

National Audit of Dementia

Spotlight Audit in Memory Assessment Services 2023/24

Appendix Documents II - V

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Appendix II - Supplementary Analysis

Table 1: Total number of patients per service completing the pathway 2023

We asked services the total number of patients that completed the pathway to diagnosis between 1st January and 31st August 2023 (organisational checklist).

Number of patients completing the pathway to diagnosis	
Min	46
Max	1437
Median	313
Mean	383
Number of sites that did not confirm their queried number	11

Figure A: Access Time (from referral to initial assessment) breakdown by weeks comparison between MAS 2023 and MAS 2021

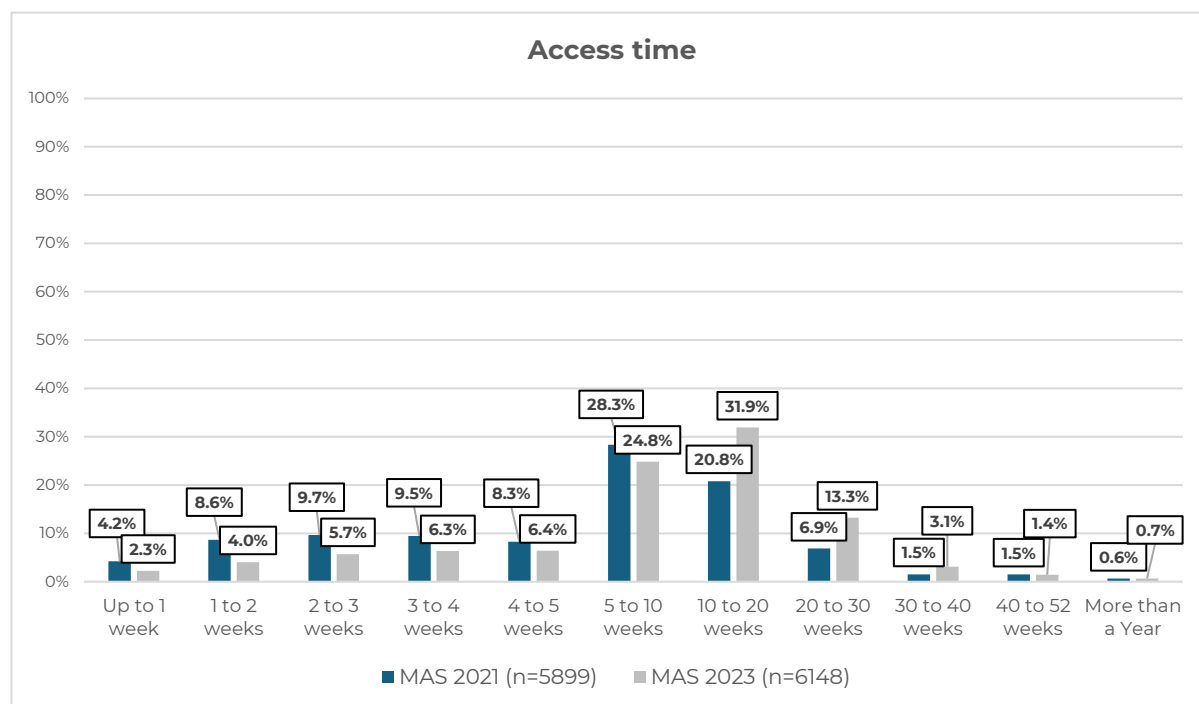


Figure B: Average Access Time (from referral to initial assessment) per service 2023

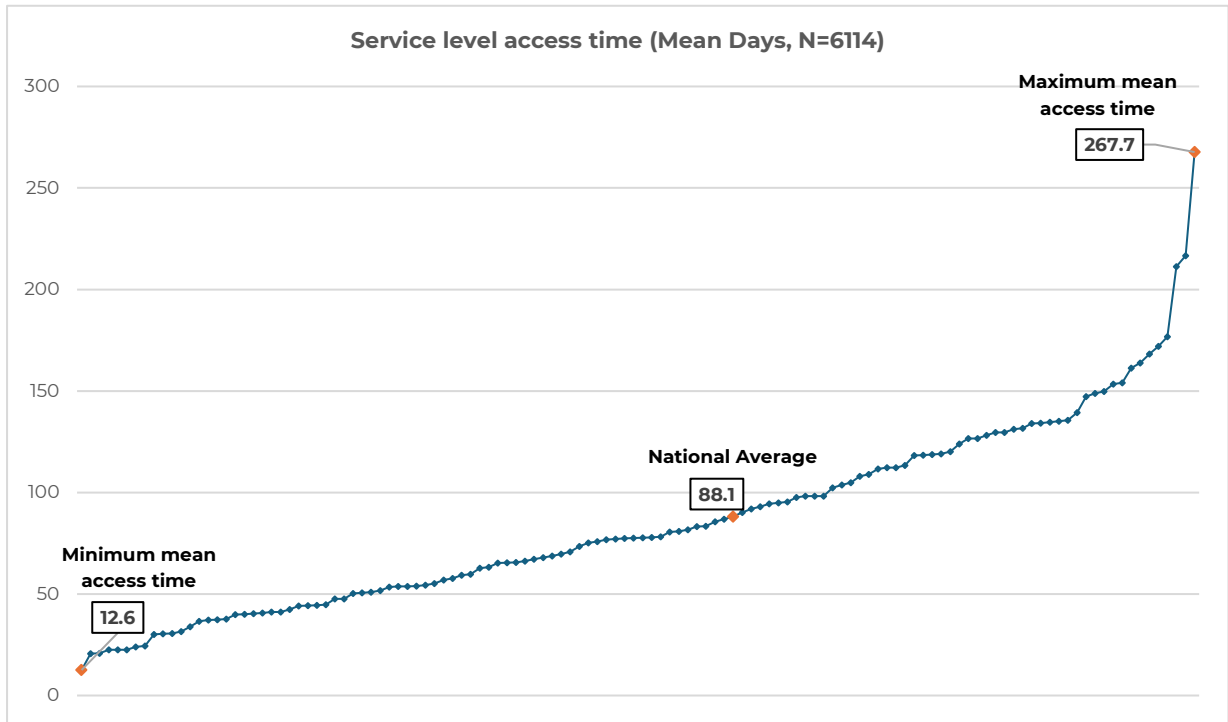


Figure C: Overall Wait Time (from referral to initial assessment) breakdown by weeks comparison between MAS 2023 and MAS 2021

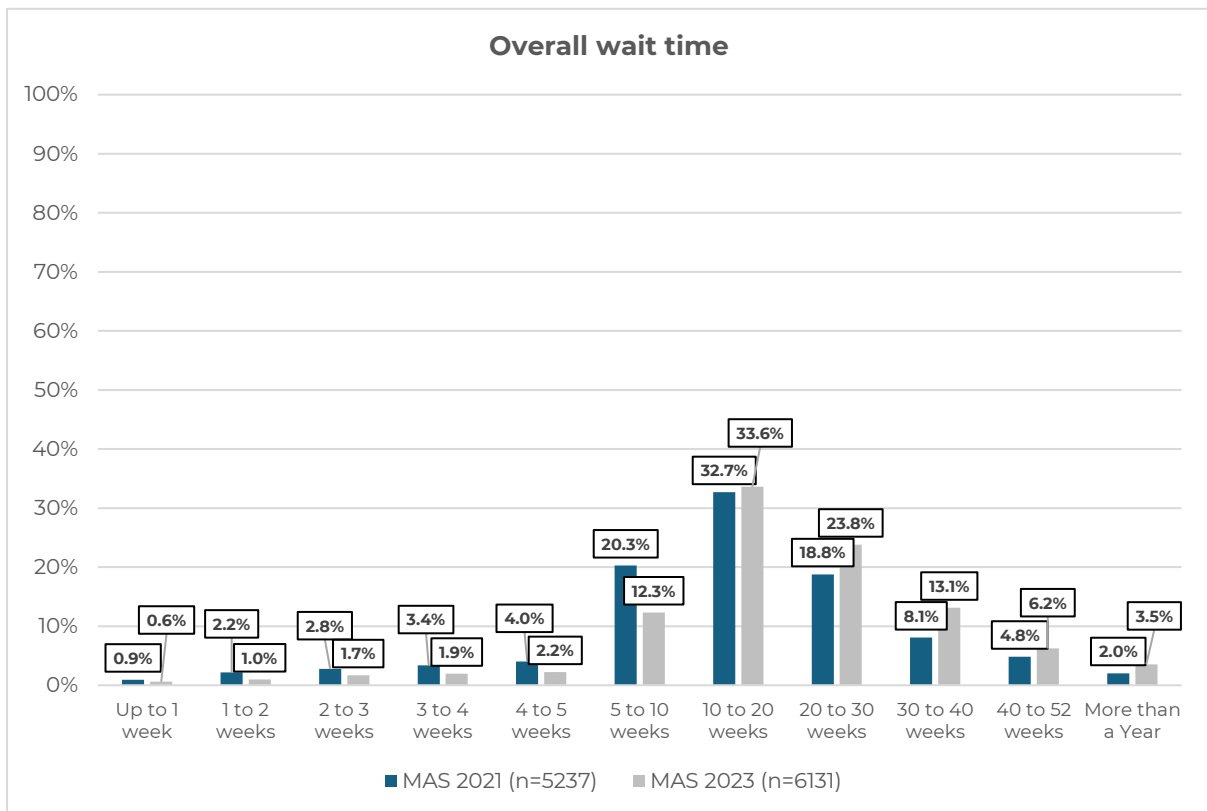


Figure D: Diagnosis Wait Time (from initial assessment to diagnosis) breakdown by weeks comparison between MAS 2023 and MAS 2021

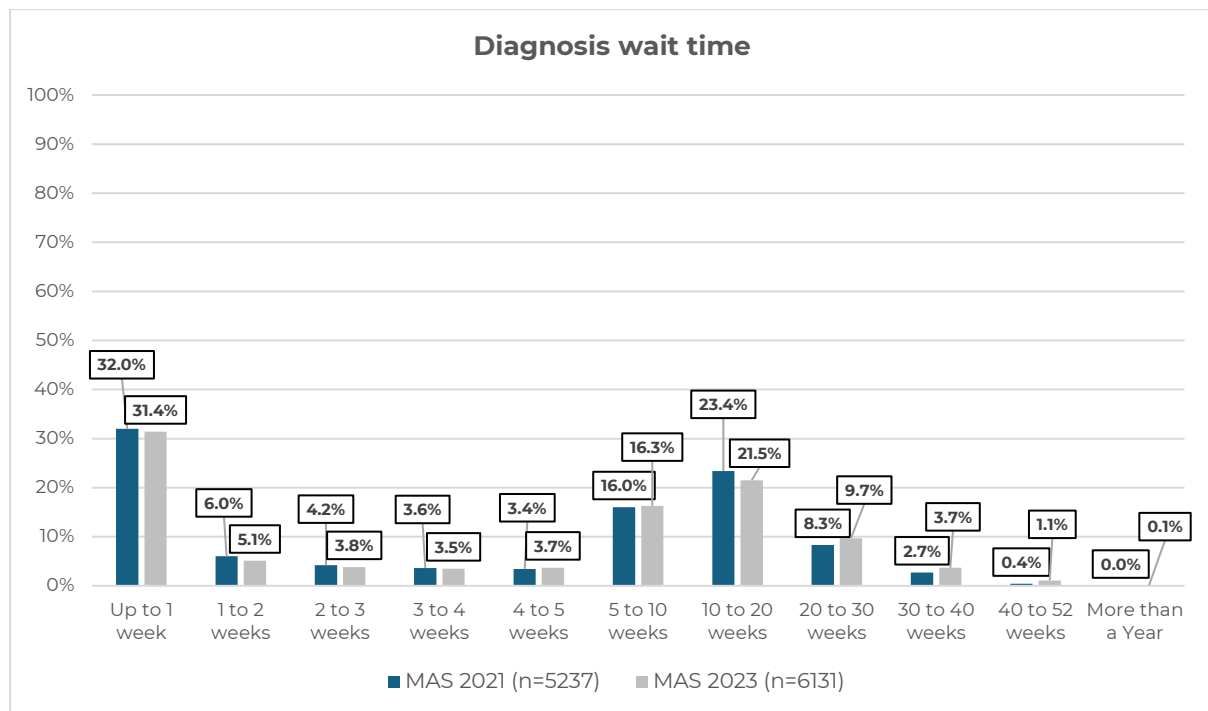


Figure E: Average Diagnosis Wait Time (from initial assessment to diagnosis) per Service 2023

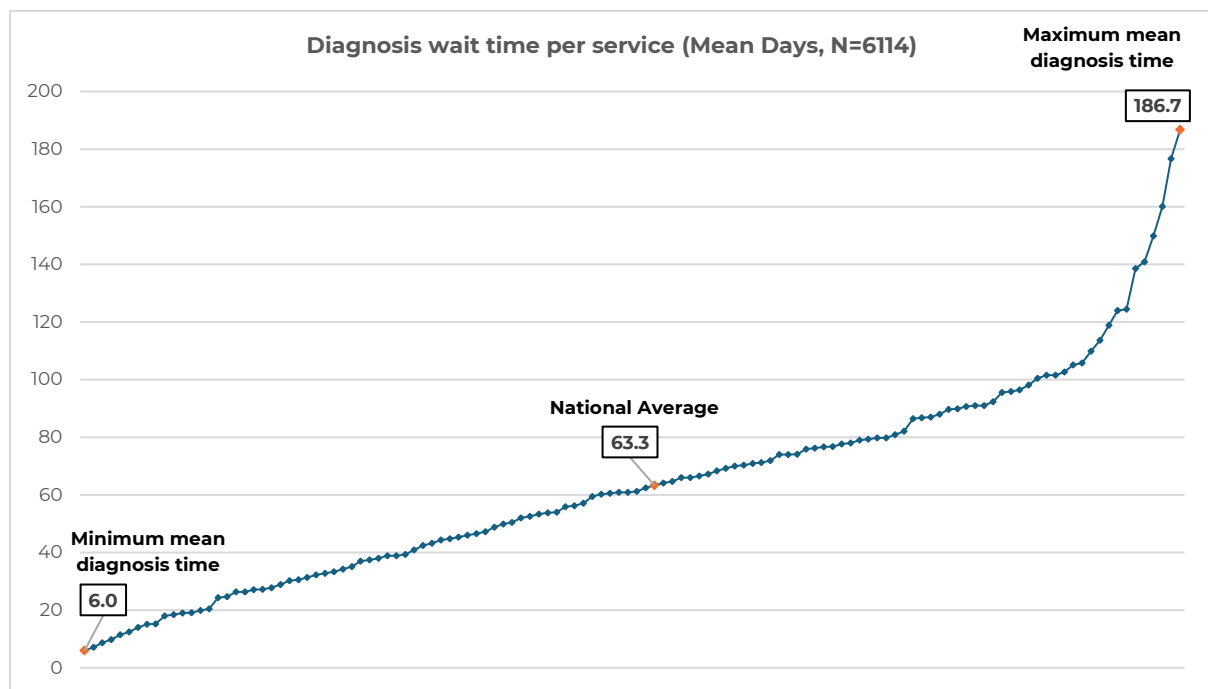


Figure F: Percentage of patients with Any Physical Health Assessment per Service 2023 (of 4 audited: Alcohol consumption, Eyesight, Hearing, Falls history)

