# Memory Assessment Service

# Service Specification

## Guidance for the Operation of teams

Service specification information
**Reference number:** ***1043***

**Version number: 1**

**Date of Equality Impact Assessment:**
*30/06/2022*

**Approval information**
**MH&LD Written Control Documentation Group**
*28/03/2023*

**Date made active:**
*03/04/2023*

**Review date:**
**Enter review date (normally three years from approval date)**

**Summary of document:**
This document applies to the Memory Assessment Service (MAS) within the Mental Health and Learning Disabilities Directorate of Hywel Dda University Health Board. It reflects the current Memory Assessment Service's operational delivery model, while highlighting ongoing service improvement work being undertaken to meet the standards defined within the All-Wales Dementia Care Pathway of Standards (2021).

**Scope:**
This service specification covers the delivery of the Memory Assessment Service (MAS) within Hywel Dda University Health Board. This includes how the service:

- Is underpinned by a single pathway to deliver a consistent, high standard of service, regardless of location.

- Operates by using a range of professionals including nurses, medical professionals, occupational therapists, administrators and healthcare support workers, across the Hywel Dda UHB region.
- Responds in a flexible and accessible manner to encourage a timely and inclusive delivery of dementia diagnosis.

Works with partner organisations to deliver memory assessment services

**To be read in conjunction with:**

*868 - All Wales Safeguarding Policy*– opens in a new tab
141 - Independent Mental Capacity Advocacy Service Policy – opens in a new tab
902 - Supervision Procedure for Nurses in the Mental Health/Learning Disability Directorate – opens in a new tab
415 – Clinical Supervision Policy– opens in a new tab
170 – Lone worker policy– opens in a new tab
768 Managing attendance at work policy– opens in a new tab
354 – SCIPS Policy– opens in a new tab
609 – Seclusion policy – opens in a new tab

**Owning group:**

Mental Health/Learning Disabilities Written Control Documents Group
*28/03/2023*
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**Glossary of Terms**

OAMH Older Adult Mental Health
LD Learning Disabilities
DWS Dementia Wellbeing Service
OAMH Older Adult Mental Health
CMHT Community Mental Health Team
ANP Advanced Nurse Practitioner
NMC Nursing and Midwifery Council
MHA Mental Health Act
NICE National Institute for Clinical Excellence
SALT Speech and Language Therapy
OT Occupational Therapist

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# Background

The Memory Assessment Service (MAS) is a primary care diagnostic pathway hosted by the Older Adult Mental Health service for people of any age with a suspected dementia. The service offers:

- Timely and sensitive diagnosis for people with dementia.
- Tailored information and education for service user and carers.
- Psychological and Medical Intervention.

Older Adult Mental Health Services thematically focus on sharing clinical expertise and improving care pathway integration within Primary Care, the West Wales Dementia Wellbeing Pathway and proportionately support "ageless" services development hosted by Adult Mental Health.

Dementia is a major public health issue in Wales, as our population is living longer, which means there are more people with dementia (*Alzheimer's Society and Welsh Assembly Government 2018*). This progressive loss in brain function places more demand on health and social care services across Wales, as well as requiring the additional support of families and carers.

An early diagnosis means that people are more likely to take control of their condition, plan for the future and live well with dementia (*Social Care Institute of Excellence 2020*). In line with National Institute for Health and Care Excellence (NICE) guidance, most new dementia diagnoses are made following referral to and assessment by a Memory Assessment Service (*Leeds Beckett University 2020*). The All Wales Dementia Care Pathway of Standards *(Improvement Cymru 2021)* defines twenty standards, that if achieved, will optimise the outcomes for those living with dementia. Memory Assessment Services are specifically identified in Standards 2-10. The need to increase diagnostic rates of dementia, in a timely and sensitive manner, is a focus of The Dementia Action Plan for Wales 2018-2022 (*Welsh Government 2018*). The plan outlines the approach Health and Social Care providers are taking throughout Wales to "*Create a Dementia Friendly Generation*".

