

Survey of
Memory Assessment Services
Appendices II - IV:
Supplementary Analyses

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Data in the supplementary analyses and statistical tables is derived from the data tables and survey questions shown in Appendix I.

Appendix II: Standard Supplementary Analysis

Figure 1: Total Referrals Received (Apr 2024–Mar 2025) per Service / Trust (Q.5)

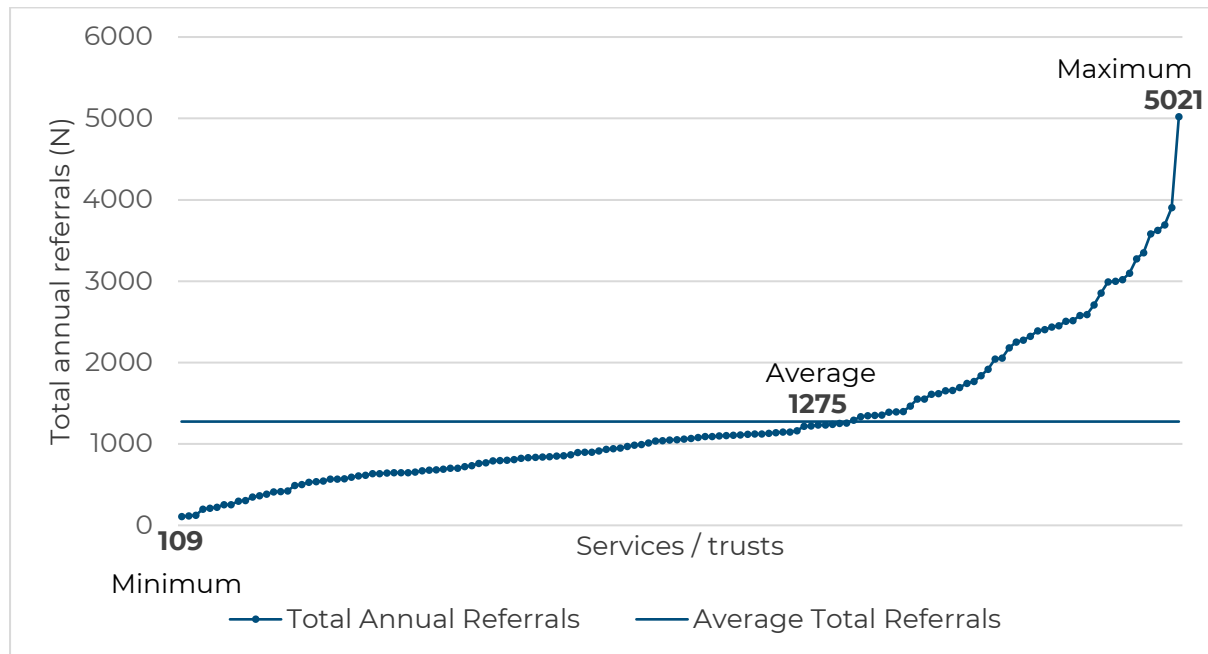


Figure 2: Total Referrals Received (Apr 2024–Mar 2025) per Service (only service-level responses) (Q.5)

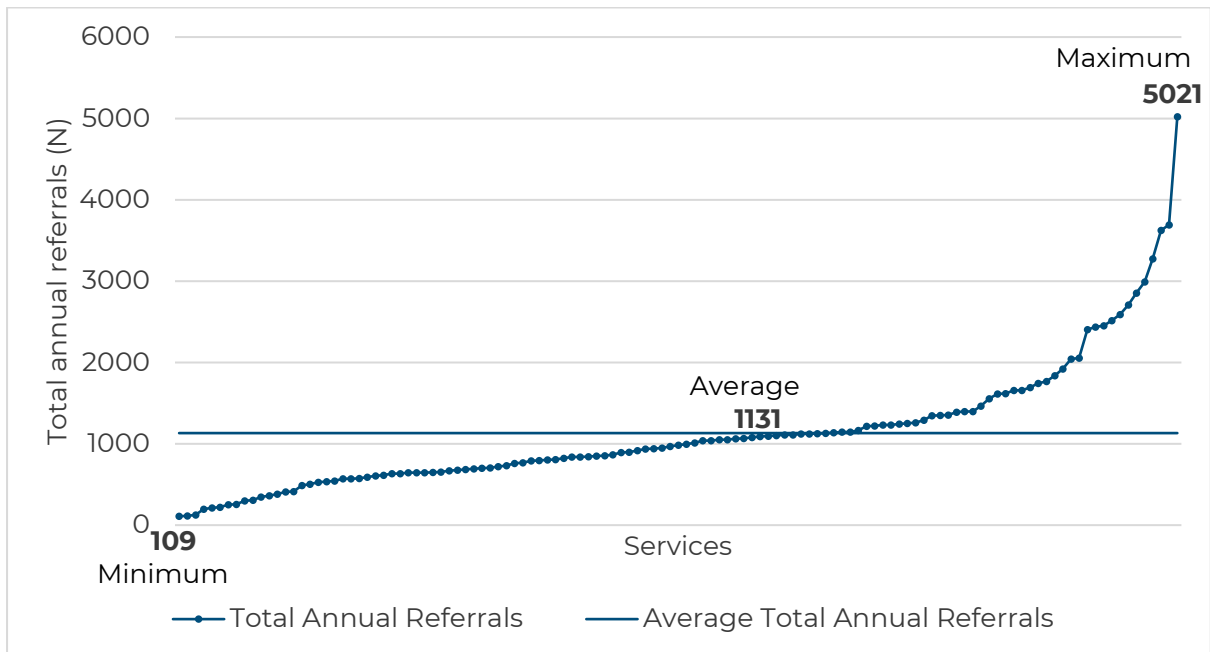
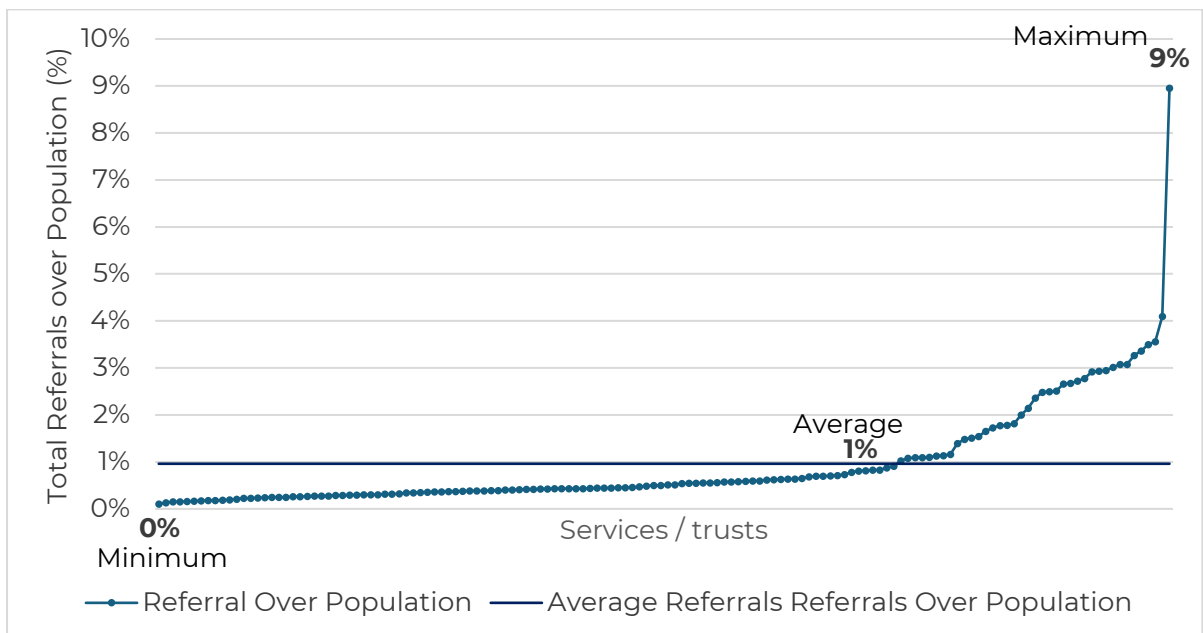
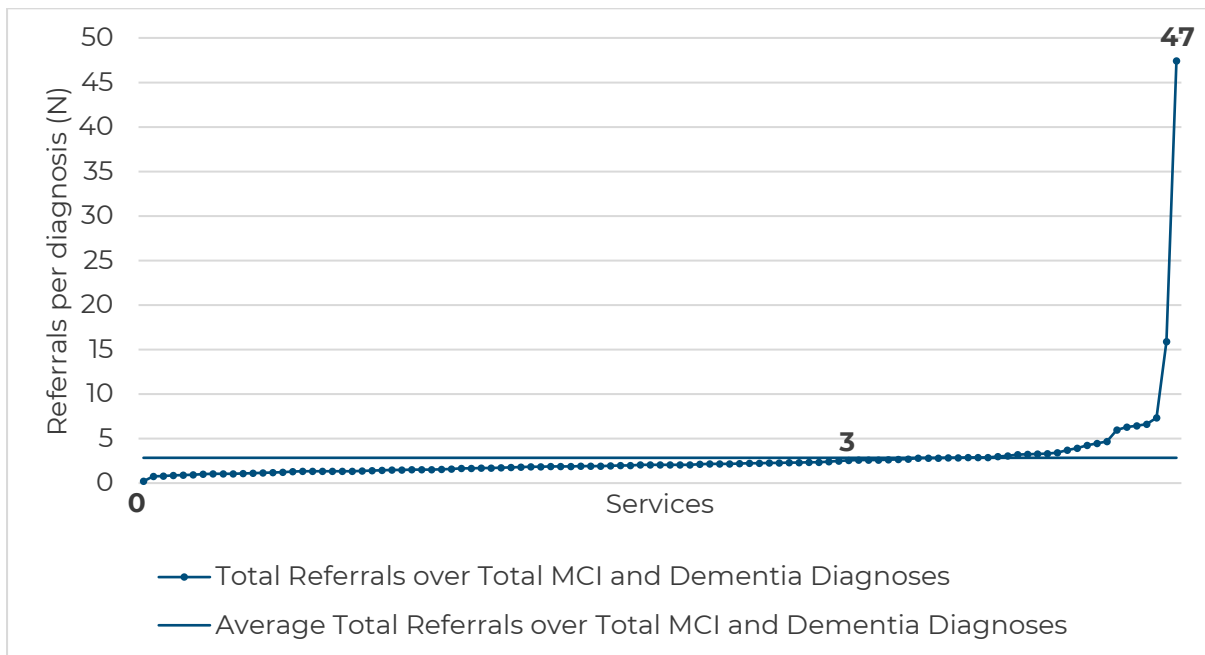


Figure 3: Total Referrals Received (Apr 2024–Mar 2025) over Estimated Population Served by Service (Q.5, Q.6)



Annual referral figures were divided by the estimated population size for each service and expressed as a percentage to indicate the rate of referrals relative to the population.

