Commission, clinical audit
 - Quality improvement professionals

SUMMARY

National Audit of Dementia

Access and waiting times, diagnosis and treatment, and post diagnostic follow up in community based memory assessment services in the context of the COVID-19 pandemic.

Countries

England and Wales.

Participation

71% Trusts (England) and 29% Health Boards (Wales) had one or more service participating.

Sampling

Patients seen for initial assessment between January and August 2021.

Previous Reporting

The 2019 national memory service audit, NHS London Clinical Networks¹.

Alignment with NHS England objectives

NHS England Dementia: Our Vision²;

- Equal access to diagnosis for everyone
- Every person diagnosed with dementia having meaningful care following their diagnosis

Audit Standards

- National Institute for Health and Care Excellence (NICE) guideline NG97: Dementia: assessment, management and support for people living with dementia and their carers (June 2018)³
- Memory Services National Accreditation Programme (MSNAP): Standards for Memory Services - Seventh Edition (April 2020)⁴

KEY FINDINGS

1. Overall Wait Time and COVID-19

Impact

Average waiting time from referral to diagnosis has increased to 17.7 weeks since 2019, up from 13 weeks.

[See recommendation 1](#)

Over 70% of services experienced periods of closure and over 80% had staff redeployed during 2020.

[See recommendation 2](#)

2. New Ways of Working

35% of patients had an appointment via phone or video call.

45% at their usual place of residence.

3. Routine Assessments

As part of their initial assessment:

61% of patients had a discussion recorded about eyesight.

58% had a discussion recorded about hearing.

76% had a falls history discussed and recorded.

[See recommendation 3](#)

[See recommendation 4](#)

4. Guidelines for Neuroimaging

CT/MRI scans were requested for 47% of patients, with variation in requests of 0-97.4% of patients per service. This range implies that variation is at service/protocol level, rather than assessed as appropriate in each case.

5. Post diagnostic Interventions

62% of patients with a working or confirmed dementia diagnosis were offered a post diagnostic intervention (excluding signposting to another service). Range across services is from 2.9-100% patients.

[See recommendation 5](#)

25% of services are not offering Cognitive Stimulation Therapy.

LIST OF RECOMMENDATIONS

COVID-19 Recovery and Impact

1

Services should use quality improvement methods to actively monitor waiting times from referral to diagnosis, and identify problem areas and barriers to access, including demographic and other factors (e.g. care home residents), as services continue to recover from the impact of the pandemic and associated service closures and staff redeployment.

The Dementia Change Action Network website [NextSteps](#) provides information about support available to people awaiting assessment or diagnosis

See National Collaborating Centre for Mental Health [Dementia Care Pathway](#) which provides guidance for recording dementia care pathway benchmarks in the Mental Health Services Data Set

2

Commissioners/Dementia Regional Boards should work with services to review a) the pathway to assessment, diagnosis and support and b) the post diagnostic pathway,

to ensure that support is sufficiently flexible and person-centred. This should include exploring new ways of working for how and where appointments take place and engaging with service users and carers to understand their experiences and priorities.

Helpful resources include [Assessment and Diagnosis of Dementia](#), an e-learning course provided by University College London; [Taking Memory Assessment Services \(MAS\) into the Future](#), a new resource from Leeds Beckett University

Assessments

3

Services should ensure that assessment appointments include discussion of hearing, alcohol consumption, eyesight and falls, and identified follow up appointments/actions are carried out and documented.

Diagnosis and Treatment

4

Services should ensure that protocols for referral for neuroimaging are in line with the NICE guideline and recommended good practice assessed as appropriate per patient.

See [Memory Service Assessments: A New Way of Working 4.6](#), for guidance on clinical decision making on risks and benefits prior to requesting a scan

5

Post Diagnosis

Commissioners/Dementia Regional Boards should ensure that services can offer/have access to Cognitive Stimulation Therapy for patients diagnosed with mild-moderate dementia, in line with [guideline NG97](#).

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INTRODUCTION

National Audit of Dementia

The National Audit of Dementia (NAD) is a clinical audit programme commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England and the Welsh Government. In 2019 we undertook an audit of community-based memory assessment services in England and Wales.

What is a Memory Assessment Service?

Memory assessment services (MAS, sometimes known as memory clinics) provide specialist assessments and treatment for people where there are concerns about their memory. They are specialist services run by teams including medical staff, specialist dementia nurses, psychologists, and occupational therapists. They provide advice and assessment, leading to diagnosis if the person has dementia, which is followed by prescribing approved treatment to help people to live as well as possible with their condition. Many services also offer a range of follow up support for the person and their family or can help them to access support from other providers. People are usually referred to the MAS from their GP or sometimes another healthcare provider.

Current figures estimate that there are approximately 222 memory services in England⁵ and 25 in Wales.⁶

Previous Audit in Memory Services

In 2013 the Royal College of Psychiatrists carried out a survey of MAS in England⁵ which found that many aspects of service such as waiting times for assessment and diagnosis varied greatly across the country, and that patient numbers had increased fourfold between 2011 and 2013. The survey was repeated in 2014, finding that between 2013 and 2014, the number of patients seen by MAS increased by 31% on average but there was no significant increase in capacity. The average waiting time from referral to assessment increased from 5.2 weeks in 2013 to 5.4 weeks in 2014, and waiting time from assessment to diagnosis increased from 8.4 to 8.6 weeks. Differences in average waiting times between services also increased. Cognitive Stimulation Therapy (CST) and life story work were available to people with dementia in around two-thirds of memory clinics. Education and support for carers was available via almost all clinics. These figures did not increase greatly between 2013 and 2014.

In 2016 and 2019 the London Dementia Clinical Network conducted two rounds of audit for London memory services collecting data at both service and patient level. Variation was noted in neuroimaging practice, neuropsychology referrals, diagnosis subtype, non-dementia diagnoses, waiting times and post-diagnostic support. Between both audits, interventions included targeted talks at the quarterly London Dementia Network meeting, the development of scanning guidance and memory services were visited to capture pathways and discuss quality improvement work. In 2019 the London Dementia Clinical Network¹ opened the 2019 audit to services nationally – 85 services participated from across England.

AUDIT BACKGROUND

The dataset for the NAD 2021/22 audit is closely based on the above 2019 NHS audit to provide direct comparison wherever possible. Development of the dataset was led by Laura Cook, Clinical Programme Lead for Dementia for the London Clinical Network, and a Working Party of leads from memory assessment services.

See Appendix I for the audit sampling and methodology

CONTEXT OF THE PANDEMIC

This audit was originally due to commence in 2020. However, the onset of the pandemic led to suspension of these plans. Many services experienced periods of closure and were unable to see newly referred patients. Staff were redeployed or unavailable due to COVID-19. People with memory problems and dementia were often unable to access or attend face to face appointments. MAS had to adopt alternative ways of seeing patients for assessment and diagnosis. These included holding virtual appointments via phone or video calls. Principles for these and the challenges presented to services are set out in *Memory Service Assessments: A New Way of Working*.⁷

The document explains that after an initial drop in GP referrals at the start of the pandemic, the number of people seeking a memory assessment was expected to rise again, and by the summer of 2020 this could already be seen (NHS Digital QOFB figures, presented by Dr Amanda Thomsell, 9 October 2020)⁸. At this point MAS were working to schedule appointments which had been held up for some weeks or months, accommodate new referrals and adapt to new ways of working, while still experiencing ongoing effects of closure and redeployment. Under these conditions it was inevitable that there would be an impact on the average time it takes for someone to be seen after referral and to receive their diagnosis. Feedback received via NHS England Cymru from services spoke of strong concern that audit results would be interpreted as meaning services were performing poorly, rather than dealing with unprecedentedly challenging circumstances.

The Working Party addressed this directly, adding several questions to the dataset relating to the impact of COVID-19 and provision of virtual appointments. These are presented in the COVID-19 Recovery and Impact section.

Audit results should be read and considered in the context of the situation created by the pandemic. Key recommendations are aimed at encouraging services to monitor waiting times and to flag up problem areas and barriers to access to Commissioners. This will ensure that the support they require during recovery and new ways of working is fully recognised.

PATIENT AND STAFF EXPERIENCES

Feedback from patients and staff sheds light on people's experience of delivering and receiving care. The following highlights some positive comments and some improvements to note from both parties.

Comments from service users are drawn from responses to a survey for patients and carers distributed by MAS during the audit.

Staff comments are from the study Memory Assessment Services in the COVID-19 Climate: An Evaluation of National Services Smith, S.J., Griffiths A., Platt, R., Robinson, O. (2021)⁹ Leeds Beckett university, with the kind permission of the authors.

<div>“SERVICE USERS</div>	<div>STAFF MEMBERS”</div>
Remote Assessments	
<p><i>"[Remote assessments] helps to keep patient calm by being in own home. No travelling and no fears of catching Covid in a hospital setting."</i></p> <p><i>"My mother has impaired hearing, so found it difficult to hear some of the conversation. The connection kept freezing, which confused my mother quite a bit."</i></p>	<p><i>"...I think we offered more choice to individuals, and still do... now we're thinking more about [it], actually we've got a bit more [choice]..."</i></p> <p><i>"A lot of my knowledge is in doing it face to face, so we kind of restart from zero doing it in a different format. So we're still trying to find out what does this actually mean because we don't have this library of, of cases that you've seen before."</i></p>
Involving Families	
<p><i>"Someone not having to go out and walk to hospital and also having a few members of the family present was beneficial rather than the hospital."</i></p>	<p><i>"Yeah, but I think where it's enhanced it is where family members don't live locally. And we've been able to do, sort of, joint meetings with them whilst we've given diagnosis. Or assessments, we've been able to bring them in so they've felt more included."</i></p>
Virtual Appointments	
<p><i>"Husband stressed because he knew phone calls were difficult for him. He was not always sure what he had heard. I could not indicate non-verbally if his answers were odd. The information was complex so hard to interpret from just voice."</i></p>	<p><i>"I think, you know, the advent of Microsoft Teams has enabled us to have MDT discussions that are truly multidisciplinary. And we can truly have a multidisciplinary approach towards deciding what method of assessment we're having. And it's backed up by a multitude of different professions."</i></p>
Communication and Technology	
<p><i>"A zoom call on an ipad isn't the best way to be able to show compassion as the screen isn't big enough to pick up on facial expression. Being told you have Alzheimers by a stranger on a tv screen is quite hard to take in. Having now met the clinicians, I know they are very empathetic."</i></p>	<p><i>"...but people are really missing that, erm, companionship. That ability to share some of the, you know you have a complex case, and you come back and you discuss it with a couple of colleagues who help give it perspective. I think that's missing with the technology."</i></p>
Access to Technology	
<p><i>"No internet, no mobile so had to do on landline phone, would have preferred seeing someone face to face."</i></p>	<p><i>"The area where we work, I think the deprivation index is higher so fewer people have fully functioning computers that they actually can use."</i></p>

AUDIT PARTICIPATION

138 services across England and Wales participated in the casenote component of the audit, with a total of 5970 casenotes submitted. 134 services submitted contextual data regarding their organisations. 53 services submitted patient feedback from 251 patient/carers.

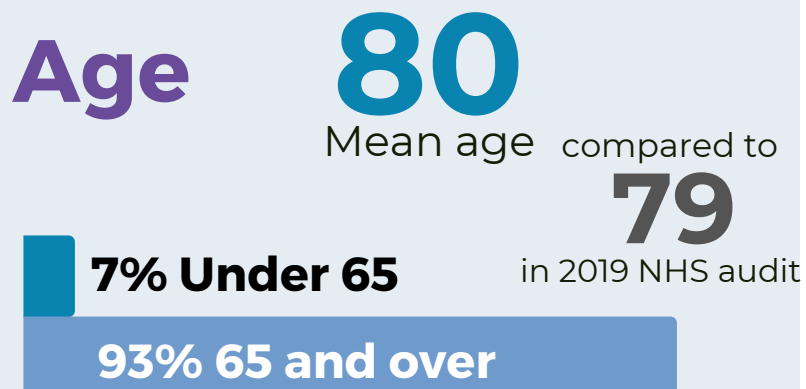
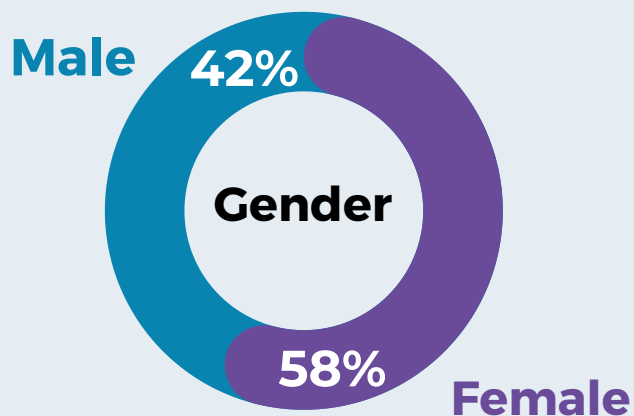
Table 1. Audit participation from services across England and Wales

Regions/ Nation	Number of NHS Mental Health Trusts/Health Boards	Participating NHS Mental Health Trusts/Health Boards	Total Participation
East of England	6	4	67%
London	10	7	70%
Midlands	14	10	71%
North East and Yorkshire	12	9	75%
North West	8	5	63%
South East	10	8	80%
South West	8	5	63%
Wales	7	2	29%

From sampling information received (63 services only) the average number of patients seen for initial assessment in January 2021 was 36.7, ranging from 2 to 74. As a proportion of total eligible patients per service, samples ranged from 5-100%. See [methodology](#) for more information.

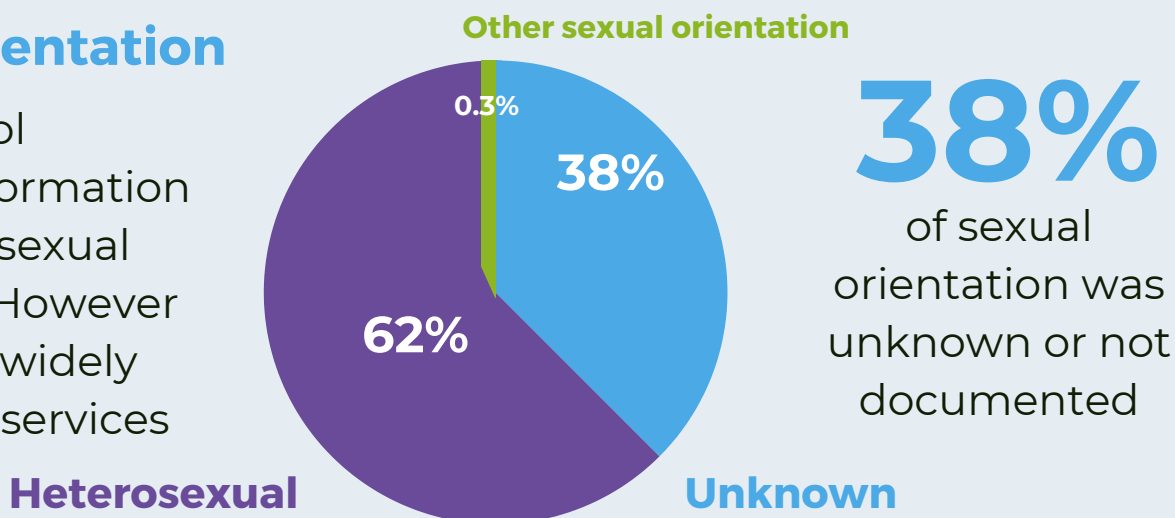
DEMOGRAPHICS

*figures are rounded to the nearest percentage and may not add to 100%

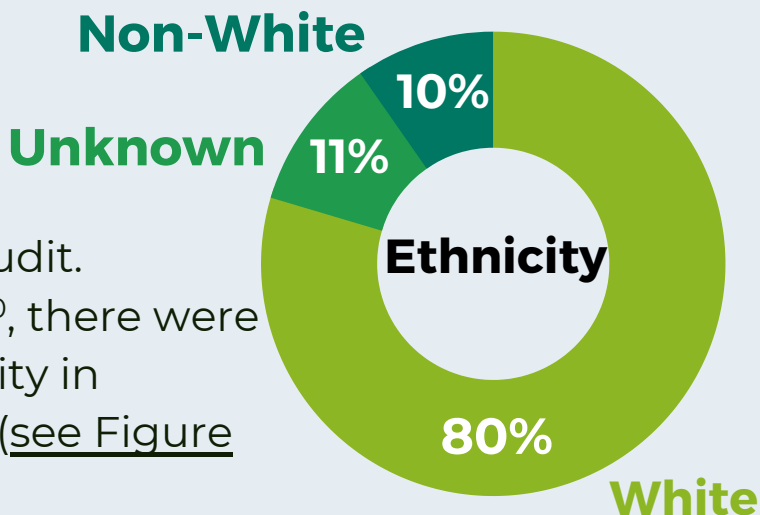


Sexual Orientation

The audit tool collected information about other sexual orientation. However this was not widely collected by services



11% patients with undocumented or unknown ethnicity compared to **6%** in 2019 NHS audit. Although analysis was conducted¹⁰, there were no significant differences in ethnicity in relation to the audit's key findings (see Figure A in appendix III).



