



NAD
NATIONAL AUDIT
OF DEMENTIA

Memory Services Spotlight Audit 2023

Casenote Audit

ID. Username (eg ORGMSXXX)
name

Sample

50 consecutive patients seen for initial assessment from 01/01/2023 per registered service/clinic/team participating in the audit. This therefore excludes patients who were referred but declined to be seen by the service/ clinic or failed to attend.

You can enter more than 50 if you wish. If your service does not have 50 patients with an initial assessment in January, you may continue into February.

Please contact us if you need to continue into March, or if patients have not completed the pathway to diagnosis.

Please **do not** include patient identifiers such as name, address or NHS number.

Who should complete this audit?

The audit should be completed by memory service staff, this can include students and unqualified/junior staff with supervision. The audit does not need to be completed by the same person (e.g. 5 people can audit 10 case notes each).

Save: This will allow you to return and complete the questionnaire at a later date. To resume please log back into the survey.

Reset: Clears your answers on the current page.

Submit: Once you have answered all of the questions please click submit to send the data to the NAD team.

- A Please enter the 3 digit organisational code number, that follows **ORGMS:**
Unique identifier for your service for this audit. This will be in the form ORGMS001 etc. Please get in contact if you do not have this number.
E.g. 001

- B Please enter the audit patient number.
The number you have allocated for the set of patient notes you are auditing, Do not include NHS number or clinic ID number.

- C Is this an inter-rater reliability check?

- Yes
 No

- D My service or clinic is in:
There are some additional/ differing questions for services in Wales aligning with Welsh Government guidance.

- England
 Wales

1. 1. Age at referral

Age in whole years at the date of referral Age calculator available , or alternatively .

2. 2. Sex
Please respond with sex assigned at birth

- Male
 Female

3. 3. Gender
Please select option patient most identifies with

- Male
 Female
 Non-binary/Other
 Unknown/Not documented

4. 4. Sexual Orientation

- Heterosexual/Straight
- Gay or Lesbian
- Bisexual
- Other sexual orientation
- Unknown/Not documented

5. 5. Ethnicity

These are standard NHS ethnicities. *Select unknown/ not documented if no ethnicity recorded*

- Asian or Asian British (includes any Asian background e.g. Bangladeshi, Chinese, Indian, Pakistani)
- Black, African, Black British or Caribbean (includes any Black background)
- Mixed or multiple ethnic groups (includes any mixed background)
- White (includes any White background)
- Another ethnic group (includes any other ethnic group, e.g. Arab)
- Unknown/Not documented

6. 6. Is English the patient's first language?

- Yes
- No
- The patient is Welsh speaking
- Unknown/Not documented

7. 7. Did the patient need an interpreter?

- Yes, provided by family member
- Yes, provided by interpreter
- No
- Unknown/Not documented
- Interpreter not available/service unable to provide

8. 8. Does the patient live alone?

- Yes
- No
- Unknown/Not documented

9.a 9. Lower Super Output Area - Name Field (England)

To find the

Enter the postcode and this will give you the LSOA Name. E.g. SW1A 0AA will give you the name field Westminster 020C – please enter BOTH PARTS of this information, including the name as well as code, in the online form.

DO NOT submit the postcode in the data entry form.

9.b 9b. Lower Super Output Area - Name Field (Wales)

and click on Postcode to WIMD rank look up to download the spreadsheet. Enter the postcode in column A WITHOUT a space and this will give you the LSOA name. E.g. entering CF105AL will return the name Butetown 4. Enter the WHOLE of this as Butetown 4 on the data entry form.

Referral

10. 10. Who was the patient referred by?

- GP
- CMHT
- Acute Hospital
- Day Hospital
- Other

10.a *If other, please specify:*

11. 11. Date referral received (*must be in format DD/MM/YYYY*)

12. 12. Date seen for initial assessment (*must be in format DD/MM/YYYY*)

Assessment

13. 13. Place of assessment

Tick all that apply

- Clinic
- Patient's usual place of residence (select this if assessed at home or in a care home)
- Other (inpatient rehabilitation unit, short stay unit etc)
- Phone call
- Video call

14. 14. Was the video call facilitated by someone else?

e.g. children or spouse

- Yes
- No
- Unknown/Not documented

15. 15. Reported alcohol consumption per week

- 0 units
- 1-4 units
- 5-9 units
- 10-14 units
- More than 14 units
- Unknown/Not documented

16. 16. Is there evidence of a discussion about:

	Yes	No
a) The patient's eyesight/vision (e.g. does the patient wear glasses, last opticians appointment)	<input type="checkbox"/>	<input type="checkbox"/>
b) The patient's hearing (e.g. does the patient wear hearing aids)	<input type="checkbox"/>	<input type="checkbox"/>

16. 16. In addition to the above, if your service is in Wales is there evidence of a discussion about:

	Yes	No
c) The individuals general current physical health status and any current difficulty	<input type="checkbox"/>	<input type="checkbox"/>

17. 17. Was the patient referred to occupational therapy for a functional assessment?