Other strategies and policies that influence the design, delivery and ongoing development of our MAS service include:

- Together for Mental Health Strategy (Welsh Government 2012)
- A Healthier Mid and West Wales Our future generations living well (HDUHB 2019)
- West Wales Carers Strategy 'Improving lives for Carers' (West Wales Care Partnership 2020)
- Dementia Friendly Hospital Charter (Public Health Wales 2022)

Through Improvement Cymru, Welsh Government are asking those who deliver Memory Assessment Services to consider their approach to dementia diagnosis in a collaborative way with services users, carers, and partners including local authorities and third-sector providers. The current service delivery model, defined within this Service Specification, provides a stable foundation on which to continue to develop and improve how memory assessment is undertaken in our region.

# West Wales Memory Assessment Service

Hywel Dda University Health Board comprises of the three predominantly rural counties of Carmarthenshire, Ceredigion and Pembrokeshire.

Although MAS delivers services across all age groups most service users are older people. This over-65 population is higher in the West Wales region, with 25% of the total population being older people in comparison to a 20% average across Wales (*2020, Statistics for Wales*). According to the West Wales Care Partnership the proportion of older people in the region will increase to 30% by 2033 (*West Wales Care Partnership 2022*).

All MAS teams aim to:

- Offer assessments within 28 days of referral
- Provide a diagnosis within 12 weeks of referral
- Increase the number of people diagnosed with dementia in line with Dementia Action Plan for Wales (2021)
- Provide a compassionate values-based service using feedback from service users/families for continued improvement (Our Approach to Value Based Health Care Strategy 2022-2025)

**Service Offer**

Our Memory Assessment Service offers assessments and diagnosis for individuals who are referred to us with a suspected dementia, in the areas served by Hywel Dda University Health Board.

The clinical team forms part of the West Wales Dementia Well-being Pathway. We are a multidisciplinary team, working from four locations, Pembrokeshire, Ceredigion and North and South Carmarthenshire.

Services are designed in line with the All-Wales Dementia Care Pathway of Standards *(Improvement Cymru 2021)* and underpinned by the four themes.

**Theme 1: Accessible**

- Communicate with service users and carers considerately. Ensuring accessibility, cultural differences and the language used is adjusted to meet the needs of those involved
- Identify reasonable adjustments from the initial point of contact to meet the person's needs and personal preferences, while ensuring a seamless multidisciplinary approach
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**Theme 2: Responsive**

- Provide services underpinned by evidence-based assessment, diagnosis, treatment and intervention
- Ensure the skills and knowledge of staff are kept up-to-date and utilised effectively
- Measure outcomes and make improvements where services are not meeting targets
- Provide a range of interventions to support diagnosis

- Offer education and information on the importance of physical health activities to support and promote health

**Theme 3: Journey & Navigation**

- Have a single pathway from referral through to support. The pathway is the same regardless of where the service user lives
- Have clearly defined criteria and processes, that are used consistently by all staff operating within the service

**Theme 4: Partnerships & Relationships**

- Work closely with third-sector partners to ensure that the holistic needs of service users families and carers are met
- Ask for and listen to feedback from service users, staff members and others with an interest in memory assessment services on a regular basis

**Location**

Four clinics operate across the region:

- Carmarthen MAS - Heddfan, Glangwili Hospital, Carmarthen.
- Llanelli MAS - Caebryn, Prince Phillip Hospital, Llanelli
- Ceredigion MAS - Enlli, Bronglais Hospital, Aberystwyth
- Pembrokeshire MAS - Bro Cerwyn, Withybush Hospital, Haverfordwest

All clinics operate on an appointment only basis during standard working hours, Monday to Friday 9-5pm.

**MAS Team**

All clinics include a range of staff such as Advanced Nurse Practitioners, Consultant Psychiatrist, Nurses, Clinical Fellows, Consultant Neuropsychologist, Assistant Psychologists and Occupational Therapists. The service is supported by local administrators and medical secretaries.