Figure 4: Total Referrals Received (Apr 2024–Mar 2025) over Overall Combined Annual Dementia and MCI Diagnoses (Apr 2024-Mar 2025) (Q.5, Q7)



Total number of referrals received between April 2024 and March 2025 divided by the total number of dementia and MCI diagnoses combined for the same period expressed as a ratio to illustrate referrals relative to total diagnoses.

Figure 5: Number of Patients Awaiting Initial Assessment per Service (as of Apr 1, 2025) (Q.9)

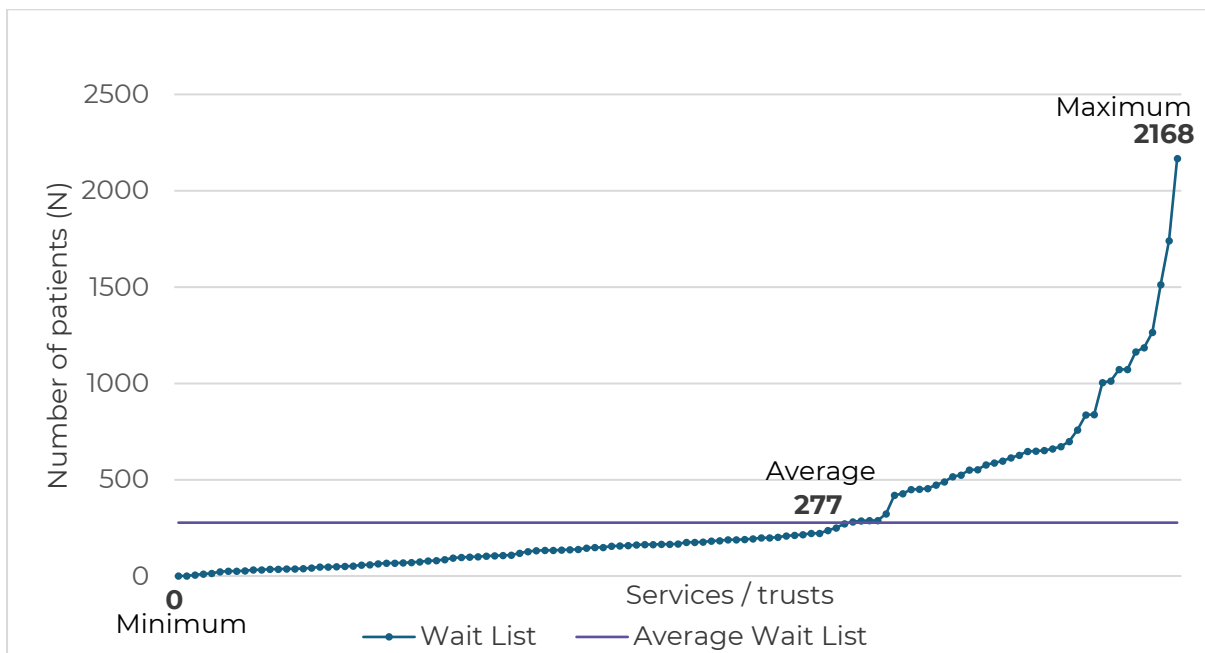


Figure 6: Number of Patients Awaiting Initial Assessment per Service (as of Apr 1, 2025) (only service-level responses) (Q.9)

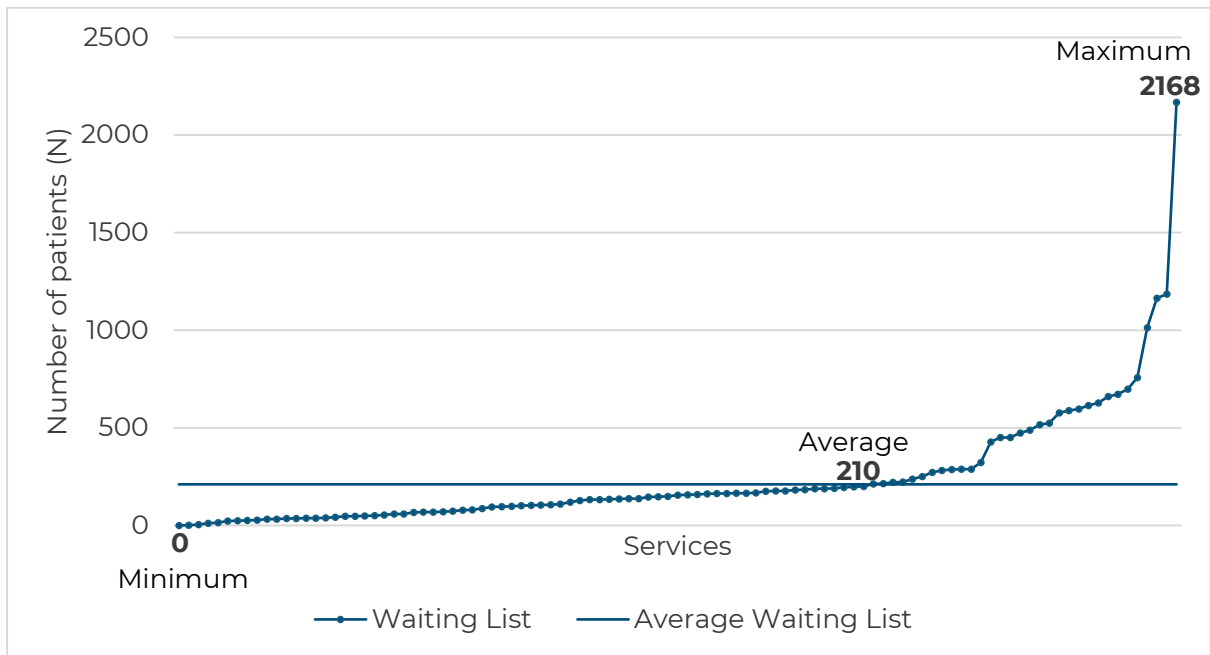
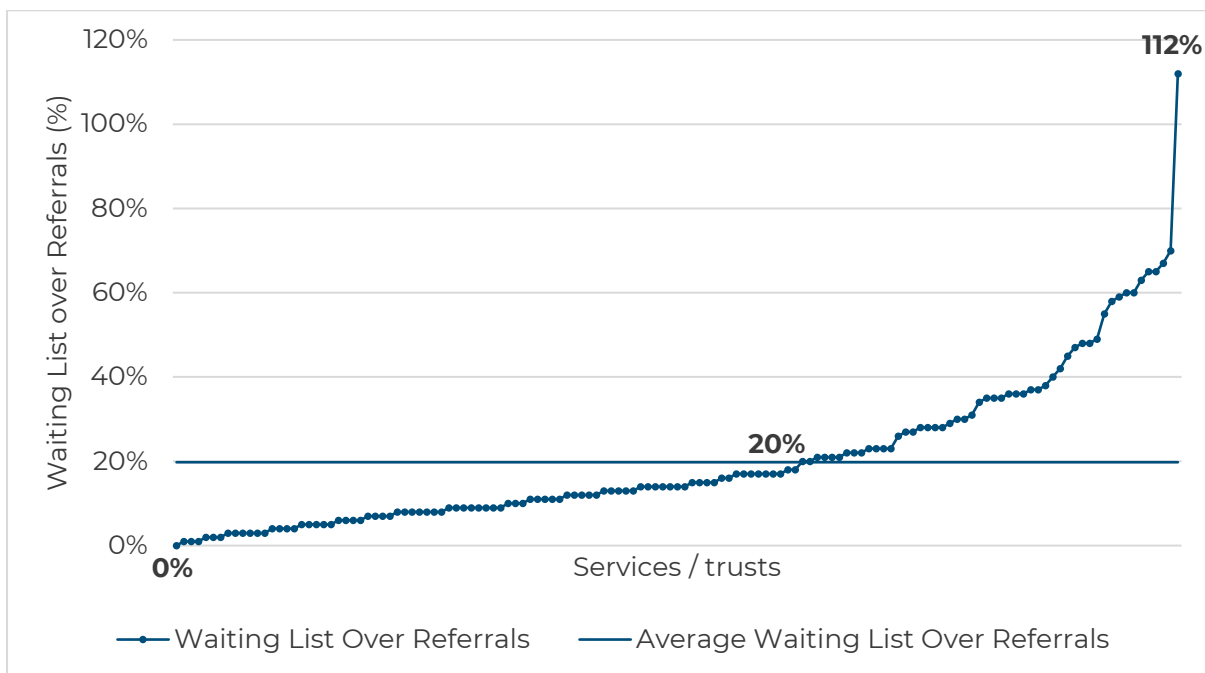


Figure 7: Number of Patients Awaiting Initial Assessment (as of Apr 1, 2025) over Total Referrals Received (Apr 2024–Mar 2025) by Service (Q.9, Q.5)



The number of patients on the waiting list was divided by the total annual referrals and expressed as a percentage to provide an approximate indicator of backlog size relative to referral volume.

Figure 8: Average Days from Referral to Initial Assessment (Apr 2024–Mar 2025) per Service (Q.10)

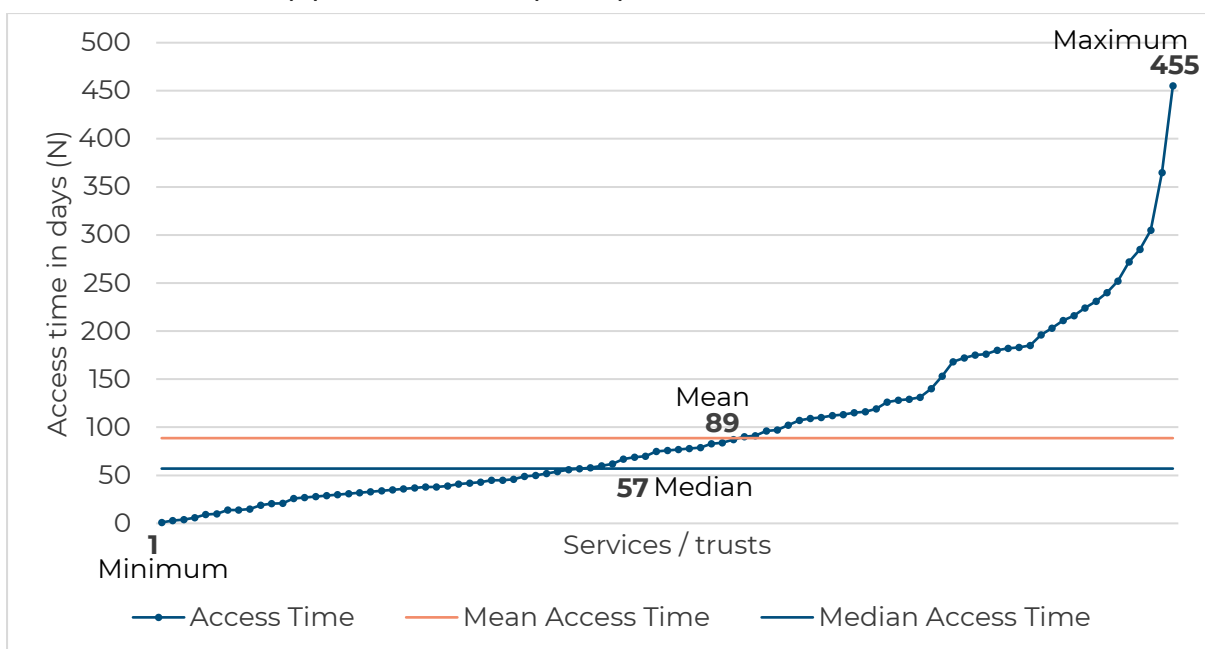


Figure 9: Average Weeks from Referral to Initial Assessment (Apr 2024–Mar 2025) (Q.10)