- Yes OR Yes, but patient declined
- No service provided / available for referral
- NA not appropriate
- Not referred, reason unknown or unclear

18. 18. Was a falls history taken?
e.g. number of falls in the last 12 months, fear of falling

- Yes
- No

19. 19. Was the patient referred to diagnostic neuropsychological assessment?

- Yes OR Yes, but patient declined
- No service provided/ available for referral
- NA not appropriate
- Not referred, reason unknown or unclear

Any other comments about the assessment (*optional*)

20. 20. Was a brain scan **requested** by memory service?
Tick Yes if requested even if subsequently not carried out

- Yes
 No

21. 21. Reason scan was not requested:

- Previous Scan
 Contraindicated
 Patient declined
 Not required
 Not known

22. 22. Date scan requested? *(must be in format DD/MM/YYYY)*

23. 23. Who requested the scan?

If request goes through the GP but requested by Memory Service (due to local pathways) please select Memory Service.

- GP
 Memory Service
 Hospital

24. 24. Was a scan performed?

Tick no here if requested but not performed

- Yes
 No

25. 25. What scan was performed?

Tick both if the patient had a CT and MRI scan

- MRI
 CT

26. 26. Reason scan was not performed:

- Previous scan
 Contraindicated
 Patient declined
 Not required
 Not known

27. 27. Date of scan? *(must be in format DD/MM/YYYY)*

28. 28. Were specialised investigations performed?
e.g. PET/DAT/SPECT scan/CSF examination

- Yes
 No

29. 29. What specialised investigations were performed?
Tick all that apply

- PET scan
 DAT scan
 SPECT scan
 CSF examination

30. 30. Recorded diagnosis:

- Alzheimer's disease
 Vascular dementia
 Dementia with Lewy bodies
 Behavioural variant frontotemporal dementia - **Primary progressive aphasia**
 Behavioural variant frontotemporal dementia - **Posterior cortical atrophy**
 Parkinson's disease dementia
 Mixed dementia (dementia of more than one type)
 Alcohol related dementia included Korsakoff Syndrome
 Unspecified dementia (if working diagnosis please select this option)
 Other dementia
 Mild Cognitive Impairment (MCI)
 Subjective cognitive impairment/no illness specified
 Primary psychiatric diagnosis (e.g. depression, anxiety, schizophrenia)
 Functional cognitive disorder
 Other (not dementia)

31. 31. Was this diagnosis confirmed/ working?
Working diagnosis option can be ticked if diagnosis is yet to be confirmed due to outstanding tests

- Confirmed
 Working

32. 32. Date diagnosis was given?
(must be in format DD/MM/YYYY). This is the date the patient/ carer are informed of the diagnosis

Treatment and post diagnostic support

33. 33. Was anti-dementia medication prescribed?
This question refers to initial prescription of medication, at time of diagnosis

- Yes
- Patient declined
- No, not appropriate
- No, contraindicated

34. 34. Which medication was prescribed?
This question refers to initial prescription of medication, at time of diagnosis

- Donepezil
- Rivastigmine oral
- Rivastigmine transdermal patch
- Galantamine
- Memantine
- AChEI and Memantine (select if prescribed a Cholinesterase Inhibitor and Memantine)

35. 35. Was the patient offered cognitive stimulation therapy (CST)?

- Yes, this was offered
- No, not appropriate (e.g. advanced dementia, no dementia, language barrier)
- No, service not available
- Not recorded

Any other comments about CST (optional)

35.b 35b. Was this provided:

- Face to Face
- Virtual (online or other virtual)
- Patient declined
- Other

35.c *If other, please specify:*

36. 36. Was the patient offered a dementia advisor or navigation type service (either in house or referral on)?
England only. E.g. ongoing memory service care coordination, Alzheimer's Society care navigators, primary care dementia review clinic

- Yes, this was offered
- No, service not available
- No, other
- NA, not appropriate (e.g. patient did not have dementia)

36.a *If other, please specify:*

36.b 36b. Was the patient offered a dementia advisor or navigation type service from diagnosis to end of life (either in house or referral on)?

Wales only. E.g. ongoing memory service care coordination, Alzheimer's Society care navigators, primary care dementia review clinic

- Yes, this was offered
- No, service not available
- No, other
- NA, not appropriate (e.g. patient did not have dementia)

36.c *If other, please specify:*

37. 37. Was the carer offered a psychoeducation course (either in house or referral on)?
For example: START, CRISP programme

- Yes, carer accepted
- Yes, carer declined
- No, patient did not have dementia
- No, no carer or relative
- No, service not available
- No, other

37.a *If other, please specify:*

38. 38. Was the patient asked about being contacted for research?

- Yes, patient consented
- Yes, patient declined
- Not appropriate
- No documented discussion

Primary care correspondence

39. 39. Were SNOMED codes (formerly READ codes) in relation to diagnosis included in letter correspondence to the GP?

- Yes
- No

40. 40. Were other codes identifying the diagnosis included in letter correspondence to the GP?

Yes

No

Any other comments about diagnosis identification codes (optional)