**Delivery Partners**

These include:

- Health providers within primary and secondary care
- Community and In-patient mental health services
- Third sector organisations
- Regional local authorities

## Referring to Memory Assessment Service (MAS)

Referrals can be made by:

- General Practitioner/s (GP) and/or Advanced/Frailty Practitioners with delegated medical/GP Practice functions.
- Neurology and Physicians (if seen, assessed and neurological condition has been excluded)
- And other service/professions but they must also inform the GP

Referrals are made through the Welsh Admin Portal (WAP) and screened for by the OACMHT (Older Adults Community Mental Health Team).

**Inclusion Criteria:**
Adults with a suspected dementia.

**Exclusion Criteria:**
Referrals should not be made for memory assessment in the following circumstances:

- Under 18's
- Individuals with a profound and multiple Learning Disability
- People presenting with significant alcohol or substance misuse issues
- Individuals with physical health conditions (e.g., cancer, metabolic disorders) unless changes in cognitive functioning have been investigated and causal links excluded.
- Individuals with a known functional neurological disorder
- Individuals with a known neurological condition (except Parkinson's disease and stable epilepsy)
- Individuals with a known recent (12 months minimum) acquired or traumatic brain injury
- Individuals on an active Care and Treatment Plan with the Older Adult CMHT in which there is a Consultant Psychiatrist involved

**Required Referral Information:**
To rule out common reversible causes of memory impairment, we ask that a GP to undertake a series of tests *(Dementia Standard 5)* including a complete physical health screen (*Royal College of General Practitioners 2015*).
To make a referral the following information must be supplied:

- Information about the memory/cognitive problems, including screening tools used (e.g. GP-COG, 6CIT).
- Any risks (e.g. Safeguarding).
- Medical history and current medications.
- Results from dementia screening blood tests, which should not be more than three months old.
- Next of kin contact details.
- Consent

The referring GP is asked to provide the test results for:

- Routine haematology
- Biochemistry tests (electrolytes, calcium, glucose, and renal and liver function)
- Thyroid function.
- Serum vitamin B12 and folate levels.
- Electrocardiogram) (ECG).
- Other scans (i.e. CT scan) in patients under the age of 65 or where requested (*London Dementia Clinical Network 2019*).

## Memory Assessment Service Diagnostic Pathway

The Memory Assessment Service (MAS) Diagnostic Pathway is underpinned by an assessment with the individual and a formal or informal carer, a clinical assessment form is used which is referred to as the ABC of Formulation *(Appendix A)* The form guides practitioners within the multidisciplinary team through an evidence-based assessment procedure using a range of different validated assessment questionnaires to inform the assessment process. The key purpose of the form is to record and evidence the service user's memory assessment, from the information gathered at the point of referral through to treatment or intervention.
The form is split into three parts:

- Part A: Clinical Assessment
- Part B: Memory Assessment Formulation
- Part C: Post Formulation Action Plan/Medication plan

**Clinical Assessment**

This involves reviewing the information provided by the GP and/or referrer along with any other collateral information gained during the interview with the service user (and their carer). Consideration is made to identify any required reasonable adjustments and carers needs. The patient and carer are offered support from a third-sector provider, from the point their referral is received and accepted by the Memory Assessment Service *(Dementia Standard 7)*.
Prior to the clinical assessment the assessing practitioner will transfer referral information from Care Partner into the ABC of Formulation: Part A.
During the clinical assessment the assessing practitioner will ask the questions listed in Part A of ABC of Formulation.

A range of validated assessment tools that may be used include:

- Hospital Anxiety and Depression Scale (HADS)
- Informant Questionnaire on Cognitive Decline (IQCODE)
- Addenbrooke's Cognitive Examination (ACE-III)

Part B of the ABC Formulation form is update following Formulation with:

- The diagnosis, with corresponding ICD 11 and Read code
- The treatments and interventions recommended

**Memory Assessment Formulation Process**

Formulation describes the process of gathering evidence, to consider other clinical possibilities or if there is a dementia to confirm the likely subtype. It involves

multidisciplinary teams (MDTs) working together to agree an outcome of the memory assessment and the next steps required to support the person. Where there is an atypical presentation *(Appendix B Criteria for atypical possible dementia presentations* – opens in a new tab) the assessment will be discussed with a Consultant/s.

