Review of National Memory Assessment Services (MAS)

Identifying good practice examples and opportunities for improvement

LEEDS BECKETT UNIVERSITY

GWELLIANT CYMRU IMPROVEMENT CYMRU

NHS England

Published by Leeds Beckett University, commissioned by NHS England and supported by Improvement Cymru.

Leeds Beckett University, City Campus, Leeds, LS1 3HE, UK

How to cite this source:

Smith, S.J. Greene, L., Brown, S., Rithalia, A., Surr, C.A. (2023). Review of National Memory Assessment Services (MAS): Identifying good practice examples and opportunities for improvement. Leeds Beckett University. Leeds.

Summary

Who should read this report?

This report is aimed at:

- People involved in commissioning and developing memory assessment services in England and Wales
- Managers and staff working in memory assessment services
- People interested in development and best practice in memory assessment services, including anyone involved in quality improvement, researchers, clinicians, people living with dementia and their families

---

What is the purpose of the report?

The report explores Memory Assessment Services (MAS) in England and Wales including:

- if/how the COVID-19 pandemic has affected services,
- some of the challenges that MAS are facing, and
- examples of innovative service delivery which address some of these challenges.

The report provides ideas to support ongoing practice development within MAS, with the aim of continual improvements in service delivery, increased dementia diagnosis rates and the provision of high-quality peri- and post-diagnostic support services.

What does the report include?

Findings from a national survey of MAS and case studies of good or innovative practice at 15 sites in England and Wales

---

Who took part?

Responses from 40 MAS in England and nine from Wales were included in the analysis of the survey. Thirteen case studies were located in England and two in Wales.

Survey Findings

Respondents

Respondents were from across England (n=40) and Wales (n=9) with the greatest representation from the North East and Yorkshire regions. Most worked in MAS located in Mental Health and Community Trusts, but some MAS were also based in acute trusts, primary care or other organisations.

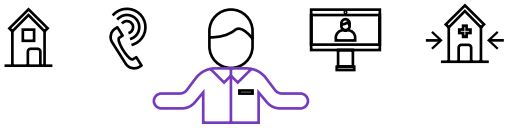
How MAS appointments are delivered

Very few MAS reported delivering their service using one mode of appointment, where this was reported this was by providing appointment visits in the patient's own home. Most services used a mix of modes of appointment including telephone, video conferencing and in person at a hospital. Non-NHS settings and primary care were the least likely settings for appointments.

FREQUENT REPORTED MODALITIES

Of our respondents 78% said the current model of delivery was different to pre-COVID and 79% said the current model was how they planned to deliver the service moving forwards.

For those who had changed their usual appointment setting or method since COVID, most indicated that they would retain blended approaches that offer optionality for patients.

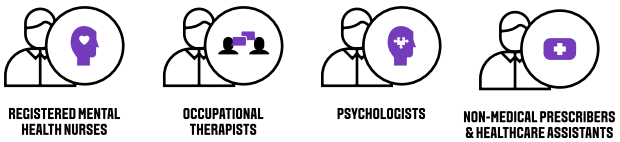


There was recognition of the importance of offering face to face appointments.

> "We will continue to deliver face to face assessments as our standard care pathway. There will be opportunities for patients to choose remote/virtual consultations however patients have not preferred for this as yet. This could be due to working in a relatively deprived area where people do not have access to internet."

Workforce

All MAS based in Mental Health and Community Trusts included Old Age Psychiatrists in their workforce, with a large majority of MAS also including or describing access to Registered Mental Health Nurses, Occupational Therapists, and Psychologists. Non-medical prescribers and healthcare assistants were also commonly employed staff groups.



Some staff groups were less frequently represented, including neurologists and neuropsychologists, dementia navigators, admiral nurses and Alzheimer's society outreach workers.

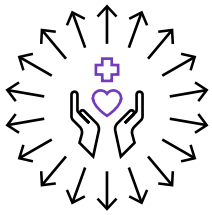
GAPS REPORTED BY **78%** OF RESPONDENTS

Gaps in the workforce were reported by 78% of respondents. Reported gaps related to general service capacity and resourcing, as well as the need to have more specialist staff to support for people with MCI, rarer dementia and provide post diagnostic support.