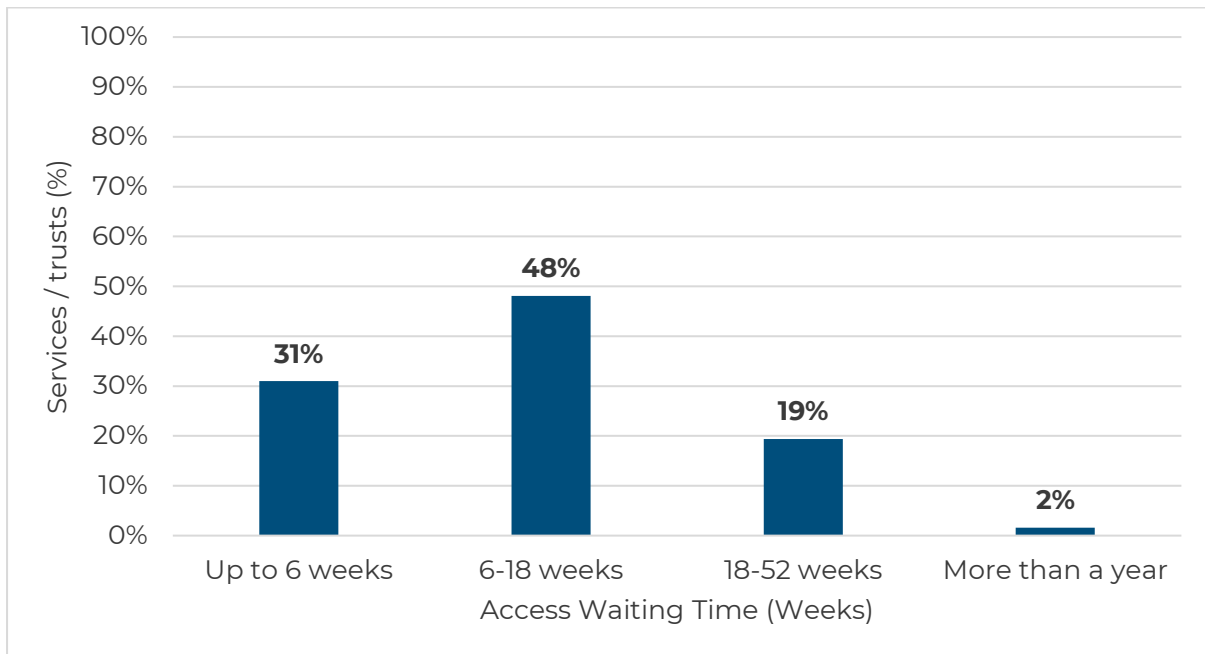


Figure 10: Average Days from Initial Assessment to Diagnosis (Apr 2024–Mar 2025) (Q.11)

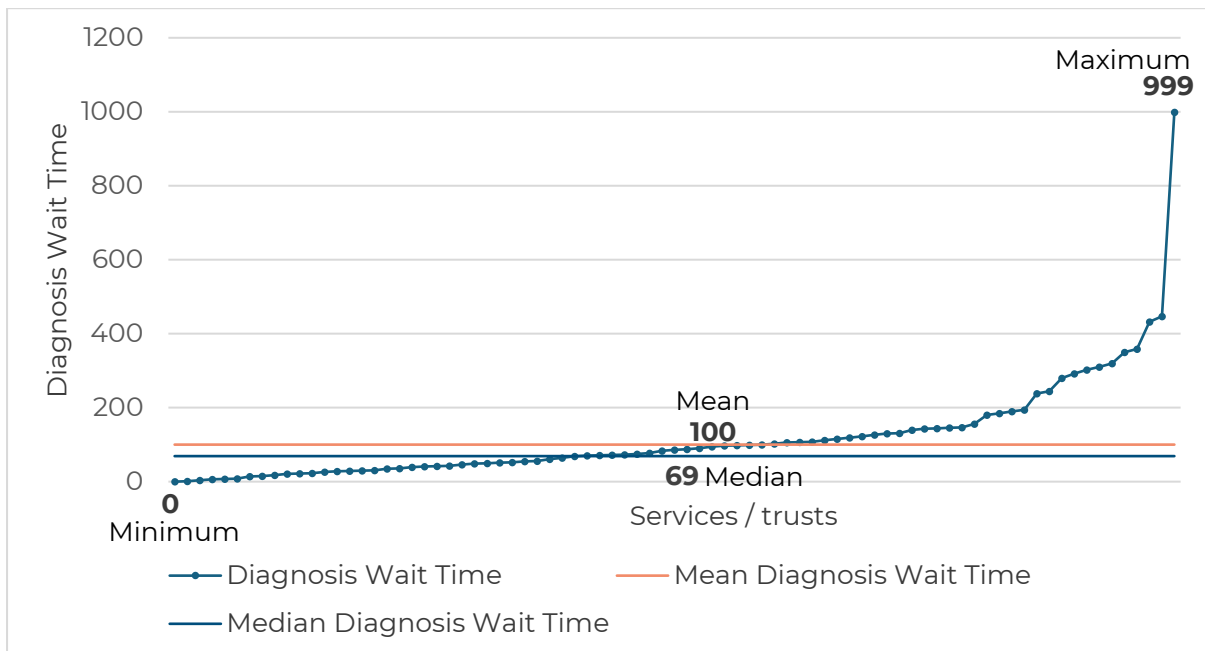


Figure 11: Average Weeks from Initial Assessment to Diagnosis (Apr 2024–Mar 2025) (Q.11)

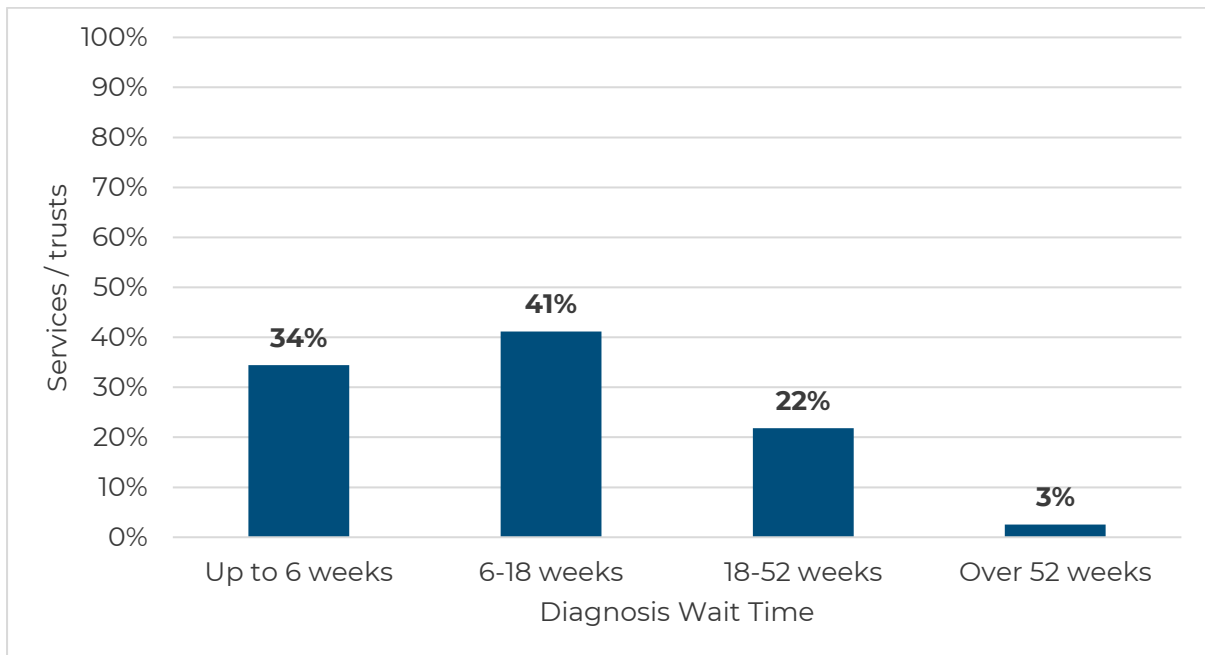


Figure 12: Estimated Percentage of Staff Vacancies (Q.22)

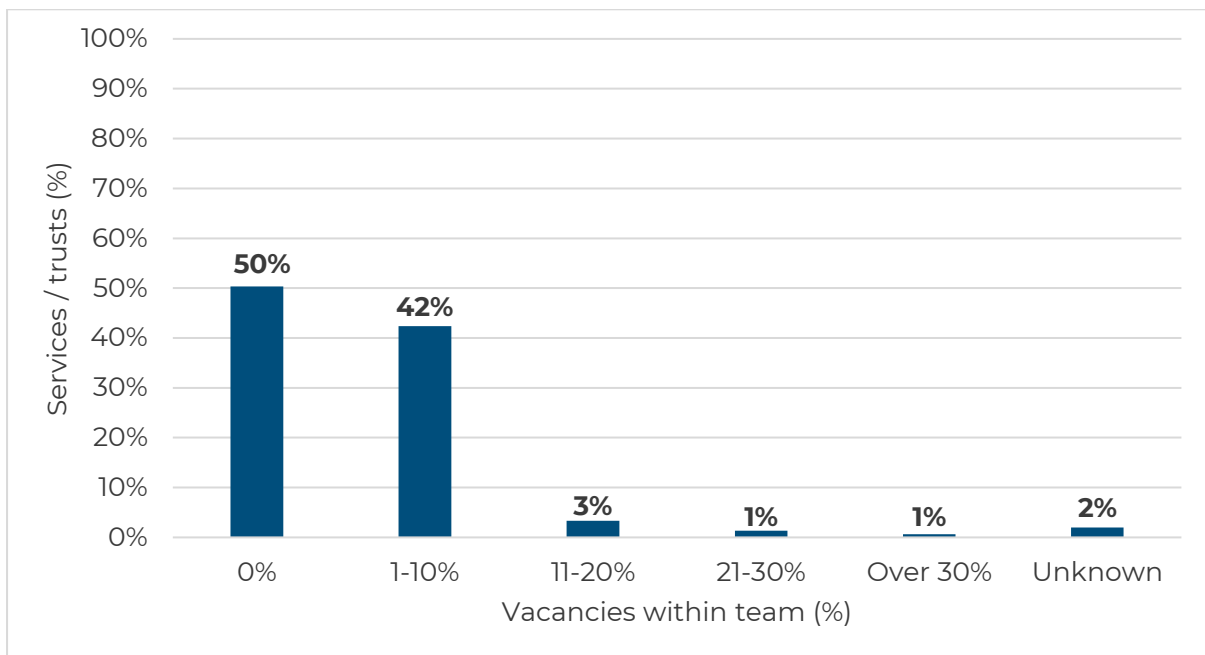


Figure 13: Estimated Percentage of Staff Vacancies per Region (Q.22)