**Formulation**
The completed assessments will be presented at formulation. This is a multidisciplinary meeting may include:

- ANP
- Consultant/s
- Practitioners (presenting)
- Occupational Therapist (OT)
- Specialist doctor (if available).

During the Formulation, the chair will invite the practitioner who completed Part A to present to the group. The MDT will formulate, while considering evidence-based principles as described in *Criteria for atypical possible dementia presentations (Appendix B – opens in a new tab)* and a diagnosis agreed.

Following, a diagnosis Part B is of the formulation is updated with:

- The diagnosis, with corresponding ICD 10 and Read codes
- The treatments and interventions recommended (section 4.3)

**Treatments & Intervention**
Following completion of the Formulation process the individual is contacted and offered a follow up, face-to-face appointment with the practitioner/nurse who undertook the assessment. The purpose of this appointment is to give the person, carers or family members the opportunity to discuss the diagnosis and management plan options (*Dementia Standard 6*).

Subjects that may be discussed with the person include:

- Risks to the individual/others
- Health promotion and well being
- Support and local services
- Lasting Power of Attorney (LPA) and Finances
- Medication (refer to the appropriate medicines management guideline – discussion, side effects, monitoring, information and leaflets)
- DVLA requirement

Onward referrals may include Occupational Therapy (OT) and the third-sector support service for advice as required along with carers support services.

Once the discussion has taken place, Section C of the ABC of Formulation form is completed to record the choices made by the individual and their family member. A letter is sent to the GP with the outcome of the formulation process, the Read Code (if appropriate) and details of the choices made for ongoing care and support *(Dementia Standard 3)*.

**Mild Cognitive Impairment (MCI) Programme**
The MCI Programme offers a lifestyle intervention aiming to reduce risk of developing dementia through improvement to diet, exercise, sleep, and stress. The programme contributes to standards 8, 9 and 10 of the All-Wales Dementia Care Pathway of Standards (Improvement Cymru 2021). Individuals are offered a review appointment 12 months after receiving their diagnosis.

## Governance & Monitoring

**Safeguarding and Risk**
Staff have a statutory duty to report if they suspect an adult or child is at risk of abuse or neglect to the safeguarding team. To assist with this decision-making process staff have undertaken Safeguarding training and have access to a Safeguarding Process Map for decision making and reporting. This process guides staff to the appropriate action to report any concerns raised.
Professionals working in the community need to have a number of safeguards in place in order to minimise the risks to themselves and others in all circumstances. Safeguarding and identification of risk are of particularly importance for the Memory Assessment Service as it is recognised that people with dementia are a particularly vulnerable group.

All Memory Assessment Service staff members are required to incorporate the approaches defined in the following HDdUHB policies:

- Safeguarding
- Risk Management
- Lone Working

**Training & Development**
New Practitioners joining the service complete an induction process and attend identified training to ensure they carry out their role in line with best practice.

MEMORY ASSESMENT SERVICE (MAS) team members will have an annual Performance Appraisal & Development Review (PADR) or appraisal, at which an associated agreed Personal Development Plan will be developed.

All staff are responsible for keeping a record of training attended.

**Staff Supervision and Support**
Clinical supervision will be carried out in accordance with the Hywel Dda University Health Board Health Board's policy. Formal management supervision takes place at agreed intervals. Staff receive managerial and clinical supervision from their line manager, in line with the health board's policy.

Teams are encouraged to also include regular group or peer supervision and formulation meetings with other relevant professionals. MAS staff should follow the Code of Conduct relevant to their profession, which underpins supervision. This ensures that relationships between service users and staff are conducted within appropriate professional boundaries.

**Accessibility and Inclusivity**
In line with the All Wales Dementia Care Pathway of Standards (*Dementia Standard 2*) and the Equality Act 2010, equality information is gathered to identify the person's needs and personal preferences. Based on this information the MAS staff will discuss required reasonable adjustments needed by the service user and/or the carer to access the service. As dementias have a more significant impact on an older population, reasonable adjustments are also often related to age-related health issues including impairments to hearing, sight and mobility.