85% patients spoke English as their first language

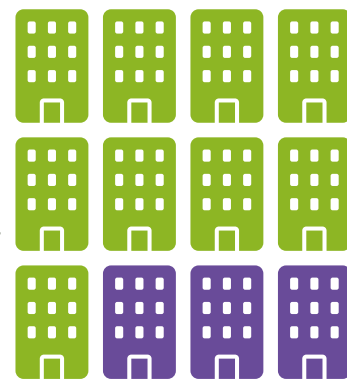
4% patients needed an interpreter

36% patients lived alone

COVID-19 RECOVERY AND IMPACT

119

services were
either closed or
had staff
redeployed



Service Closure and Redeployment

83%



services
had staff
redeployed
during the
first
national
lockdown

66% of
services
experienced
both closure
and
redeployment

72%

services were
closed or
paused

2021: 17.7 weeks

2019: 13 weeks

Mean wait time between
referral to diagnosis
increased by 4.7 weeks



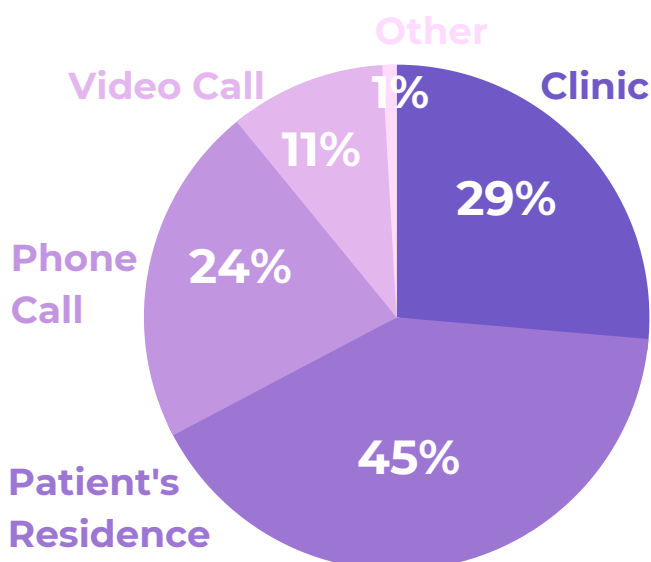
Overall Wait Time



Place of Assessment

35%

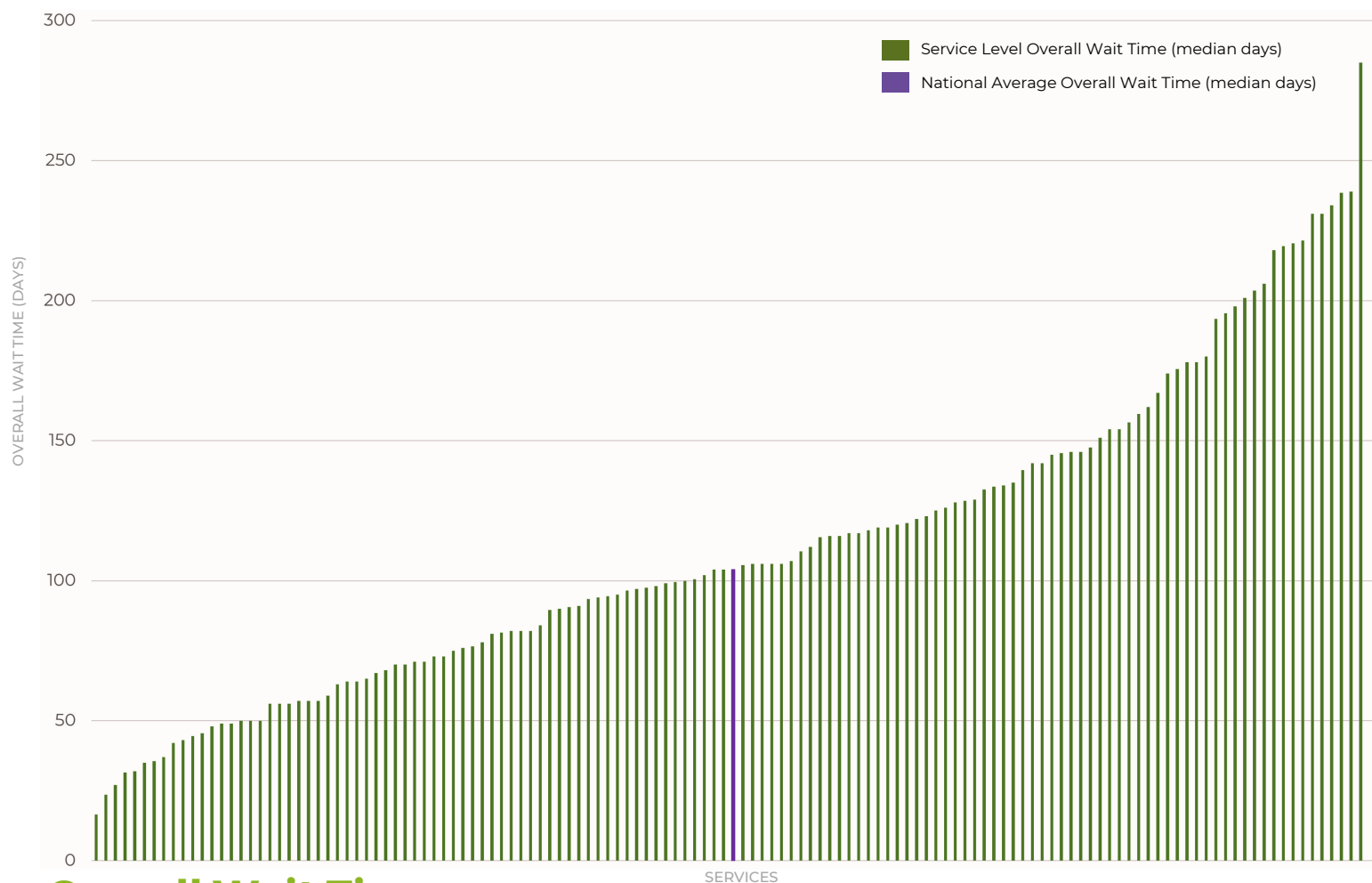
patients received
a virtual initial
assessment



See
recommendations
1 and 2 regarding
overall wait times
and service
provisions

COVID-19 RECOVERY AND IMPACT

Figure 1. Service Level Overall Wait Time (median days)



Overall Wait Time

During the first lockdown period in 2020 72% (96) of services experienced periods of closure ranging from less than a month (6.7%) to more than 6 months (3%) with 62% closed for between 1 and 6 months. 83% (111) of services had staff redeployed/unable to work due to the pandemic, with 42% having less than 10% staff affected and 5.2% having all staff redeployed. 66% (88) of services were affected by both closure and redeployment.

This inevitably had an effect on the average time patients had to wait between their initial referral to a MAS and receiving their diagnosis. The average overall wait time increased by 36% to 17.7 weeks.

Per service the median wait time in days ranged from 16.5 to 285 days.

Virtual Appointments

Some services found that their premises were too small to implement social distancing for the safety of patients and staff or otherwise unsuitable during the pandemic. Many services adapted to offer appointments in different ways, via home visits or via video or phone call. Just over a third of patients, (35%, 2067) had their appointments virtually. This ranged from 0-100% patients per service ([see Figure B in appendix III](#)).

115 services (of 134 participating) provided patients with virtual appointments (86%).

As part of the audit 115 patients and/or their carers responded to a survey asking about their experience of virtual appointments and 72% (80) rated this excellent or good. Benefits perceived included not having to travel/leave home, reduced appointment wait time, and being able to carry out the appointment safely whilst isolating. 94 respondents reported challenges including barriers due to visual or hearing impairment, difficulties in using the technology, and the person being assessed presenting differently on the phone as opposed to face to face.

ASSESSMENTS

92%

patients had **at least one** in-clinic routine assessment:



43%

patients had **all 4** in-clinic routine assessments:



76%

patients had their falls history recorded



71%

in 2019 NHS audit

61%

patients had discussions around eyesight/vision, the same percentage as the 2019 NHS audit



78%
patients discussed their alcohol consumption

50%

in 2019 NHS audit



58%

patients discussed their hearing, including the use of hearing aids

57%

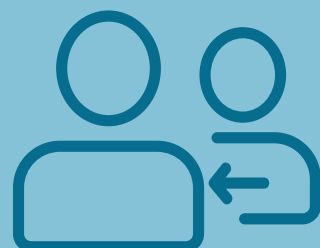
in 2019 NHS audit

See recommendation 3 regarding in-clinic routine assessments



20%

patients were referred to occupational therapy or a diagnostic neuropsychological assessment



ASSESSMENT

Routine in-clinic assessments audited include alcohol consumption, vision and hearing loss and falls history. Onward referrals asked about were to occupational therapy and diagnostic neuropsychological assessments.

Alcohol Consumption

78.3% (4620) were asked about their alcohol consumption. 52% (3066) of patients reported consuming 0 units of alcohol per week, an increase from 50% reported in the 2019 NHS audit 8.9% (526) of patients reported consuming over 10 units of alcohol, compared with 13% in the previous audit.

Discussion of Sight and Hearing Loss

There was evidence of a discussion about eyesight and/or vision in 61.3% (3614) of patients. Routine hearing assessments, including the use of hearing aids, were documented in 58.4% (3445) of patients.

The percentage of people asked about vision and hearing was similar to those reported in the 2019 NHS audit: 61% and 57% respectively.

Falls History Taken

A falls history was taken for 76.1% (4491) of patients, compared with 71% from the 2019 NHS audit.

Referral to occupational therapy and diagnostic neuro-psychological assessments

Overall, 12.6% (744) of patients were referred to occupational therapy for a functional assessment, and 9.7% (528) were referred for diagnostic neuropsychological assessments.

In-Clinic Routine Assessments

7% (418) of patients had no in-clinic routine assessments carried out, or it was not documented by services.

Less than half of the patient sample had all routine assessments completed at 43.1% (2545). This ranged across services from 0 - 100% (see Figure C and D in appendix III). This demonstrates that some services were able to carry out routine assessments for all of their patients. It is recommended that reversible causes of cognitive decline are investigated, prior to making specialist onward referrals, including hearing and eyesight checks (NG97)³.

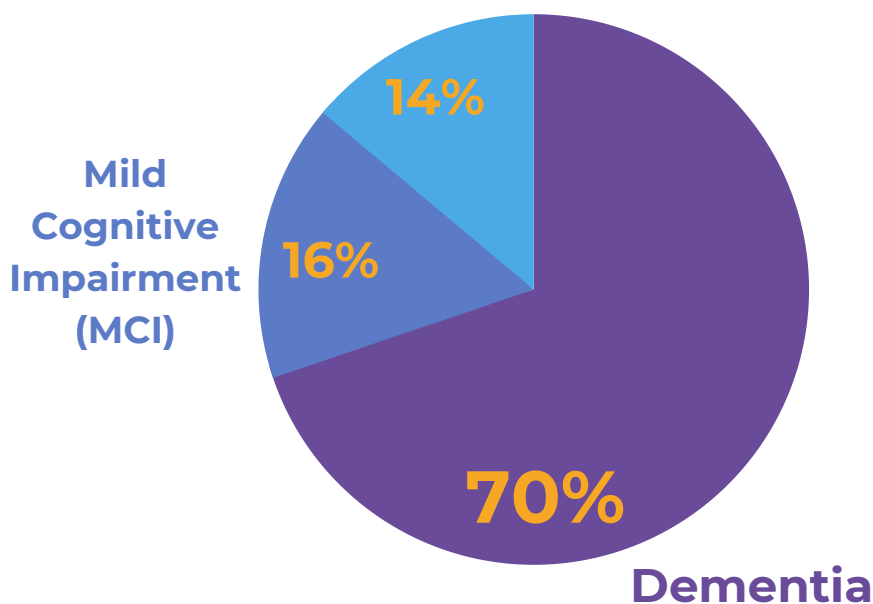
Research has shown that individuals with hearing loss are significantly more likely to develop dementia (Alzheimer's Society, n.d.)¹¹ but that this effect can be reversed by the use of hearing aids (Bucholc et al., 2021)¹².

Therefore, it is important that during initial assessments for dementia, all in-clinic routine assessments are completed, in particular hearing and sight tests. This will ensure other causes of displayed symptoms have been ruled out, and appropriate onward referrals for further assessments are made and actions documented.

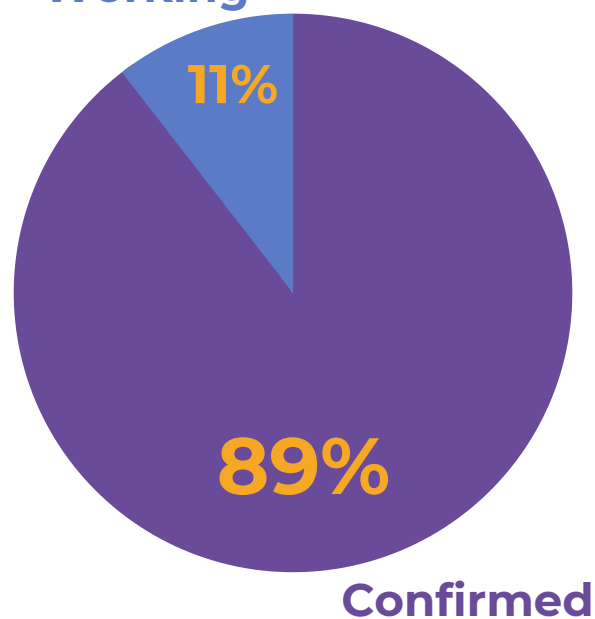
DIAGNOSIS AND TREATMENT

Diagnosis

Other (Not Dementia)



Working



100%

patients were offered medication who were deemed clinically appropriate



Medication

56%

patients with dementia received medication

83%

 in 2019 NHS Audit

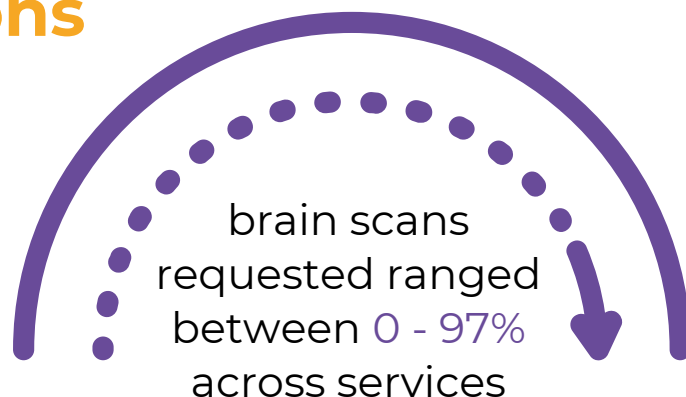
Investigations



See [recommendation 4](#) regarding [neuroimaging](#)

25%

services perform ECGs routinely



DIAGNOSIS AND TREATMENT

Overall, 69.8% (4170) of patients received a diagnosis of dementia. For patients aged 65 and over this was 73% (4042) and for patients under 65 this was 30% (128). 16% (973) were diagnosed with mild cognitive impairment (MCI), with 14% (827) receiving another (non-dementia) diagnosis. 10.7% were recorded as “working” diagnosis, i.e. awaiting results or other final confirmation.

Across services the percentage of patients diagnosed with dementia ranged from 10-100% with an average of 71% ([see Figure E in appendix III](#)).

Dementia Subtype

Table 2 shows the breakdown of the dementia subtype by age (under 65/65 and over) showing broadly similar results to the subtype breakdown % reported in the 2019 NHS audit.