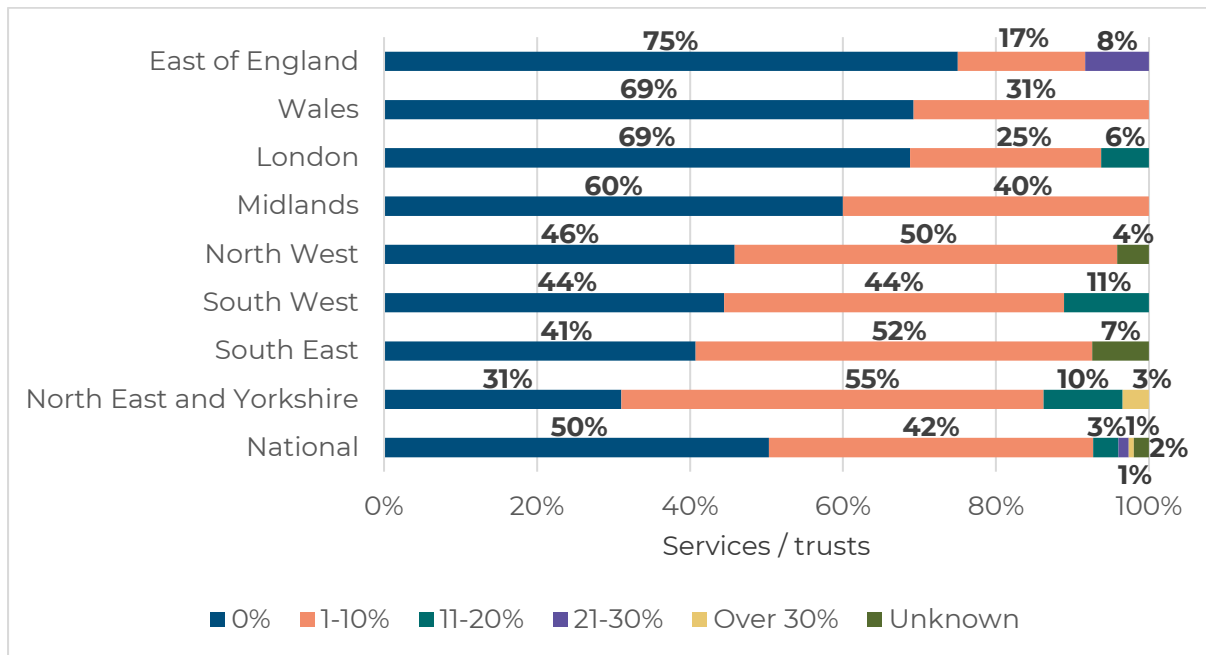


Figure 14: Opportunities for Joint Working with Neurology/Neuroradiology/Geriatrics (Q.28)

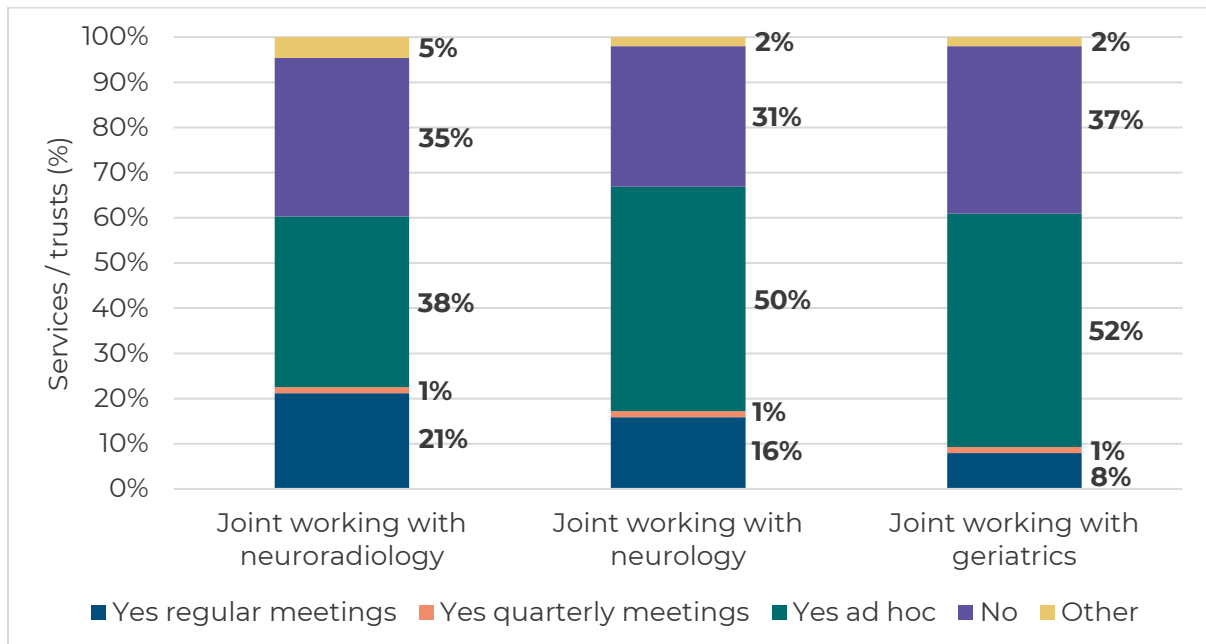


Figure 15: Services Able to Refer to Occupational Therapy for Functional Assessment or Specialist Neurology for Assessment and Diagnosis (Q.37, Q.38)

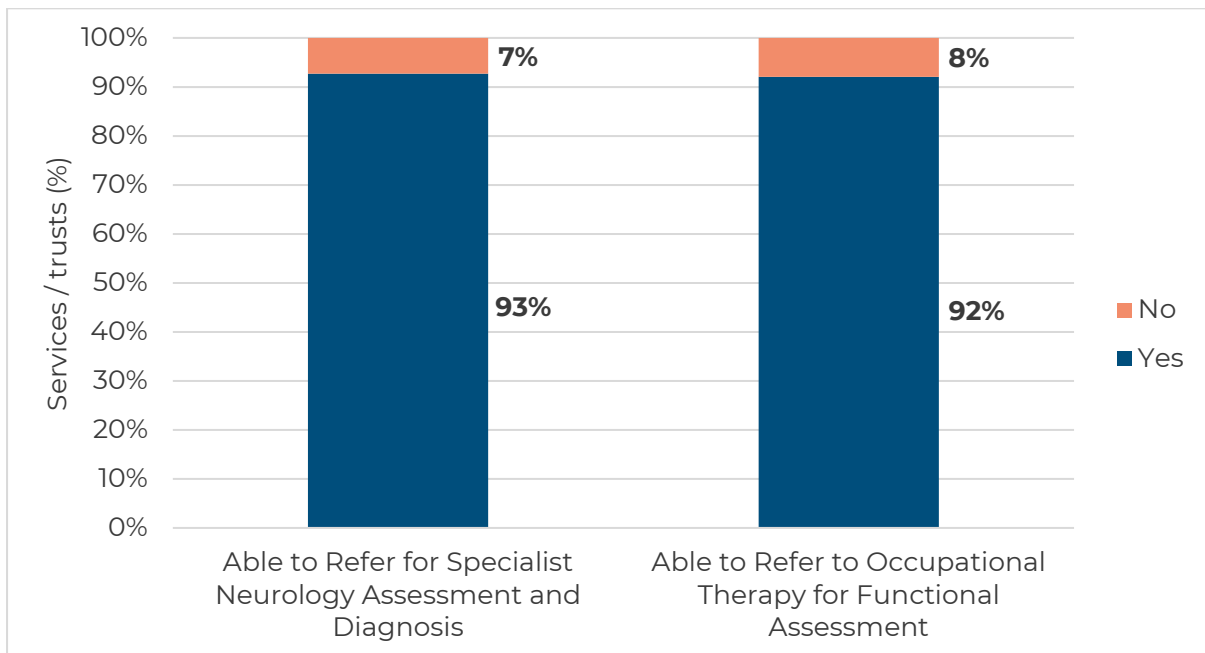


Figure 16: When MRI/CTI Scans are Requested and Carried Out (Q.40)

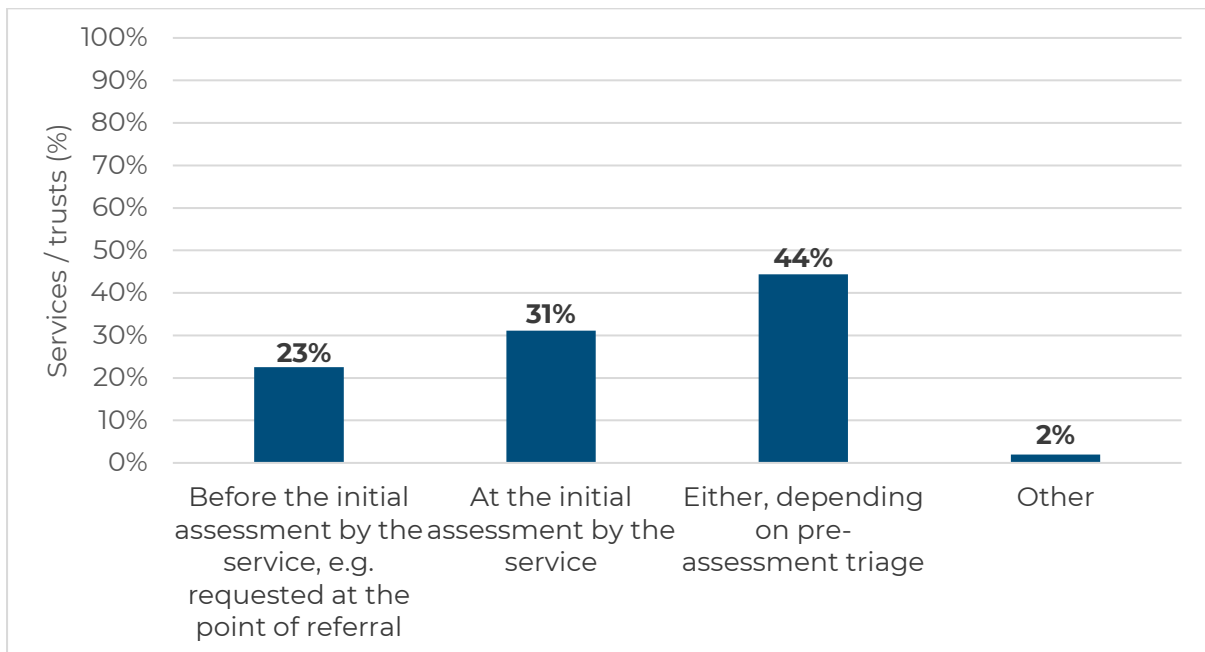


Figure 17: Percentage of Medication Reviews Conducted Within the First 3 months after Diagnosis / Inclusion of Anti-Cholinergic Burden Review (Q45, Q45a)