Services offered within MAS

Most MAS were commissioned to offer assessment and diagnosis to those aged over 65, with the majority offering a diagnostic service to those under 65 too. Neuropsychology assessment, occupational therapy and cognitive stimulation therapy were offered by most services. Where patients needed to access specialist components of assessment, such as imaging or biomedical assessment, these were less frequently commissioned as part of the service but could be accessed via other parts of the NHS.

SPECIALIST SUPPORT OFFERED ELSEWHERE



Post diagnostic support services (with the exception of Cognitive Stimulation Therapy) were less likely to be commissioned by the MAS but could be accessed via other providers. For example, information sessions or care co-ordinators. More specialist support, such as Admiral Nurses, were not commonly offered or accessible elsewhere.

When about gaps in current service commissioning 45% of MAS in England said they had gaps, 29% said there were no gaps and 26% were unsure. Reported gaps in commissioning related to support for MCI and less common forms of dementia and post diagnostic and carer support.

45% ✓ **29%** ✗ **26%** ?

Case Study Findings

We invited MAS (who completed the survey) to take part in a case study if their service had novel or innovative service design or delivery that could be shared with other MAS. This report shares examples of innovative service features that were present in our case study sites.

Personalised Care Pathways

In several sites, personalised care pathways meant operating a tailored approach to referral into the service or triage systems that signposted people quickly to the appropriate route of assessment. For example, at one site the service offers different pathways that are based upon patient needs and presentation at screening.

> *"Clients we would sort of divide people up into different pathways depending on how they present. So from … people that look like they've got established cognitive impairment or established dementia, but nobody has formally diagnosed them through to people that you may have comorbid major mental health difficulties may be considerably younger and may still be working. So we've we developed a number of different pathways." (Staff member one)*

The idea of the pathways ensures that people are not over or under assessed whilst ensuring that diagnostic accuracy is maintained.

> *"So it's making sure that we're giving the right type of assessment, to the right clients so that the with the exception of the formulation pathway, the other pathways people get are the same assessment process. But how much of which bits they get will depend on how much they need." (Staff member 1)*

Post Diagnostic Support

Half of the case studies featured innovative approaches to post diagnostic support. In some cases, this referred to specific interventions such as cognitive stimulation therapy and delivering this in different ways to make it more accessible.

In some sites, innovative post diagnostic support meant adopting an extended model of post diagnostic support such as one site where post diagnostic support is offered until end of life. The lifetime support includes a one-month post-diagnostic review, followed by six-monthly comprehensive reviews by a dementia-specialist worker, which can be increased in frequency where complexities exist/arise, until the person with dementia has stabilised. At least one review annually is conducted in the person's own home.

Support for MCI and Rarer Dementia

This was a key feature of the service in two cases. One site offers pre diagnostic support, diagnosis and post diagnostic support for younger people with dementia for as long as required.

> *"I work with the younger person's memory service and if someone needs nursing input prior to diagnosis, that will be through the younger person's memory service, which is one of the reasons why there's not dementia name in the service because a lot of people referred to the service won't have dementia… And then when someone receives a diagnosis with dementia, then will remain within the younger person's memory service until they have no need for us or until they're 65" (Consultant Psychiatrist)*

This has also afforded the opportunity for re(de)diagnosis.

> *"there was a kind of natural point there to start looking at diagnoses again when you repeat cognitive tests. And then you look back and think, well, right over a period of years, this hasn't declined. This isn't really consistent with your diagnosis anymore…. I think that is quite unique to our service because we do follow people up long term even if there aren't major issues." (Consultant psychiatrist – Site 4)*

This was only possible because of the length of time people are followed up within the MAS, rather than being discharged and has enabled staff to identify people who they may have expected to decline but have not. This approach may not be viable in services that do not offer an extensive follow up in this age group.