Table 2. Dementia Subtype

*2019 NHS audit sample is 3978, with N numbers unavailable from report

	National Audit of Dementia		2019 NHS audit	
Diagnosis Subtype	% Under 65 (N=128)	% 65 and over (N=4042)	% Under 65	% 65 and over
Alzheimer's disease	39.1 (50)	42.4 (1713)	37	46
Vascular dementia	14.1 (18)	17.2 (695)	19	17
Dementia with Lewy bodies	3.1 (4)	1.9 (76)	0	2
Frontotemporal dementia - Primary progressive aphasia	2.3 (3)	0.3 (14)	7	0.3
Frontotemporal dementia - Posterior cortical atrophy	0.8 (1)	0.2 (10)		
Parkinson's disease dementia	3.9 (5)	2.3 (94)	2	3
Mixed dementia	10.2 (13)	27.9 (1130)	7	25
Alcohol related dementia	6.3 (8)	0.4 (17)	12	0.4
Unspecified dementia	17.2 (22)	6.6 (267)	9	6
Other dementia	3.1 (4)	0.6 (26)	7	1

Prescription

55.7% (2293) of patients diagnosed with dementia received medication, with a further 6% (247) declining, as compared to 83% of patients offered medication in the 2019 NHS audit.

Of those patients with dementia who received medication, 55.9% (1281) received donepezil, 8.3% (191) another cholinesterase inhibitor, and 35.2% (809) memantine. Less than 1% received a cholinesterase inhibitor plus memantine. This shows a significant change since the 2019 audit, where 76% of the patients who were prescribed medication were prescribed a cholinesterase inhibitor and 23% were prescribed memantine.

Memantine is normally prescribed for patients who are at a moderate to late stage of Alzheimer's disease, or added to an existing prescription of a cholinesterase inhibitor for patients with moderate to severe disease.¹³

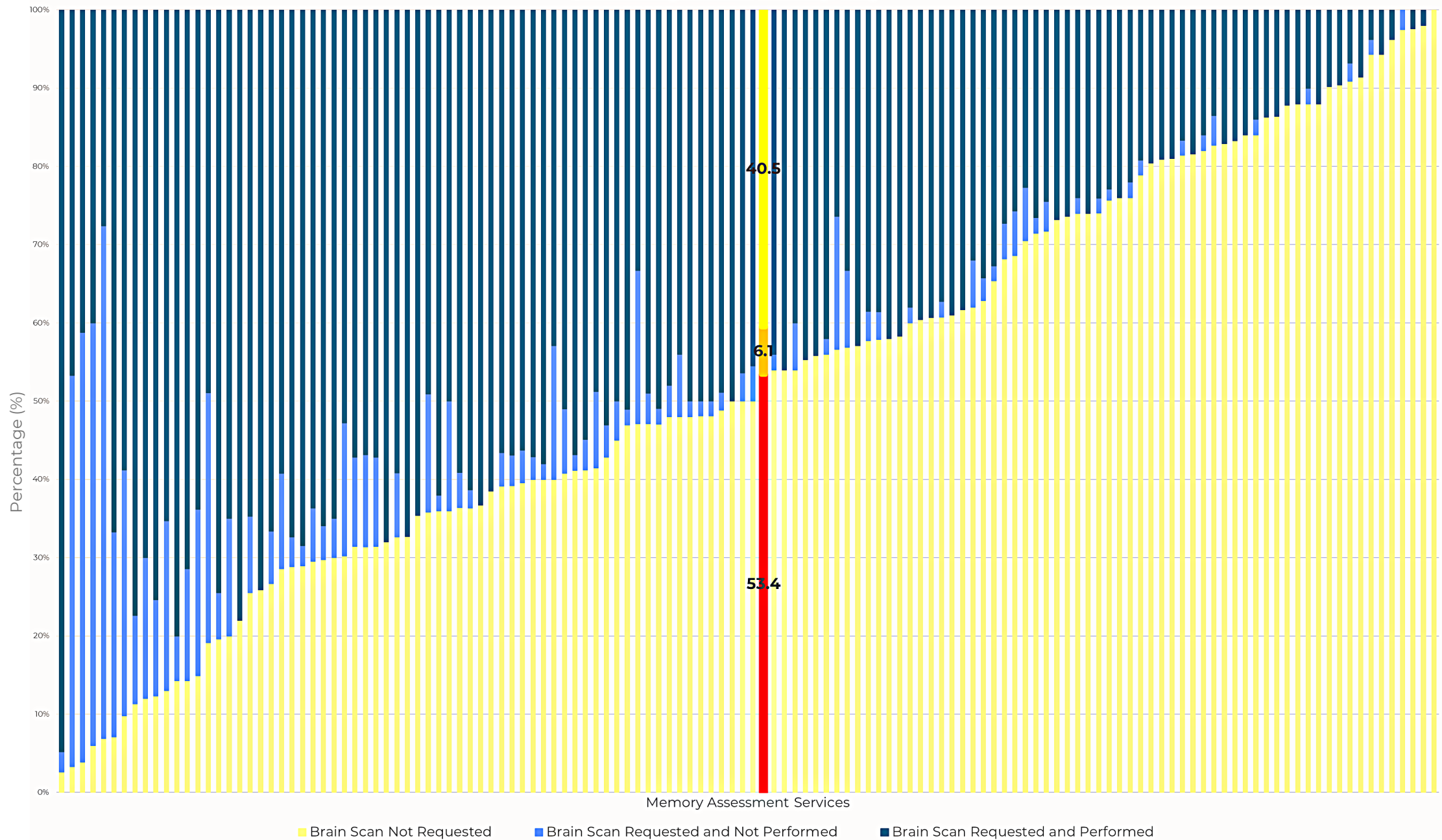
The apparent rise in memantine prescription may therefore relate to the pandemic – the drop in referrals during lockdown is thought to be partly caused by reluctance amongst patients to access health care services, as well as delay in GP appointments, which would lead to later referrals. The effects of service reorganisation and closure on the time from referral to diagnosis is discussed earlier in this report. These factors combined may mean that patients were assessed by services at a later stage in their dementia than would have been the case in normal circumstances. However, it could also reflect a change in prescription practice.

Neuroimaging: MRI and CT Scans

38.8% (52) of services said that they could directly view brain scans, compared to 40% in the 2019 NHS audit. Only 43.3% (58) of services said that scans were reported by neuroradiologists, compared to 76% in 2019.

A CT or MRI scan was requested for 46.6% (2750) of patients, but 6.1% (358) of these not subsequently performed, most commonly because a previous scan existed (118 patients) or the patient declined (107 patients). As in the 2019 audit, there was marked variation between services in terms of scans requested.

Figure 2. Service Level Brain Scans Not Requested, Requested, and Performed (N = 5899) with middle bar showing national average respectively



In 2019 the range of patients not requiring a scan ranged from 0-92%. Figure 2 shows the breakdown of scans requested/performed/not requested, per service. Between 2.6-100% of patients did not have a scan requested. The average waiting time for a brain scan was 2 weeks from initial assessment (compared to 5 weeks in 2019). However, this average is lowered by 76 services (56.7%) who confirmed that they request CT or MRI scans carried out prior to initial assessment appointment. Guidance provided after the 2019 NHS audit points out that this may lead to unnecessary neuroimaging, and provides a detailed breakdown of the points in the decision-making process¹⁴.

Of scans performed 31.8% (761) were MRI, 69.6% (1671) CT and 1.7% both (2019 NHS audit 26% had MRI).

Specialist Investigations

76.9% of services (103) said that they could refer patients for PET scans, 88.1% (118) for DAT scans and 44% (59) for CSF scans. From the 2019 NHS audit, 87% of services could refer patients for DAT scans, 77% for PET scans and 56% for CSF examination. 2.2% of patients had a specialist investigation carried out (2019: 2%).

POST DIAGNOSTIC INTERVENTIONS

Any Post Diagnostic Intervention

84%

patients were offered any post diagnostic intervention (excluding signposting)

Occupational therapy

is the most common intervention provided (excluding signposting)

134

services offer at least one intervention

Cognitive Stimulation Therapy (CST)

75%

services offer CST across England



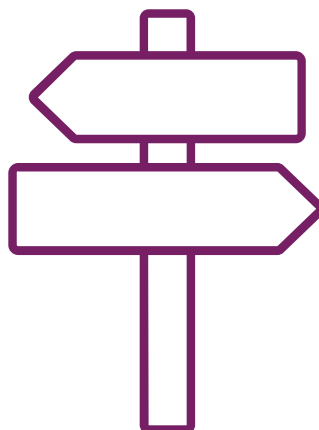
72%

services commissioned to provide CST

Signposting

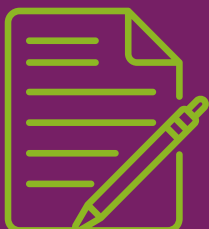
93%

services offer signposting as a post diagnostic intervention



47%

patients received signposting as intervention



See recommendation 5 regarding cognitive stimulation therapy.

POST DIAGNOSTIC INTERVENTIONS

Cognitive Stimulation Therapy

24.6% (33) of services said they were unable to provide or offer Cognitive Stimulation Therapy (CST), which is the same as reported in the 2019 NHS audit. CST has shown greater and longer lasting benefits than standard treatments (Dementia UK, 2021),¹⁵ and is recommended in NICE guidance for people with mild to moderate dementia (NG97)³.

Psychoeducation Course

53.7% (72) of services said they were unable to provide carers the opportunity to complete a psychoeducation course, compared to 26% in the 2019 NHS audit. 23.7% (1396) of carers for patients assessed by MAS were offered a psychoeducation course, and of these 768 (55%) accepted.

Any Post Diagnostic Intervention

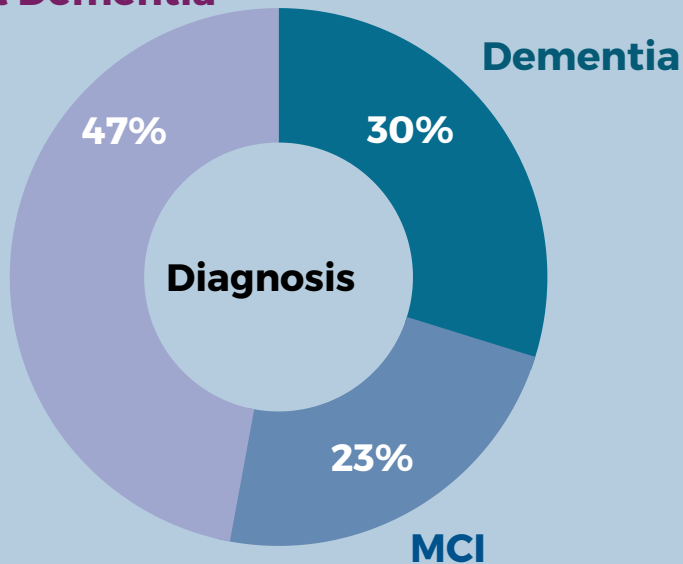
100% (134) of services provide at least one type of post diagnostic intervention, which remains the same when CST is excluded. However, if signposting is excluded, there is a small drop to 133 services (99.3%). At patient level 89.1% (5255) received any post diagnostic intervention, with 46.7% (2757) of patients receiving signposting. This minimally decreased when signposting was excluded to 83.8% (4946) of patients, ranging across services from 2.9-100% ([see Figure F in appendix III](#)).

Patients with a confirmed diagnosis were more likely to be offered any post diagnostic intervention, with 91.5% (4292) of patients with a confirmed diagnosis offered at least one type of intervention, compared to 85% (548) of patients with a working diagnosis ([see Figure G in appendix III](#)). For patients with a dementia diagnosis, 61.9% (2547) were offered any post diagnostic intervention, excluding signposting.

ASSESSMENTS FOR WORKING AGE PATIENTS

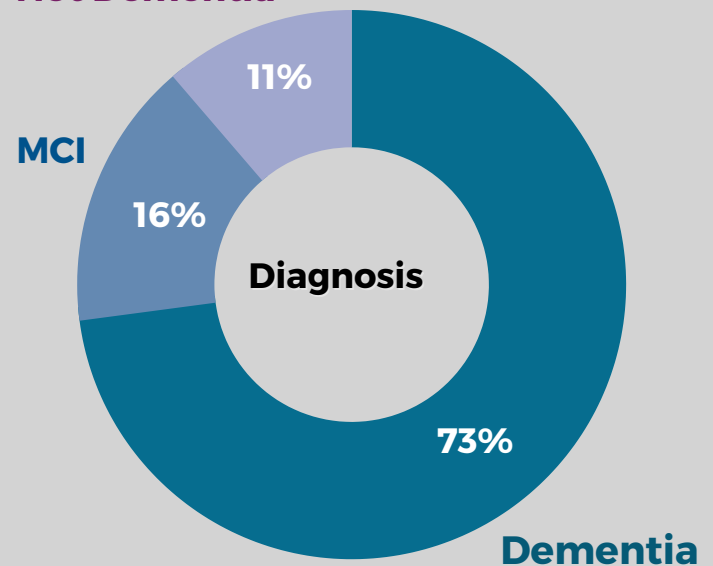
UNDER 65

Not Dementia

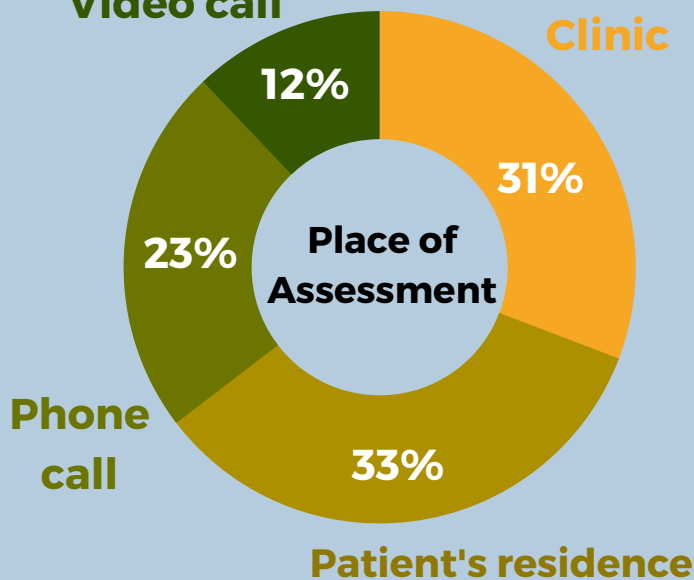


65 AND OVER

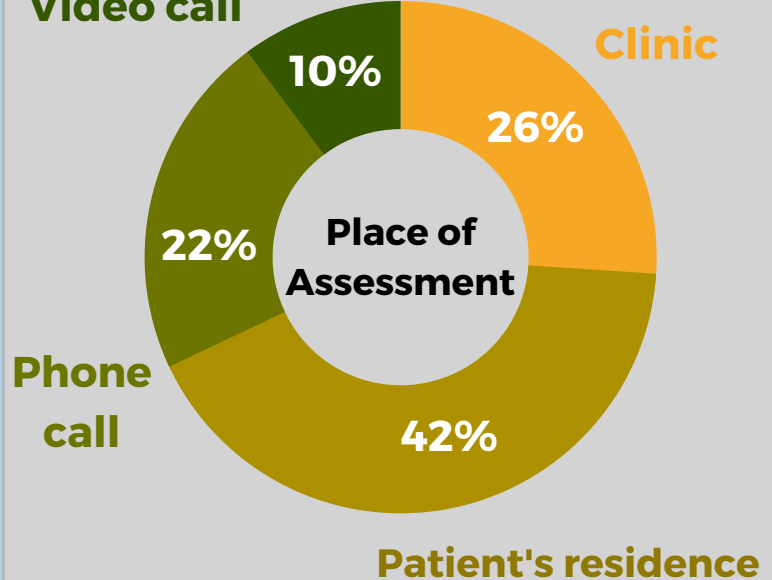
Not Dementia



Video call



Video call



55%

patients discussed
eyesight



62%

patients discussed
eyesight

49%

patients discussed
hearing



59%

patients discussed
hearing

ASSESSMENTS FOR WORKING AGE PATIENTS

Place of Assessment

30.8% (140) of under 65s were assessed in a memory clinic, compared with 26% (1552) of patients 65 and over. 33.8% (154) of under 65s were assessed in their usual place of residence, compared with 41.9% (2504) of patients 65 and over. Phone assessments were undertaken for 23.3% (106) of patients under 65, compared with 21.8% of patients 65 and over. 12.1% (55) of patients under 65 had a video assessment, in comparison to 10.2% (606) of patients 65 years and over.