Patient letters and service information leaflets are produced in both Welsh and English along with any language that is required. Where requested, assessments will also be carried out through the medium of Welsh. If an individual requires an assessment to be carried out in a language other than Welsh or English Practitioners can arrange this through HDdUHB's Interpretation and Translation Services.

Patient facing information about the service can be accessed via the Hywel Dda University Health Board website:
Memory assessment service - Hywel Dda University Health Board (nhs.wales)

**Recording and Managing Information**
Throughout the service pathway, patient information is stored in a number of IT systems (e.g. WPAS, Care Partner, Welsh Clinical Portal). Data is managed in accordance with HDdUHB's Information Governance policies.

**Service Feedback**
Standardised and validated service satisfaction questionnaires are used (Appendix C). Feedback from the questionnaire will be evaluated and used to improve operational delivery.

**Monitoring Outcomes**
Data, stored by MAS, is used to provide quality assurance as well as to inform operational management decisions and the strategic direction of the Memory Assessment Service and the wider Older Adult Mental Health Services.
Key Performance Indicators (KPIs) used include:

- Number of new referrals each month
- Number of assessments within 28 days of referral
- Number of diagnosis within 12 weeks of referral

# References

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Value Based Health Care Strategy (2022-2025)
Nursing and Midwifery Council (2018) The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives. London: NMC. https://www.nmc.org.uk/
Welsh Language Standards.

# Appendix A: ABC of Formulation

ABC of formulation – opens in a new tab

# Appendix B: Criteria for atypical possible dementia presentations

For most patients presenting with a possible dementia, the standard MEMORY ASSESMENT SERVICE (MAS) (MAS) pathway will be sufficient. Although there are over 200 different disorders which can result in dementia, most case in adults aged 65 and over will be accounted for by Alzheimer's disease, Vascular dementia, mixed AD/VD or Lewy Body dementia. However, it is important that atypical presentations are recognised at an early stage, as more extensive investigation is likely to be required.

**Age**

The vast majority of cases of dementia appear in adults aged 65 or over, the frequency increasing with age.

Therefore young onset dementias (e.g. age<65) are atypical.

**Strong family history**

Although there is evidence for a genetic contribution (e.g. the APoE gene), most cases of dementia do not have a strong familiar component. If multiple members of the same family have developed dementia, particularly young onset, this is atypical.

**Rapid onset**

Most dementias develop very slowly, with symptoms manifesting gradually over a number of years. Dementias which develop over a period of weeks or months are atypical and will doubtlessly require further investigation.

**Movement disorders**

Lewy Body Dementia is considered a typical presentation and is accompanied by the development of motor problems either just before, at the same time, or within 12 months of the development of cognitive problems. However, there are a number of other less common disorders which affect both motor and cognitive function (e.g. Huntington's, PSP, MSA, CBD, MERF). These are usually classified as neurological disorders and are best catered for by the regional neurosciences service.

There is no Parkinson’s clinic within MEMORY ASSESMENT SERVICE (MAS) (MAS). These patients are seen either by neurology, or more commonly by Older Adult physicians.

**Fronto-temporal dementia**

Although fronto-temporal dementia is considered to be one of the more common forms, it is atypical because 1) it predominantly presents in individuals under the age of 65 and 2) the presenting symptoms are very different from those seen in AD/VD/mixed/DLB 3) there are a number of different subtypes of FTD, and 4) it can sometimes be the initial presenting sign of a more complex neurological syndrome such as Motor Neurone Disease. Identification of the cognitive hallmarks of FTD requires a more specialised assessment, which may include SALT assessment in the case of Primary Progressive Aphasia.

**Highly educated/highly functioning individuals**

Cognitive screening instruments are adequate for the majority of people who pass through MEMORY ASSESMENT SERVICE (MAS) (MAS). However, if someone is highly educated or very high functioning they may have experienced a considerable decline in cognition, yet still score highly on the ACE-III.

## Appendix C: Service Feedback Online Form

Microsoft Forms