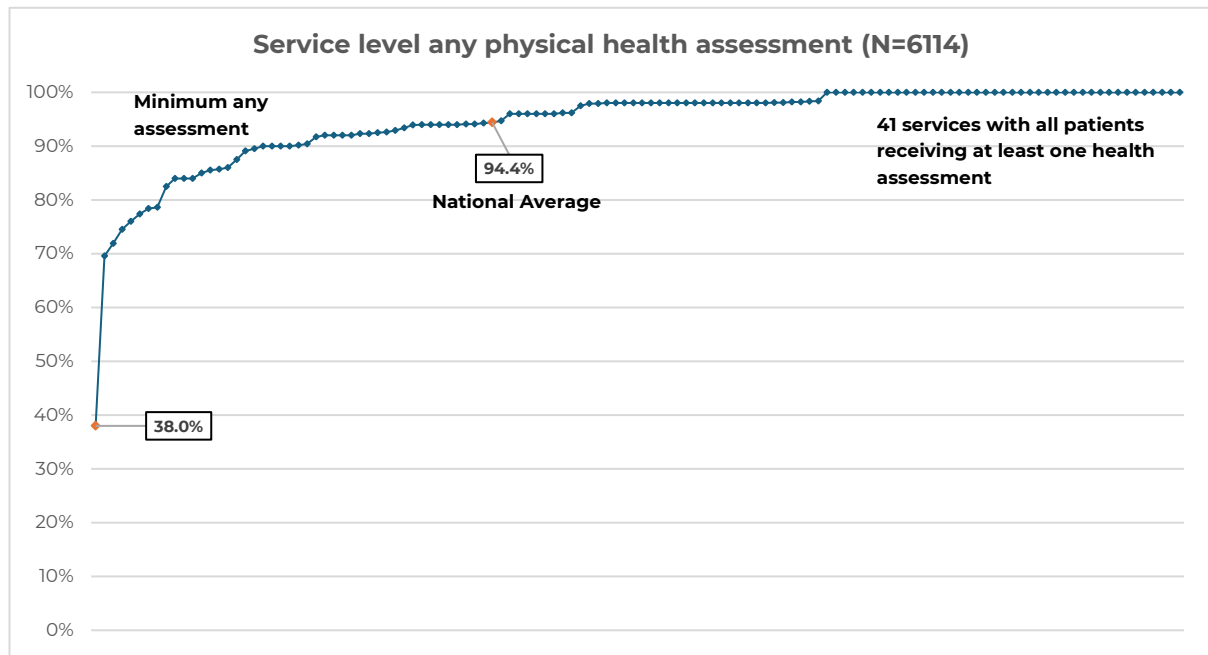


Figure G: Percentage patients with of No Physical Health Assessment per Service 2023 (of 4 audited: Alcohol consumption, Eyesight, Hearing, Falls history)

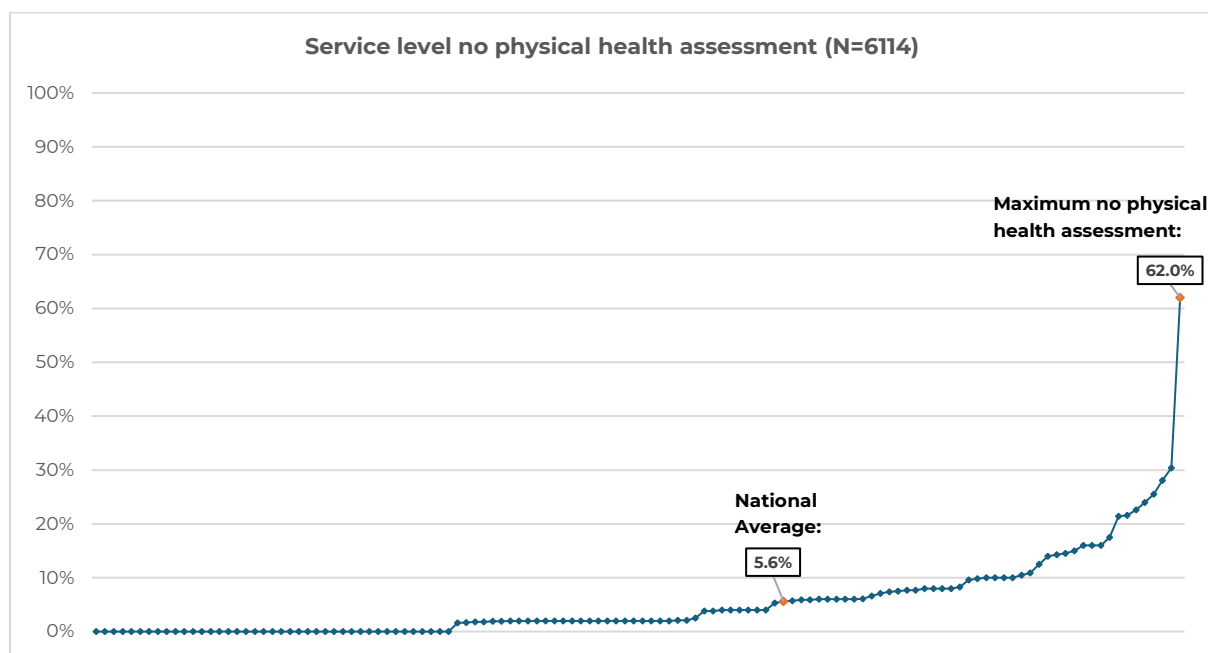


Figure H: Percentage of Virtual Appointments per Service 2023

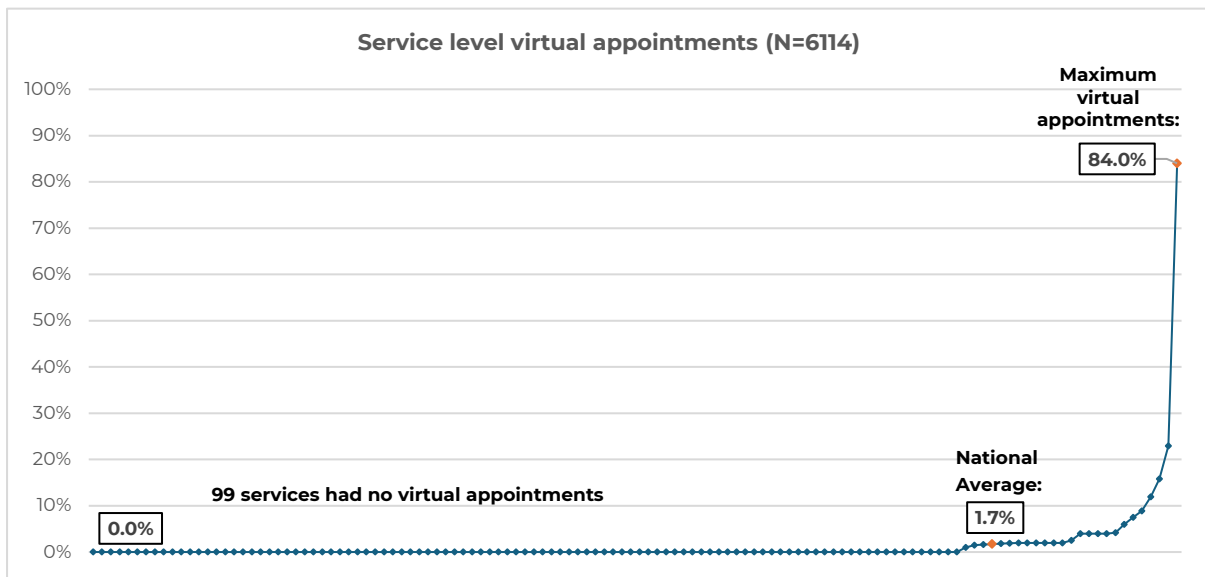


Figure I: Wait Time from Initial Assessment to Brain Scan Request breakdown by weeks comparison between MAS 2023 and MAS 2021

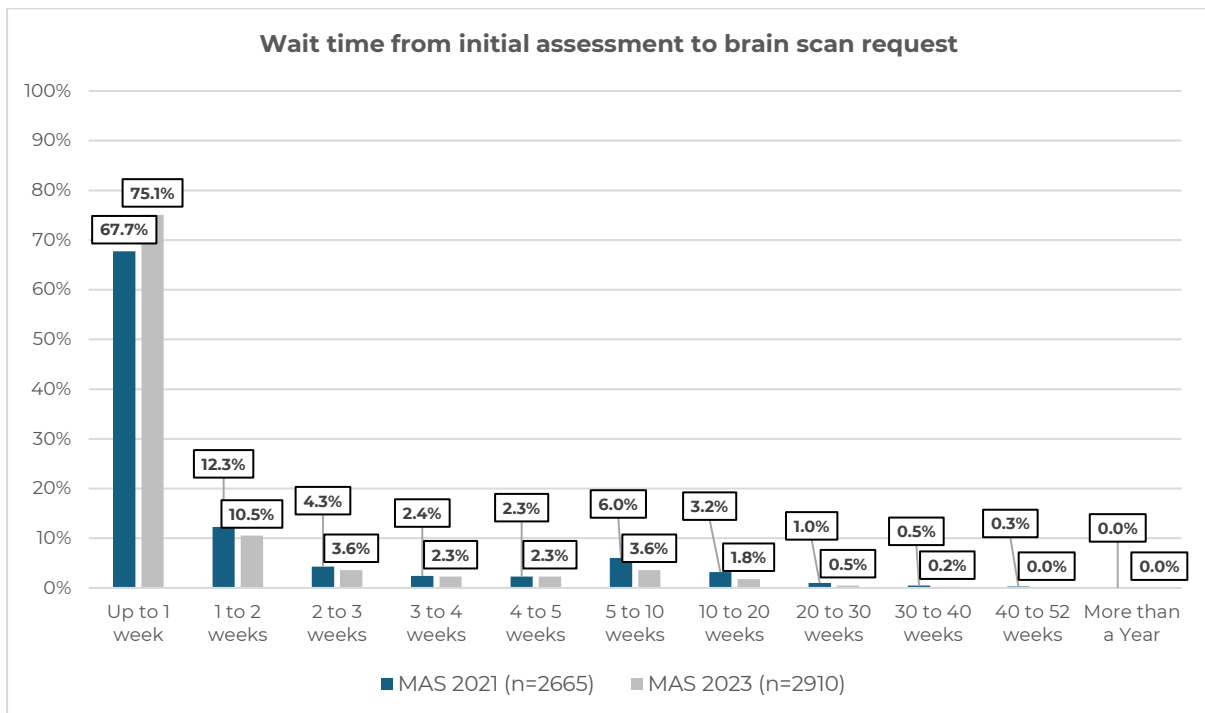


Figure J: Wait Time from Initial Assessment to Brain Scan Request percentage within 6 weeks comparison between MAS 2023 and MAS 2021

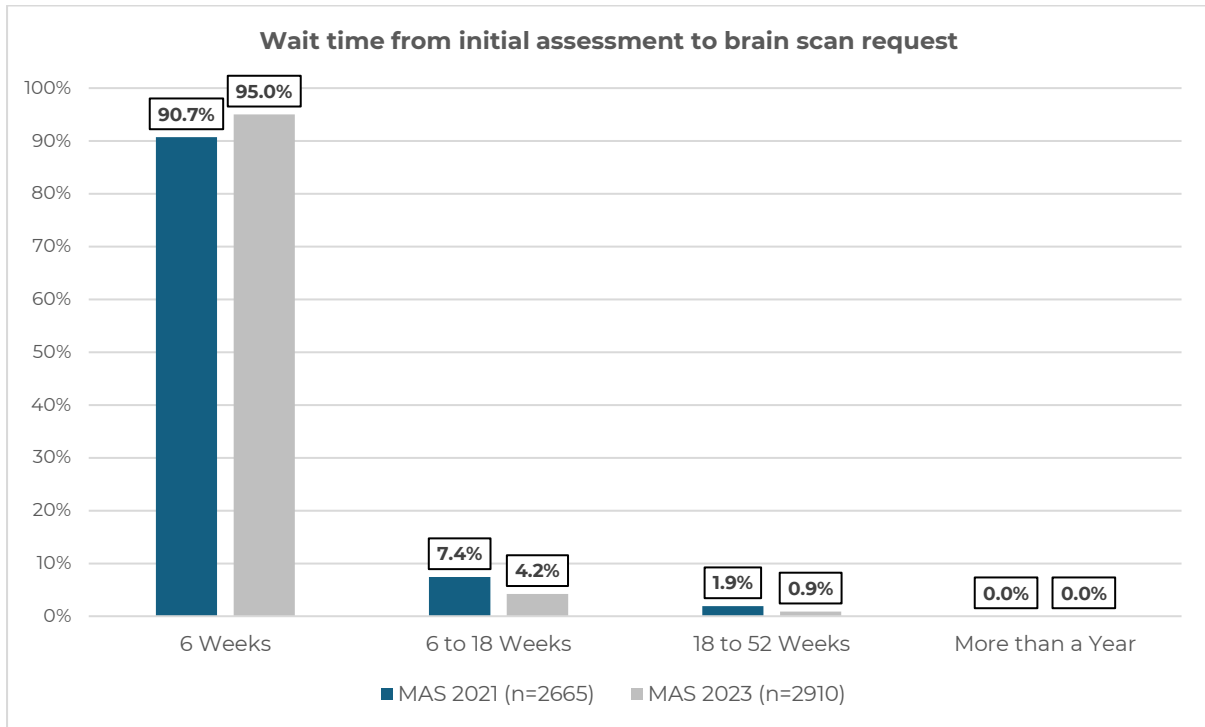


Figure K: Wait Time from Initial Assessment to Brain Scan Performance breakdown by weeks comparison between MAS 2023 and MAS 2021

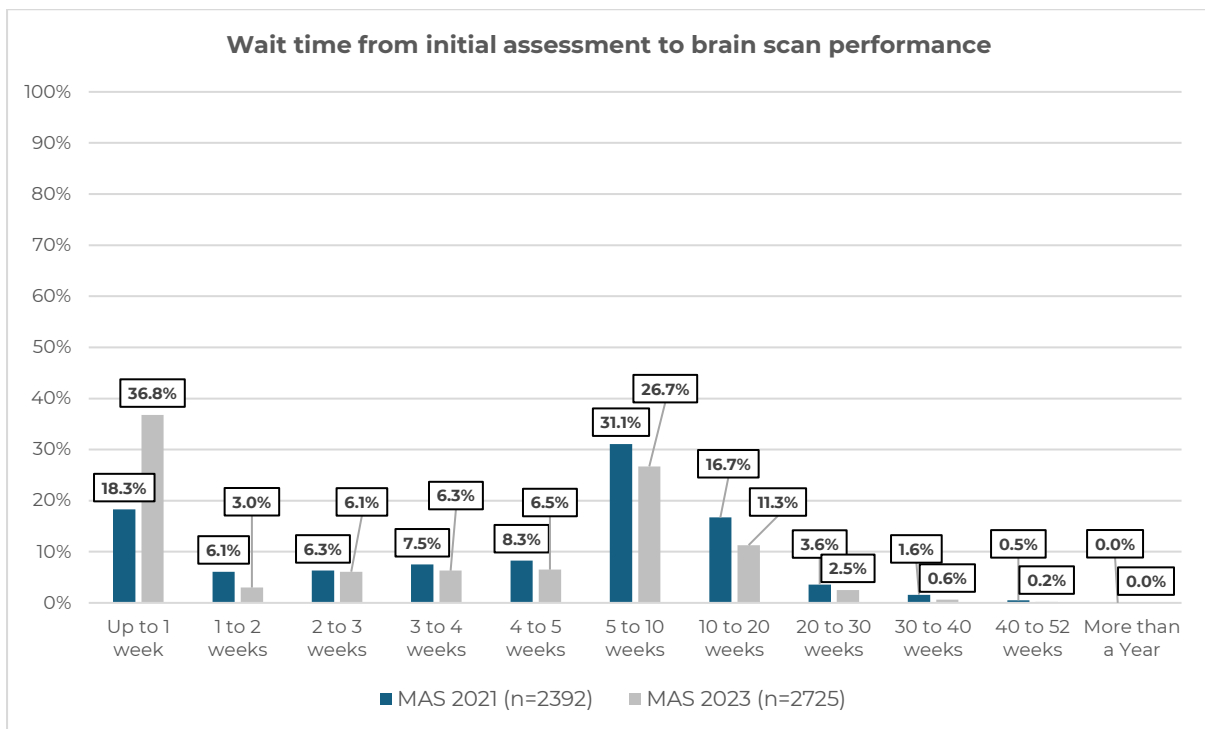


Figure L: Wait Time from Initial Assessment to Brain Scan Performance percentage within 6 weeks comparison between MAS 2023 and MAS 2021