Equity of Access

Examples of services that promoted equity of access included those that had adopted culturally appropriate practices. One site was located in a city region with a high South Asian population. They noticed that members of this community were not being referred into the service at the same rate as white British people. This service has worked with local GPs to dispel myths about dementia and to highlight the potential benefits of referring for/seeking a diagnosis. They undertook a project to develop a culturally appropriate version of the Addenbrookes cognitive assessment which included revised questions and translation into Urdu and Hindi. They employ staff who speak some of the languages spoken in the local community so assessments can be conducted in their preferred language.

Innovative examples of working with external services

One example of a novel approach to external working was seen in which the team established a relationship with Digital Technologies Wales and was able to loan equipment, for example, iPads and Echo Dots, to trial with their service users.

> *"How technology can advance somebody's independence, looking at different ways in which we can enable people to be independent rather than just looking at kind of not using technology…there's a perception there with older people, they'll be less likely to use technology, but our outcomes of that are very different." (OT assistant practitioner – Site 14)*

The team based their interventions around technology that is affordable and is often already in people's homes, or that can be easily purchased.

Specialist staff

One site provided an example of a service that utilises specialist staff for a large portion of their service provision. The use of specialist staff in this service has two benefits 1) service users have bespoke pre and post diagnostic specialist support 2) reducing the need for psychiatrist input. The MAS occupational therapy (OT) service is a new service that delivers evidence-based pre-diagnostic assessment and post-diagnostic intervention. Each case is discussed at weekly MDT meeting and service users are referred to the OT team on a needs-based basis. For service users in receipt of OT support, once the OT team have completed their intervention (on average 12 weeks but can be shorter or longer) the service user will be discharged but will remain on the wider MAS caseload. To assist other healthcare professionals (e.g. GP), the OT team conduct re-assessments to determine if there have been any changes to an individual's clinical or functional profile.

Location of memory services

The location of services featured in some of the cases, often alongside innovative workforce practices or approaches, as a means to increase diagnosis rates and/or the efficacy of post diagnostic support. For example, at one site the service had identified some localities across the area it serves which have low referral and dementia diagnosis rates. They considered targeted ways to increase referrals from these areas. Public brain health sessions were suggested as a possible solution, and these were commissioned for delivery by a local charity.

> *"And the idea of the brain health sessions was to get down to grassroots. So we want [sessions] in supermarkets. We want them in libraries, in leisure centres. We were sort of saying, right, how do we get right down to … a really basic level with people who are out shopping and, oh, let's talk about brain health. This is why it is important." (Service Manager)*

Summary

- Variation exists in the way that MAS are provided, and many changes to how services are delivered, made because of the COVID pandemic, have been retained and have generated opportunities to for services to streamline, refine and improve MAS pathways. MAS need to routinely (re)evaluate the design and delivery of their services to ensure they meet local needs and/or gaps in service provision.

- Examples of good and innovative practice are evident across features of service provision (e.g. post diagnostic support, counselling), service structure (location of services, care pathways, accessibility), service workforce (use of GPs and specialists), and remit (supporting younger people, people with MCI or rarer dementia).

- Unmet local needs ranged from access to postdiagnosis services to developing services for recognised underserved communities. Meeting the needs of ethnically diverse communities is a recognised and evidenced gap in the MAS offer in the UK. This report presents examples of services adopting innovative local solutions designed to meet the needs of local ethnically diverse communities.

- We have identified the importance of adopting novel and innovative approaches that sit outside of 'typical' MAS models to address identified local need. Examples included the physical location of services or points of contact within the service pathway, including community-based public engagement events to increase diagnostic rates within specific communities.

- There were a number of commonly identified areas of local need that inform national priority areas for service development. These include post diagnostic support and support for support for people with MCI, younger people, and rarer dementias. Our case studies series offer examples of successfully addressing these shortfalls, and examples of best practice where services and commissioners were able to work together flexibility to support innovative practice.

- To achieve continual improvement and innovation in MAS, commissioners need to work with service managers to identify local service needs and be willing commission innovative approaches that enable MAS services to address these needs.

