Memory Services Spotlight Audit Standards/ tool mapping

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. *There is a named lead within the service for people with young onset dementia.* MSNAP 166. *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).*
Which patients do you request ECGs for prior to commencing cholinesterase inhibitors?	MSNAP 131. *Additional tests and investigations are carried out in accordance with NICE guidance, individual and clinical need, including electrocardiogram.* Dementia Revealed: What Primary Care Needs to Know RCGP 2014. 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.
Are CT and MRI scans reported by neuroradiologists?	MSNAP 130. *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. NICE NG97 1.2.26 *If the dementia subtype is uncertain and vascular dementia is suspected, use MRI. If MRI is unavailable or contraindicated, use CT.*
Can you view scan images (e.g. using PACS)?	MSNAP 130. *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.*
Is attending imaging appointments facilitated by the memory service?	MSNAP 91, 95 RCPsych 2019, core standards for community based mental health services, 2.1, 2.2
Are you able to refer patients for PET scans?	NICE NG97 1.2.23 *If the diagnosis is uncertain (see recommendation 1.2.14) and frontotemporal dementia is suspected, use either FDG-PET or perfusion SPECT*
Are you able to refer patients for DAT scans?	Parkinson's disease in adults NICE guideline [NG71] Published: 19 July 2017 1.2.6, 1.2.7
Are you able to refer patients for CSF examination	NICE NG97 1.2.15 *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.*
Are you able to refer patients for SPECT scans?	
Is there an opportunity for joint working with neurology?	MSNAP 37. *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.*
Is there an opportunity for joint working with neuroradiology?	MSNAP 70 *The team receives training from other professionals involved in the work of the memory service, e.g. neuro-radiologists, social workers.*

Is there an opportunity for joint working with geriatrics?	MSNAP 36. *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.* MSNAP 75. *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.*
Is there an opportunity for working with Parkinson's disease clinic?	NICE guideline [NG71] 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]*
Does the service provide evidence-based interventions to patients such as Cognitive Stimulation Therapy (CST) and carer support?	MSNAP 182. *People living with dementia have access to a local programme of appropriate group Cognitive Stimulation Therapy (CST).* MSNAP 183. *People living with dementia have access to individual Cognitive Stimulation Therapy (iCST).* *RSPsych Core Standards for community based mental health services: 13.2, 13.3, 13.5*
Do you offer a post diagnostic follow up monitoring 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.*
Do you provide or offer any of the following post diagnostic service?	NG97 1.4.1 *Offer a range of activities to promote wellbeing that are tailored to the person's preferences.*

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?	MSNAP 23.2.2 *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.*
Does the patient live alone	N/A
Lower Super Output Area	N/A

Referral	
Referred by:	MSNAP 91. *The service provides information about how to make a referral and waiting times for assessment and treatment.*
Date referral received:	
Date seen for initial assessment:	MSNAP 94. *Initial contact is made with all people who are newly referred within two weeks of referral.* MSNAP 95. *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.*

Assessment	
Place of assessment?	MSNAP 22. *The assessment takes place at a time and in an environment that is acceptable to all parties.*
Reported alcohol consumption per week?	MSNAP 159. *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.*
Is there evidence of a discussion about the patient's eyesight/ vision?	NICE NG97 1.8.11 *Encourage people living with dementia to have eye tests every 2 years. Consider referring people who cannot organise appointments themselves.* MSNAP 120. *The assessment includes a check of vision, hearing, mobility and falls.*
Is there evidence of a discussion about the patient's hearing?	NICE NG97 1.8.10 *For guidance on hearing assessments for people with suspected or diagnosed dementia, see adults with suspected dementia in the NICE guideline on hearing loss.* *Hearing loss in adults: assessment and management* *NICE guideline [NG98]Published: 21 June 2018* *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.* MSNAP 120. *The assessment includes a check of vision, hearing, mobility and falls.*
Is there evidence the patient was referred to occupational therapy for a functional assessment?	NICE NG97 1.4.4 *Consider cognitive rehabilitation or occupational therapy to support*

	functional ability in people living with mild to moderate dementia.
Was a falls history taken?	NICE NG97 1.8.6 *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* MSNAP 120.1.13 *The assessment includes a check of vision, hearing, mobility and falls.*
Referred to diagnostic neuropsychological assessment?	NICE NG97 1.2.11 *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.* MSNAP 123 The service has access to in-depth assessment of occupational functioning and neuropsychological assessment as required

Investigations	
Date scan requested?	N/A
Who requested scan?	N/A
Was a scan performed?	N/A
Date of CT or MRI scan?	NG97 1.2.26 *If the dementia subtype is uncertain and vascular dementia is suspected, use MRI. If MRI is unavailable or contraindicated, use CT.*
Were specialist investigations performed?	MSNAP 130-133

	Additional tests and investigations are carried out in accordance with NICE guidance, individual and clinical need.

Diagnosis	
Date diagnosis given:	MSNAP 96.17,48 *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.*
Recorded diagnosis:	NICE NG97 1.1.4 *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.*

Treatment and post diagnostic support	
Was medication offered?	MSNAP 171. *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.* *NG97 1.5.2* *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.* *This recommendation is from NICE technology appraisal guidance on donepezil, galantamine, rivastigmine*

	and memantine for the treatment of Alzheimer's disease. *1.5.3* *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.* *Treatment should be under the conditions specified in 1.5.5.* *This recommendation is from NICE technology appraisal guidance on donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease.*
Which medication was prescribed?	1.5.2 *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.* *This recommendation is from NICE technology appraisal guidance on donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease.* 1.5.3 *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.* *Treatment should be under the conditions specified in 1.5.5.* *This recommendation is from NICE technology appraisal guidance on donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease.*

Referred for cognitive stimulation therapy (CST)	NICE NG97 1.4.2 *Offer group cognitive stimulation therapy to people living with mild to moderate dementia.* MSNAP 182. *People living with dementia have access to a local programme of appropriate group Cognitive Stimulation Therapy (CST).* MSNAP 183. *People living with dementia have access to individual Cognitive Stimulation Therapy (iCST).*
Was the patient offered a care coordination or navigation type service (either in house or referral on)?	NICE NG97 1.3.1 *Provide people living with dementia with a single named health or social care professional who is responsible for coordinating their care.*
Was the carer offered a psychoeducation course (either in house or referral on) (e.g. START, CRISP)?	NICE NG97 1.11.1 *Offer carers of people living with dementia a psychoeducation and skills training intervention.*
What other interventions were provided (e.g. psychosocial support or vocational rehab support)?	NICE NG97 *1.7.2* *As initial and ongoing management, offer psychosocial and environmental interventions to reduce distress in people living with dementia.* MSNAP 156. *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* MSNAP 178. *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.* MSNAP 180.

	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. MSNAP 187 *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.*
Was post-diagnostic counselling offered?	MSNAP 140. *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.*
What is provided in terms of follow up monitoring?	NICE NG97 1.1.8 *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).*
Consent taken to be contacted for research	NICE NG97 1.1.11 *Tell people living with dementia (at all stages of the condition) about research studies they could participate in.* MSNAP 9.2.10,11 *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.*

Primary care correspondence	
Were READ or SNOMED codes in relation to diagnosis included in letter correspondence to GP?	NG 97 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.*