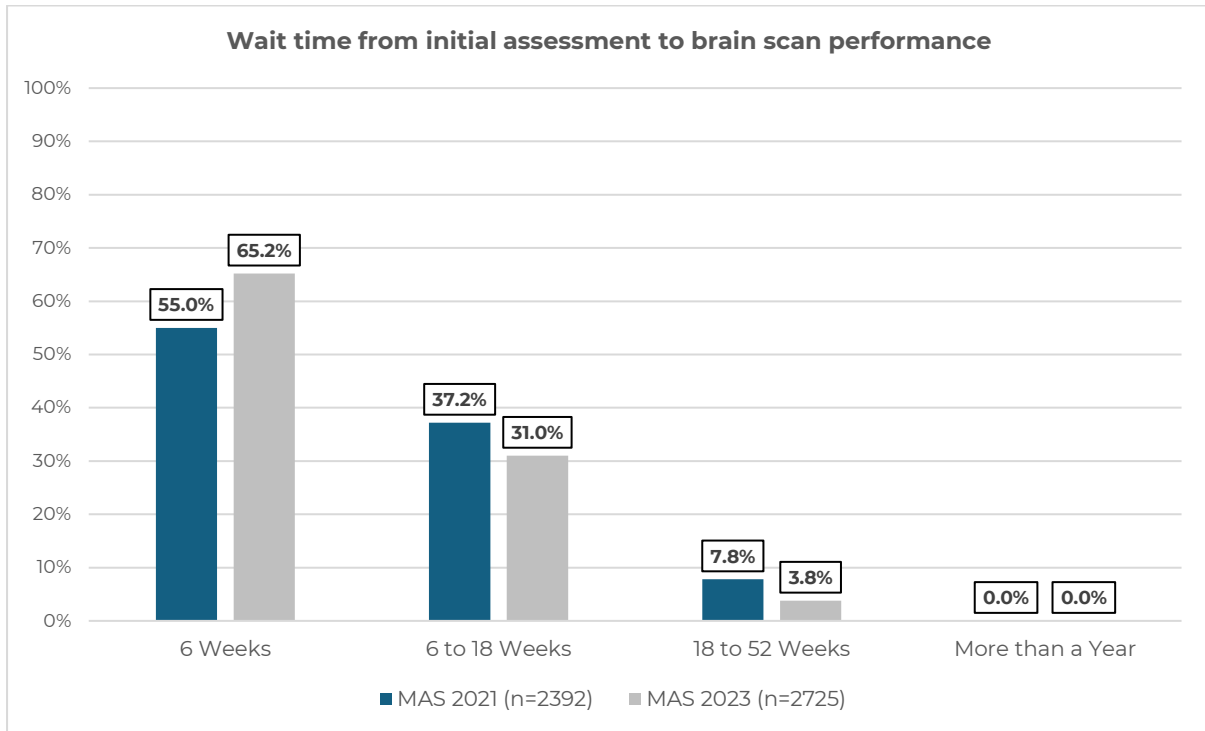


Figure M: Scan Wait Time (from brain scan request to performance) breakdown by weeks comparison between MAS 2023 and MAS 2021

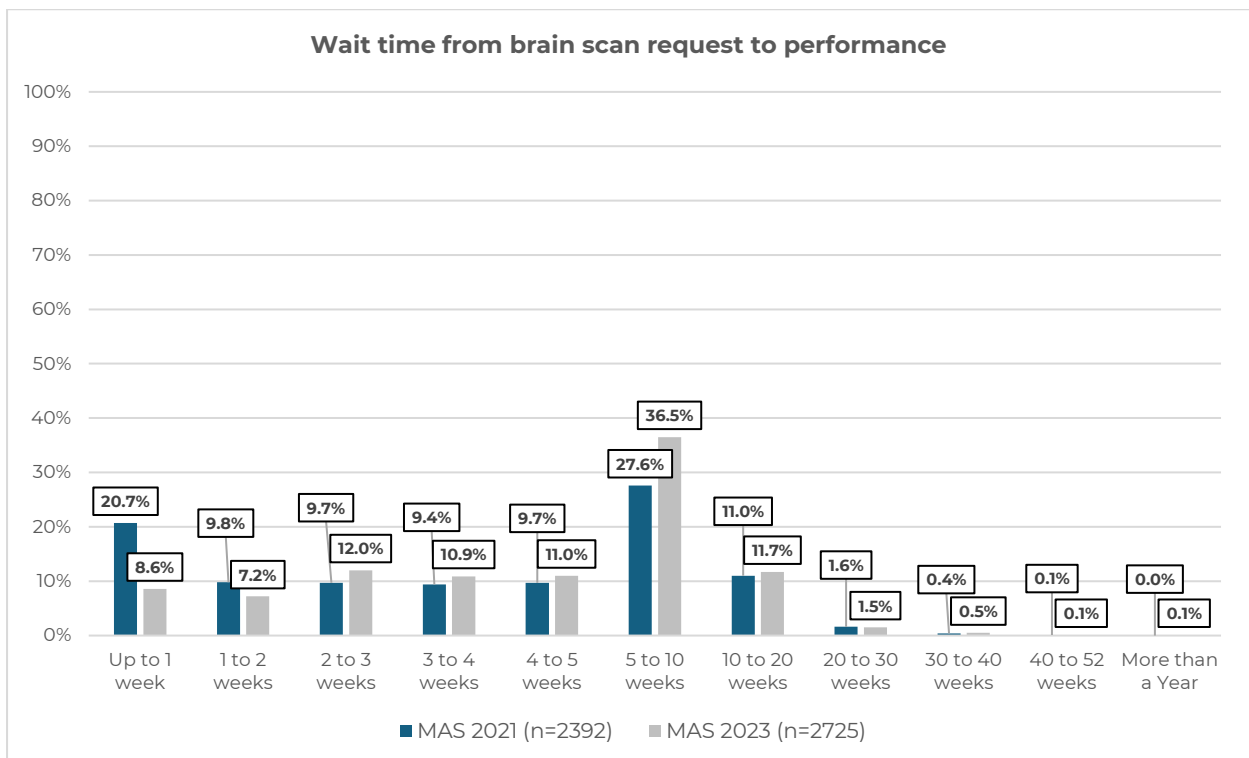


Figure N: Scan Wait Time (from brain scan request to performance) percentage within 6 weeks comparison between MAS 2021 and MAS 2023

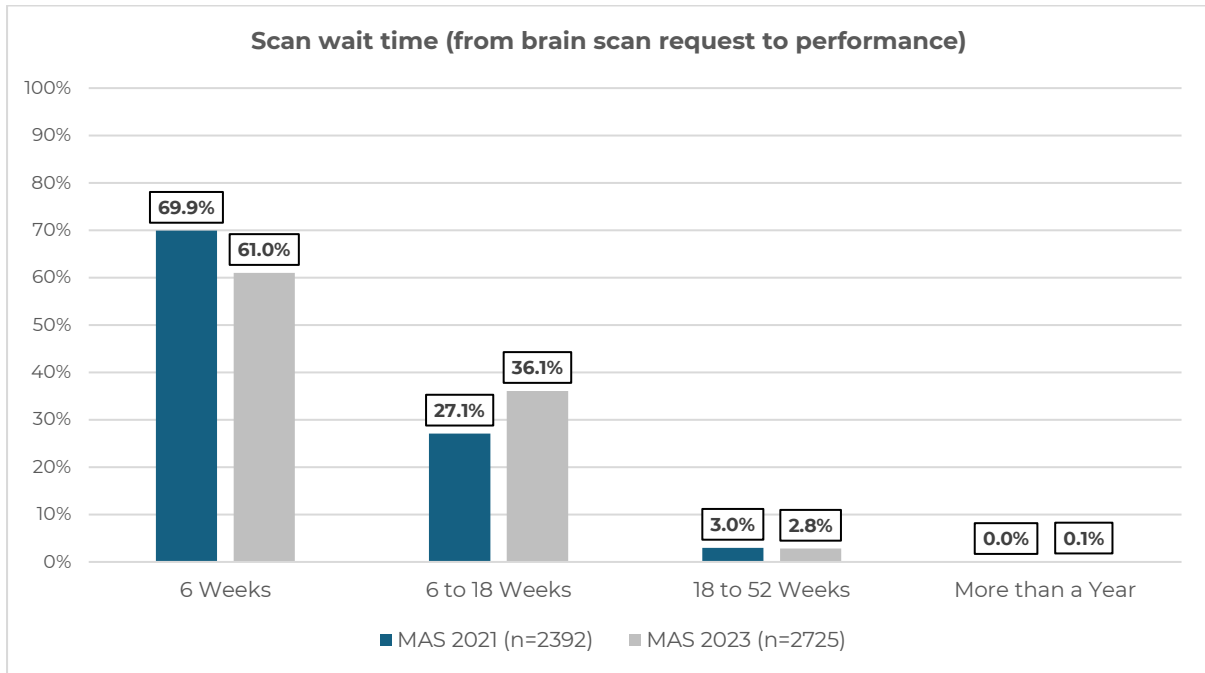


Figure O: Proportion of Scans Performed Before/After Initial Assessment per Service 2023

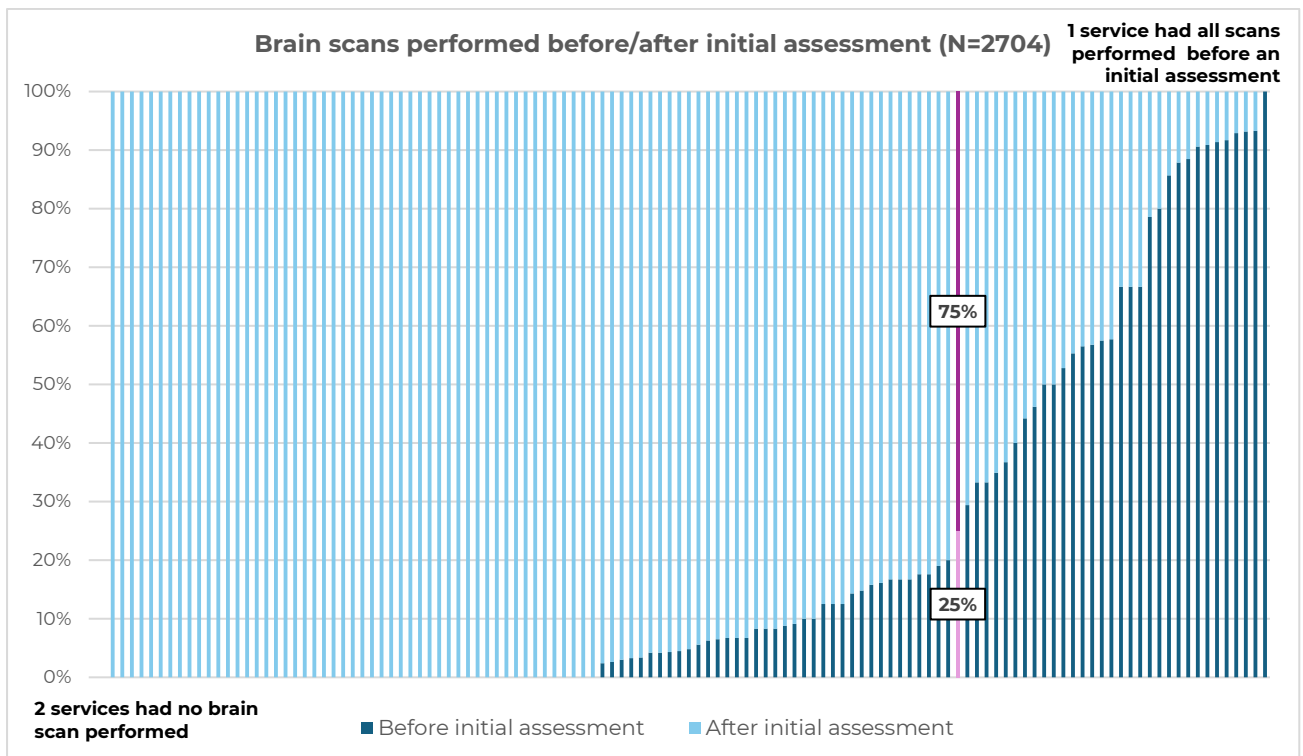
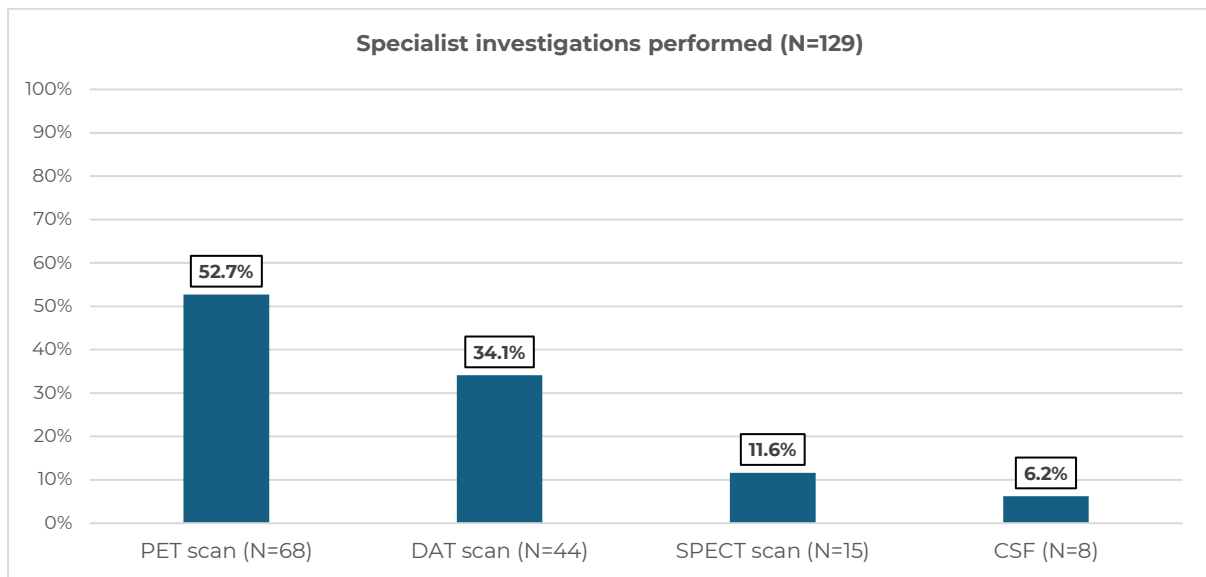


Figure P: Specialist Investigations Performed MAS 2023



(NB: N=129/6148, see casenote data tables)

Figure Q: Recorded Diagnosis Comparison between MAS 2021 and MAS 2023

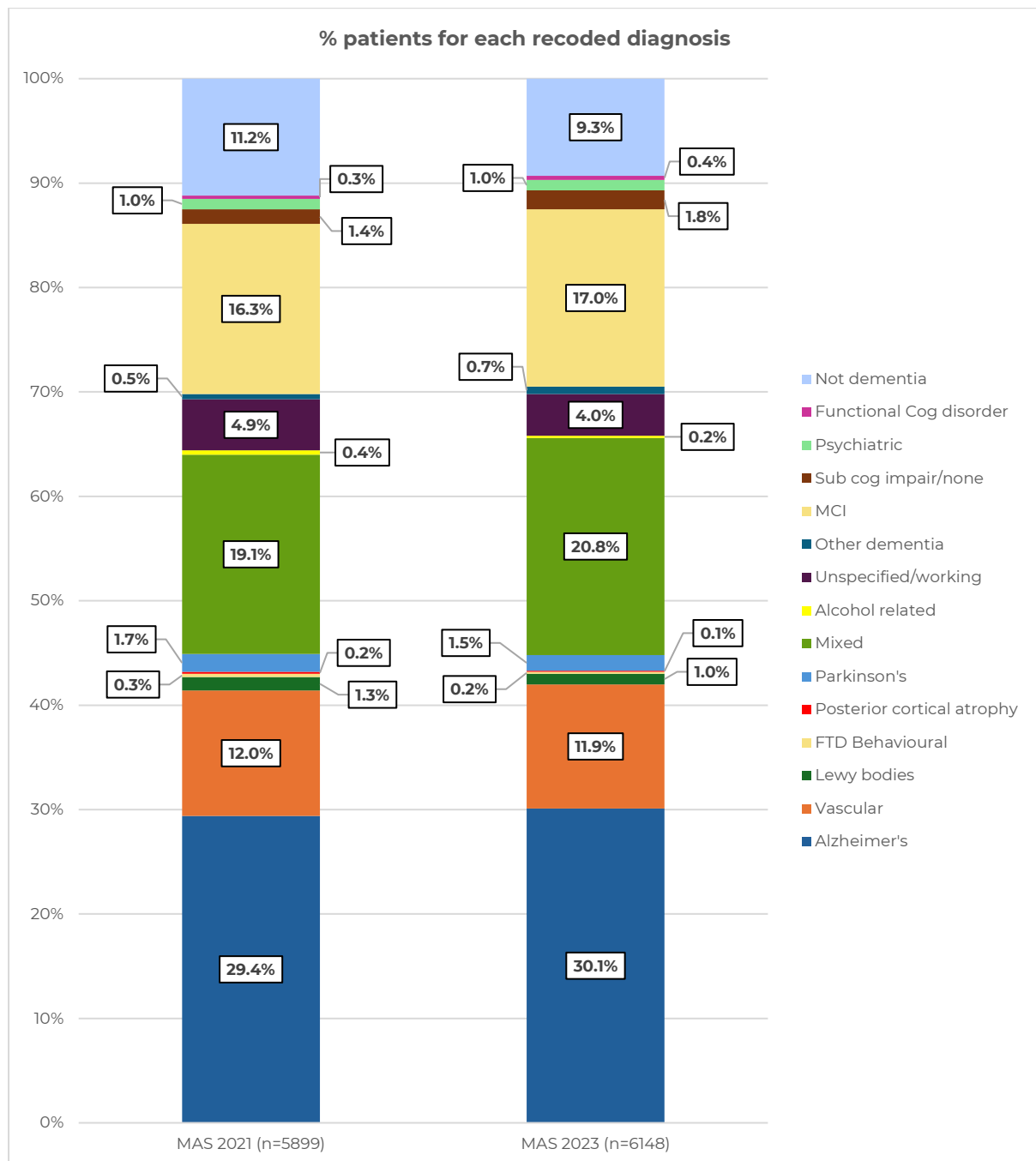


Figure R: Percentage patients with diagnosis of Alzheimer's Disease per Service 2023