Hearing/Eyesight

In the under 65s, 55% (236) had their vision assessed. This compares to 61.8% (3378) in those 65 years of age and over. 208 patients out of 429 (48.5%) under the age of 65 had their hearing assessed, compared with 3237 patients (59.2%) aged 65 and over.

Falls History

65% (279) of patients under 65 had a falls history taken, which compares to 77% (4212) for those 65 and over.

Key Point
Patients under 65 were just as likely to receive a virtual assessment, as patients aged 65 and over

CONCLUSION

This audit was commissioned as a one off spotlight audit in memory services. We are very grateful for the input and support from NHS London Dementia Clinical Networks who conducted previous audits. Again in this audit, marked variations between services are apparent with regard to key assessments, diagnostic investigations and post diagnostic support ([see Appendix III](#)). However, results should be read as within the context of the COVID-19 pandemic and the disruption and delay it caused. Services have worked hard to adapt and to provide memory assessment using new ways of working. The results and recommendations presented here are an overview of the national picture at an unprecedented time, and provide a benchmark against which progress to recovery can be measured.

Participating services will each receive a local report with a full breakdown of results to compare with the national picture. Following this, we plan webinars in the autumn to discuss the key themes arising from the audit and foster local quality improvement projects.

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National Audit of Dementia

Memory Assessment Services Spotlight
Audit 2021

Appendices

APPENDIX I: SAMPLING AND METHODOLOGY

Audit Development

The audit was developed in collaboration with the London Dementia Clinical Network, NHS England. The audit is based on the London Dementia Clinical Network audit, which ran as a national audit in 2019. Additional questions were created by a service led working party to capture the impact of new ways of working.



Community-based memory services in England and Wales were invited to participate.



There were 3 separate parts of the audit: an organisational questionnaire, a casenote audit and patient/carer feedback questionnaire. All three audit tools are available on our [website](#).

Audit Participation



Services submitted one organisational tool per service. This consisted of 15 questions for English services, and 18 for Welsh services. The tool included questions to capture the impact of the COVID-19 pandemic on services, including whether the service was closed or paused for assessments during the first national lockdown. 134 out of 138 total registered services submitted organisational data.

Audit Tool

Sampling

The casenote audit tool was comprised of 39 questions, and services were asked to sample 50-100 patients, seen consecutively from 1st January 2021.

To reach the required sample size, services were initially able to continue sampling patients into February 2021. However, this was extended into August 2021 where services required, for data collection. Hospitals taking part in the audit submitted information from 5970 sets of casenotes (5899 when services that submitted <20 casenotes were removed from analysis).



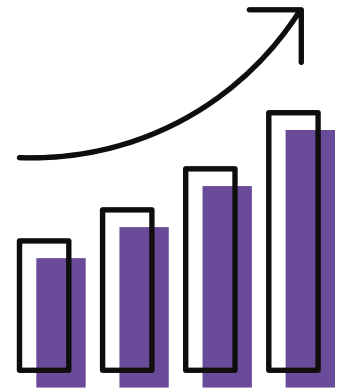
Patient Feedback



The patient/carer feedback form was developed by Alzheimer's Society and comprises of 19 questions about the experiences of people diagnosed with dementia during the pandemic, and their experience of virtual assessments. The tool was designed to be completed by the person living with dementia, or by a family member/carer on their behalf, and services were asked to aim for 20 responses. A total of 251 responses were received.

Data Submission

Data was submitted between 7th September 2021-7th January 2022. Due to staff redeployment and COVID-19 vaccine booster programmes, this was extended to 26th January for some services.



Inter-rater Reliability

Inter-rater reliability checks were conducted by submission of 5 casenotes from two different professionals within one service. Key findings in the report were found to be reliable by external statistician, with [link to the report](#) on the website

Total N Sample

Participating services were asked to identify patients who had an initial assessment in January 2021, and were permitted to include further months as necessary to complete their sample. We asked services to tell us the total number of patients who had initial assessment in each month from which they included patients in their sample. 107 services responded to this request, but of these 44 were unable to provide full information. From the remaining 63, the average number of patients seen for initial assessment in January 2021 was 36.7, ranging from 2 to 74. As a proportion of total eligible patients per service, samples ranged from 5-100%.



APPENDIX II: FULL STANDARDS

Memory Services Spotlight Audit Standards/tool mapping

The tools for this audit were based on those developed for the 2019 NHS National Memory Services audit by NHS London. These were developed by an expert reference group comprising of primary and secondary care clinicians, memory service managers and commissioners. The group reviewed existing standards, e.g. Memory Services National Accreditation Programme (MSNAP) standards and National Institute for Health and Care Excellence (NICE) guidance. Tools were reviewed and amended for this audit by a Working Party of clinicians (see Acknowledgements).

Organisational questions	
Is the service MSNAP accredited?	N/A
Organisation providing memory service.	N/A
Do you have a named research champion / lead?	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414344/pm-dementia2020.pdf Department of Health, Prime Minister's challenge on dementia 2020, accessed as above
Do you have a named lead for young onset dementia (under 65)?	Memory Services National Accreditation Programme Standards for Memory Services - Seventh Edition MSNAP 39. <i>There is a named lead within the service for people with young onset dementia.</i> MSNAP 166. <i>The service can refer on to specialist services for rare or young onset dementia and/ or complex care needs (e.g. regional/ tertiary neurology/ neuropsychiatry services, learning disability services).</i>
Which patients do you request ECGs for prior to commencing cholinesterase inhibitors?	MSNAP 131. <i>Additional tests and investigations are carried out in accordance with NICE guidance, individual and clinical need, including electrocardiogram.</i>

	<p>Dementia Revealed: What Primary Care Needs to Know RCGP 2014.</p> <p>An ECG is mainly useful in assessing heart rhythm and rate prior to starting an Acetylcholinesterase Inhibitor (AChEI). They are helpful because AChEIs tend to slow the heart rate and may cause syncope. Ischaemic changes and atrial fibrillation need to be noted.</p>
<p>Are CT and MRI scans reported by neuroradiologists?</p>	<p>MSNAP 130. <i>Additional tests and investigations are carried out in accordance with NICE guidance, individual and clinical need, including: Timely access to brain imaging in the assessment of people with suspected dementia to exclude cerebral pathologies and to help establish the subtype diagnosis.</i></p> <p>NICE NG97 1.2.26 <i>If the dementia subtype is uncertain and vascular dementia is suspected, use MRI. If MRI is unavailable or contraindicated, use CT.</i></p>
<p>Can you view scan images (e.g. using PACS)?</p>	<p>MSNAP 130. <i>Additional tests and investigations are carried out in accordance with NICE guidance, individual and clinical need, including: timely access to brain imaging in the assessment of people with suspected dementia to exclude cerebral pathologies and to help establish the subtype diagnosis.</i></p>
<p>Is attending imaging appointments facilitated by the memory service?</p>	<p>MSNAP 91, 95</p> <p>RCPsych 2019, core standards for community based mental health services, 2.1, 2.2</p>
<p>Are you able to refer patients for PET scans?</p>	<p>NICE NG97 1.2.23 <i>If the diagnosis is uncertain (see recommendation 1.2.14) and frontotemporal dementia is suspected, use either FDG-PET or perfusion SPECT</i></p>
<p>Are you able to refer patients for DAT scans?</p>	<p>Parkinson's disease in adults NICE guideline [NG71] Published: 19 July 2017 1.2.6, 1.2.7</p>
<p>Are you able to refer patients for CSF examination</p>	<p>NICE NG97 1.2.15 <i>If the diagnosis is uncertain (see recommendation 1.2.14) and Alzheimer's disease is suspected, consider examining cerebrospinal fluid for total tau or total tau and phosphorylated-tau and either amyloid beta or amyloid beta 1-42 and amyloid beta 1-40.</i></p>
<p>Are you able to refer patients for SPECT scans?</p>	

Is there an opportunity for joint working with neurology?	MSNAP 37. <i>The memory service has access to or can refer to the following professionals for advice/support during the processes of assessing and diagnosing people living with dementia: neurologist. Access to can include the speciality of the medical lead.</i>
Is there an opportunity for joint working with neuroradiology?	MSNAP 70. <i>The team receives training from other professionals involved in the work of the memory service, e.g. neuro-radiologists, social workers.</i>
Is there an opportunity for joint working with geriatrics?	MSNAP 36. <i>The memory service has access to or can refer to the following professionals for advice/support during the processes of assessing and diagnosing people living with dementia: geriatrician. Access to can include the speciality of the medical lead.</i> MSNAP 75. <i>The service provides outreach, e.g. by way of joint visits/reviews, to other professionals and staff whose responsibilities include providing care and treatment of people living with dementia/suspected dementia Guidance: E.g. GPs; residential care, nursing homes and sheltered housing; domiciliary care; day care; hospital care, including inpatient services.</i>
Is there an opportunity for working with Parkinson's disease clinic?	NICE guideline [NG71] 1.2.2 <i>If Parkinson's disease is suspected, refer people quickly and untreated to a specialist with expertise in the differential diagnosis of this condition. [2006, amended 2017]</i>
Does the service provide evidence-based interventions to patients such as Cognitive Stimulation Therapy (CST) and carer support?	MSNAP 182. <i>People living with dementia have access to a local programme of appropriate group Cognitive Stimulation Therapy (CST).</i> MSNAP 183. <i>People living with dementia have access to individual Cognitive Stimulation Therapy (iCST).</i> <i>RSPsych Core Standards for community based mental health services: 13.2, 13.3, 13.5</i>
Do you offer a post diagnostic follow up monitoring service?	NG97 1.2.34 <i>Memory services and equivalent hospital- and primary-care-based multidisciplinary dementia services should offer a choice of flexible access or prescheduled monitoring appointments.</i>

Do you provide or offer any of the following post diagnostic service?	<p>NG97 1.4.1</p> <p><i>Offer a range of activities to promote wellbeing that are tailored to the person's preferences.</i></p>
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Patient level audit	
Age at referral	N/A
Gender	N/A
Sexual Orientation	N/A
Ethnicity	N/A
Is English the first language	N/A
Did the patient need an interpreter?	<p>MSNAP 23.2.2</p> <p><i>The service uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation and/or communication support. The patient's relatives are not used in this role unless there are exceptional circumstances Guidance: Exceptional circumstances might include crisis situations where it is not possible to get an interpreter at short notice. Consider needs associated with language including learning disability, sensory impairment etc.</i></p>
Does the patient live alone	N/A
Lower Super Output Area	N/A

Referral	
Referred by:	MSNAP 91. <i>The service provides information about how to make a referral and waiting times for assessment and treatment.</i>
Date referral received:	
Date seen for initial assessment:	MSNAP 94. <i>Initial contact is made with all people who are newly referred within two weeks of referral.</i> MSNAP 95. <i>For planned assessments, the team sends letters in advance to patients that include: - The name and designation of the professional they will see; - An explanation of the assessment process; - Information on who can accompany them; - How to contact the team if they have any queries, require support (e.g. an interpreter), need to change the appointment or have difficulty in getting there.</i>

Assessment	
Place of assessment?	MSNAP 22. <i>The assessment takes place at a time and in an environment that is acceptable to all parties.</i>
Reported alcohol consumption per week?	MSNAP 159. <i>Patients are offered personalised healthy lifestyle advice such as advice on healthy eating, physical activity, reducing alcohol intake and access to smoking cessation services. This is documented in the care plan.</i>
Is there evidence of a discussion about the patient's eyesight/ vision?	NICE NG97 1.8.11 <i>Encourage people living with dementia to have eye tests every 2 years. Consider referring people who cannot organise appointments themselves.</i> MSNAP 120. <i>The assessment includes a check of vision, hearing, mobility and falls.</i>

<p>Is there evidence of a discussion about the patient's hearing?</p>	<p>NICE NG97 1.8.10 <i>For guidance on hearing assessments for people with suspected or diagnosed dementia, see adults with suspected dementia in the NICE guideline on hearing loss.</i></p> <p><i>Hearing loss in adults: assessment and management</i></p> <p>NICE guideline [NG98]Published: 21 June 2018</p> <p>1.1.8 Consider referring adults with diagnosed or suspected dementia or mild cognitive impairment to an audiology service for a hearing assessment because hearing loss may be a comorbid condition.</p> <p>MSNAP 120. <i>The assessment includes a check of vision, hearing, mobility and falls.</i></p>
<p>Is there evidence the patient was referred to occupational therapy for a functional assessment?</p>	<p>NICE NG97 1.4.4 <i>Consider cognitive rehabilitation or occupational therapy to support functional ability in people living with mild to moderate dementia.</i></p>
<p>Was a falls history taken?</p>	<p>NICE NG97 1.8.6 <i>For guidance on managing the risk of falling for people living with dementia (in community and inpatient settings), see the NICE guideline on falls in older people. When using this guideline take account of the additional support people living with dementia may need to participate effectively and be aware that multifactorial falls interventions may not be suitable for a person living with severe dementia</i></p> <p>MSNAP 120.1.13 <i>The assessment includes a check of vision, hearing, mobility and falls.</i></p>

Referred to diagnostic neuropsychological assessment?	<p>NICE NG97 1.2.11 <i>Consider neuropsychological testing if it is unclear whether the person has cognitive impairment or whether their cognitive impairment is caused by dementia or what the correct subtype diagnosis is.</i></p> <p>MSNAP 123. The service has access to in-depth assessment of occupational functioning and neuropsychological assessment as required</p>
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Investigations	
Date scan requested?	N/A
Who requested scan?	N/A
Was a scan performed?	N/A
Date of CT or MRI scan?	<p>NG97 1.2.26 <i>If the dementia subtype is uncertain and vascular dementia is suspected, use MRI. If MRI is unavailable or contraindicated, use CT.</i></p>
Were specialist investigations performed?	<p>MSNAP 130-133 <i>Additional tests and investigations are carried out in accordance with NICE guidance, individual and clinical need.</i></p>

Diagnosis	
Date diagnosis given:	<p>MSNAP 96.17,48 <i>The diagnosis is given with the locally specified target timeframe, unless any further specialist assessments or investigations are required, or other circumstances cause delay. Reasons for delay are recorded and monitored</i> <i>Guidance: In England, the requirement is within 6 weeks of referral. In Wales, the requirement is within 12 weeks of referral. Investigations such as blood tests and brain scans would be considered routine rather than specialist.</i></p>

Recorded diagnosis:	<p>NICE NG97 1.1.4</p> <p><i>Provide people living with dementia and their family members or carers (as appropriate) with information that is relevant to their circumstances and the stage of their condition.</i></p>
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Treatment and post diagnostic support	
Was medication offered?	<p>MSNAP 171.</p> <p><i>Patients and carers are involved in medication reviews and are included in discussions about purpose, expected outcomes, interactions, limitations and side effects of their medications, to enable them to make informed choice and to self-manage as far as possible.</i></p> <p>NG97 1.5.2</p> <p><i>The three acetylcholinesterase (AChE) inhibitors donepezil, galantamine and rivastigmine as monotherapies are recommended as options for managing mild to moderate Alzheimer's disease under all of the conditions specified in 1.5.5 and 1.5.6.</i></p> <p><i>This recommendation is from NICE technology appraisal guidance on donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease.</i></p> <p>1.5.3</p> <p><i>Memantine monotherapy is recommended as an option for managing Alzheimer's disease for people with: moderate Alzheimer's disease who are intolerant of or have a contraindication to AChE inhibitors or severe Alzheimer's disease.</i></p> <p><i>Treatment should be under the conditions specified in 1.5.5.</i></p> <p><i>This recommendation is from NICE technology appraisal guidance on donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease.</i></p>

<p>Which medication was prescribed?</p>	<p>1.5.2 <i>The three acetylcholinesterase (AChE) inhibitors donepezil, galantamine and rivastigmine as monotherapies are recommended as options for managing mild to moderate Alzheimer's disease under all of the conditions specified in 1.5.5 and 1.5.6.</i></p> <p><i>This recommendation is from NICE technology appraisal guidance on donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease.</i></p> <p>1.5.3 <i>Memantine monotherapy is recommended as an option for managing Alzheimer's disease for people with:</i> <i>moderate Alzheimer's disease who are intolerant of or have a contraindication to AChE inhibitors or severe Alzheimer's disease.</i></p> <p><i>Treatment should be under the conditions specified in 1.5.5.</i></p> <p><i>This recommendation is from NICE technology appraisal guidance on donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease.</i></p>
<p>Referred for cognitive stimulation therapy (CST)</p>	<p>NICE NG97 1.4.2 <i>Offer group cognitive stimulation therapy to people living with mild to moderate dementia.</i></p> <p>MSNAP 182. <i>People living with dementia have access to a local programme of appropriate group Cognitive Stimulation Therapy (CST).</i></p> <p>MSNAP 183. <i>People living with dementia have access to individual Cognitive Stimulation Therapy (iCST).</i></p>
<p>Was the patient offered a care coordination or navigation type service (either in house or referral on)?</p>	<p>NICE NG97 1.3.1 <i>Provide people living with dementia with a single named health or social care professional who is responsible for coordinating their care.</i></p>