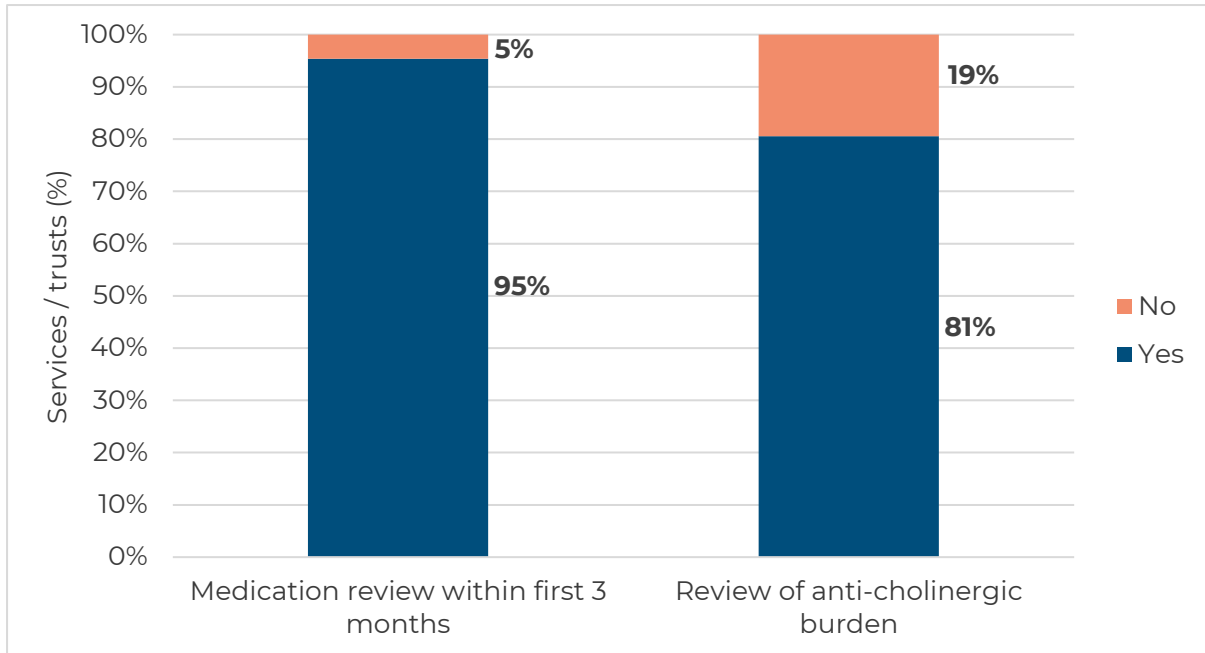


Figure 18: Follow Up Support for Patients (Q.47)

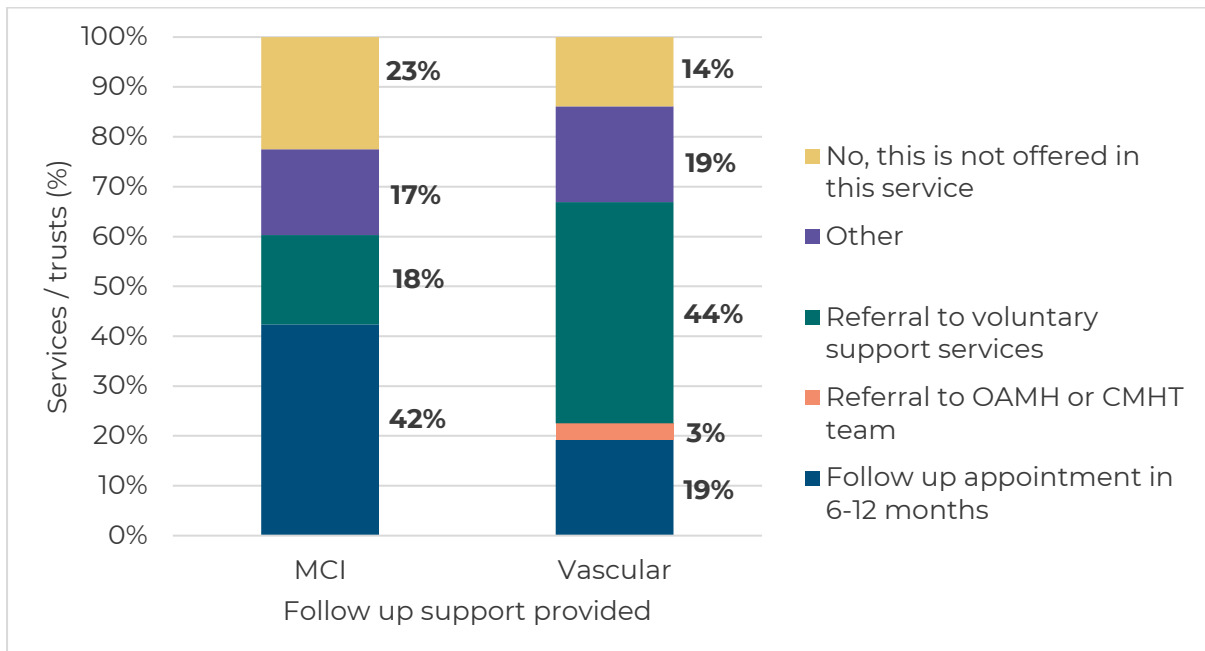
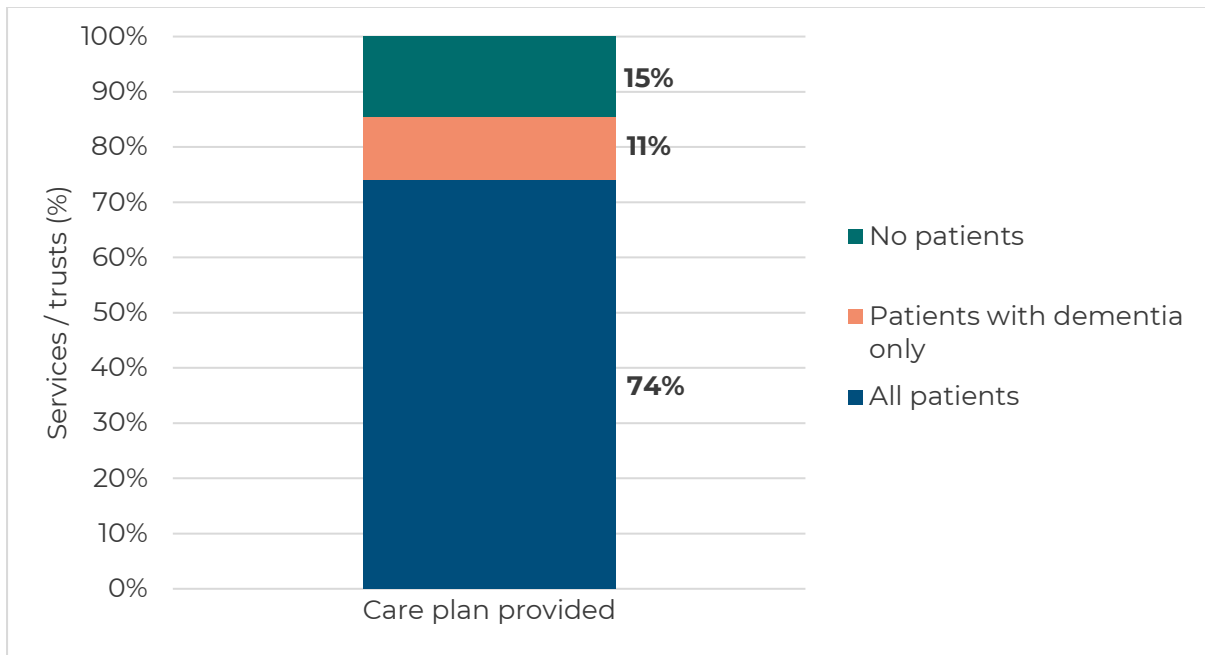


Figure 19: Care Plan Provision Among Patients (Q.51)



Appendix III: Regional supplementary analysis

Figure 20: Average Total Referrals Received (Apr 2024–Mar 2025) by Region (only service-level responses) (Q.5)

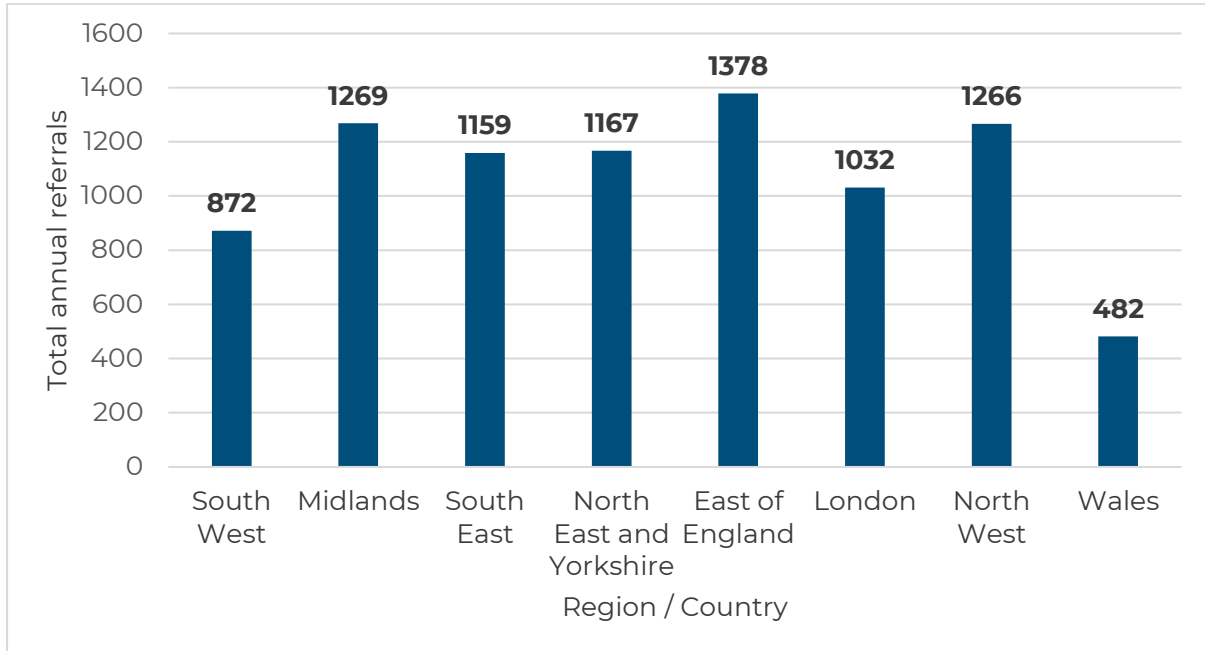


Figure 21: Average Estimated Population Served by Service by Region (only service-level responses) (Q.6)