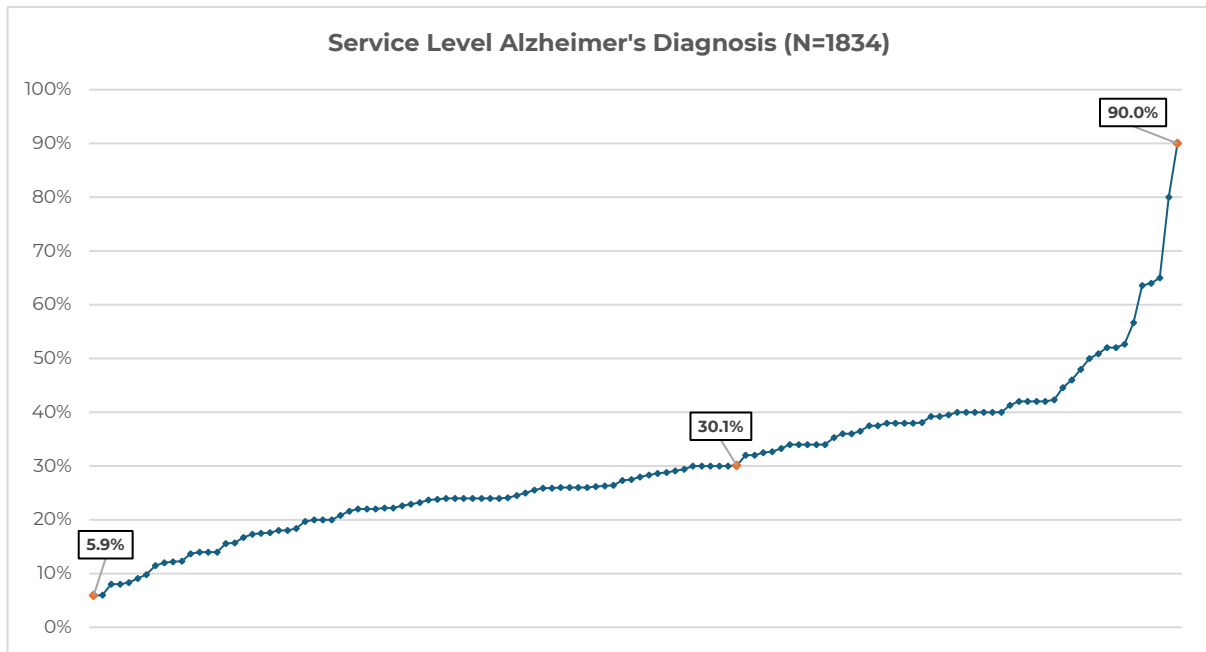


Figure S: Medication Prescribed for Dementia comparison between MAS 2021 and MAS 2023 (all patients)

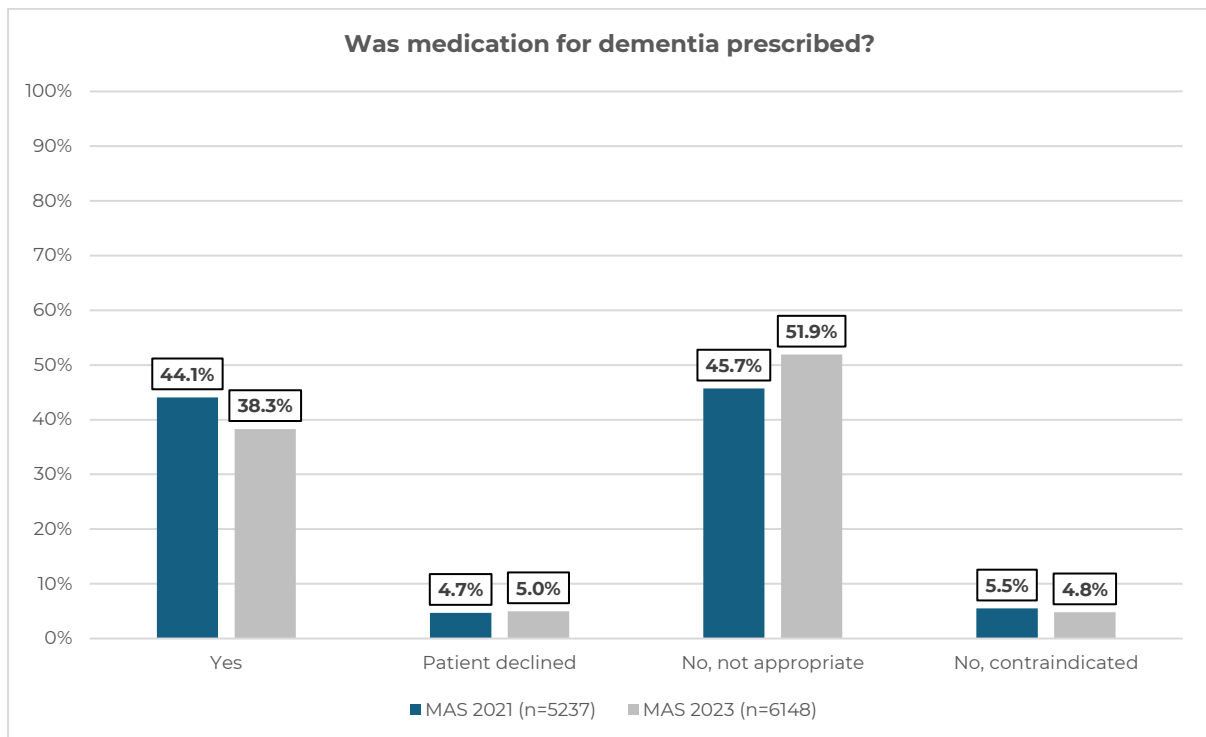


Figure T: Any Medication Prescribed per Diagnosis (all diagnoses) 2023

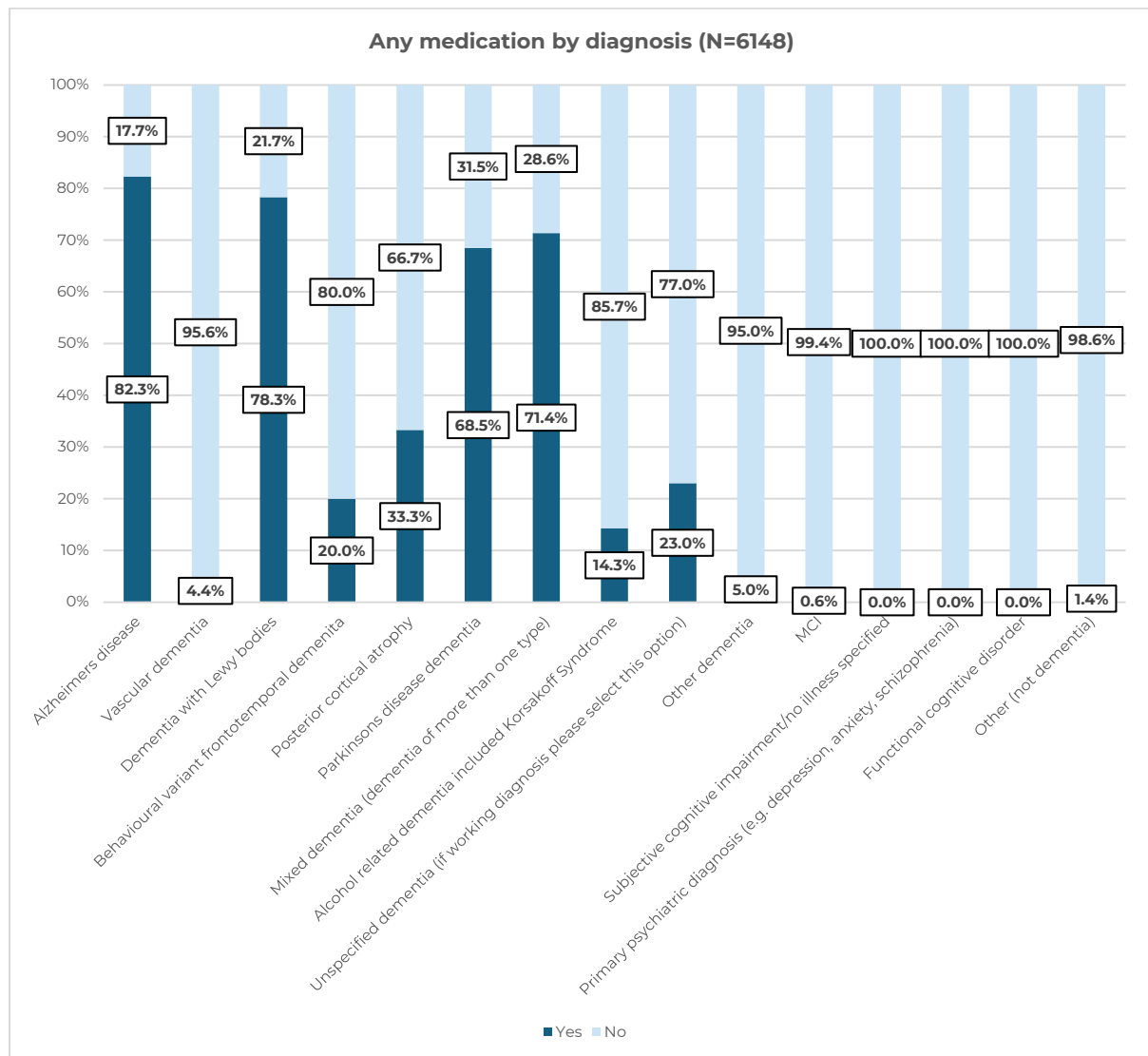


Figure U: Percentage Deemed Not Appropriate for Medication per Diagnosis (all diagnoses) 2023

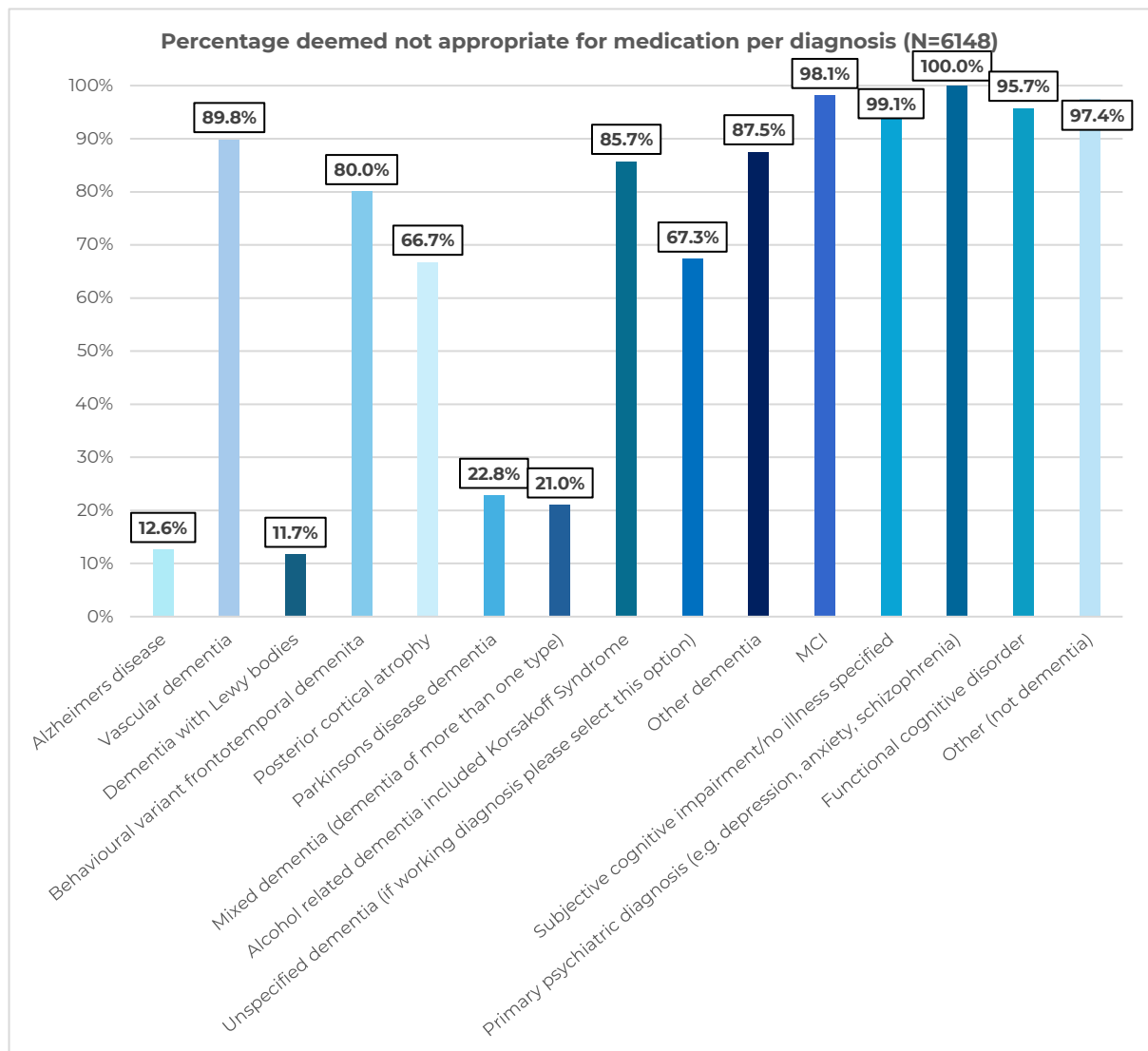


Table 2: Index of Multiple Deprivation Decile National and by Region

For the audit of the health records of people who had used the memory services, we collected information about the area they lived in, at the level of Lower Super Output Area (LSOA). Output areas are created from the UK census data. Lower-layer super output areas are small areas designed to be of a similar population size with 1,000-3,000 residents, average of approximately 1500.¹

The English indices of deprivation measure relative deprivation in small areas in England called lower-layer super output areas. The index of multiple deprivation (IMD) is the most widely used of these indices. The IMD is an overall measure of deprivation constructed by combining seven domains according to their respective weights².

The IMD deciles are calculated by ranking the 32,844 LSOAs in England from most deprived to least deprived and dividing them into 10 equal groups. LSOAs in decile 1 fall within the most deprived 10% of LSOAs nationally and LSOAs in decile 10 fall within the least deprived 10% of LSOAs nationally.

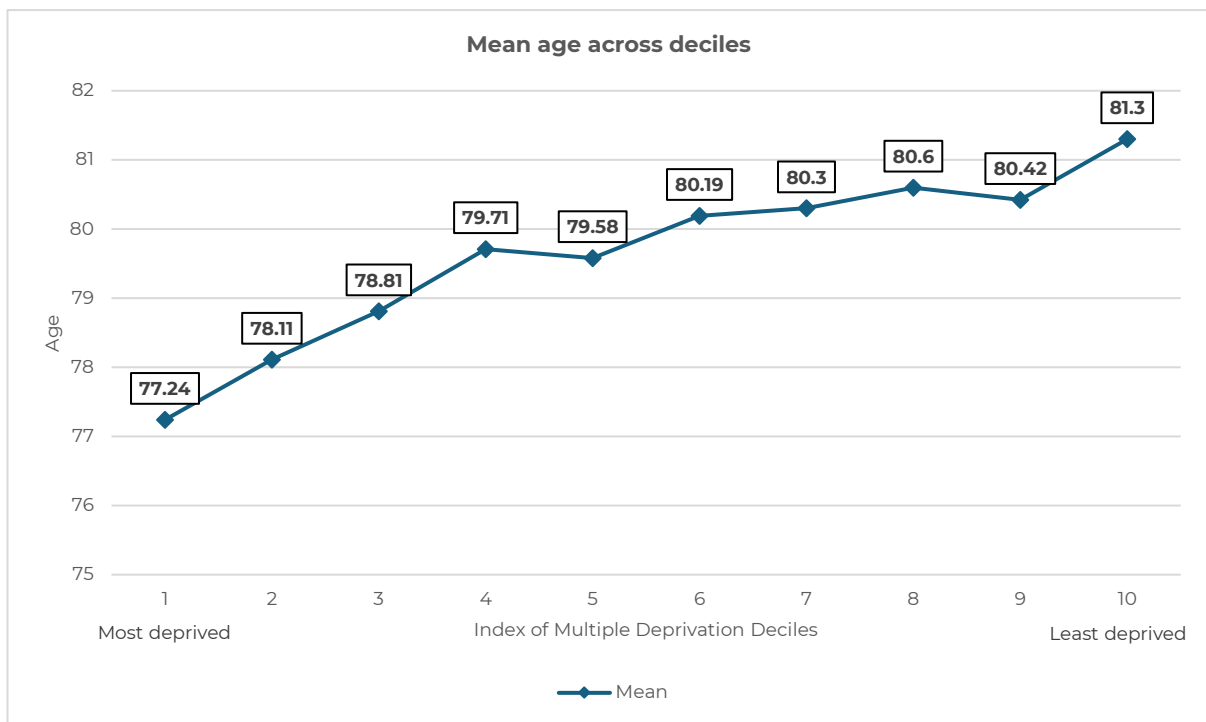
Analysis looked for any significant differences in wait times, routine assessments performed, offering of CST and post-diagnostic interventions across the deciles (1-10).