<p>Was the carer offered a psychoeducation course (either in house or referral on) (e.g. START, CRISP)?</p>	<p>NICE NG97 1.11.1 <i>Offer carers of people living with dementia a psychoeducation and skills training intervention.</i></p>
<p>What other interventions were provided (e.g. psychosocial support or vocational rehab support)?</p>	<p>NICE NG97 1.7.2 <i>As initial and ongoing management, offer psychosocial and environmental interventions to reduce distress in people living with dementia.</i></p> <p>MSNAP 156. <i>The service provides or can signpost/ refer on to services that will offer assessment and intervention for patients who develop noncognitive symptoms. Guidance: E.g. mood disorders, psychotic symptoms and behaviour that challenges.</i></p> <p>MSNAP 178. <i>Patients are offered evidence based pharmacological and psychological interventions and any exceptions are documented in the case notes. Guidance: The number, type and frequency of psychological interventions offered are informed by the evidence base.</i></p> <p>MSNAP 180. <i>Psychosocial interventions and post-diagnostic support are available regardless of dementia subtype and age. Guidance: An audit should be carried out of the diagnoses of people offered/ participating in psychosocial interventions and support groups.</i></p> <p>MSNAP 187. <i>Patients have access to interventions delivered by appropriately trained professionals, to address their emotional needs. Guidance: Please see interventions included in the British Psychological Society: A guide to psychosocial interventions in the early stages of dementia.</i></p>

Was post-diagnostic counselling offered?	MSNAP 140. <i>Patients and their carers are able to access post-diagnostic support, individually or in a group. Guidance: This might include education, treatment, support groups or one-to-one support.</i>
What is provided in terms of follow up monitoring?	NICE NG97 1.1.8 <i>After diagnosis, direct people and their family members or carers (as appropriate) to relevant services for information and support (see recommendations 1.3.1 and 1.3.2 on care coordination).</i>
Consent taken to be contacted for research	NICE NG97 1.1.11 <i>Tell people living with dementia (at all stages of the condition) about research studies they could participate in.</i> MSNAP 9.2.10,11 <i>The service ensures that all people living with dementia and their carers are asked if they would like to add their details to a research participation register, e.g. Join Dementia Research.</i>

Primary care correspondence	
Were READ or SNOMED codes in relation to diagnosis included in letter correspondence to GP?	NG 97 1.3.4 <i>Service providers should ensure that information (such as care and support plans and advance care and support plans) can be easily transferred between different care settings (for example home, inpatient, community and residential care).</i> 1.3.5 <i>Staff delivering care and support should maximise continuity and consistency of care. Ensure that relevant information is shared and recorded in the person's care and support plan.</i>

APPENDIX III: SUPPLEMENTARY DATA

Figure A: Example of analysis run on ethnicity data

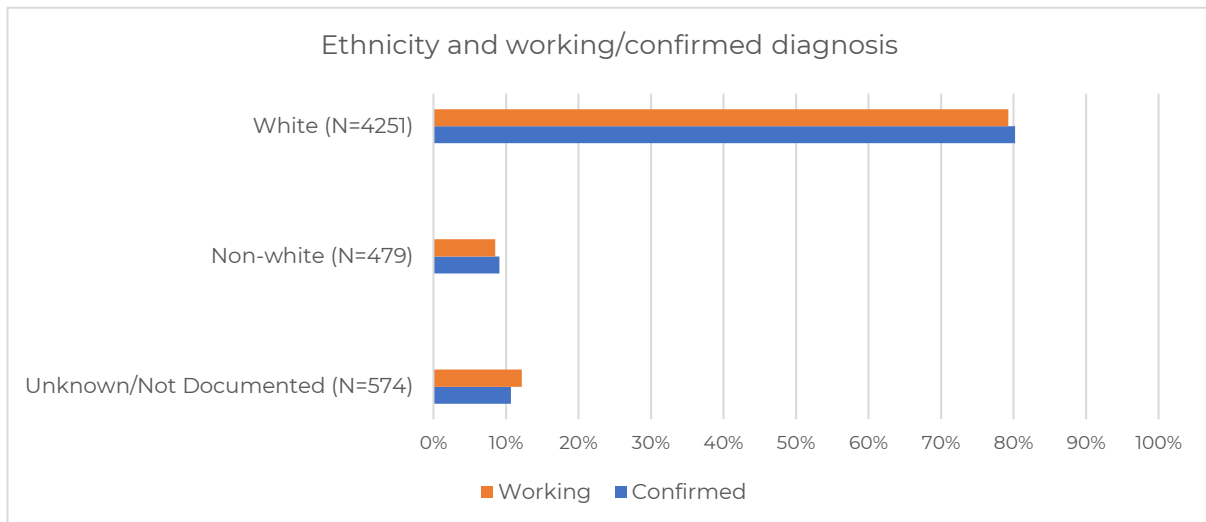


Figure B: The proportion of patients offered a virtual appointment, by service (N= 5899)

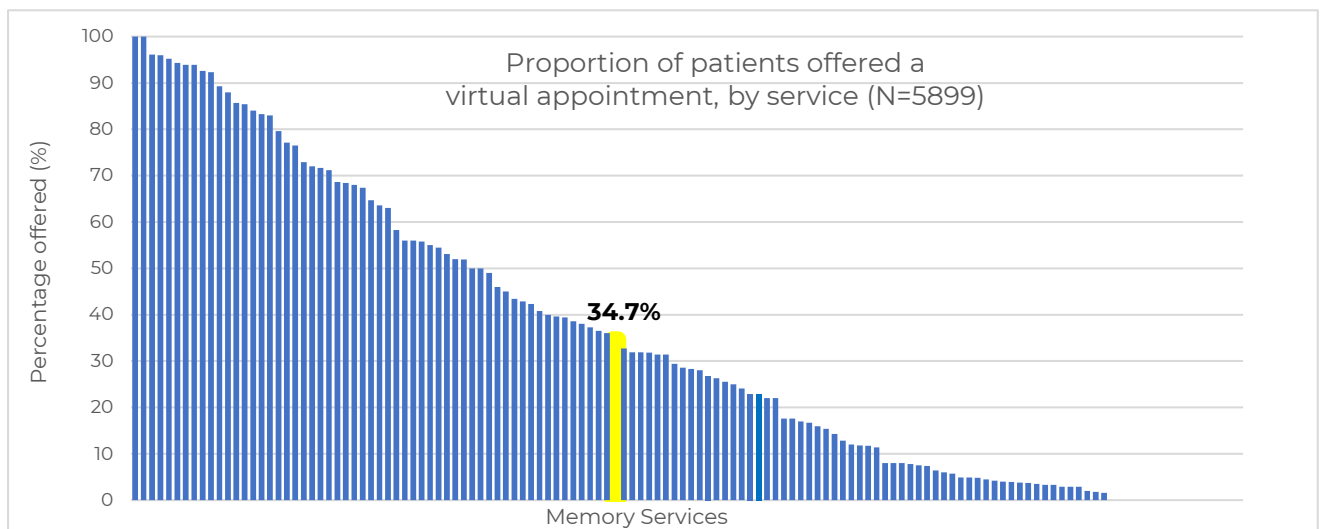


Figure C: The proportion of patients that had any of the 4 routine assessment vs no routine assessments, by service (N= 5899)

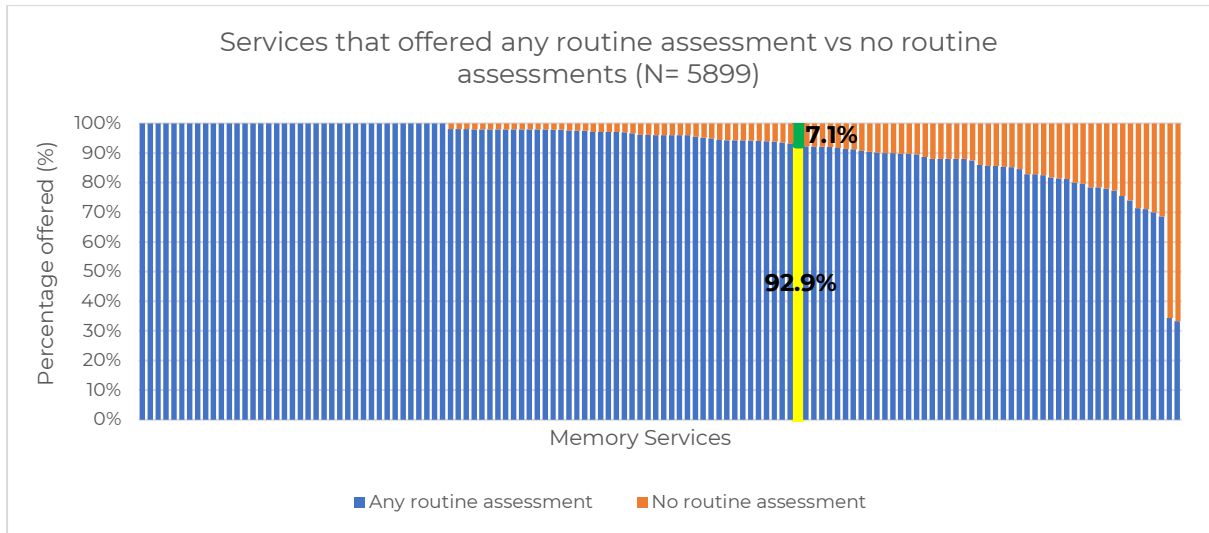


Figure D: The proportion of patients that had all 4 routine assessments, by service (N= 5899)

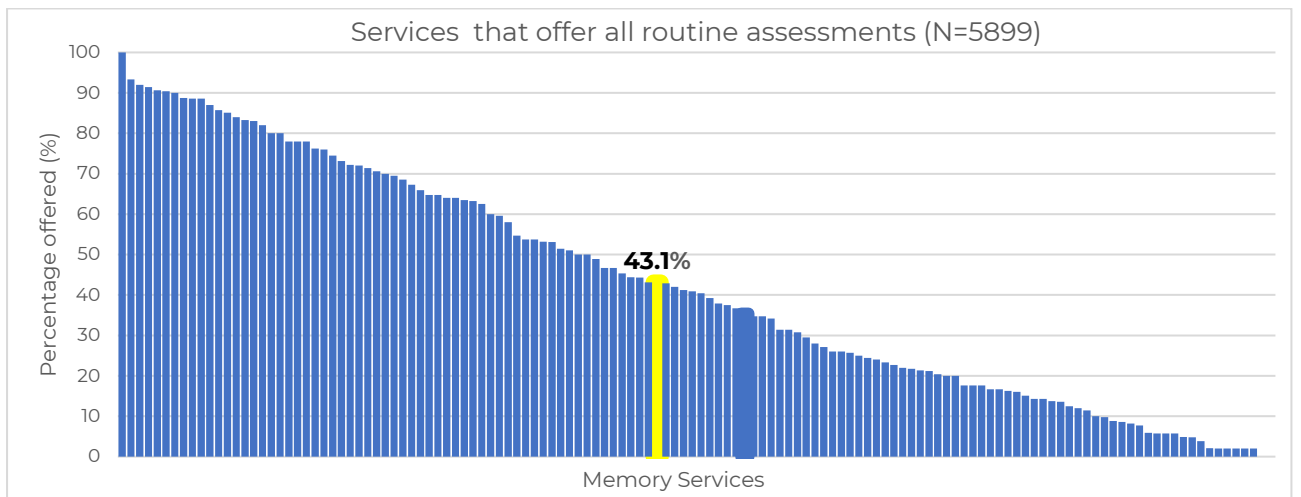


Figure E: The proportion of patients diagnosed with dementia, by service (N= 5899)

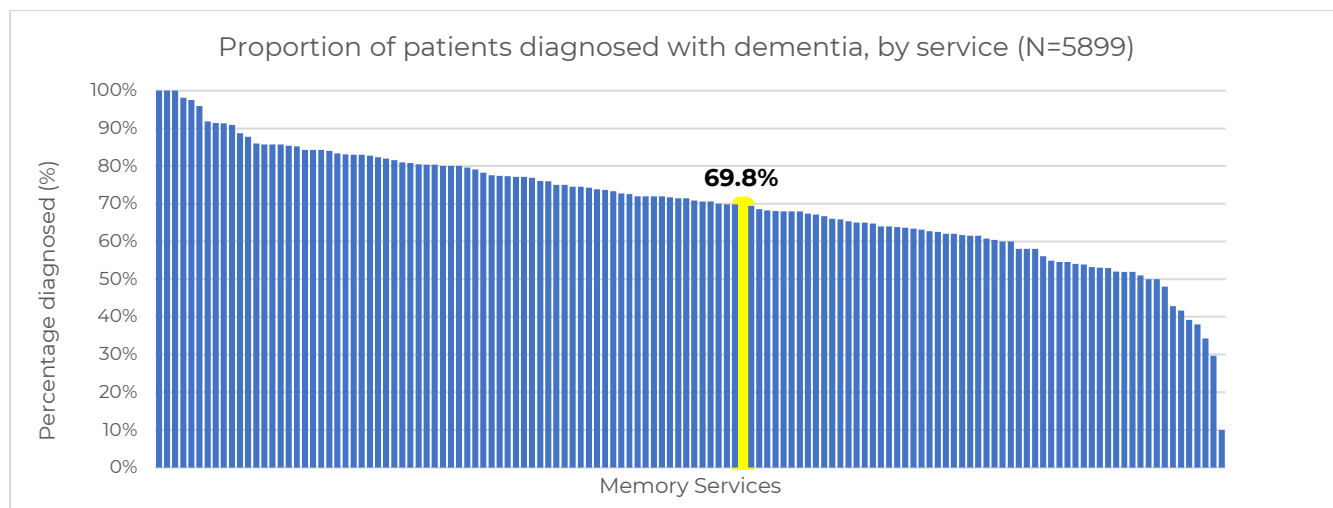


Figure F: The proportion of patients offered post-diagnostic interventions, excluding signposting, by service (N= 5899)

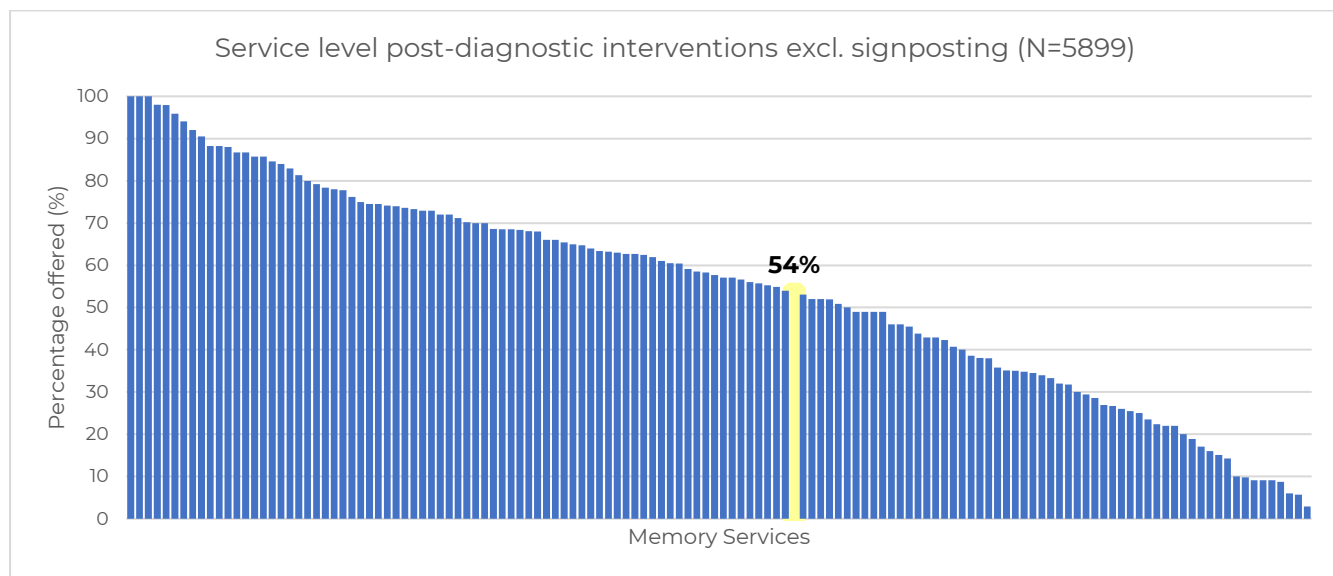


Figure G: Proportion of patients with a working or confirmed diagnosis that were offered post diagnostic interventions