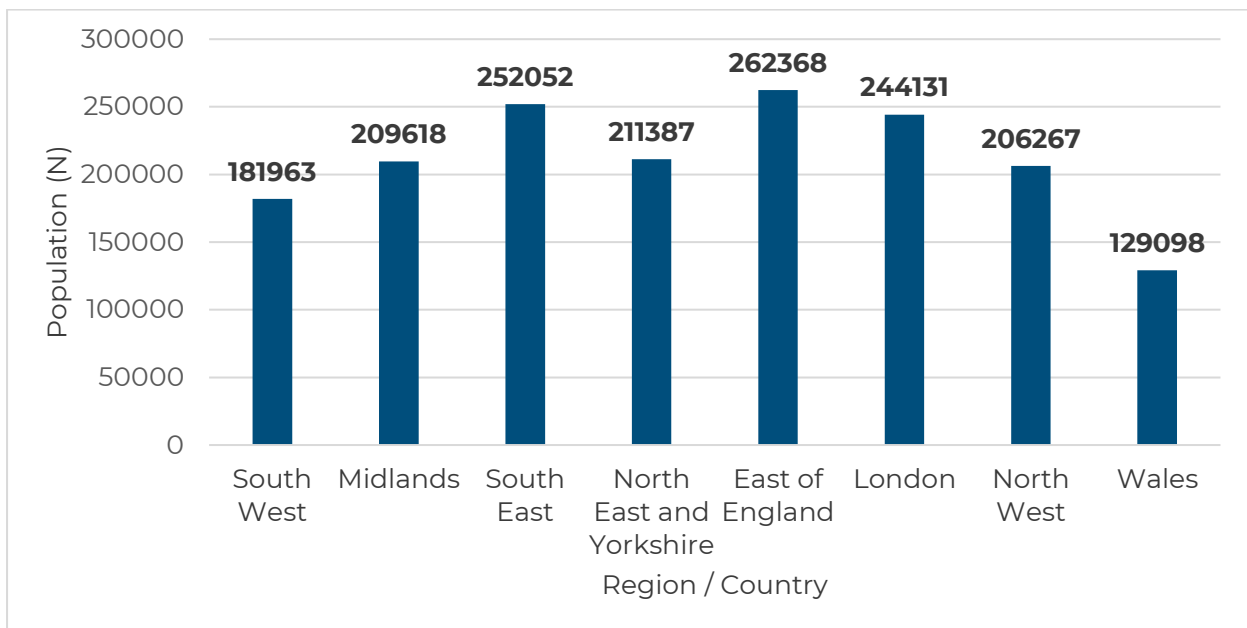


Figure 22: Average Overall Annual MCI Diagnoses (Apr 2024-Mar 2025) by Region (only service-level responses) (Q.7)



Figure 23: Average Overall Annual Dementia Diagnoses (Apr 2024-Mar 2025) by Region (only service-level responses) (Q.7)

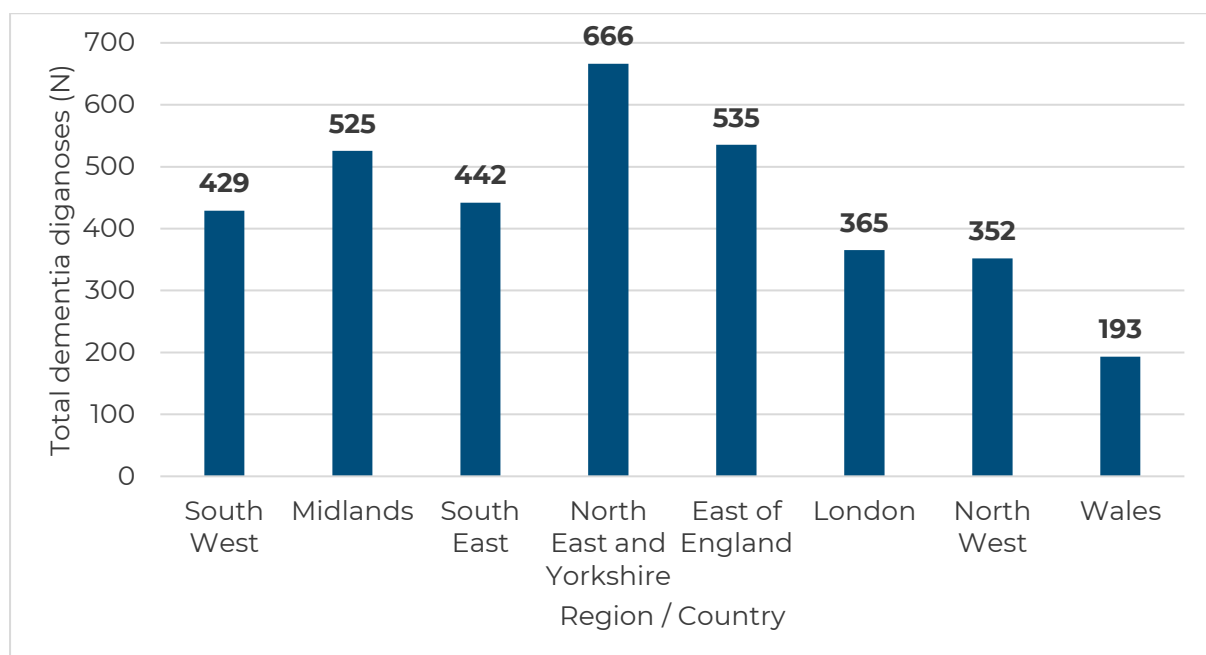


Figure 24: Proportion of Dementia Diagnoses per Region (Q.8)

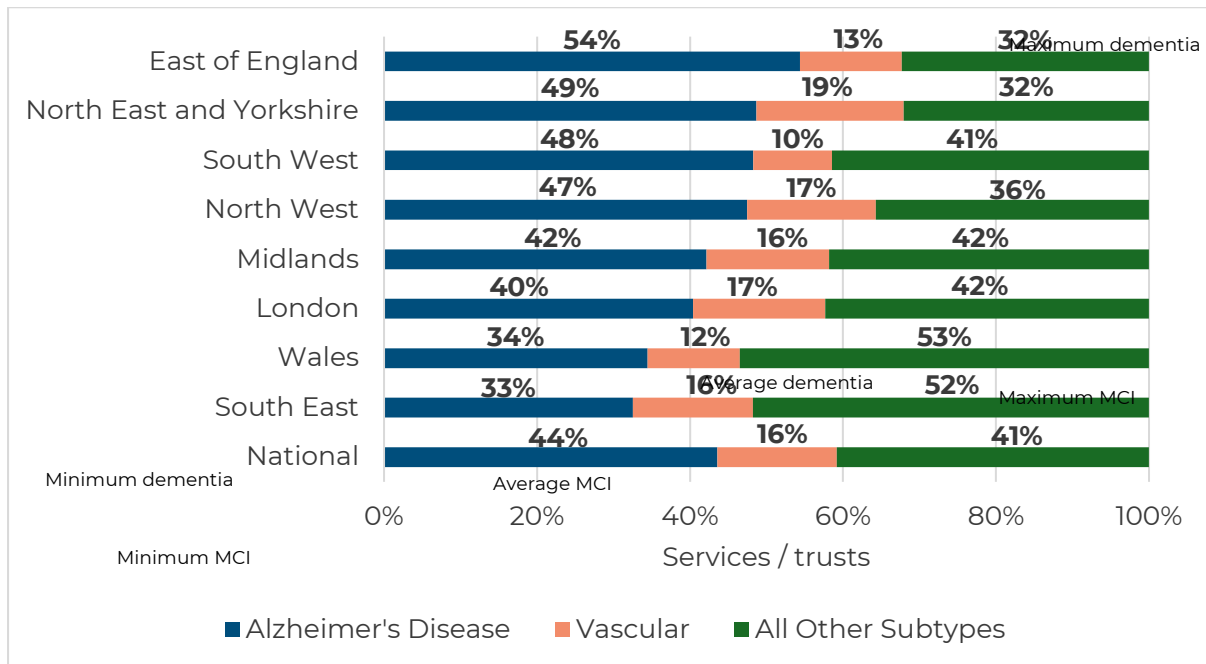


Figure 25: Average Dementia Diagnoses by Type (Apr 2024–Mar 2025) by Region (only service-level responses) (Q.8)

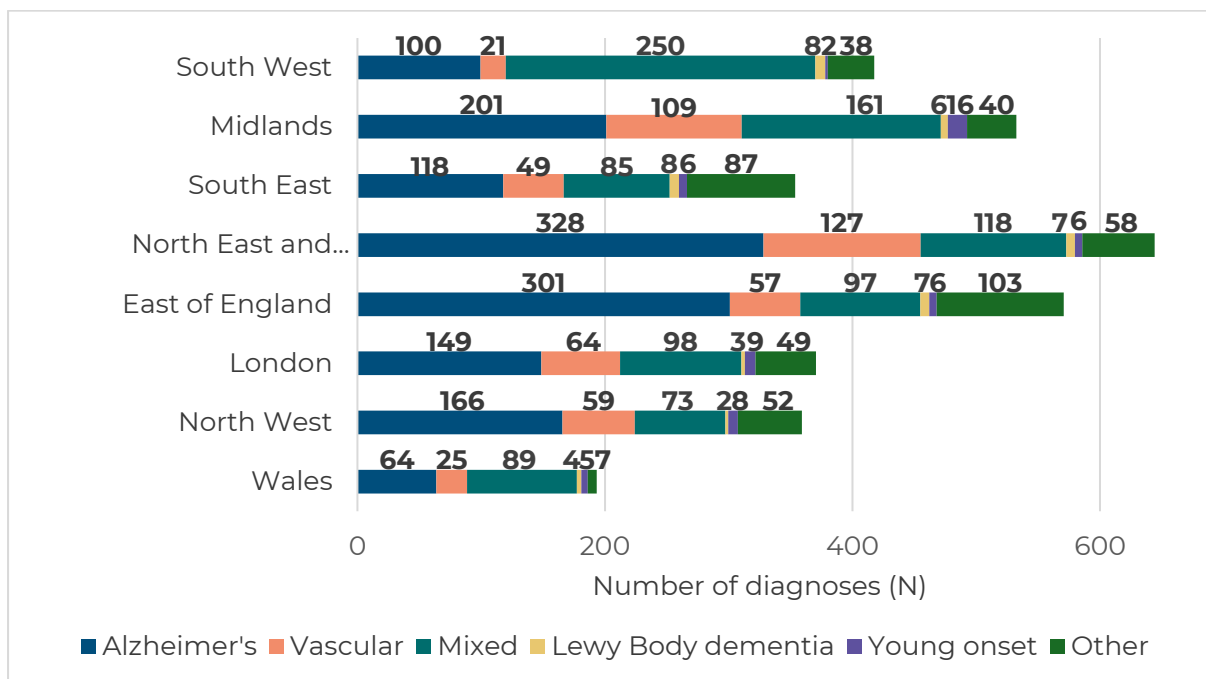


Figure 26: Average Patients Awaiting Initial Assessment (as of Apr 1, 2025) by Region (only service-level responses) (Q.9)