Region	IMD_Decile_Mean	IMD_Decile_Median	IMD_Decile_Mode
National	5.79	6	10
North West	4.69	4	1
North East and Yorkshire	5.16	5	1
London	5.28	5	3
Midlands	5.67	6	8
South West	6.26	6	10
East of England	6.33	6	8
South East	7.22	8	10

¹ Office of National Statistics. Statistical geographies: An overview of the statistical geographies in the four countries of the UK. <https://www.ons.gov.uk/methodology/geography/ukgeographies>

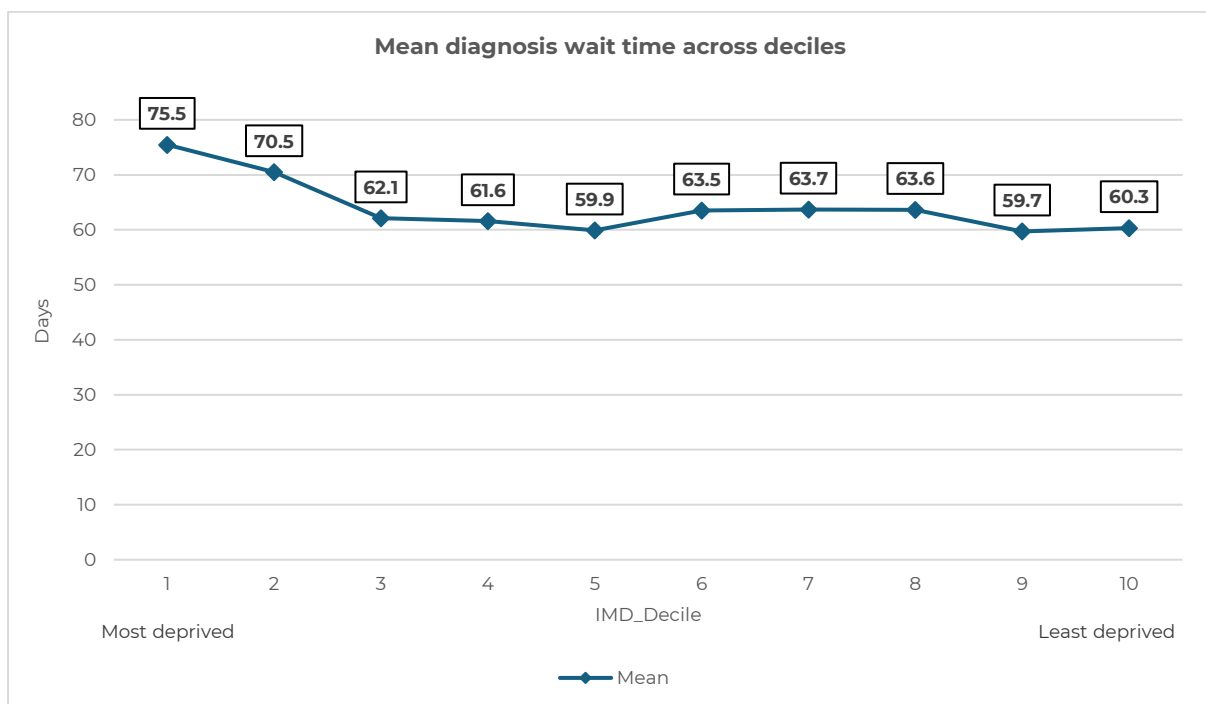
² Ministry of Housing, Communities & Local Government. English indices of deprivation 2019. September 2019. <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

Figure V: Mean Age Across Index of Multiple Deprivation Deciles 2023



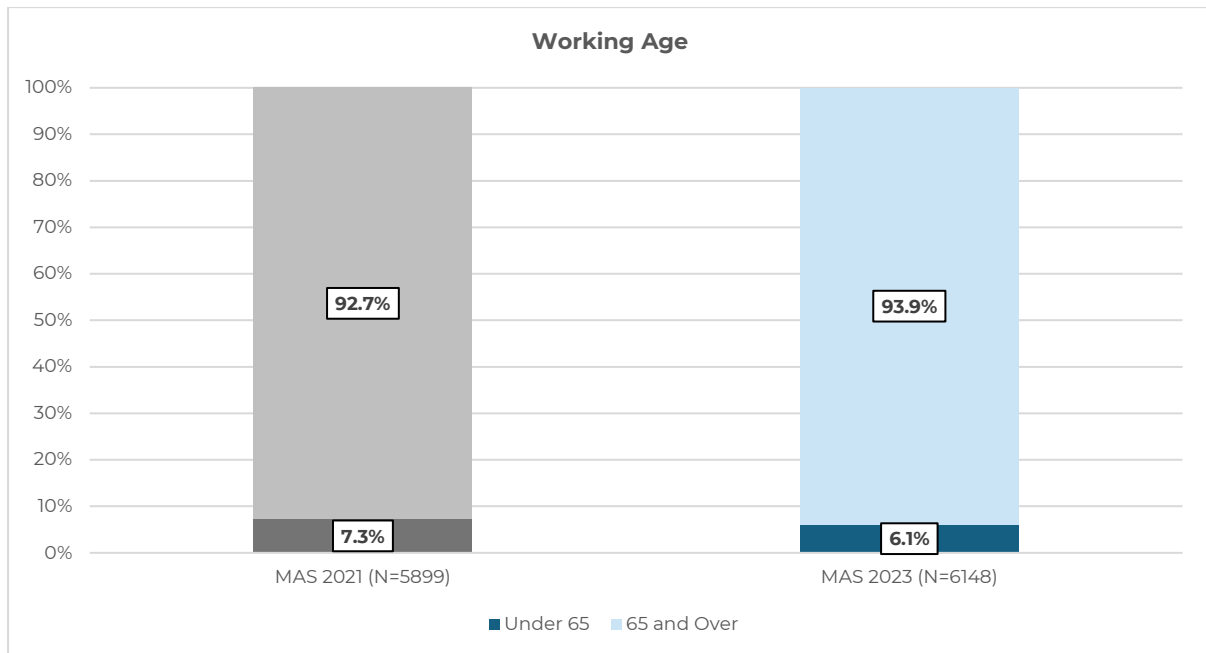
At the time of initial appointment at the Memory Assessment Service average age is higher in least deprived areas.

Figure W: Mean Diagnosis Wait Time (from initial assessment to diagnosis) across Index of Multiple Deprivation Deciles 2023



Average diagnosis wait time is higher in the most deprived areas.

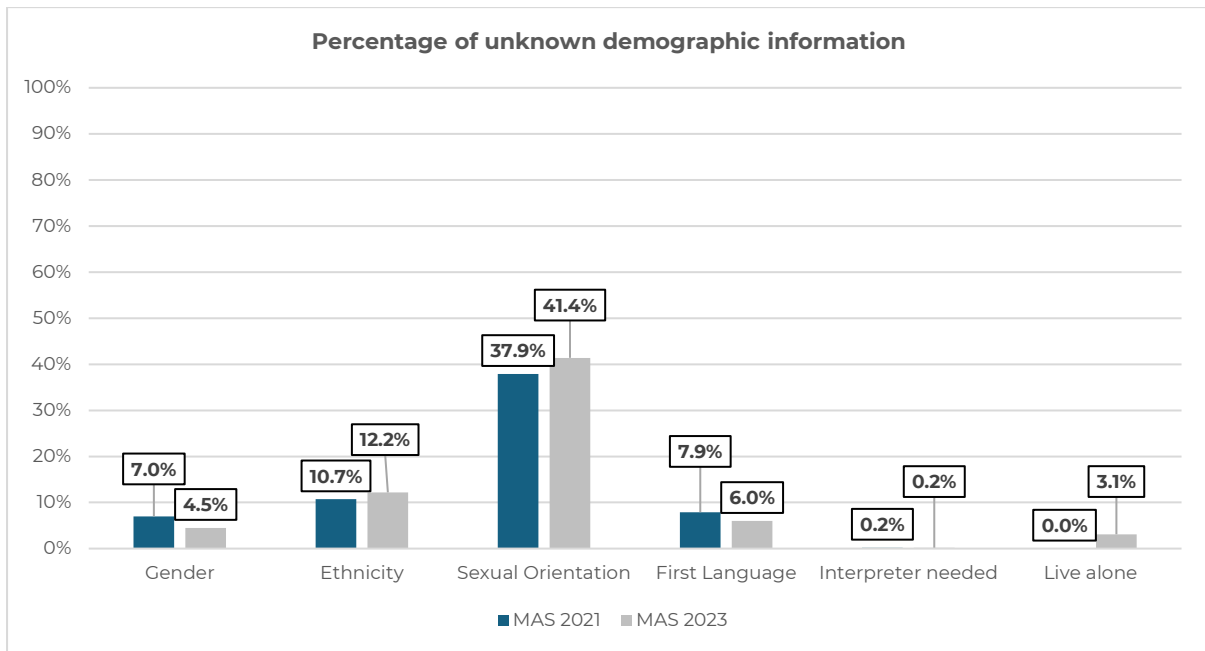
Figure X: Proportion of people of Working Age (under 65) comparison between MAS 2023 and MAS 2021



Note I: Comparison of results by Working Age/ Over Working Age

We carried out comparison of the key results between the groups according to whether they were Under 65 or 65 and above. We found no significant differences between these groups in the 2023 dataset.

Figure Y: Percentage of Unknown/Not Documented Demographic Information Comparison Between MAS 2023 and MAS 2021



Note II: Demographic data and regression analyses

Ethnicity and Assessment to Scan Wait Time

Initial analysis showed a significantly longer wait time from initial assessment to brain scan performance for patients of any other ethnicity compared to patients that were of any white background.

Further regression analysis taking region and diagnosis into account, found these findings were significant. The data shows patients of any white background experienced a shorter wait time, and this was 33% longer for patients of any other ethnicity.

Table 3: Association between ethnicity and scan wait time

Analysis	Ethnicity	Median Scan Wait Time [IQR]	Ratio (95% CI)	P-Value
Unadjusted	Any White Any Other	26 [0,54] 34 [0,62]	1 1.45 (1.16, 1.81)	0.001
Region and diagnosis adjusted	Any White Any Other	- -	1 1.33 (1.06, 1.68)	0.01

Ethnicity and Medication Prescribed

Initial analysis showed a significant difference in the proportion of patients prescribed medication between ethnicity groups, with the lower proportion (47.8%) of patients being from any other ethnic background compared to patients of any white background (54.3%). However, we found this difference to not be significant once diagnosis and region were considered in the regression analysis. This difference is associated with variations in diagnoses between ethnic groups.

Appendix III – Casenote & Organisational Checklist Data Tables

**The NAD Memory Assessment Services Spotlight Audit 2021 data is used to provide a direct comparison wherever possible.*

Casenote Data Tables

Demographics

Question	Responses	Memory Assessment Services Spotlight Audit 2023 % (Num/Den) (N=6148)	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)
Q1. Age	Under 65	6.1% (374)	7.3% (429)
	65 and Over	93.9% (5774)	92.7% (5470)
	Range	35-102	28-102
	Mean	79.7	79.7
	Median	81	81
Q2. Sex	Male	43% (2642)	41.6% (2453)
	Female	57% (3506)	58.4% (3446)
Q3. Gender	Male	41.1% (2524)	38.9% (2294)
	Female	54.5% (3349)	54.1% (3194)
	Non-binary/Other	0.02% (1)	0% (0)
	Unknown/Not documented	4.5% (274)	7% (411)
Q4. Sexual orientation	Heterosexual/Straight	58.3 (3586)	61.9% (3649)
	Gay or lesbian	0.1% (7)	0.1% (6)
	Bisexual	0.02% (1)	0.0% (1)
	Other sexual orientation	0.1% (9)	0.2% (9)

	Unknown/Not documented	41.4% (2545)	37.9% (2234)
Q5. Ethnicity	Asian or Asian British	4.6% (282)	4.4% (262)
	Black, African, Black British or Caribbean	2.7% (168)	2.7% (162)
	Mixed or multiple ethnic groups	2% (121)	1.3% (76)
	White	77.2% (4745)	79.6% (4695)
	Another ethnic group	1.4% (83)	1.2% (70)
	Unknown/Not documented	12.2% (749)	10.7% (634)
Q6. Is English the patient's first language?	Yes	86.2% (5297)	85.1% (5020)
	No	7.9% (485)	6.6% (387)
	The patient is Welsh speaking	0% (0)	0.5% (27)
	Unknown/Not documented	6% (366)	7.9% (465)
Q7. Did the patient need an interpreter?	Yes, provided by family member	1.4% (85)	1.1% (64)
	Yes, provided by interpreter	3.1% (191)	2.3% (136)
	No	94.1% (5784)	93.5% (5515)
	Unknown/Not documented	1.2% (75)	2.9% (170)
	Interpreter not available/ service unable to provide	0.2% (13)	0.2% (14)
Q8. Does the patient live alone?	Yes	34.2% (2103)	37.1% (2104)
	No	62.7% (3854)	62.9% (3563)
	Unknown	3.1% (191)	-

Referral

Question	Responses	Memory Assessment Services Spotlight Audit 2023 % (Num/Den) (N=6148)	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	
Q10. Who was the patient referred by?	GP	94.7% (5823/6148)	92.3% (5443/5899)	
	CMHT	1.5% (95/6148)	1.9% (115/5899)	
	Acute Hospital	2.4% (145/6148)	3.3% (196/5899)	
	Day Hospital	0.4% (24/6148)	1.3% (75/5899)	
	Other	0.1% (3/6148)	0.4% (23/5899)	
	<i>*Recategorized from comments</i>	Self-referral	0.2% (11/6148)	0.1% (6/5899)
		Social	0.2% (12/6148)	0.1% (7/5899)
		Care/ Rehabilitation	0.5% (28/6148)	0.2% (13/5899)
		Memory Services Recall	0.1% (6/6148)	0.3% (19/5899)
		Unknown	0.1% (1/6148)	0.1% (2/5899)
Access Time (Referral to Initial Assessment)	Up to 7 days	2.3% (139/6148)	4.2% (247/5899)	
	8 to 14 days	4% (248/6148)	8.6% (506/5899)	
	15 to 21 days	5.7% (351/6148)	9.5% (563/5899)	
	22 to 28 days	6.3% (389/6148)	9.5% (559/5899)	
	29 to 35 days	6.4% (394/6148)	8.3% (490/5899)	

	36 to 70 days	24.8% (1527/6148)	28.3% (1669/5899)
	71 to 140 days	31.9% (1962/6148)	21.0% (1237/5899)
	141 to 210 days	13.3% (815/6148)	6.9% (408/5899)
	211 to 280 days	3.1% (192/6148)	1.6% (92/5899)
	281 to 364 days	1.4% (89/6148)	1.5% (90/5899)
	More than a year	0.7% (42/6148)	0.6% (38/5899)
	Up to 6 weeks	31.1% (1912/6148)	48% (2831/5899)
	6-18 weeks	45.8% (2817/6148)	39.4% (2322/5899)
	18-52 weeks	22.4% (1377/6148)	12% (708/5899)
	Mean (Days)	88.1	65.9
	Mean (Weeks)	12.6	9.4
	Median (Days)	71	45.0
	Median (Weeks)	10.1	6.4
	Range (Days)	0-711	0-727
	Range (Weeks)	0-101.6	0-103.9
Overall Wait Time (Referral to Diagnosis)	Up to 7 days	0.6% (36/6131)	0.9% (48/5237)
	8 to 14 days	1% (59/6131)	2.2% (116/5237)
	15 to 21 days	1.7% (103/6131)	2.8% (146/5237)
	22 to 28 days	1.9% (119/6131)	3.4% (178/5237)
	29 to 35 days	2.2% (136/6131)	4.1% (213/5237)
	36 to 70 days	12.3% (755/6131)	20.2% (1057/5237)
	71 to 140 days	33.6% (2061/6131)	32.6% (1706/5237)
	141 to 210 days	23.8% (1459/6131)	18.8% (984/5237)