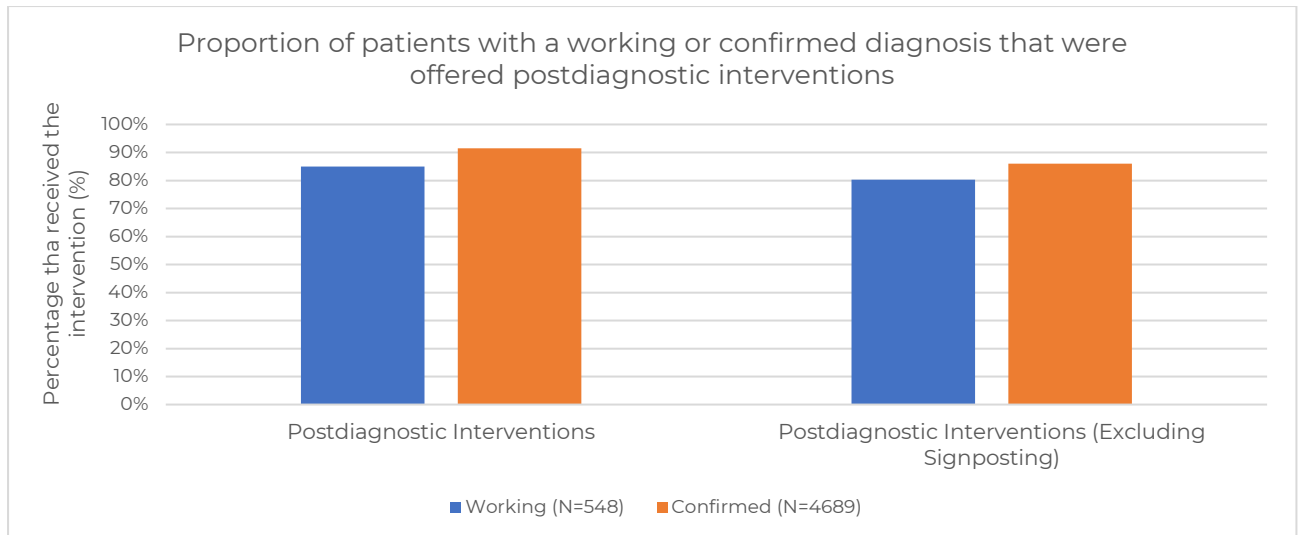
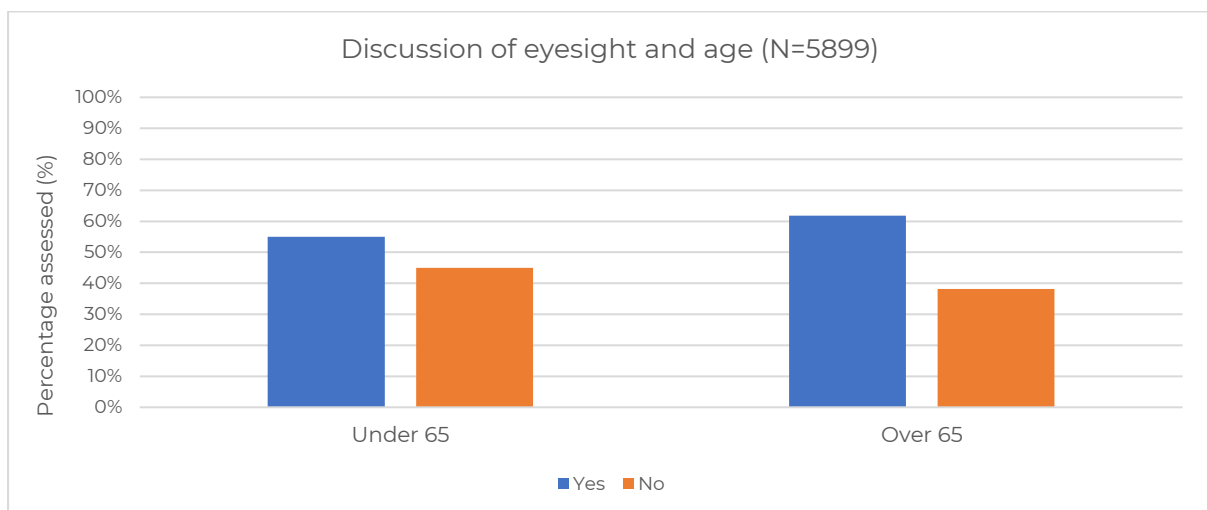


Figure H: Discussion of eyesight and age (N=5899)



APPENDIX IV – ALL DATA TABLES

Casenote Data Tables

**NHS National Memory Services Audit 2019 data is used to provide a direct comparison wherever possible*

***Casenote data was removed from organisations that submitted less than 20 casenote records*

Demographics

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %
Q1. Age	Under 65	7.3% (429)	7%
	65 and Over	92.7% (5470)	93%
	Range	28-102	30-102
	Mean	79.7	79
	Median	81	
Q2. Sex	Male	41.6% (2453)	43%
	Female	58.4% (3446)	57%
Q3. Gender	Male	38.9% (2294)	New for MAS Audit 2021
	Female	54.1% (3194)	
	Non-binary/Other	0% (0)	
	Unknown/Not documented	6.9% (411)	
Q4. Sexual orientation	Heterosexual/Straight	61.9% (3649)	New for MAS Audit 2021
	Gay or lesbian	0.1% (6)	
	Bisexual	0.0% (1)	
	Other sexual orientation	0.2% (9)	
	Unknown/Not documented	37.9% (2234)	
Q5. Ethnicity	Asian or Asian British	4.4% (262)	4%

	Black, African, Black British or Caribbean	2.7% (162)	2%
	Mixed or multiple ethnic groups	1.3% (76)	1%
	White	79.6% (4695)	87%
	Another ethnic group	1.2% (70)	1%
	Unknown/Not documented	10.7% (634)	6%
Q6. Is English the patient's first language?	Yes	85.1% (5020)	New for MAS Audit 2021
	No	6.6% (387)	
	The patient is Welsh speaking	0.5% (27)	
	Unknown/Not documented	7.9% (465)	
Q7. Did the patient need an interpreter?	Yes, provided by family member	1.1% (64)	4%
	Yes, provided by interpreter	2.3% (136)	
	No	93.5% (5515)	
	Unknown/Not documented	2.9% (170)	
	Interpreter not available/service unable to provide	0.2% (14)	
Q8. Does the patient live alone?	Yes	37.1% (2104)	36%
	No	62.9% (3563)	64%

Referral

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %
Q10. Who was the patient referred by?	GP	92.3% (5443/5899)	94%
	CMHT	1.9% (115/5899)	
	Acute Hospital	3.3% (196/5899)	
	Day Hospital	1.3% (75/5899)	

	Other	0.4% (23/5899)	
	Self-referral	0.1% (6/5899)	
	Social	0.1% (7/5899)	
	Care/ Rehabilitation	0.2% (13/5899)	
	Memory Services Recall	0.3% (19/5899)	
	Unknown	0.1% (2/5899)	
Access Time (Referral to Initial Assessment)	Up to 1 week	4.2% (247/5899)	
	1-2 weeks	8.6% (506/5899)	
	2-3 weeks	9.5% (563/5899)	
	3-4 weeks	9.5% (559/5899)	
	4-5 weeks	8.3% (490/5899)	
	5-10 weeks	28.3% (1669/5899)	
	10-20 weeks	21.0% (1237/5899)	
	20-30 weeks	6.9% (408/5899)	
	30-40 weeks	1.6% (92/5899)	
	40-52 weeks	1.5% (90/5899)	
	More than a year (52 weeks)	0.6% (38/5899)	
	Mean (Days)	65.9	
	Mean (Weeks)	9.4	
	Median (Days)	45.0	
	Median (Weeks)	6.4	
	Range (Days)	0-727	
	Range (Weeks)	0-103.9	
	6 Weeks or under	48.0% (2831/5899)	
	More than 6 weeks	52.0% (3068/5899)	
Overall Wait Time (Referral to Diagnosis)	Up to 1 week	0.9% (48/5237)	
	1-2 weeks	2.2% (116/5237)	
	2-3 weeks	2.8% (146/5237)	
	3-4 weeks	3.4% (178/5237)	
	4-5 weeks	4.1% (213/5237)	
	5-10 weeks	20.2% (1057/5237)	
	10-20 weeks	32.6% (1706/5237)	

	20-30 weeks	18.8% (984/5237)	
	30-40 weeks	8.1% (426/5237)	
	40-52 weeks	4.9% (255/5237)	
	More than a year (52 weeks)	2.1% (108/5237)	
	Mean (Days)	123.6	
	Mean (Weeks)	17.7	13
	Median (Days)	104.0	
	Median (Weeks)	14.9	
	Range (Days)	0-731	
	Range (Weeks)	0-104.4	3-34
	6 Weeks or under	17.6% (923/5237)	26%
	More than 6 weeks	82.4% (4314/5237)	74%

Assessment

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %
Q13. Place of assessment	Clinic	28.7% (1692/5899)	58%
	Patient's usual place of residence	45.1% (2658/5899)	
	Phone call	23.8% (1406/5899)	
	Video call	11.2% (661/5899)	
	Other	0.7% (41/5899)	
Q14. Was the video call facilitated by someone else? e.g. children or spouse	Yes	74% (489/661)	New for MAS Audit 2021
	No	12.3% (81/665)	
	Unknown/Not documented	13.8% (91/665)	
Q15. Reported alcohol consumption per week	0 units	66% (3066/5899)	50%
	1-4 units	16.6% (768/5899)	29%

	5-9 units	5.6% (260/5899)	8%
	10-14 units	4.5% (207/5899)	6%
	More than 14 units	6.9% (319/5899)	7%
	Unknown	21.7% (1279/5899)	
Was the patient asked about alcohol consumption?	Yes	78.3% (4620/5899)	73%
Q16. Is there evidence of a discussion about:	The patient's eyesight/vision	61.3% (3614/5899)	61%
	The patient's hearing	58.4% (3445/5899)	57%
Q16. If your service is in Wales, is there evidence of a discussion about:	The individuals general current physical health status and any current difficulty	100% (91/91)	New for MAS Audit 2021
Q17. Was the patient referred to occupational therapy for a functional assessment?	Yes	11.8% (699/5899)	New for MAS Audit 2021
	Patient declined	0.8% (45/5899)	
	No service provided	11.3% (665/5899)	
	No, not appropriate	76.1% (4490/5899)	
Q18. Was a falls history taken?	Yes	76.1% (4491/5899)	71%
	No	23.9% (1408/5899)	29%
Q19. Was the patient referred to diagnostic neuropsychological assessment?	Yes	8.3% (487/5899)	11%
	Patient declined	0.7% (41/5899)	
	No, not appropriate	80.1% (4724/5899)	
	No service provided/available for referral	3.3% (193/5899)	
	Not referred, reason unknown or unclear	7.7% (454/5899)	
Any routine assessments, including alcohol consumption, vision, hearing loss, and falls history	Patients had at least one	92.9% (5481/5899)	
	Patients had all	43.1% (2545/5899)	
	No	7% (418/5899)	

Investigations

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %
Q20. Was a brain scan requested by memory service?	Yes	45.2% (2665/5899)	
	No	53.4% (3149/5899)	
	Requested but not carried out	1.4% (85/5899)	
Q22. Who requested the scan?	GP	4.8% (128/2665)	
	Memory Service	92.4% (2462/2665)	
	Hospital	2.8% (75/2665)	
Q23. Was a scan performed?	Yes	89.8% (2392/2665)	
	No	10.2% (273/2665)	
Q24. What scan was performed?	MRI	31.8% (761/2392)	26%
	CT	69.9% (1671/2392)	
	Both	1.7% (40/2392)	
Q25. Reason scan was not performed:	Previous scan	43.2% (118/273)	12%
	Contraindicated	1.5% (4/273)	
	Patient declined	39.2% (107/273)	4%
	Not required	16.1% (44/273)	15%
Combined Brain Scan Requested and Performed	Total Brain Scans Requested	46.6% (2750/5899)	
	Brain Scan Requested and Performed	40.5% (2392/5899)	
	Brain Scan Requested and Not Performed	6.1% (358/5899)	
	Brain Scan Not Requested	53.4% (3149/5899)	
Q27. Were specialised	Yes	2.2% (130/5899)	2%

investigations performed? e.g. PET/DAT/SPECT scan/CSF examination	No	97.8% (5769/5899)	98%
Q28. What specialist investigations were performed?	PET scan	26.9% (35/130)	
	DAT scan	37.7% (49/130)	
	SPECT scan	33.8% (44/130)	
	CSF	6.2% (8/130)	
Assessment to Brain Scan Request Time	Up to 1 week	67.7% (1804/2665)	
	1-2 weeks	12.3% (327/2665)	
	2-3 weeks	4.3% (115/2665)	
	3-4 weeks	2.4% (63/2665)	
	4-5 weeks	2.3% (61/2665)	
	5-10 weeks	6.0% (161/2665)	
	10-20 weeks	3.2% (85/2665)	
	20-30 weeks	1.0% (27/2665)	
	30-40 weeks	0.5% (14/2665)	
	40-52 weeks	0.3% (8/2665)	
	Mean (Days)	13.9	
	Mean (Weeks)	2.0	
	Median (Days)	1.0	
	Median (Weeks)	0.1	
	Range (Days)	0-341	
Assessment to Brain Scan Time	Up to 1 week	18.3% (437/2392)	
	1-2 weeks	6.1% (146/2392)	
	2-3 weeks	6.3% (150/2392)	
	3-4 weeks	7.5% (180/2392)	
	4-5 weeks	8.3% (199/2392)	
	5-10 weeks	31.1% (743/2392)	
	10-20 weeks	16.7% (399/2392)	
	20-30 weeks	3.6% (87/2392)	
	30-40 weeks	1.6% (38/2392)	
	40-52 weeks	0.6% (13/2392)	
	Mean (Days)	50.2	

	Mean (Weeks)	7.2	
	Median (Days)	39.0	
	Median (Weeks)	5.6	
	Range (Days)	0-361	
Brain Scan Performed Wait Time (Brain Scan Request to Brain Scan Performed)	Up to 1 week	20.7% (495/2392)	
	1-2 weeks	9.8% (235/2392)	
	2-3 weeks	9.7% (231/2392)	
	3-4 weeks	9.4% (224/2392)	
	4-5 weeks	9.7% (233/2392)	
	5-10 weeks	27.6% (660/2392)	
	10-20 weeks	11.1% (264/2392)	
	20-30 weeks	1.6% (38/2392)	
	30-40 weeks	0.4% (9/2392)	
	40-52 weeks	0.1% (3/2392)	
	Mean (Days)	36.1	
	Mean (Weeks)	5.2	5
	Median (Days)	29.0	
	Median (Weeks)	4.1	
	Range (Days)	0-325	

Diagnosis

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %	
			Under 65	65 and Over ¹
Q29. Recorded diagnosis	Alzheimer's disease	29.4% (1734/5899)	37%	46%
	Vascular dementia	12.0% (708/5899)	19%	17%
	Dementia with Lewy bodies	1.3% (79/5899)	0%	2%
	Behavioural variant frontotemporal dementia - Primary progressive aphasia	0.3% (17/5899)	7%	0.3%
	Behavioural variant frontotemporal dementia - Posterior cortical atrophy	0.2% (11/5899)		
	Parkinson's disease dementia	1.7% (99/5899)	2%	3%
	Mixed dementia (dementia of more than one type)	19.1% (1126/5899)	7%	25%
	Alcohol related dementia included Korsakoff Syndrome	0.4% (25/5899)	12%	0.4%
	Unspecified dementia (if working diagnosis please select this option)	4.9% (287/5899)	9%	6%
	Other dementia	0.5% (29/5899)	7%	1%
	MCI	16.3% (963/5899)	22% ²	52% ²