Case Study Overview

Case description	Service Features	Contact Details
Site 1 Improving the diagnostic process by streamlining multidisciplinary team meetings and medical input working with local external services (GP & audiology)	Personalised care pathways Equity of Access Innovative/examples working with external services	Daniel Harwood Croydon Memory Service Daniel. Harwood@slam.nhs.uk
Site 2 A team with specialist staff input commissioned to provide support from referral to end of life	Post diagnostic support Personalised care pathways Specialist staff (e.g. occupational therapy/admiral nurses)	Bethany Campbell Camden Memory Service camdenmemoryservice@candi.nhs.uk
Site 3 Providing tailored post-diagnostic support during the pandemic and beyond through adapted delivery of Cognitive Stimulation Therapy (CST) and other interventions	Post diagnostic support Equity of Access	Nicole Deenamode Islington memory and dementia navigator service islingtonmemoryservice@candi.nhs.uk
Site 4 Memory Hub and Younger Persons Memory Service with extended post diagnostic support	Post diagnostic support Support for MCI and rarer dementia	Susan Dodds Gateshead Specialist Memory Hub susan.dodds5@nhs.net
Site 5 A psychology orientated assessment and diagnostic service with personalised pathways	Personalised care pathways Specialist staff (e.g. occupational therapy/admiral nurses)	Nikki Belsham Memory Assessment Service, BSMHFT nicola.belsham@nhs.net
Site 6 Rapid referral triage, specialist diagnostic pathways, and in-house health testing with CST	Post diagnostic support Personalised care pathways Innovative/examples working with external services	Liz Carlise West Essex Specialist Dementia and Frailty Service liz.carlisle@nhs.net
Site 7 Providing culturally tailored assessment and diagnosis	Personalised care pathways Equity of Access Specialist staff (e.g. occupational therapy/admiral nurses)	Ambreen Kauser Bradford, Airewharfe & Craven Memory Assessment & Treatment Service Ambreen.Kauser@bdct.nhs.uk
Site 8 An approach to reducing assessment and diagnosis waiting lists with integration with primary care	Innovative/examples working with external services	Zumer Jawaid WNW MAS Leeds zumerarif.jawaid@nhs.net Louise Chahal louise.chahal@nhs.net

Site 9 Research Active Memory Assessment Service with a One Stop Shop and Innovative Brain Health Assessment and Support	Support for MCI and rarer dementia	Ross Dunne Central Manchester MAS Ross.Dunne@gmmh.nhs.uk Tony Ellis Tony.Ellis@gmmh.nhs.uk
Site 10 Ensuring culturally appropriate assessment and diagnosis for people from the Somali community and at least 12-months of post-diagnostic support within the service	Equity of Access	Dr Louise Mahon South Manchester Later Life MATS Louise.Mahon@gmmh.nhs.uk
Site 11 Post-diagnostic support for people with dementia delivered by people with dementia and Promoting brain health in the local community	Post diagnostic support Location of memory services (e.g. Primary Care, community)	Alison Couch Hull and East Riding MAS acouch@nhs.net Linda Haggie Alzheimers Society Linda.Haggie@alzheimers.org.uk
Site 12 Standalone MAS with specialist post-diagnostic primary care support	Post diagnostic support Innovative/examples working with external services Location of memory services (e.g. Primary Care, community)	Vanessa Loftus Kingston MAS vanessa.loftus@swlstg.nhs.uk
Site 13 Nurse-led Memory Assessment Service located in primary care	Innovative/examples working with external services Location of memory services (e.g. Primary Care, community)	Jason Willcox Brighton and Hove MAS jason.willcox@nhs.net
Site 14 MAS service with Specialist Occupational Therapy support	Post diagnostic support Specialist staff (e.g. occupational therapy/admiral nurses)	Zoe Williams MAS CTMUHB Zoe.williams@wales.nhs.uk
Site 15 Rural Service, nurse led, personalised approach	Location of memory services (e.g. Primary Care, community)	Louise Peters Radnorshire MAS Powys lhb louise.peters2@wales.nhs.uk