211 to 280 days	13.1% (804/6131)	8.1% (426/5237)
281 to 364 days	6.2% (382/6131)	4.9% (255/5237)
More than a year	3.5% (217/6131)	2.1% (108/5237)
Up to 6 weeks	9.5% (584/6131)	17.6% (923/5237)
6-18 weeks	37.9% (2321/6131)	42.9% (2245/5237)
18-52 weeks	49.1% (3009/6131)	37.4% (1961/5237)
Mean (Days)	151.4	123.6
Mean (Weeks)	21.6	17.7
Median (Days)	132	104.0
Median (Weeks)	18.9	14.9
Range (Days)	0-820	0-731
Range (Weeks)	0-117.1	0-104.4

Assessment

Question	Responses	Memory Assessment Services Spotlight Audit 2023 % (Num/Den)	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)
Q13. Place of assessment	Clinic	51.8% (3185/6148)	28.7% (1692/5899)
	Patient's usual place of residence	46.6% (2867/6148)	45.1% (2658/5899)
	Phone call	2% (123/6148)	23.8% (1406/5899)
	Video call	0.4% (25/6148)	11.2% (661/5899)
	Other	0.6% (39/6148)	0.7% (41/5899)
Q14. Was the video call facilitated by someone else? e.g. children or spouse	Yes	80% (20/25)	74% (489/661)
	No	12% (3/25)	12.3% (81/665)
	Unknown/Not documented	8% (2/25)	13.8% (91/665)
Q15. Reported alcohol consumption per week	0 units	51.2% (3148/6148)	52% (3066/5899)
	1-4 units	14.3% (877/6148)	13% (768/5899)
	5-9 units	5.6% (342/6148)	4.4% (260/5899)
	10-14 units	3.9% (238/6148)	3.5% (207/5899)
	More than 14 units	5.4% (331/6148)	5.4% (319/5899)
	Unknown	19.7% (1212/6148)	21.7% (1279/5899)
Was the patient asked about alcohol consumption?	Yes	80.3% (4936/6148)	78.3% (4620/5899)
	The patient's eyesight/vision	64.9% (3988/6148)	61.3% (3614/5899)

Q16. Is there evidence of a discussion about:	The patient's hearing	63% (3871/6148)	58.4% (3445/5899)
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)
Q17. Was the patient referred to occupational therapy for a functional assessment?	Yes, or Yes patient declined	11.2% (689/6148)	12.6% (744/5899)
	Not referred, reason unknown or unclear	16.4% (1008/6148)	-
	No service provided	5.0% (307/6148)	11.3% (665/5899)
	No, not appropriate	67.4% (4144/6148)	76.1% (4490/5899)
Q18. Was a falls history taken?	Yes	79.4% (4881/6148)	76.1% (4491/5899)
	No	20.6% (1267/6148)	23.9% (1408/5899)
Q19. Was the patient referred to diagnostic neuropsychological assessment?	Yes, or Yes patient declined	10.9% (673/6148)	9% (528/5899)
	No service provided/available for referral	1.4% (84/6148)	3.3% (193/5899)
	No, not appropriate	74.2% (4561/6148)	80.1% (4724/5899)
	Not referred, reason unknown or unclear	13.5% (830/6148)	7.7% (454/5899)
Any physical health checks, including alcohol consumption, vision, hearing loss, and falls history	Patients had at least one physical health check	94.4% (5803/6148)	92.9% (5481/5899)
	Patients had four physical health checks	47.7% (2933/6148)	43.1% (2545/5899)
	No physical health check	5.6% (345/6148)	7% (418/5899)

Investigations

Question	Responses	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)
Q20. Was a brain scan requested by memory service?	Yes	47.3% (2910/6148)	45.2% (2665/5899)
	No	52.7% (3238/6148)	53.4% (3149/5899)
Q21. Reason scan was not requested	Previous Scan	59.7% (1932/3238)	-
	Contraindicated	1% (31/3238)	-
	Patient Declined	5.1% (165/3238)	-
	Not Required	25.7% (831/3238)	-
	Not Known	8.6% (279/3238)	-
Q23. Who requested the scan?	GP	4.1% (119/2910)	4.8% (128/2665)
	Memory Service	93.7% (2728/2910)	92.4% (2462/2665)
	Hospital	2.2% (63/2910)	2.8% (75/2665)
Q24. Was a scan performed?	Yes	93.6% (2725/2910)	89.8% (2392/2665)
	No	6.4% (185/2910)	10.2% (273/2665)
Q25. What scan was performed?	MRI	29.8% (812/2725)	31.8% (761/2392)
	CT	71.6% (1951/2725)	69.9% (1671/2392)
	Both	1.4% (38/2725)	1.7% (40/2392)
Q26. Reason scan was not performed:	Previous scan	15.1% (28/185)	43.2% (118/273)

	Contraindicated	1.1% (2/185)	1.5% (4/273)
	Patient declined	40.5% (75/185)	39.2% (107/273)
	Not required	7.6% (14/185)	16.1% (44/273)
	Not Known	35.7% (66/185)	-
Combined Brain Scan Requested and Performed	Brain Scan Requested and Performed	44.3% (2725/6148)	40.5% (2392/5899)
	Brain Scan Requested and Not Performed	3% (185/6148)	6.1% (358/5899)
	Brain Scan Not Requested	52.7% (3238/6148)	53.4% (3149/5899)
Q28. Were specialised investigations performed? e.g. PET/DAT/SPECT scan/CSF examination	Yes	2.1% (129/6148)	2.2% (130/5899)
	No	97.9% (6019/6148)	97.8% (5769/5899)
Q29. What specialist investigations were performed?	PET scan	52.7% (68/129)	26.9% (35/130)
	DAT scan	34.1% (44/129)	37.7% (49/130)
	SPECT scan	11.6% (15/129)	33.8% (44/130)
	CSF	6.2% (8/129)	6.2% (8/130)
What specialist investigations were performed? (From total sample)	PET scan	1.1% (68/6148)	0.6% (35/5899)
	DAT scan	0.7% (44/6148)	0.8% (49/5899)
	SPECT scan	0.2% (15/6148)	0.7% (44/5899)
	CSF	0.1% (8/6148)	0.1% (8/5899)
Assessment to Brain Scan Request Time	Up to 7 days	75.1% (2184/2910)	67.7% (1804/2665)
	8 to 14 days	10.5% (307/2910)	12.3% (327/2665)
	15 to 21 days	3.6% (105/2910)	4.3% (115/2665)

	22 to 28 days	2.3% (67/2910)	2.4% (63/2665)
	29 to 35 days	2.3% (67/2910)	2.3% (61/2665)
	36 to 70 days	3.6% (106/2910)	6.0% (161/2665)
	71 to 140 days	1.8% (53/2910)	3.2% (85/2665)
	141 to 210 days	0.5% (14/2910)	1.0% (27/2665)
	211 to 280 days	0.2% (6/2910)	0.5% (14/2665)
	281 to 364 days	0.0% (1/2910)	0.3% (8/2665)
	More than a year	0% (0/2910)	0% (0/2665)
	Up to 6 weeks	95% (2764/2910)	90.7% (2417/2665)
	6-18 weeks	4.2% (121/2910)	7.4% (197/2665)
	18-52 weeks	0.9% (25/2910)	1.9% (51/2665)
	Mean (Days)	8.9	13.9
	Mean (Weeks)	1.3	2.0
	Median (Days)	0	1.0
	Median (Weeks)	0	0.1
Range (Days)	0-300	0-341	
Assessment to Brain Scan Time	Up to 7 days	36.8% (1002/2725)	18.3% (437/2392)
	8 to 14 days	3% (83/2725)	6.1% (146/2392)
	15 to 21 days	6.1% (167/2725)	6.3% (150/2392)
	22 to 28 days	6.3% (171/2725)	7.5% (180/2392)
	29 to 35 days	6.5% (177/2725)	8.3% (199/2392)
	36 to 70 days	26.7% (728/2725)	31.1% (743/2392)

	71 to 140 days	11.3% (307/2725)	16.7% (399/2392)
	141 to 210 days	2.5% (69/2725)	3.6% (87/2392)
	211 to 280 days	0.6% (16/2725)	1.6% (38/2392)
	281 to 364 days	0.2% (5/2725)	0.6% (13/2392)
	More than a year	0% (0/2725)	0% (0/2392)
	Up to 6 weeks	65.2% (1776/2725)	55% (1316/2392)
	6-18 weeks	31% (846/2725)	37.2% (890/2392)
	18-52 weeks	3.8% (103/2725)	7.8% (186/2392)
	Mean (Days)	35.9	50.2
	Mean (Weeks)	5.1	7.2
	Median (Days)	26	39.0
	Median (Weeks)	3.7	5.6
	Range (Days)	0-357	0-361
Brain Scan Performed Wait Time (Brain Scan Request to Brain Scan Performed)	Up to 7 days	8.6% (234/2725)	20.7% (495/2392)
	8 to 14 days	7.2% (195/2725)	9.8% (235/2392)
	15 to 21 days	12% (326/2725)	9.7% (231/2392)
	22 to 28 days	10.9% (296/2725)	9.4% (224/2392)
	29 to 35 days	11% (299/2725)	9.7% (233/2392)
	36 to 70 days	36.5% (995/2725)	27.6% (660/2392)
	71 to 140 days	11.7% (320/2725)	11.1% (264/2392)
	141 to 210 days	1.5% (41/2725)	1.6% (38/2392)
	211 to 280 days	0.5% (13/2725)	0.4% (9/2392)

	281 to 364 days	0.1% (4/2725)	0.1% (3/2392)
	More than a year	0.1% (2/2725)	0% (0/2392)
	Up to 6 weeks	61% (1661/2725)	69.9% (1672/2392)
	6-18 weeks	36.1% (985/2725)	27.1% (649/2392)
	18-52 weeks	2.8% (77/2725)	3% (71/2392)
	Mean (Days)	42.3	36.1
	Mean (Weeks)	6	5.2
	Median (Days)	36	29.0
	Median (Weeks)	5.1	4.1
	Range (Days)	0-400	0-325

Diagnosis

Question	Responses	Memory Assessment Services Spotlight Audit 2023 % (Num/Den)	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)
Q30. Recorded diagnosis	Alzheimer's disease	30.1% (1848/6148)	29.4% (1734/5899)
	Vascular dementia	11.9% (729/6148)	12.0% (708/5899)
	Dementia with Lewy bodies	1% (60/6148)	1.3% (79/5899)
	Behavioural variant frontotemporal dementia	0.2% (15/6148)	0.3% (17/5899)
	Posterior cortical atrophy	0.1% (9/6148)	0.2% (11/5899)
	Parkinson's disease dementia	1.5% (92/6148)	1.7% (99/5899)
	Mixed dementia (dementia of more than one type)	20.8% (1280/6148)	19.1% (1126/5899)
	Alcohol related dementia included Korsakoff Syndrome	0.2% (14/6148)	0.4% (25/5899)
	Unspecified dementia (if working diagnosis please select this option)	4% (248/6148)	4.9% (287/5899)
	Other dementia	0.7% (40/6148)	0.5% (29/5899)
	Mild Cognitive Impairment (MCI)	17% (1045/6148)	16.3% (963/5899)
	Subjective cognitive impairment/no illness specified	1.8% (112/6148)	1.4% (81/5899)

	Primary psychiatric diagnosis (e.g. depression, anxiety, schizophrenia)	1% (63/6148)	1.0% (58/5899)	
	Functional cognitive disorder	0.4% (23/6148)	0.3% (20/5899)	
	Other (not dementia)	9.3% (570/6148)	11.2% (662/5899)	
Q31. Was this diagnosis:	Confirmed	90.4% (5559/6148)	89.5% (4689/5237)	
	Working	9.6% (589/6148)	10.5% (548/5237)	
Diagnosis Wait Time (Initial Assessment to Diagnosis)	Up to 7 days	31.4% (1926/6131)	32.0% (1674/5237)	
	8 to 14 days	5.1% (313/6131)	6.0% (314/5237)	
	15 to 21 days	3.8% (231/6131)	4.2% (218/5237)	
	22 to 28 days	3.6% (218/6131)	3.6% (191/5237)	
	29 to 35 days	3.7% (228/6131)	3.4% (177/5237)	
	36 to 70 days	16.3% (1002/6131)	16.0% (836/5237)	
	71 to 140 days	21.5% (1321/6131)	23.4% (1225/5237)	
	141 to 210 days	9.7% (597/6131)	8.3% (437/5237)	
	211 to 280 days	3.7% (226/6131)	2.7% (142/5237)	
	281 to 364 days	1.1% (67/6131)	0.4% (23/5237)	
	More than a year	0.1% (2/6131)	0% (0/5237)	
	Up to 6 weeks	50.4% (3090/6131)	52.4% (2742/5237)	
	6-18 weeks	31.9% (1956/6131)	33.9% (1774/5237)	
	18-52 weeks	17.7% (1083/6131)	13.8% (721/5237)	
		Mean (Days)	63.3	57.6
		Mean (Weeks)	9	8.2

	Median (Days)	42	37.0
	Median (Weeks)	6	5.3
	Range (Days)	0-367	0-338

Treatment and Support

Question	Responses	Memory Assessment Services Spotlight Audit 2023 % (Num/Den)	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)
Q33. Was anti-dementia medication prescribed? (<i>D= patients with any diagnosis of dementia</i>)	Yes	54.1% (2347/4335)	55.7% (2293/4115)
	Patient declined	6.9% (297/4335)	6% (247/4115)
	No, not appropriate	32.7% (1416/4335)	31.7% (1305/4115)
	No, contraindicated	6.3% (275/4335)	6.6% (270/4115)
Q34. Which medication was prescribed? This refers to the initial prescription (<i>see recorded diagnosis and medication prescribed table below</i>)	Donepezil	57.9% (1363/2353)	55.9% (1290/2308)
	Rivastigmine oral	2.3% (55/2353)	2.9% (67/2308)
	Rivastigmine transdermal patch	3% (70/2353)	4.2% (97/2308)
	Galantamine	1.8% (42/2353)	1.2% (28/2308)
	Memantine	34.6% (815/2353)	35.2% (813/2308)
	AChEI and Memantine	0.3% (8/2353)	0.6% (13/2308)
Q35. Was the patient offered cognitive stimulation therapy (CST)?	Yes	17.4% (1069/6148)	-
	No, not appropriate	37.1% (2281/6148)	-
	No, service not available	27.8% (1712/6148)	-
	Not Recorded	17.7% (1086/6148)	-

Percentage of patients with a dementia diagnosis receiving offer of CST (not appropriate excluded)		30.8% (1036/3367)	-	
Percentage of patients with a dementia diagnosis for whom CST was not available (not appropriate excluded)		41.1% (1384/3367)		
Q35b. Was this provided (CST)?	Face to face	37.3% (399/1069)	20.3% (131/644)	
	Virtual	3% (32/1069)	15.5% (100/644)	
	Patient declined	39.2% (419/1069)	46.7% (301/644)	
	Both face to face and virtual	-	11.2% (72/644)	
	Other	8.2% (88/1069)	6.2% (40/644)	
	<i>*Recategorized from comments</i>	Not provided	0.3% (3/1069)	-
		Waiting list	6.9% (74/1069)	-
Unknown		5.1% (54/1069)	-	
Q36. Was the patient offered a dementia advisor or navigation type service (either in house or referral on)?	Yes, this was offered	59.3% (3645/6148)	52% (3069/5899)	
	No, not appropriate	32.1% (1975/6148)	31.8% (1875/5899)	
	No, other	0.7% (40/6148)	1.5% (91/5899)	
	No, service not available	2.6% (160/6148)	5.2% (308/5899)	
	<i>*Recategorized from comments</i>	Signposted	0.9% (54/6148)	2.7% (158/5899)
		Not offered	0.6% (39/6148)	0.9% (54/5899)
Unknown		3.8% (235/6148)	5.8% (344/5899)	
Q36b. 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	Yes, patient accepted	-	82.4% (75/91)	
	Yes, patient declined	-	6.6% (6/91)	
	No, not appropriate	-	9.9% (9/91)	
	No, other	-	1.1% (1/91)	

house or referral on)?				
Q37. Was the carer offered a psychoeducation course (either in house or referral on)? For example: START, CRISP programme	Yes, carer accepted	15.6% (962/6148)	13% (768/5899)	
	Yes, carer declined	6.7% (412/6148)	6.3% (369/5899)	
	No, patient did not have dementia	22% (1354/6148)	24.7% (1456/5899)	
	No, no carer or relative	4.1% (255/6148)	3.4% (202/5899)	
	No, service not available	30.1% (1851/6148)	33% (1945/5899)	
	No, other	1.9% (114/6148)	3.8% (225/5899)	
	*Recategorized from comments	Referred/ Signposted	5.1% (313/6148)	4.4% (259/5899)
		Not Offered	1.7% (103/6148)	2.3% (136/5899)
		Not appropriate	3.1% (192/6148)	2.9% (174/5899)
		Pending/Awaiting referral	0.7% (42/6148)	-
Unknown		8.9% (550/6148)	6.2% (365/5899)	
Q38. Was the patient asked about being contacted for research?	Yes, patient consented	12.9% (796/6148)	12.8% (756/5899)	
	Yes, patient declined	12.4% (761/6148)	10.6% (626/5899)	
	Not appropriate	15.7% (964/6148)	14.2% (835/5899)	
	No documented discussion	59% (3627/6148)	62.4% (3682/5899)	