¹ NHS data provided as under 65 and 65 and over

² Of patients not diagnosed with dementia

	Subjective cognitive impairment/no illness specified	1.4% (81/5899)		
	Primary psychiatric diagnosis (e.g. depression, anxiety, schizophrenia)	1.0% (58/5899)	15% ³	5% ³
	Functional cognitive disorder	0.3% (20/5899)	6% ³	
	Other (not dementia)	11.2% (662/5899)		12% ³
Q30. Was this diagnosis:	Confirmed	89.5% (4689/5237)	New for MAS Audit 2021	
	Working	10.5% (548/5237)		
Diagnosis Wait Time (Initial Assessment to Diagnosis)	Up to 1 week	32.0% (1674/5237)		
	1-2 weeks	6.0% (314/5237)		
	2-3 weeks	4.2% (218/5237)		
	3-4 weeks	3.6% (191/5237)		
	4-5 weeks	3.4% (177/5237)		
	5-10 weeks	16.0% (836/5237)		
	10-20 weeks	23.4% (1225/5237)		
	20-30 weeks	8.3% (437/5237)		
	30-40 weeks	2.7% (142/5237)		
	40-52 weeks	0.4% (23/5237)		
	Mean (Days)	57.6		
	Mean (Weeks)	8.2		
	Median (Days)	37.0		
	Median (Weeks)	5.3		
	Range (Days)	0-338		
	6 Weeks or under	52.4% (2742/5237)		
	More than 6 weeks	47.6% (2495/5237)		

³ Of patients not diagnosed with dementia

Treatment and Support

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %	
			Under 65	65 and Over ⁴
Q32. Was anti-dementia medication prescribed?	Yes	44.1% (2308/5237)	83% ⁵	
	Patient declined	4.7% (247/5237)		
	No, not appropriate	45.7% (2395/5237)		
	No, contraindicated	5.5% (287/5237)		
Q33. Which medication was prescribed? This refers to the initial prescription	Donepezil	55.9% (1290/2308)	76% ⁶	
	Rivastigmine oral	2.9% (67/2308)		
	Rivastigmine transdermal patch	4.2% (97/2308)		
	Galantamine	1.2% (28/2308)		
	Memantine	35.2% (813/2308)	23%	
	AChEI and Memantine	0.6% (13/2308)	1%	
Q34a. Was the patient offered cognitive stimulation therapy (CST)? Face to face	Yes, patient accepted	3.5% (203/5764)		
	Yes, patient declined	3.2% (184/5764)		
	Yes, offered	0.6% (34/5764)		
	No, not appropriate	35.9% (2068/5764)		
	No, service not available	47.1% (2713/5764)		
	No, other	9.4% (539/5764)		
	Not offered	0.4% (23/5764)		
Q34b. Was the patient offered cognitive stimulation therapy (CST)? Virtual	Yes, patient accepted	3.0% (172/5758)		
	Yes, patient declined	4.7% (273/5758)		
	Yes, offered	0.7% (38/5758)		
	No, not appropriate (e.g. advanced dementia, no	37.5% (2159/5758)		

⁴ NHS data provided as under 65 and 65 and over

⁵ Of patients diagnosed with dementia that were offered anti-dementia medication

⁶ Prescribed a cholinesterase inhibitor

	dementia, language barrier)			
	No, service not available	43.2% (2490/5758)		
	No, other	10.4% (599/5758)		
	Not offered	0.5% (27/5758)		
Q34. Was the patient offered cognitive stimulation therapy (CST)?	Yes, face to face	7.1% (421/5899)		
		8.2% (483/5899)		
	Yes, virtual			
	Yes, both face to face and virtual	4.4% (260/5899)		
	Offered any CST	10.9% (644/5899)	21% ⁷	34% ⁷
Q35. Was the patient offered a dementia advisor or navigation type service (either in house or referral on)?	Yes, patient accepted	49.7% (2763/5555)	77% ⁷	80% ⁷
	Yes, patient declined	5.5% (306/5555)		
	Offered/ signposted only	2.8% (158/5555)		
		33.8% (1875/5555)		
	No, not appropriate			
	No, service not available	5.5% (308/5555)		
	No, other	1.6% (91/5555)		
	Not offered	1.0% (54/5555)		
Q35b. If your service is in Wales, was the patient offered a dementia advisor or navigation type service from diagnosis to end of life (either in house or referral on)?	Yes, patient accepted	82.4% (75/91)	New for MAS Audit 2021	
	Yes, patient declined	6.6% (6/91)		
	No, not appropriate	9.9% (9/91)		
	No, other	1.1% (1/91)		
Q36. Was the carer offered a psychoeducation course (either in house or referral on)? For example: START, CRISP programme	Yes, carer accepted	13.9% (768/5534)	39% ⁷	29% ⁷
	Yes, carer declined	6.7% (369/5534)		
	Offered not know whether accepted/ signposted	4.7% (259/5534)		
	No, not appropriate	3.1% (174/5534)		
	No, patient did not have dementia	26.3% (1456/5534)		
	No, other	4.1% (225/5534)		
	No, service not available	35.1% (1945/5534)		

⁷ Of patients diagnosed with dementia

	No, no carer or relative	3.7% (202/5534)	
	Not offered	2.5% (136/5534)	
Q37. What other interventions were provided? (either in house or by referral onwards)	Advance care planning	5.8% (342/5899)	New for MAS Audit 2021
	Animal assisted therapy	0% (2/5899)	
	Assistive technology	1.9% (114/5899)	
	Cognitive behaviour therapy	0.3% (16/5899)	
	Cognitive rehabilitation	0.5% (30/5899)	
	Cognitive training	0.6% (36/5899)	
	Counselling and psychotherapy	0.7% (41/5899)	
	Creative arts therapies	0.5% (27/5899)	
	Dementia/Memory cafes	6.5% (383/5899)	
	Family/Systemic therapy	0.1% (5/5899)	
	Involvement groups	1.7% (102/5899)	
	Life Review Therapy	0% (0/5899)	
	Life story work	0.9% (56/5899)	
	Music therapy	0.3% (19/5899)	
	Peer-support groups	2.8% (165/5899)	
	Occupational therapy	5.0% (293/5899)	
	Post-diagnostic counselling	16.5% (974/5899)	
	Post-diagnostic groups	8.9% (527/5899)	
	Reminiscence	0.7% (41/5899)	
	Signposting	46.7% (2757/5899)	
	Specialist information	20.4% (1206/5899)	
	Stress/Anxiety management	2.6% (152/5899)	
	Vocational rehabilitation support	0.2% (10/5899)	
	Other	18.5% (1091/5899)	
	Yes	70.9% (4182/5899)	

Any Post-diagnostic Intervention Offered	No	29.1% (1718/5899)	
Any Post-diagnostic Interventions Offered (Excluding Signposting)	Yes	54.0% (3187/5899)	
	No	46.0% (2712/5899)	
Q37a_1. In addition to the above interventions, if your service is in Wales, were you able to offer:	Interventions aligning to the all Wales pathway of standards - standard 9	91.2% (83/91)	New for MAS Audit 2021
	Other socially prescribed interventions	6.6% (6/91)	
Q38. Was the patient asked about being contacted for research?	Yes, patient consented	12.8% (756/5899)	36% ⁸
	Yes, patient declined	10.6% (626/5899)	
	Not appropriate	14.2% (835/5899)	
	No documented discussion	62.4% (3682/5899)	
	No	0% (0/5899)	

Primary Care correspondence

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %
Q39. Were READ or SNOMED codes in relation to diagnosis included in letter correspondence to GP?	Yes	41.2% (2433/5899)	
	No	58.8% (3466/5899)	

⁸ Of patients diagnosed with dementia

Organisational Data Tables

**NHS National Memory Services Audit 2019 data is used to provide a direct comparison wherever possible*

Service Place

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %
Q0_1 My service or clinic is in:	England	98.5% (132/134)	100%
	Wales	1.5% (2/134)	New for MAS Audit 2021

Service Closure/ Staff Redeployment

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %
Q1. Was your memory service closed or paused for new assessments during the first national lockdown (23rd March-July 2020)?	Yes, less than a month	6.7% (9/134)	New for MAS Audit 2021
	Yes, 1-3 months	38.1% (51/134)	
	Yes, 4-6 months	23.9% (32/134)	
	Yes, more than 6 months	3% (4/134)	
	No	28.4% (38/134)	
Q2. Approximately what percentage of staff were unable to work during the first national lockdown?	Less than 10%	42.5% (57/134)	New for MAS Audit 2021
	25%	16.4% (22/134)	
	50%	8.2% (11/134)	
	75%	10.4% (14/134)	
	100%	5.2% (7/134)	
	No staff redeployed	17.2% (23/134)	

COVID-19 Impact	Any service closure	71.7% (96/134)	New for MAS Audit 2021
	Any redeployment	82.7% (111/134)	
	Services either closed/ paused or experienced staff redeployment	88.8% (119/134)	
	Services that were both closed/ paused and experienced staff redeployment	65.7% (88/134)	

Service Organisation

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %
Q3. Is your service accredited with the Memory Services National Accreditation Programme (MSNAP)?	Yes	39.6% (53/134)	49%
	No	60.4% (81/134)	51%
Q4. What organisation provides the memory service?	Mental Health Trust	90.3% (121/134)	95%
	Acute Trust	0% (0/134)	
	Community services provider	3.7% (5/134)	
	Health Board (Wales only)	0.7% (1/134)	
	GP (Wales only)	0% (0/134)	
	Learning Disability service (Wales only)	0% (0/134)	
	Other	5.2% (7/134)	
Q5. Do you have a named research champion/lead?	Yes	82.8% (111/134)	81%
	No	17.2% (23/134)	19%

Q6. Do you have a named lead for young onset dementia (under 65)?	Yes	52.2% (50/134)	
	No	38.8% (52/134)	
	N/A	9% (12/134)	
Q7. Which patients do you request an ECG for prior to commencing cholinesterase inhibitors?	All patients	24.6% (33/134)	37% ¹
	Patients where indicated e.g. with a slow pulse or cardiac condition	72.4% (97/134)	
	Other	3% (4/134)	
Q8. Are CT and MRI scans reported by neuroradiologists?	Yes	43.3% (58/134)	76%
	No	56.7% (76/134)	24%
Q9. Can you view scan images (e.g. using medical imaging technology such as PACS)?	Yes	38.8% (52/134)	40%
	No	61.2% (82/134)	60%
Q10. Is attending imaging appointments facilitated by the memory service?	Yes	23.9% (32/134)	
	No	76.1% (102/134)	
Q11a. Are you able to refer patients for: PET scans	Yes	76.9% (103/134)	77%
	No	23.1% (31/134)	23%
Q11b. Are you able to refer patients for: DAT scans	Yes	88.1% (118/134)	87%
	No	11.9% (16/134)	13%
Q11c. Are you able to refer patients for: CSF examination	Yes	44% (59/134)	56%
	No	56% (75/134)	44%
Q11d. Are you able to refer patients for: SPECT scans	Yes	77.6% (104/134)	New for MAS Audit 2021
	No	22.4% (30/134)	

¹ ECG was requested for all patients prior to prescribing a cholinesterase inhibitor

Q12a. Is there an opportunity for joint working with: Neurology	Yes, regular meetings (weekly/monthly)	10.4% (14/134)	18%
	Yes, quarterly meetings	9% (12/134)	
	Yes, adhoc advice	69.4% (93/134)	
	No	11.2% (15/134)	
Q12b. Is there an opportunity for joint working with: Neuroradiology	Yes, regular meetings (weekly/monthly)	13.4% (18/134)	30%
	Yes, quarterly meetings	7.5% (10/134)	
	Yes, adhoc advice	60.4% (81/134)	
	No	18.7% (25/134)	
Q12c. Is there an opportunity for joint working with: Geriatrics	Yes, regular meetings (weekly/monthly)	6.7% (9/134)	20%
	Yes, quarterly meetings	6% (8/134)	
	Yes, adhoc advice	74.6% (100/134)	
	No	12.7% (17/134)	
Q12d. Is there an opportunity for joint working with: Parkinson's disease clinic	Yes, regular meetings (weekly/monthly)	3.7% (5/134)	New for MAS Audit 2021
	Yes, quarterly meetings	3.7% (5/134)	
	Yes, adhoc advice	80.6% (108/134)	
	No	11.9% (16/134)	
Q13. Do you offer a post diagnostic follow up monitoring service?	Yes for all patients	59% (79/134)	
	Yes, for patients prescribed medication	26.9% (36/134)	
	Yes, Other	9.7% (13/134)	
	No	4.5% (6/134)	

Questions for Services in Wales Only

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %
Q14. Is there an offer of a named contact for emotional support through the assessment period?	Yes	100% (2/2)	New for MAS Audit 2021
	No	0% (0/2)	
Q15. Is there an offer of a contact for emotional support following receiving a diagnosis and over the next 48hr period?	Yes	100% (2/2)	New for MAS Audit 2021
	No	0% (0/2)	
Q16. Is there a Dementia Diagnosis Providing Emotional Support Package included as part of all MAS staff induction?	Yes	0% (0/2)	New for MAS Audit 2021
	No	100% (2/2)	
Q16_1. What proportion of MAS staff have completed this package?	Completed	0% (0/2)	New for MAS Audit 2021
	Not completed	0% (0/2)	

Post Diagnostic Services

England

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %
Q17. Do you provide or offer any of the following post diagnostic services?	Dementia advisor or navigation type service	73.5% (97/132)	
	Psychoeducation course e.g. STAR, CRISP programme or other	45.5% (60/132)	74%
	Vocational rehabilitation support	6.8% (9/132)	New for MAS Audit 2021
	Cognitive Stimulation Therapy (CST)	75% (99/132)	75%
	Pre-diagnostic support	49.2% (65/132)	New for MAS Audit 2021
	Advance care planning	43.9% (58/132)	
	Animal-assisted therapy	5.3% (7/132)	
	Assistive technology	43.9% (58/132)	
	Cognitive behaviour therapy	37.1% (49/132)	
	Cognitive rehabilitation	25% (33/132)	
	Cognitive training	13.6% (18/132)	
	Counselling and psychotherapy	46.2% (61/132)	
	Creative arts therapies	11.4% (15/132)	
	Dementia/Memory cafes	56.8% (75/132)	
	Family/Systemic therapy	17.4% (23/132)	
	Involvement groups	23.5% (31/132)	
	Life Review Therapy	2.3% (3/132)	
	Life story work	47.7% (63/132)	
	Music therapy	23.5% (31/132)	
	Peer-support groups	37.1% (49/132)	

	Occupational therapy	76.5% (101/132)	
	Post-diagnostic counselling	66.7% (88/132)	
	Post-diagnostic groups	62.9% (83/132)	
	Reminiscence	26.5% (35/132)	
	Signposting	93.2% (123/132)	
	Specialist information	65.9% (87/132)	
	Stress/Anxiety management	49.2% (65/132)	
Q18. Are these services commissioned? Dementia advisor or navigation type service	Provided a commissioned service	27.8% (27/97)	
	Yes, via another provider	62.9% (61/97)	
	Provide but it is not commissioned	9.3% (9/97)	
Q18. Are these services commissioned? Psychoeducation course e.g. STAR, CRISP	Provided a commissioned service	56.7% (34/60)	
	Yes, via another provider	18.3% (11/60)	
	Provide but it is not commissioned	25.0% (15/60)	
Q18. Are these services commissioned? Vocational rehabilitation support	Provided a commissioned service	11.1% (1/9)	
	Yes, via another provider	55.6% (5/9)	
	Provide but it is not commissioned	33.3% (3/9)	
Q18. Are these services commissioned? Cognitive Stimulation Therapy (CST)	Provided a commissioned service	71.7% (71/99)	
	Yes, via another provider	7.1% (7/99)	
	Provide but it is not commissioned	21.2% (21/99)	
Q18. Are these services commissioned? Pre-diagnostic support	Provided a commissioned service	63.1% (41/65)	
	Yes, via another provider	10.8% (7/65)	
	Provide but it is not commissioned	26.2% (17/65)	
Q18. Are these services commissioned?	Provided a commissioned service	55.2% (32/58)	