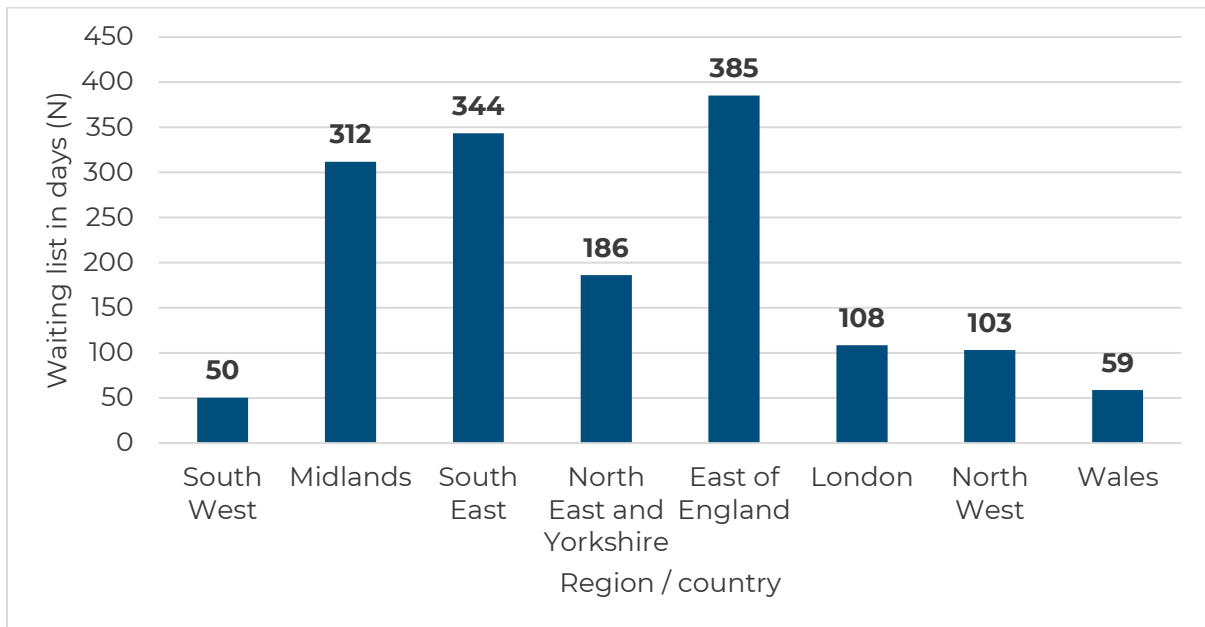
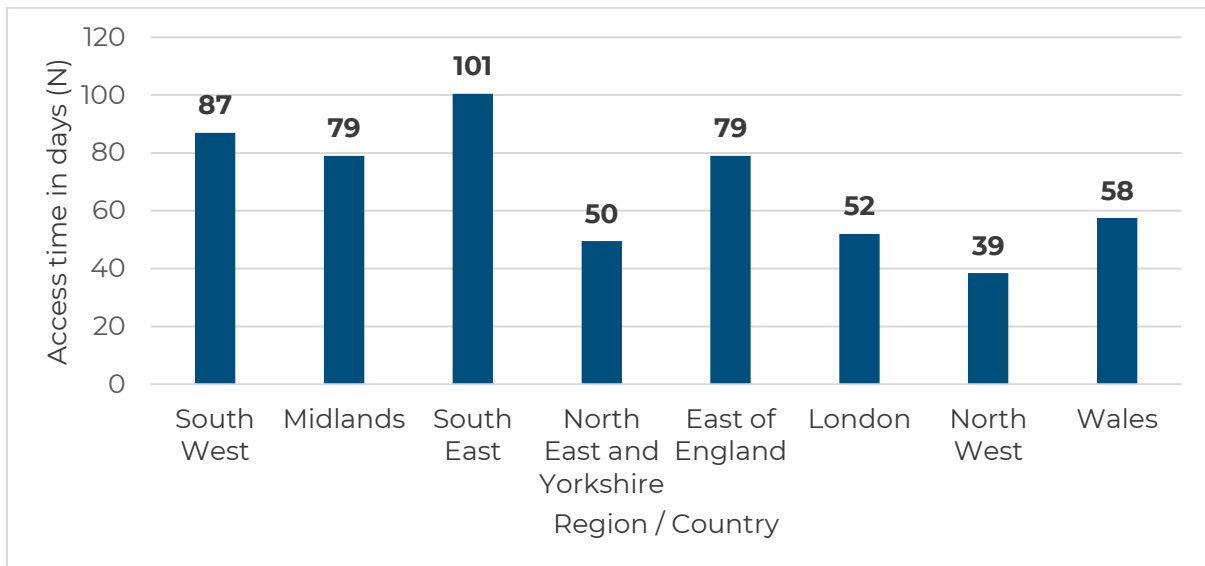


Figure 27: Average Days from Referral to Initial Assessment (Apr 2024–Mar 2025) by Region (service and Trust-level responses) (Q.10)



The average shown in this chart is the median value.

Figure 28: Average Weeks from Referral to Initial Assessment (Apr 2024–Mar 2025) by Region (service and Trust-level responses) (Q.10)

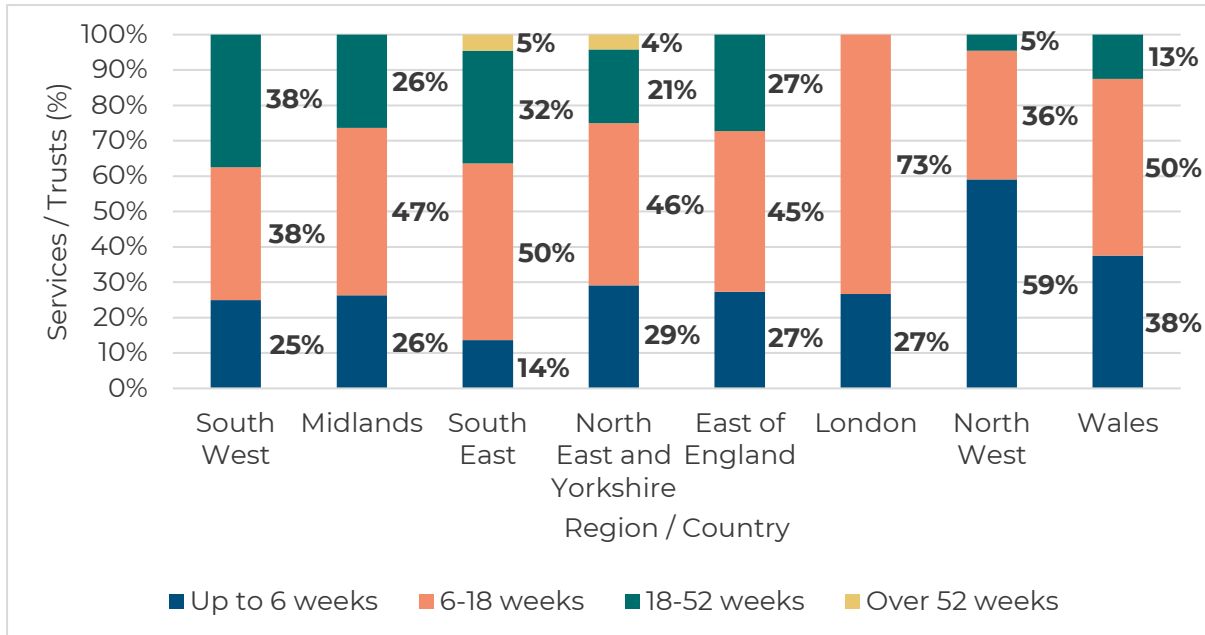
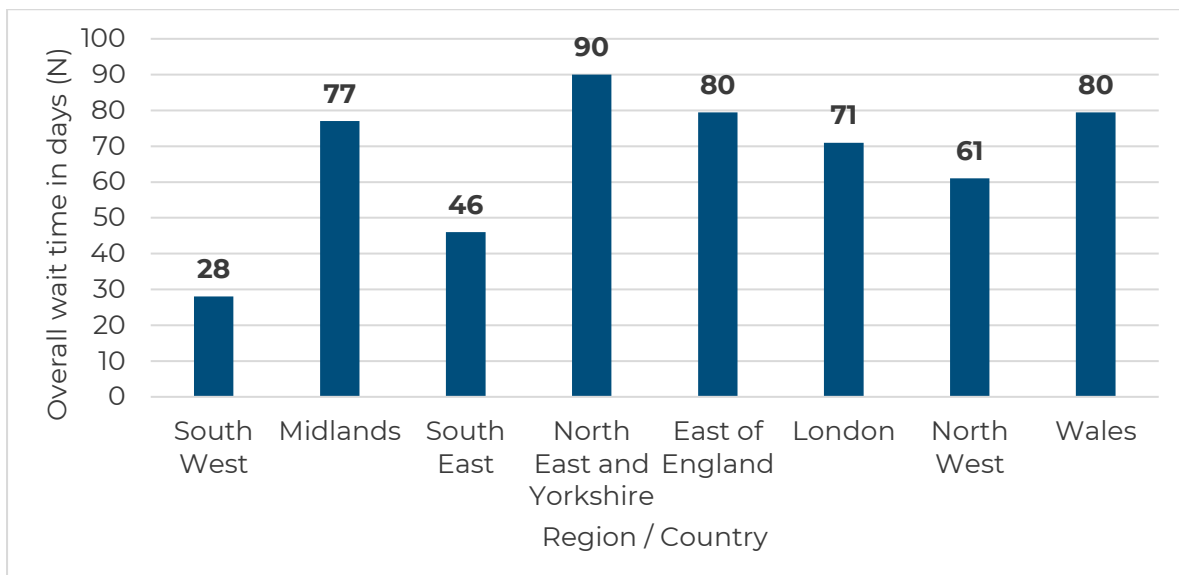


Figure 29: Average Days from Initial Assessment to Diagnosis (Apr 2024–Mar 2025) by Region (service and Trust-level responses) (Q.11)



The average shown in this chart is the median value.