Primary Care correspondence

Question	Responses	Memory Assessment Services Spotlight Audit 2023 % (Num/Den)	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)
Q39. Were READ or SNOMED codes in relation to diagnosis included in letter correspondence to GP?	Yes	30.8% (1894/6148)	41.2% (2433/5899)
	No	69.2% (4254/6148)	58.8% (3466/5899)
Q40. Were other codes identifying the diagnosis included in letter correspondence to the GP?	Yes	57.4% (3526/6148)	-
	No	42.6% (2622/6148)	-

Recorded diagnosis and prescribed medication (N=2353 prescribed medication)

Diagnosis/Medication		AChEI and Memantine	Donepezil	Galantamine	Memantine	Rivastigmine oral	Rivastigmine Transdermal
Alzheimer's disease	2023	0.6% (8)	63.2% (873)	1.8% (25)	32.4% (447)	0.7% (10)	1.3% (18)
	2021	0.7% (10)	61.1% (823)	1.4% (19)	33.4% (450)	0.5% (7)	2.8% (38)
Vascular dementia	2023	0% (0)	25% (7)	0% (0)	67.9% (19)	3.6% (1)	3.6% (1)
	2021	0% (0)	29% (9)	0% (0)	67.7% (21)	0% (0)	3.2% (1)
Dementia with Lewy bodies	2023	0% (0)	25.6% (11)	0% (0)	9.3% (4)	30.2% (13)	34.9% (15)
	2021	0% (0)	21.8% (12)	0% (0)	7.3% (4)	41.8% (23)	29.1% (16)

Diagnosis/Medication		AChEI and Memantine	Donepezil	Galantamine	Memantine	Rivastigmine oral	Rivastigmine Transdermal
Behavioural variant frontotemporal dementia	2023	0% (0)	100% (3)	0% (0)	0% (0)	0% (0)	0% (0)
	2021	0% (0)	75% (3)	0% (0)	25% (1)	0% (0)	0% (0)
Posterior cortical atrophy	2023	0% (0)	50% (1)	50% (1)	0% (0)	0% (0)	0% (0)
	2021	0% (0)	50% (1)	0% (0)	50% (1)	0% (0)	0% (0)
Parkinson's disease	2023	0% (0)	19.7% (12)	0% (0)	9.8% ()	41% (25)	29.5% (18)
	2021	0% (0)	22.6% (14)	0% (0)	11.3% (7)	38.7% (24)	27.4% (17)

Mixed dementia	2023	0% (0)	55% (430)	1.9% (15)	40.2% (314)	0.6% (5)	2.3% (18)
	2021	0.3% (2)	53.1% (405)	1.3% (10)	40.8% (311)	1.7% (13)	2.8% (21)
Alcohol related dementia	2023	0% (0)	0% (0)	0% (0)	100% (2)	0% (0)	0% (0)
	2021	0% (0)	0% (0)	0% (0)	100% (1)	0% (0)	0% (0)
Unspecified dementia	2023	0% (0)	46.5% (20)	2.3% (1)	48.8% (21)	2.3% (1)	0% (0)
	2021	0% (0)	52.5% (31)	0% (0)	40.7% (24)	1.7% (1)	5.1% (3)
Other dementia	2023	0% (0)	50% (1)	0% (0)	50% (1)	0% (0)	0% (0)
	2021	0% (0)	33.3% (1)	0% (0)	33.3% (1)	0% (0)	33.3% (1)

Diagnosis/Medication		AChEI and Memantine	Donepezil	Galantamine	Memantine	Rivastigmine oral	Rivastigmine Transdermal
MCI	2023	0% (0)	100% (2)	0% (0)	0% (0)	0% (0)	0% (0)
	2021	7.1% (1)	50% (7)	0% (0)	35.7% (5)	0% (0)	7.1% (1)
Subjective cognitive impairment	2023	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
	2021	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
Primary psychiatric diagnosis	2023	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
	2021	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
Functional cognitive disorder	2023	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
	2021	0% (0)	100% (2)	0% (0)	0% (0)	0% (0)	0% (0)
Other (not dementia)	2023	0% (0)	75% (3)	0% (0)	25% (1)	0% (0)	0% (0)
	2021	0% (0)	100% (2)	0% (0)	0% (0)	0% (0)	0% (0)

Organisational Data Tables

Question	Responses	Memory Assessment Services Spotlight Audit 2023 % (Num/Den)	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)
QB. My service or clinic is in:	England	100% (138/138)	98.5% (132/134)
	Wales	0% (0/138)	1.5% (2/134)
Q1. What is the total number of patients completing the pathway to diagnosis between 1st January and 31st August 2023? *	Min	27	New to MAS 2023
	Max	3428	New to MAS 2023
	Median	313	New to MAS 2023
	Mean	447	New to MAS 2023
	Not stated	7	New to MAS 2023
Q2. Is your service accredited with the Memory Services National Accreditation Programme (MSNAP)?	Yes	35.5% (49/138)	39.6% (53/134)
	No	64.5% (89/138)	60.4% (81/134)
Q3. What organisation provides the memory service?	Mental Health Trust	94.9% (131/138)	90.3% (121/134)
	Acute Trust	0% (0/138)	0% (0/134)
	Community services provider	0.7% (1/138)	3.7% (5/134)
	Health Board (Wales only)	0% (0/138)	0.7% (1/134)
	GP (Wales only)	0% (0/138)	0% (0/134)
	Learning Disability service (Wales only)	0% (0/138)	0% (0/134)
	Other	4.3% (6/138)	5.2% (7/134)

Q4. Do you have a named research champion/lead?	Yes	73.9% (102/138)	82.8% (111/134)
	No	26.1% (36/138)	17.2% (23/134)
Q5. Do you have a named lead for young onset dementia (under 65)?	Yes	59.4% (82/138)	52.2% (50/134)
	No	34.1% (47/138)	38.8% (52/134)
	N/A	6.5% (9/138)	9% (12/134)
Q6. Which patients do you request an ECG for prior to commencing cholinesterase inhibitors?	All patients	23.9% (33/138)	24.6% (33/134)
	Patients where indicated e.g. with a slow pulse or cardiac condition	73.2% (101/138)	72.4% (97/134)
	Other	2.9% (4/138)	3% (4/134)
Q7. Are CT and MRI scans reported by neuroradiologists?	Yes	47.8% (66/138)	43.3% (58/134)
	No	52.2% (72/138)	56.7% (76/134)
Q8. Can you view scan images (e.g. using medical imaging technology such as PACS)?	Yes	39.9% (55/138)	38.8% (52/134)
	No	60.1% (83/138)	61.2% (82/134)
Q9. Is attending imaging appointments facilitated by the memory service?	Yes	24.6% (34/138)	23.9% (32/134)
	No	75.4% (104/138)	76.1% (102/134)
Q10a. Are you able to refer patients for: PET scans	Yes	86.2% (119/138)	76.9% (103/134)
	No	13.8% (19/138)	23.1% (31/134)
Q10b. Are you able to refer patients for: DAT scans	Yes	92% (127/138)	88.1% (118/134)
	No	8% (11/138)	11.9% (16/134)
Q10c. Are you able to refer patients for: CSF examination	Yes	50.7% (70/138)	44% (59/134)
	No	49.3% (68/138)	56% (75/134)
Q10d. Are you able to refer patients for: SPECT scans	Yes	71% (98/138)	77.6% (104/134)
	No	29% (40/138)	22.4% (30/134)

Q11a. Is there an opportunity for joint working with: Neurology	Yes, regular meetings (weekly/monthly)	14.5% (20/138)	10.4% (14/134)
	Yes, quarterly meetings	5.1% (7/138)	9% (12/134)
	Yes, adhoc advice	73.9% (102/138)	69.4% (93/134)
	No	6.5% (9/138)	11.2% (15/134)
	Other	0% (0/138)	New to MAS 2024
Q11b. Is there an opportunity for joint working with: Neuroradiology	Yes, regular meetings (weekly/monthly)	18.1% (25/138)	13.4% (18/134)
	Yes, quarterly meetings	2.2% (3/138)	7.5% (10/134)
	Yes, adhoc advice	60.9% (84/138)	60.4% (81/134)
	No	18.8% (26/138)	18.7% (25/134)
	Other	0% (0/138)	New to MAS 2024
Q11c. Is there an opportunity for joint working with: Geriatrics	Yes, regular meetings (weekly/monthly)	8% (11/138)	6.7% (9/134)
	Yes, quarterly meetings	0.7% (1/138)	6% (8/134)
	Yes, adhoc advice	81.2% (112/138)	74.6% (100/134)
	No	10.1% (14/138)	12.7% (17/134)
	Other	0% (0/138)	New to MAS 2024
Q11d. Is there an opportunity for joint working with: Parkinson's disease clinic	Yes, regular meetings (weekly/monthly)	3.6% (5/138)	3.7% (5/134)
	Yes, quarterly meetings	2.2% (3/138)	3.7% (5/134)
	Yes, adhoc advice	87.7% (121/138)	80.6% (108/134)
	No	5.8% (8/138)	11.9% (16/134)
	Other	0.7% (1/138)	New to MAS 2024
Q12. Do you offer a post diagnostic follow up monitoring service?	Yes for all patients	52.9% (73/138)	59% (79/134)
	Yes, for patients prescribed medication	31.9% (44/138)	26.9% (36/134)

	Yes, Other	11.6% (16/138)	9.7% (13/134)
	No	3.6% (5/138)	4.5% (6/134)
Q13. Do you provide or offer Cognitive Stimulation Therapy (CST)?	Yes, this is provided in-house	62.3% (86/138)	New to MAS 2024
	Yes, we refer to another service providing this	13.8% (19/138)	New to MAS 2024
	No, this is not available	23.9% (33/138)	New to MAS 204
	Yes combined	76.1% (105/138)	75% (99/132)

*These figures include responses from all participating services where the number of patients completing the pathway was known. However, the NAD Team queried numbers for the total number of patients completing the pathway to diagnosis that seemed very high or very low. Numbers lower than 100, or higher than 700, were queried and services were asked to confirm that the data they submitted was correct.

When we exclude services who did not confirm that their data was correct (11 services), the range for the total number of patients completing the pathway to diagnosis between 1st January and 31st August 2023 changes to 46-1437, the median changes to 313, and the mean changes to 383.

Questions for Services in Wales Only

Question	Responses	Memory Assessment Services Spotlight Audit 2023 % (Num/Den)	Memory Assessment Services Spotlight Audit 2021 % (Num/Den)
Q14. Is there an offer of a named contact for emotional support through the assessment period?	Yes	No Data	100% (2/2)
	No	No Data	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	No Data	100% (2/2)
	No	No Data	0% (0/2)
Q16. Is there a Dementia Diagnosis Providing Emotional Support Package included as part of all MAS staff induction?	Yes	No Data	0% (0/2)
	No	No Data	100% (2/2)
Q16_1. What proportion of MAS staff have completed this package?	Completed	No Data	0% (0/2)
	Not completed	No Data	0% (0/2)

Appendix IV – Standards Tools Mapping

Organisational questions	
Q1. What is the total number of patients completing the pathway to diagnosis between 1st January and 31st August 2023?	N/A
Q2. Is your service accredited with the Memory Services National Accreditation Programme (MSNAP)?	N/A
Q3. Organisation providing memory service.	N/A
Q4. Do you have a named research champion/lead?	<p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414344/pm-dementia2020.pdf</p> <p>Department of Health, Prime Minister's challenge on dementia 2020</p>
Q5. Do you have a named lead for young onset dementia (under 65)?	<p>Memory Services National Accreditation Programme Standards for Memory Services - Eighth Edition</p> <p>MSNAP 102 <i>There is a named lead within the service for people with young onset dementia.</i></p> <p>MSNAP 142 <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></p>
Q6. Which patients do you request an ECG for prior to commencing cholinesterase inhibitors?	<p>MSNAP 22. <i>Additional tests and investigations are carried out in accordance with NICE guidance, individual and clinical need, including electrocardiogram.</i></p>
Q7. Are CT and MRI scans reported by neuroradiologists?	<p>NICE NG97 1.2.13 <i>Offer structural imaging to rule out reversible causes of cognitive decline and to assist with subtype diagnosis, unless dementia is well established and the subtype is clear.</i></p> <p>MSNAP 21. <i>There is timely access to brain imaging in the assessment of people with suspected dementia to</i></p>

	<i>exclude cerebral pathologies and to help establish the subtype diagnosis.</i>
Q8. Can you view scan images (e.g. using medical imaging technology such as PACS)?	MSNAP 21. There is timely access to brain imaging in the assessment of people with suspected dementia to exclude cerebral pathologies and to help establish the subtype diagnosis.
Q9. Is attending imaging appointments facilitated by the memory service?	RCPsych 2022, Core standards for community mental health services Teams provide support to patients when their care is being transferred
Q10a. Are you able to refer patients for: PET scans	NICE NG97 1.2.15 If the diagnosis is uncertain (see recommendation 1.2.14) and Alzheimer's disease is suspected, consider either: FDG-PET (fluorodeoxyglucose-positron emission tomography-CT), or perfusion SPECT (single-photon emission CT) if FDG-PET is unavailable Or 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. If a diagnosis cannot be made after one of these tests, consider using the other one.
Q10b. Are you able to refer patients for: DAT scans	
Q10c. Are you able to refer patients for: CSF examination	
Q10d. Are you able to refer patients for: SPECT scans	
Q11a. Is there an opportunity for joint working with neurology?	NICE NG97 1.2.7 If the person has suspected rapidly-progressive dementia, refer them to a neurological service with access to tests (including cerebrospinal fluid examination) for Creutzfeldt–Jakob disease and similar conditions. MSNAP 100. The service is appropriately and adequately staffed, including the following A neurologist MSNAP 142. 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)
Q11b. Is there an opportunity for joint working with neuroradiology?	MSNAP 85 The team receives training from other professionals involved in the work of the memory service, e.g. neuro-radiologists, social workers.
Q11c. Is there an opportunity for joint working with geriatrics?	MSNAP 99. The service is appropriately and adequately staffed, including the following A geriatrician MSNAP 127 The service provides training and outreach to other professionals and staff whose responsibilities include providing care and treatment of older people with dementia/ suspected dementia.

	Guidance: e.g. GPs; residential care, nursing homes and sheltered housing; domiciliary care; day care; hospital care, including inpatient services
Q11d. Is there an opportunity for working with Parkinson's disease clinic?	NICE guideline NG71 (Parkinson's) 1.2.2 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]
Q12. Do you offer a post diagnostic follow up monitoring service?	NG97 1.2.33 After a person is diagnosed with dementia, ensure they and their family members or carers (as appropriate) have access to a memory service or equivalent hospital- or primary-care-based multidisciplinary dementia service. NG97 1.2.34 Memory services and equivalent hospital- and primary-care-based multidisciplinary dementia services should offer a choice of flexible access or prescheduled monitoring appointments.
Q13. Do you provide or offer Cognitive Stimulation Therapy (CST)?	NG97 1.4.2 Offer group cognitive stimulation therapy to people living with mild to moderate dementia. MSNAP 106 People with dementia have access to a local programme of appropriate group Cognitive Stimulation Therapy (CST).