Advance care planning	Yes, via another provider	22.4% (13/58)	
	Provide but it is not commissioned	22.4% (13/58)	
Q18. Are these services commissioned? Animal-assisted therapy	Provided a commissioned service	71.4% (5/7)	
	Yes, via another provider	28.6% (2/7)	
	Provide but it is not commissioned	0.0% (0/7)	
Q18. Are these services commissioned? Assistive technology	Provided a commissioned service	20.7% (12/58)	
	Yes, via another provider	74.1% (43/58)	
	Provide but it is not commissioned	5.2% (3/58)	
Q18. Are these services commissioned? Cognitive behaviour therapy	Provided a commissioned service	57.1% (28/49)	
	Yes, via another provider	10.2% (5/49)	
	Provide but it is not commissioned	32.7% (16/49)	
Q18. Are these services commissioned? Cognitive rehabilitation	Provided a commissioned service	48.5% (16/33)	
	Yes, via another provider	9.1% (3/33)	
	Provide but it is not commissioned	42.4% (14/33)	
Q18. Are these services commissioned? Cognitive training	Provided a commissioned service	61.1% (11/18)	
	Yes, via another provider	5.6% (1/18)	
	Provide but it is not commissioned	33.3% (6/18)	
Q18. Are these services commissioned? Counselling and psychotherapy	Provided a commissioned service	47.5% (29/61)	
	Yes, via another provider	16.4% (10/61)	
	Provide but it is not commissioned	36.1% (22/61)	
Q18. Are these services commissioned? Creative arts therapies	Provided a commissioned service	0% (0/15)	
	Yes, via another provider	73.3% (11/15)	

	Provide but it is not commissioned	26.7% (4/15)	
Q18. Are these services commissioned? Dementia/Memory cafes	Provided a commissioned service	5.3% (4/75)	
	Yes, via another provider	82.7% (62/75)	
	Provide but it is not commissioned	12% (9/75)	
Q18. Are these services commissioned? Family/Systemic therapy	Provided a commissioned service	60.9% (14/23)	
	Yes, via another provider	8.7% (2/23)	
	Provide but it is not commissioned	30.4% (7/23)	
Q18. Are these services commissioned? Involvement groups	Provided a commissioned service	25.8% (8/31)	
	Yes, via another provider	41.9% (13/31)	
	Provide but it is not commissioned	32.3% (10/31)	
Q18. Are these services commissioned? Life review therapy	Provided a commissioned service	33.3% (1/3)	
	Yes, via another provider	0% (0/3)	
	Provide but it is not commissioned	66.7% (2/3)	
Q18. Are these services commissioned? Life story work	Provided a commissioned service	46.0% (29/63)	
	Yes, via another provider	17.5% (11/63)	
	Provide but it is not commissioned	36.5% (23/63)	
Q18. Are these services commissioned? Music therapy	Provided a commissioned service	12.9% (4/31)	
	Yes, via another provider	71% (22/31)	
	Provide but it is not commissioned	16.1% (5/31)	
Q18. Are these services commissioned? Peer-support groups	Provided a commissioned service	24.5% (12/49)	
	Yes, via another provider	61.2% (30/49)	
	Provide but it is not commissioned	14.3% (7/49)	

Q18. Are these services commissioned? Occupational therapy	Provided a commissioned service	77.2% (78/101)	
	Yes, via another provider	6.9% (7/101)	
	Provide but it is not commissioned	15.8% (16/101)	
Q18. Are these services commissioned? Post-diagnostic counselling	Provided a commissioned service	72.7% (64/88)	
	Yes, via another provider	11.4% (10/88)	
	Provide but it is not commissioned	15.9% (14/88)	
Q18. Are these services commissioned? Post-diagnostic groups	Provided a commissioned service	53.0% (44/83)	
	Yes, via another provider	27.7% (23/83)	
	Provide but it is not commissioned	19.3% (16/83)	
Q18. Are these services commissioned? Reminiscence	Provided a commissioned service	48.6% (17/35)	
	Yes, via another provider	40% (14/35)	
	Provide but it is not commissioned	11.4% (4/35)	
Q18. Are these services commissioned? Signposting	Provided a commissioned service	76.4% (94/123)	
	Yes, via another provider	11.4% (14/123)	
	Provide but it is not commissioned	12.2% (15/123)	
Q18. Are these services commissioned? Specialist information	Provided a commissioned service	85.1% (74/87)	
	Yes, via another provider	6.9% (6/87)	
	Provide but it is not commissioned	8.0% (7/87)	
Q18. Are these services commissioned? Stress/Anxiety management	Provided a commissioned service	63.1% (41/65)	
	Yes, via another provider	6.2% (4/65)	
	Provide but it is not commissioned	30.8% (20/65)	

Wales Post Diagnostic Services

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %
Q19. Do you provide or offer any of the following post diagnostic services?	Dementia advisor or navigation type service	100% (2/2)	New for MAS Audit 2021
	Psychoeducation course e.g. STAR, CRISP programme or other	100% (2/2)	
	Vocational rehabilitation support	0% (0/2)	
	Cognitive Stimulation Therapy (CST)	100% (2/2)	
	Pre-diagnostic support	50% (1/2)	
	Advance care planning	50% (1/2)	
	Animal-assisted therapy	0% (0/2)	
	Assistive technology	0% (0/2)	
	Cognitive behaviour therapy	50% (1/2)	
	Cognitive rehabilitation	50% (1/2)	
	Cognitive training	50% (1/2)	
	Counselling and psychotherapy	0% (0/2)	
	Creative arts therapies	0% (0/2)	
	Dementia/Memory cafes	50% (1/2)	
	Family/Systemic therapy	0% (0/2)	
	Involvement groups	50% (1/2)	
	Life Review Therapy	0% (0/2)	
	Life story work	50% (1/2)	
	Music therapy	0% (0/2)	
	Peer-support groups	50% (1/2)	
	Occupational therapy	100% (2/2)	

	Post-diagnostic counselling	0% (0/2)	
	Post-diagnostic groups	50% (1/2)	
	Reminiscence	50% (1/2)	
	Signposting	100% (2/2)	
	Specialist information	100% (2/2)	
	Stress/Anxiety management	50% (1/2)	
Q20. Are these services commissioned? Dementia advisor or navigation type service	Provided by service directly	0% (0/2)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/2)	
	Yes, via a 3rd sector organisation	100% (2/2)	
Q20. Are these services commissioned? Psychoeducation course e.g. STAR, CRISP	Provided by service directly	0% (0/2)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/2)	
	Yes, via a 3rd sector organisation	100% (2/2)	
Q20. Are these services commissioned? Vocational rehabilitation support	Provided by service directly	0% (0/0)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/0)	
	Yes, via a 3rd sector organisation	0% (0/0)	
Q20. Are these services commissioned? Cognitive Stimulation Therapy (CST)	Provided by service directly	100% (2/2)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/2)	
	Yes, via a 3rd sector organisation	0% (0/2)	
Q20. Are these services commissioned? Pre-diagnostic support	Provided by service directly	100% (1/1)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/1)	
	Yes, via a 3rd sector organisation	0% (0/1)	
Q20. Are these services commissioned? Advance care planning	Provided by service directly	100% (1/1)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/1)	
	Yes, via a 3rd sector organisation	0% (0/1)	
Q20. Are these services commissioned?	Provided by service directly	0% (0/0)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/0)	

Animal-assisted therapy	Yes, via a 3rd sector organisation	0% (0/0)	
Q20. Are these services commissioned? Assistive technology	Provided by service directly	0% (0/0)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/0)	
	Yes, via a 3rd sector organisation	0% (0/0)	
Q20. Are these services commissioned? Cognitive behaviour therapy	Provided by service directly	100% (1/1)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/1)	
	Yes, via a 3rd sector organisation	0% (0/1)	
Q20. Are these services commissioned? Cognitive rehabilitation	Provided by service directly	100% (1/1)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/1)	
	Yes, via a 3rd sector organisation	0% (0/1)	
Q20. Are these services commissioned? Cognitive training	Provided by service directly	0% (0/0)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/0)	
	Yes, via a 3rd sector organisation	0% (0/0)	
Q20. Are these services commissioned? Counselling and psychotherapy	Provided by service directly	100% (1/1)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/1)	
	Yes, via a 3rd sector organisation	0% (0/1)	
Q20. Are these services commissioned? Creative arts therapies	Provided by service directly	0% (0/0)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/0)	
	Yes, via a 3rd sector organisation	0% (0/0)	
Q20. Are these services commissioned? Dementia/Memory cafes	Provided by service directly	0% (0/1)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/1)	
	Yes, via a 3rd sector organisation	100% (1/1)	
Q20. Are these services commissioned? Family/Systemic therapy	Provided by service directly	0% (0/0)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/0)	
	Yes, via a 3rd sector organisation	0% (0/0)	

Q20. Are these services commissioned? Involvement groups	Provided by service directly	100% (1/1)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/1)	
	Yes, via a 3rd sector organisation	0% (0/1)	
Q20. Are these services commissioned? Life review therapy	Provided by service directly	0% (0/0)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/0)	
	Yes, via a 3rd sector organisation	0% (0/0)	
Q20. Are these services commissioned? Life story work	Provided by service directly	100% (1/1)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/1)	
	Yes, via a 3rd sector organisation	0% (0/1)	
Q20. Are these services commissioned? Music therapy	Provided by service directly	0% (0/0)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/0)	
	Yes, via a 3rd sector organisation	0% (0/0)	
Q20. Are these services commissioned? Peer-support groups	Provided by service directly	0% (0/1)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/1)	
	Yes, via a 3rd sector organisation	100% (1/1)	
Q20. Are these services commissioned? Occupational therapy	Provided by service directly	100% (2/2)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/2)	
	Yes, via a 3rd sector organisation	0% (0/2)	
Q20. Are these services commissioned? Post-diagnostic counselling	Provided by service directly	0% (0/0)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/0)	
	Yes, via a 3rd sector organisation	0% (0/0)	
Q20. Are these services commissioned? Post-diagnostic groups	Provided by service directly	0% (0/1)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/1)	
	Yes, via a 3rd sector organisation	100% (1/1)	
Q20. Are these services	Provided by service directly	100% (1/1)	New for MAS Audit 2021

commissioned? Reminiscence	Provided jointly with GP service	0% (0/1)	
	Yes, via a 3rd sector organisation	0% (0/1)	
Q20. Are these services commissioned? Signposting	Provided by service directly	50% (1/2)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/2)	
	Yes, via a 3rd sector organisation	50% (1/2)	
Q20. Are these services commissioned? Specialist information	Provided by service directly	100% (2/2)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/2)	
	Yes, via a 3rd sector organisation	0% (0/2)	
Q20. Are these services commissioned? Stress/Anxiety management	Provided by service directly	100% (1/1)	New for MAS Audit 2021
	Provided jointly with GP service	0% (0/1)	
	Yes, via a 3rd sector organisation	0% (0/1)	

England and Wales Any Post diagnostic Interventions

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %
Post diagnostic interventions (England and Wales)	Any Post diagnostic Intervention	100% (134/134)	
	Any Post diagnostic Intervention (excluding signposting)	99.3% (132/134)	
	Any Post diagnostic Intervention (excluding CST)	100% (134/134)	

Patient Feedback Data Tables

**NHS National Memory Services Audit 2019 did not collect patient feedback data*

Dementia Status

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %
Please tell us about yourself	I am a person living with dementia	17.2% (44/256)	New for MAS Audit 2021
	I am a family member of someone living with dementia	69.9% (179/256)	
	I am a volunteer/support worker completing for someone living with dementia	0.8% (2/256)	
	Other	12.1% (31/256)	
What type of dementia were you or the person you support diagnosed with?	I just know it's dementia	7.8% (20/257)	New for MAS Audit 2021
	Alzheimer's disease	39.3% (101/257)	
	Vascular dementia	12.8% (33/257)	
	Mixed dementia	16.7% (43/257)	
	Dementia with Lewy bodies	1.9% (5/257)	
	Frontotemporal dementia (FTD)	0.8% (2/257)	
	Young-onset dementia (before 65)	0.8% (2/257)	
	Posterior cortical atrophy (PCA)	0.8% (2/257)	
	Alcohol-related brain damage	0% (0/257)	
	Unspecified dementia	0.8% (2/257)	
	Not diagnosed yet	12.1% (31/257)	
	Other	6.2% (16/257)	

Location

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %
Where do you live?	North East	8.6% (3/35)	New for MAS Audit 2021
	North West	17.1% (6/35)	
	Yorkshire and Humber	14.3% (5/35)	
	West Midlands	28.6% (10/35)	
	East Midlands	0% (0/35)	
	East of England	0% (0/35)	
	South West	8.6% (3/35)	
	South East	14.3% (5/35)	
	London	8.6% (3/35)	
If your service is in Wales: Where do you live?	North Wales	0% (0/0)	New for MAS Audit 2021
	Mid and West Wales	0% (0/0)	
	South East Wales	0% (0/0)	
Where does the person you support with dementia live?	North East	4.2% (11/166)	New for MAS Audit 2021
	North West	6.2% (16/166)	
	Yorkshire and Humber	9.7% (25/166)	
	West Midlands	17% (44/166)	
	East Midlands	1.9% (5/166)	
	East of England	1.2% (3/166)	
	South West	3.5% (9/166)	
	South East	11.6% (30/166)	
	London	8.9% (23/166)	
Where does the person you support with dementia live?	North Wales	100% (1/1)	New for MAS Audit 2021
	Mid and West Wales	0% (0/1)	
	South East Wales	0% (0/1)	
Do you know the name of the memory service you used?	Yes	79.7% (204/256)	New for MAS Audit 2021
	No	20.3% (52/256)	

Appointments

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %
When did you start going to appointments at the memory service?	Before March 2020	13% (33/253)	New for MAS Audit 2021
	23 March - end July 2020	9.9% (25/253)	
	Beginning August 2020 - end December 2020	11.9% (30/253)	
	January 2021 onwards	65.2% (165/253)	
Approximately how long did you wait for a diagnosis after being referred to the memory service?	Under 6 weeks	33.2% (86/259)	New for MAS Audit 2021
	Between 6 and 9 weeks	17% (44/259)	
	Between 9 and 12 weeks	9.3% (24/259)	
	Between 12 and 15 weeks	9.3% (24/259)	
	Between 18 and 21 weeks	3.5% (9/259)	
	Between 21 and 24 weeks	2.7% (7/259)	
	Over 24 weeks	15.4% (40/259)	
	Not received yet	4.6% (12/259)	
Were any of your appointments at the memory service conducted by video/ computer and/or telephone?	Yes	43.6% (113/259)	New for MAS Audit 2021
	No	53.3% (138/259)	
	Don't know	3.1% (8/259)	

Video and Telephone Appointments

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %
What were the video and/or telephone appointments for?	Assessment	32.7% (37/113)	New for MAS Audit 2021
	Diagnosis	23.9% (27/113)	
	Both	43.4% (49/113)	
Did you have enough support from the memory service to access the virtual appointments (for example a phone call or written instructions)?	Yes	92% (104/113)	New for MAS Audit 2021
	No	3.5% (4/113)	
	Don't know	4.4% (5/113)	
Is there anything that would have helped you to access the appointment(s) more easily?	Yes	13.3% (15/113)	New for MAS Audit 2021
	No	72.6% (82/113)	
	Don't know	14.2% (16/113)	
Were you given enough support (information about your condition, being told about services, therapies or other support) following your diagnosis?	Yes	79.2% (84/106)	New for MAS Audit 2021
	No	15.1% (16/106)	
	Don't know	5.7% (6/106)	
How would you rate your experience of having a virtual appointment(s)?	Excellent	33.3% (37/111)	New for MAS Audit 2021
	Good	38.7% (43/111)	
	Neither good nor poor	19.8% (22/111)	
	Poor	3.6% (4/111)	
	Extremely poor	3.6% (4/111)	
	Don't know	0.9% (1/111)	

Demographics

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	NHS National Memory Services Audit 2019 %
My gender is	Male	37.2% (93/250)	New for MAS Audit 2021
	Female	62% (155/250)	
	Other	0.4% (1/250)	
	Prefer not to say	0.4% (1/250)	
My age group is:	Under 45	5.2% (13/251)	New for MAS Audit 2021
	45 to 54	10% (25/251)	
	55 to 64	17.5% (44/251)	
	65-74	21.5% (54/251)	
	75-84	31.1% (78/251)	
	85+	14.3% (36/251)	
	Prefer not to say	0.4% (1/251)	
What is your ethnicity?	White/White British	88.8% (223/251)	New for MAS Audit 2021
	Asian/Asian British	2.8% (7/251)	
	Black/African /Caribbean /Black British	0.8% (2/251)	
	Mixed ethnic group	0.8% (2/251)	
	Prefer not to say	1.2% (3/251)	
	Other	5.6% (14/251)	

APPENDIX V – ACKNOWLEDGEMENTS

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Hilary Doxford – Service User Representative

Jayne Goodrick – Carer Representative

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Janet Seale - Carer Representative

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