Figure 30: Average Weeks from Initial Assessment to Diagnosis (Apr 2024–Mar 2025) by Region (service and Trust-level responses) (Q.11)

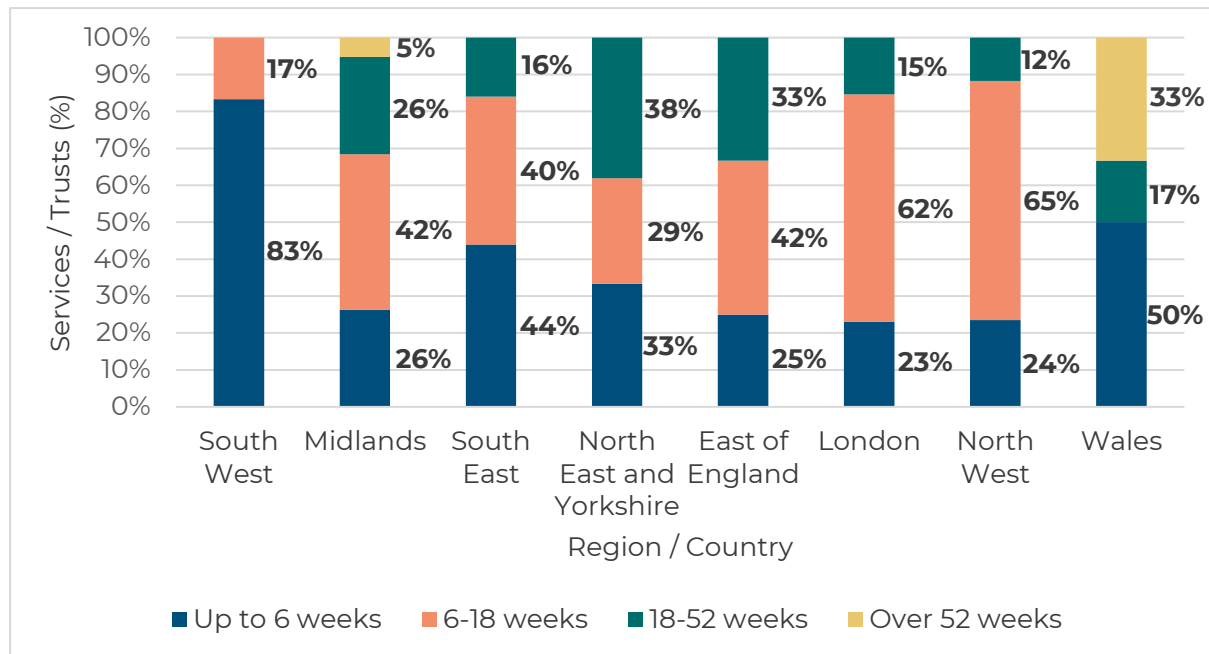
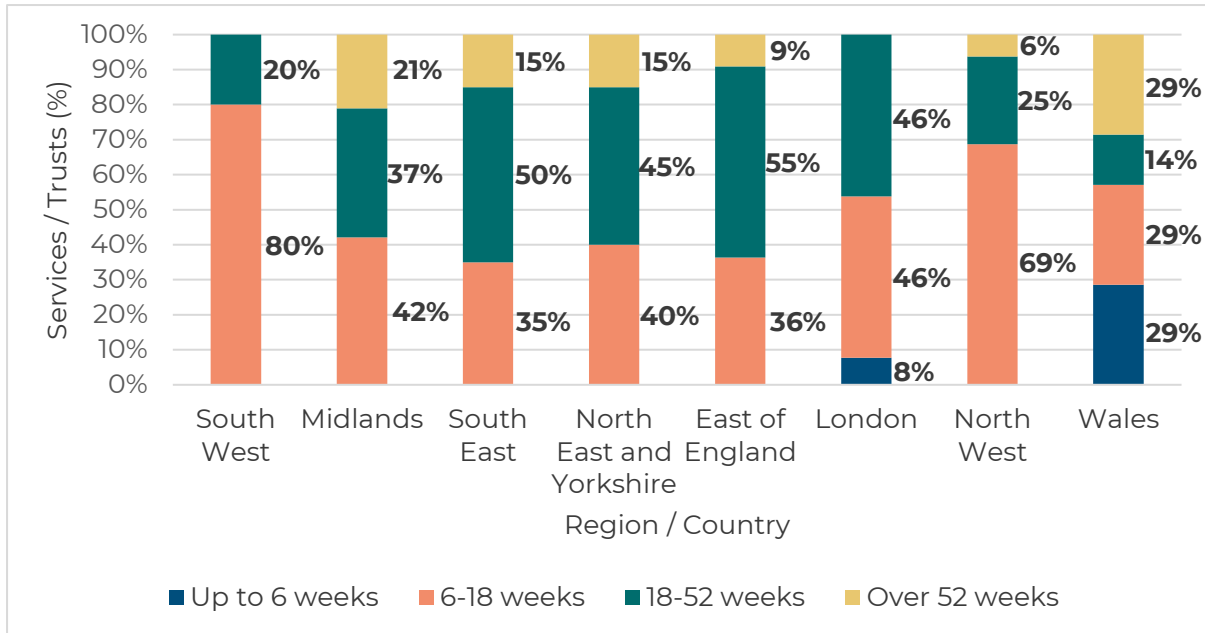


Figure 31: Average Days from Referral to Diagnosis (Total Wait Time) by Region (service and Trust-level responses) (Q.10, Q.11)



The average shown in this chart is the median value.

Figure 32: Average Weeks from Referral to Diagnosis (Total Wait Time) by Region (service and Trust-level responses) (Q.10, Q.11)



Appendix IV: Statistical analysis

Table 1: Correlation between Whole-time Equivalent Staffing by Role and Average Days from Referral to Initial Assessment (Apr 2024–Mar 2025) (Q.17, Q.10)

Staff Group	Spearman ρ	Sig (2-tailed)	N
Doctors	-0.009	0.924	126
Nurses	-0.119	0.179	129
Psychologists	.191*	0.039	117
Support Workers	-0.125	0.232	93
Social Worker	-0.217	0.438	15
Occupational Therapists	0.003	0.975	105
Administrative Staff	-0.03	0.748	120
All Staff (Total WTE)	-0.083	0.352	129

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

No statistically significant correlation between whole-time equivalent staffing and average days from referral to initial assessment for most staff groups. A weak positive correlation was observed for psychologists, but the effect is small.

Table 2: Correlation between Whole-time Equivalent Staffing by Role and Average Days from Initial Assessment to Diagnosis (Apr 2024–Mar 2025) (Q.17, Q.11)

Staff Group	Spearman ρ	Sig (2-tailed)	N (Staff Group)
Doctors	0.015	0.875	117
Nurses	0.101	0.276	119
Psychologists	0.048	0.62	109
Support Workers	0.042	0.704	85
Social Worker	-0.379	0.181	14
Occupational Therapists	0.091	0.374	97
Administrative Staff	0.069	0.471	112
All Staff (Total WTE)	0.090	0.329	119

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

No statistically significant correlation between whole-time equivalent staffing and average days from initial assessment to diagnosis across all staff groups.

Table 3: Correlation between Whole-time Equivalent Staffing by Role and Estimated Population Served by Service (Q.17, Q.6)

Staff Group	Spearman ρ	Sig (2-tailed)	N (Staff Group)
Doctors	.183*	0.028	144
Nurses	.258**	0.002	147
Psychologists	.409**	0.000	129
Support Workers	.232*	0.016	107
Social Worker	0.326	0.255	14
Occupational Therapists	0.128	0.165	119
Administrative Staff	.335**	0.000	137
All Staff (Total WTE)	.329**	0.000	147

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Significant positive correlations were observed for nurses, psychologists, support workers, administrative staff, and total staff WTE.

Table 4: Correlation between Whole-time Equivalent Staffing by Role and Total Referrals Received (Apr 2024–Mar 2025) (Q.17, Q.5)

Staff Group	Spearman ρ	Sig (2-tailed)	N (Staff Group)
Doctors	.233**	0.005	144
Nurses	.548**	0.000	147
All Staff (Total WTE)	.534**	0.000	147

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Significant positive correlations were observed between total referrals received and whole-time equivalent for doctors, nurses, and total staff.

Table 5: Kruskal-Wallis Test Comparing Average Days from Referral to Initial Assessment (Apr 2024–Mar 2025) Across Ability to View Scan Image Groups (Q.10, Q.42)

Ability to View Scan Images	N	Mean Rank
Yes	41	70.02
No	66	64.41
Doctors only	22	57.41
Total	129	

Test Statistics

$H(2) = 1.665, p = .435$

No statistically significant difference in average days from referral to initial assessment across groups. Mean ranks suggest slightly longer waits for services with in-house scan viewing, but differences are small.

Table 6: Kruskal-Wallis Test Comparing Average Days from Initial Assessment to Diagnosis (Apr 2024–Mar 2025) across Ability to View Scan Image Groups (Q.11, Q.42)

Ability to View Scan Images	N	Mean Rank
Yes	42	55.39
No	56	65.99
Doctors only	21	53.24
Total	119	

Test Statistics

$H(2) = 3.246, p = .197$

No statistically significant difference in average days from initial assessment to diagnosis across groups. Mean ranks indicate services without scan viewing may have somewhat longer waits, though the effect is small.

Table 7: Kruskal-Wallis Test Comparing Total Whole-time Equivalent for Psychologists across Ability to Provide or Offer CST Groups (Q.17, Q.50)

Ability to Provide or Offer CST	N	Mean Rank
Yes, in house	76	72.29
Yes, offer via another provider	26	56.98
No, not available	31	62.44
Total	133	

Test Statistics

H(2) = 3.648, p = 0.161.

No statistically significant difference in total psychologist whole-time equivalent across groups. Mean ranks suggest slightly higher WTE for services with in-house viewing, but the effect is small.

Table 8: Kruskal-Wallis Test Comparing Total Whole-time Equivalent for Occupational Therapists across Ability to Provide or Offer CST Groups (Q.17, Q.50)

Ability to Provide or Offer CST	N	Mean Rank
Yes, in house	74	61.30
Yes, offer via another provider	23	69.09
No, not available	26	57.73
Total	123	

Test Statistics

H(2) = 1.336, p = 0.513

No statistically significant difference in total occupational therapist whole-time equivalent across groups. Mean ranks suggest slightly higher WTE for services that offer CST via another provider, but the effect is small.

Table 9: Kruskal-Wallis Test Comparing Average Days from Referral to Initial Assessment (Apr 2024–Mar 2025) across Estimated Percentage of Staff Vacancies Groups (Q.10, Q.22)

Estimated Percentage of Staff Vacancies	N	Mean Rank
0%	67	65.2
1-10%	55	66.2
11-20%	4	55.4
Over 30%	1	9.0
Unknown	2	73.5
Total	129	

Test Statistics

$H(4) = 2.668, p = 0.615$

No statistically significant difference in average days from referral to initial assessment across staff vacancy groups, with mean ranks showing only minor variation between groups.

Table 10: Kruskal-Wallis Test Comparing Average Days from Initial Assessment to Diagnosis (Apr 2024–Mar 2025) across Estimated Percentage of Staff Vacancies Groups (Q.10, Q.22)

Estimated Percentage of Staff Vacancies	N	Mean Rank
0%	57	57.6
1-10%	53	63.7
11-20%	4	65.4
21-30%	1	56.0
Over 30%	1	93.5
Unknown	3	22.2
Total	119	

Test Statistics

$H(5) = 5.551, p = 0.352$

No statistically significant difference in average days from initial assessment to diagnosis across staff vacancy groups, with mean ranks showing only minor variation and no clear pattern.

Table 11: Total Referrals Received (Apr 2024–Mar 2025) over Whole-time Equivalent by Staffing Group (Q.5, Q.17)

Staffing Group	N	Mean	Median	Minimum	Maximum
Doctors	144	1179	528	27	29910
Psychologists	129	1219	673	55	15100
Consultant Nurse	53	1617	1006	114	18460