Patient level audit	
Q1. Age (at referral)	N/A
Q2. Sex	N/A
Q3. Gender	N/A
Q4. Sexual Orientation	N/A
Q5. Ethnicity	N/A
Q6. Is English the first language	N/A
Q7. Did the patient need an interpreter?	MSNAP 89 <i>The team works with interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances. Guidance: Services support interpreters with advice on dementia awareness and training where practical.</i>
Q8. Does the patient live alone	N/A
Q9. Lower Super Output Area	N/A

Referral	
Q10. Referred by:	MSNAP 3. <i>The service provides information about how to make a referral and waiting times for assessment and treatment.</i>
Q11. Date referral received:	N/A
Q12. Date seen for initial assessment:	MSNAP 6. <i>Initial contact is made with all people who are newly referred within two weeks of referral.</i> MSNAP 7. <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	
Q.13 Place of assessment?	<p>MSNAP 26. <i>Appointment times and locations are flexible, with the patient's needs being taken into consideration.</i> <i>Guidance: this might include offering home visits if appropriate.</i></p>
Q15. Reported alcohol consumption per week?	<p>MSNAP 24. <i>The assessment includes a physical health review, which takes place as part of the initial assessment or as soon as is practically possible.</i> <i>The review includes but is not limited to:</i> <ul style="list-style-type: none"> - Details of past medical history including long COVID; - Current physical health medication, including side effects and compliance with medication regime; - A check of vision, hearing, mobility and falls. - Lifestyle factors e.g. sleeping patterns, diet, smoking, exercise, sexual activity, drug and alcohol use </p>
Q16. Is there evidence of a discussion about the patient's eyesight/ vision?.... Is there evidence of a discussion about the patient's hearing?	<p>NICE NG97 1.2.6 <i>Refer the person to a specialist dementia diagnostic service (such as a memory clinic or community old age psychiatry service) if:</i> <ul style="list-style-type: none"> - reversible causes of cognitive decline (including delirium, depression, sensory impairment [such as sight or hearing loss] or cognitive impairment from medicines associated with increased anticholinergic burden) have been investigated and dementia is still suspected. </p> <p>MSNAP 24 <i>[as above Q15]</i></p>
Q17. Was the patient referred to occupational therapy for a functional assessment?	<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>
Q18. Was a falls history taken?	<p>NICE CG 161 (Falls) 1.1.1.1 <i>Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall/s.</i></p> <p>MSNAP 24 <i>[as above Q15]</i></p>
Q19. Was the patient 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 19 <i>The service has access to in-depth assessment of occupational functioning and neuropsychological assessment as required</i></p>

Investigations	
Q20. Was a brain scan requested by memory service?	NICE NG 97 1.2.13 <i>Offer structural imaging to rule out reversible causes of cognitive decline and to assist with subtype diagnosis, unless dementia is well established and the subtype is clear.</i> MSNAP 21. <i>There is timely access to brain imaging (if clinically required) in the assessment of people with suspected dementia to exclude cerebral pathologies and to help establish the subtype diagnosis</i>
Q21. Reason scan was not requested	N/A
Q22. Date scan requested?	N/A
Q23. Who requested the scan?	N/A
Q24. Was a scan performed?	N/A
Q25. What scan was performed?	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>
Q26. Date of CT or MRI scan?	
Q27. Were specialist investigations performed? Q28. What specialist investigations were performed?	NICE NG 97 See 1.2.9-1.2.32 MSNAP 22 <i>Additional tests and investigations are carried out in accordance with NICE guidance, individual and clinical need, including an electrocardiogram.</i>

Diagnosis	
Q 30. Recorded diagnosis: Q31. Working/ confirmed	NICE NG97 1.1.4 <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>
Q.32 Date diagnosis given:	MSNAP 8 <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 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>

Treatment and post diagnostic support	
<p>Q33 Was anti-dementia medication prescribed? Q34. What medication was prescribed?</p>	<p>NG97 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>1.5.3 <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>MSNAP 119. <i>When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are discussed, a timescale for response is set and patient consent is recorded.</i></p>
<p>Q35. Was the patient offered 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 106. <i>People living with dementia have access to a local programme of appropriate group Cognitive Stimulation Therapy (CST).</i></p>
<p>Q36. 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>MSNAP 126 <i>The memory service prioritises continuity of care. Guidance: By ensuring that a core and consistent team work in the service every week and by providing access to a named worker (e.g. lead professional, key worker, dementia advisor, care navigator, case manager).</i></p>
<p>Q37. Was the carer offered a psychoeducation course (either in house or referral)?</p>	<p>NICE NG97 1.11.1 <i>Offer carers of people living with dementia a psychoeducation and skills training intervention.</i></p>
<p>Q38. Was the patient asked about being contacted for research?</p>	<p>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></p> <p>MSNAP 54 <i>The service provides patients and their carers with information about adding their details to a research participation register and opportunities to participate in local, national and international research, such as National Institute for Health Research (NIHR), Health</i></p>

and Care Research Wales, the Medical Research Council, or equivalent local or national bodies

Primary care correspondence

Q39. Were READ or SNOMED codes in relation to diagnosis included in letter correspondence to GP?

NICE NG97 1.3.4

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).

1.3.5

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.

Appendix V – List of participants for Memory Services Spotlight Audit 2023

Barking and Dagenham Older Adults Mental Health team and Memory Service, North East London NHS Foundation Trust

Barnet Memory Service, Barnet, Enfield, and Haringey Mental Health NHS Trust

Barnsley Memory Services, South West Yorkshire Partnership NHS Foundation Trust

Bedford Memory Assessment Service, East London NHS Foundation Trust

Bexley Memory Service, OXLEAS NHS Foundation Trust

Birmingham Memory Assessment Service, Birmingham and Solihull Mental Health NHS Foundation Trust

Bolton Memory Assessment Service, Greater Manchester Mental Health NHS Foundation Trust

Bracknell Memory Clinic, Berkshire Healthcare NHS Foundation Trust

Bradford Memory Services, Bradford District Care NHS Foundation Trust

Brent Memory Service, Central and North West London NHS Foundation Trust

Bristol Dementia Wellbeing Service, Devon Partnership NHS Trust

Bromley Memory Service, OXLEAS NHS Foundation Trust

Bucks North Memory Clinic, Oxford Health NHS Foundation Trust

Bucks South Memory Clinic, Oxford Health NHS Foundation Trust

Camden Memory Service, Camden and Islington NHS Foundation Trust

Central Locality Community Memory Services, Cumbria, Northumberland Tyne and Wear NHS Foundation Trust

Central Manchester Memory Assessment Service, Greater Manchester Mental Health NHS Foundation Trust

Central Memory Assessment Service, Lancashire and South Cumbria NHS Foundation Trust

City & Hackney Dementia Service, East London NHS Foundation Trust

City and County Memory Clinics, North Staffordshire Combined Healthcare NHS Trust

Community Mental Health Team for Older People East Surrey, Surrey and Borders Partnership NHS Foundation Trust

Community Mental Health Team for Older People Guildford and Waverley, Surrey and Borders Partnership NHS Foundation Trust

Community Mental Health Team for Older People Mid Surrey, Surrey and Borders Partnership NHS Foundation Trust

Community Mental Health Team for Older People NE Hampshire, Surrey and Borders Partnership NHS Foundation Trust

Community Mental Health Team for Older People North West Surrey, Surrey and Borders Partnership NHS Foundation Trust

Community Mental Health Team for Older People Surrey Heath, Surrey and Borders Partnership NHS Foundation Trust

Coventry & Warwickshire Partnership NHS Trust Dementia and Memory Assessment Service, Coventry and Warwickshire Partnership NHS Trust

Croydon Memory Service, South London and Maudsley NHS Foundation Trust

Dementia Assessment Service (DAS) North, West Sussex, Sussex Partnership NHS Foundation Trust

Dementia Assessment Service (DAS) South, West Sussex, Sussex Partnership NHS Foundation Trust

Dementia Assessment Service (DAS) West, West Sussex, Sussex Partnership NHS Foundation Trust

Derwentside CMHT Memory Service, Tees, Esk and Wear Valleys NHS Foundation Trust

Devon Memory Services, Devon Partnership NHS Trust

DHCFT Memory Assessment Service (MAS), Derbyshire Healthcare NHS Foundation Trust

Doncaster Integrated Community Mental Health Team, Rotherham, Doncaster and South Humber NHS Foundation Trust

Durham & Chester-Le-Street CMHT Memory Service, Tees, Esk and Wear Valleys NHS Foundation Trust

Early Intervention Dementia Service, Worcestershire Health and Care NHS Trust

Early Memory and Diagnostic Support Services (EMDASS), Hertfordshire Partnership University NHS Foundation Trust

Easington CMHT Memory Service, Tees, Esk and Wear Valleys NHS Foundation Trust

East and West Suffolk MATS, Norfolk and Suffolk NHS Foundation Trust

East Kent Directorate, Kent and Medway NHS and Social Care Partnership Trust

East Memory Assessment Service, Lancashire and South Cumbria NHS Foundation Trust

Enfield Memory Service, Barnet, Enfield and Haringey Mental Health NHS Trust

Furness Older Adult Community Mental Health Team, Lancashire and South Cumbria NHS Foundation Trust

Fylde Coast Memory Assessment Service, Lancashire and South Cumbria NHS Foundation Trust

Greenwich Memory Service, OXLEAS NHS Foundation Trust

Halton Memory Assessment Service, Mersey Care NHS Foundation Trust

Hambleton & Richmondshire Memory Service, Tees, Esk and Wear Valleys NHS Foundation Trust

Haringey Memory Service, Barnet, Enfield and Haringey Mental Health NHS Trust

Harrogate & Ripon CMHT Memory Service, Tees, Esk and Wear Valleys NHS Foundation Trust

Hartlepool CMHT Memory Service, Tees, Esk and Wear Valleys NHS Foundation Trust

Herefordshire Memory Service, Worcestershire Health and Care NHS Trust

Heywood, Middleton and Rochdale Memory Assessment service, Pennine Care NHS Foundation Trust

High Weald Lewes & Havens Memory Service, Sussex Partnership NHS Foundation Trust

Hillingdon Memory Service, Central and North West London NHS Foundation Trust

Hull Memory Assessment Service East Riding Memory Assessment Service, Humber Teaching NHS Foundation Trust

Islington Memory & Dementia Navigator Service, Camden and Islington NHS Foundation Trust

Kendal Older Adult Community Mental Health Team, Lancashire and South Cumbria NHS Foundation Trust

Knowsley Memory Assessment Service, Mersey Care NHS Foundation Trust

Leeds Memory Assessment Service, Leeds and York Partnership NHS Foundation Trust

Lewisham Memory Service, South London and Maudsley NHS Foundation Trust

LPT Memory Assessment Service, Leicestershire Partnership NHS Trust

Luton Memory Service, East London NHS Foundation Trust

Memory Assessment Service - Cambridgeshire and Peterborough NHS Foundation Trust, Cambridgeshire and Peterborough NHS Foundation Trust

Memory Assessment Service Dorset, Dorset Healthcare University NHS Foundation Trust

Memory Assessment Service Cornwall, Cornwall Partnership NHS Foundation Trust

Memory Assessment Service Dudley, Black Country Healthcare NHS Foundation Trust

Memory Assessment Service Harrow, Central and North West London NHS Foundation Trust

Memory Assessment Service Northamptonshire, Northamptonshire Healthcare Foundation Trust (NHFT)

Memory Assessment Service Sandwell, Black Country Healthcare NHS Foundation Trust

Memory Assessment Service Walsall, Black Country Healthcare NHS Foundation Trust

Memory Assessment Service Wolverhampton, Black Country Healthcare NHS Foundation Trust

MHSOP Darlington CMHT including YOD, Tees, Esk and Wear Valleys NHS Foundation Trust

Middlesbrough CMHT Memory Service, Tees, Esk and Wear Valleys NHS Foundation Trust

Newbury Memory Clinic, Berkshire Healthcare NHS Foundation Trust

Newham Memory Clinic, East London NHS Foundation Trust

Norfolk and Waveney MATS, Norfolk and Suffolk NHS Foundation Trust

North Cumbria Community Memory Services, Cumbria, Northumberland Tyne, and Wear NHS Foundation Trust

North East Lincolnshire Community Mental Health and Memory Service, NAViGO Health and Social Care CIC

North Kent Directorate, Kent and Medway NHS and Social Care Partnership Trust

North Lincolnshire Memory Team, Rotherham, Doncaster, and South Humber NHS Foundation Trust

North Locality Community Memory Service, Cumbria, Northumberland Tyne, and Wear NHS Foundation Trust

North Manchester Memory Assessment Service, Greater Manchester Mental Health NHS Foundation Trust

North Memory Assessment Service, Lancashire and South Cumbria NHS Foundation Trust

North Somerset Memory Service, Avon and Wiltshire Mental Health Partnership NHS Trust

Nottingham Memory Assessment Service, Nottinghamshire Healthcare NHS Foundation Trust

Older Persons CMHT GYW Waveney, Norfolk and Suffolk NHS Foundation Trust

Older Persons Mental Health Services Solent, Solent NHS Trust

Oldham Memory Service, Pennine Care NHS Foundation Trust

Oxon Older Adult City Memory Clinic, Oxford Health NHS Foundation Trust

Oxon Older Adult North Memory Clinic, Oxford Health NHS Foundation Trust

Oxon Older Adult South Memory Clinic, Oxford Health NHS Foundation Trust

Reading Memory Clinic, Berkshire Healthcare NHS Foundation Trust

Redbridge Memory Service, North East London NHS Foundation Trust

Redcar & Cleveland CMHT Memory Service, Tees, Esk and Wear Valleys NHS Foundation Trust

RICE - The Research Institute for the Care of Older People, HCRG on Behalf of Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Richmond Memory Service, South West London and St George's Mental Health NHS Trust

Rotherham Memory Team, Rotherham, Doncaster, and South Humber NHS Foundation Trust

Ryedale CMHT Memory Service, Tees, Esk and Wear Valleys NHS Foundation Trust

Scarborough CMHT Memory Service, Tees, Esk and Wear Valleys NHS Foundation Trust

Sedgefield & Dales CMHT Memory Service, Tees, Esk and Wear Valleys NHS Foundation Trust

Sheffield Memory Service, Sheffield Health and Social Care NHS Foundation Trust

Shropshire Memory Service, Midlands Partnership NHS Foundation Trust

Slough Memory Clinic, Berkshire Healthcare NHS Foundation Trust

Somerset Memory Assessment Services, Somerset NHS Foundation Trust

South East Essex Memory Services, Essex Partnership University NHS Foundation Trust

South Gloucestershire Memory Service, Avon and Wiltshire Mental Health Partnership NHS Trust

South Locality Community Memory Service, Cumbria, Northumberland Tyne, and Wear NHS Foundation Trust

South Manchester Memory Assessment Service, Greater Manchester Mental Health NHS Foundation Trust

South Sefton Neighborhood Centre, Mersey Care NHS Foundation Trust

South Staffordshire Memory Service, Midlands Partnership NHS Foundation Trust

South West Essex Memory Services, Essex Partnership University NHS Foundation Trust

South West Hampshire Memory Assessment Service, Southern Health NHS Trust

Southport Memory Assessment Service, Mersey Care NHS Foundation Trust

Southwark and Lambeth Memory Service, South London and Maudsley NHS Foundation Trust

Specialist Dementia Frailty Services – Mid Essex, Essex Partnership University NHS Foundation Trust

Specialist Dementia Frailty Services – North East Essex, Essex Partnership University NHS Foundation Trust

Specialist Dementia Frailty Services – West Essex, Essex Partnership University NHS Foundation Trust

Specialist Memory Service Milton Keynes, Central and North West London NHS Foundation Trust

St Helens Memory Assessment Service, Mersey Care NHS Foundation Trust

Stockport Memory Service, Pennine Care NHS Foundation Trust

Stockton CMHT Memory Service, Tees, Esk and Wear Valleys NHS Foundation Trust

Sutton Memory Assessment Service, South West London and St George's Mental Health NHS Trust

Swindon Memory Service, Avon and Wiltshire Mental Health Partnership NHS Trust

Tameside Memory Assessment, Pennine Care NHS Foundation Trust

Thomas Leigh Memory Assessment Service, Mersey Care NHS Foundation Trust

Tower Hamlets Diagnostic Memory Clinic, East London NHS Foundation Trust

Trafford Memory Assessment Service, Greater Manchester Mental Health NHS Foundation Trust

Wakefield Memory Service, South West Yorkshire Partnership NHS Foundation Trust

Wandsworth Memory Service, South West London and St George's Mental Health NHS Trust

Warrington Memory Assessment Service, Mersey Care NHS Foundation Trust

West Kent Directorate, Kent and Medway NHS and Social Care Partnership Trust

West Memory Assessment Service, Lancashire and South Cumbria NHS Foundation Trust

Whitby CMHT Memory Service, Tees, Esk and Wear Valleys NHS Foundation Trust

Wigan Later Life & Memory Assessment Service, Greater Manchester Mental Health NHS Foundation Trust

Wiltshire Dementia Service, Avon and Wiltshire Mental Health Partnership NHS Trust

Windsor, Ascot & Maidenhead Memory Clinic, Berkshire Healthcare NHS Foundation Trust

Wokingham Memory Clinic, Berkshire Healthcare NHS Foundation Trust

York & Selby CMHT Memory Service, Tees, Esk and Wear Valleys NHS Foundation Trust