

Survey of Neurology-led Diagnostic Services



NAD
NATIONAL AUDIT
OF DEMENTIA

June 2026

Key findings

Neurology-led diagnostic services were invited to participate in this survey. Of the 21 services across England that registered, 14 submitted data, but most were not able to provide all the data requested (see below). Further findings have been published by the National UK Audit of Neurology-led Cognitive Services ([Stockton K, Caldwell K, Isaacs J, Mummery C, Rittman T, 2025](#)), based on 20 participating Trusts across the UK.

Missing data

A large proportion of neurology-led services were unable to provide some of the key data. This led to smaller analytical sample sizes for waiting times, diagnosis, and dementia type, requiring cautious interpretation of results.



All services reported dementia diagnoses as **estimates**; No services were able to report non-estimated diagnoses.

Proportion of missing data

Waiting times

Referral to initial assessment	29%
Initial assessment to diagnosis	71%

Diagnoses

Dementia diagnoses	50%
MCI diagnoses	50%

Diagnoses by dementia type

Young onset dementia	64%
Lewy body disease	57%
Other types	57%
Alzheimer's disease	57%
Mixed dementia	57%
Vascular dementia	57%

Referral and wait times



An average of **317 annual referrals**, ranging from 75 to 663 (n = 9).



The **average access time** in days from referral to an initial assessment for dementia was **74 days** (n = 10).



The **overall wait time** in days from referral to dementia diagnosis was **101 days** (n = 4).

Diagnoses



Neurology-led services reported an **annual average of 184 dementia diagnoses**, ranging from 36 to 400 (n = 7).

Assessment

Services reported including the following physical checks as **part of an initial assessment** for dementia (n = 14 services):



79% Alcohol consumption

64% Falls history



64% Hearing

57% Eyesight



In services assessing patients with **active delirium** (n=14):

- **21%** continue to assess the patient
- **43%** refer patients **back to primary care**
- **21%** refer to **another specialist team**
- **14%** reported **other approaches**



Post-diagnostic support



Post-diagnostic monitoring was available for all patients in **57%** of services (n = 8); **36%** offered post-diagnostic support to patients **only prescribed medication** (n = 5).



The **first prescription for anti-dementia medication** is made by primary care in:

- **21%** of services for **all cases** (n = 3)
- **21%** of services for **most cases** (n = 3)
- **29%** of services for **few cases** (n = 4)
- **29%** of services for **no cases** (n = 4)



A **post-diagnostic medication review** within the first three months was offered by **86%** of neurology-led services (n = 14).

A named **contact for emotional support** was offered in 13 services:

- **36%** during **assessment period** (n = 5)
- **36%** 48 hours after **diagnosis** (n = 5)
- **24%** during **another time period** (n = 3)

Joint working



Neurology-led services reported on **joint-working opportunities** with other health care professionals:

- **57%** work **regularly** with **psychiatry** (n = 8)
- **29%** work **ad hoc** with **psychiatry** (n = 4)
- **36%** work **regularly** with **geriatrics** (n = 5)
- **29%** work **ad hoc** with **geriatrics** (n = 4)

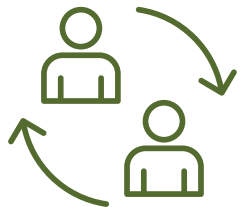
Joint working between memory assessment and neurology-led services³

Memory Assessment Services (MAS), developed in the early 1980s, focus on assessment and diagnosis for people with a suspected dementia. Predominantly led by Mental Health Trusts, these have offered a diagnostic service for a high volume of referrals, of relatively low complexity, enabling a large, and growing, number of people living with dementia to access medication and other evidence-based treatments.

The development of biomarkers to support dementia diagnosis, and the need to build readiness for disease modifying treatments, present a challenge to the traditional memory assessment model in terms of staff skills and infrastructure. Neurology-led services may have greater familiarity with more technical investigations and experience in offering new treatment pathways (such as developments in multiple sclerosis therapies over the past 20 years). It is becoming clear that to diagnose dementia accurately and to treat it effectively, closer synergy between mental health services, neurology and neuroradiology will be an advantage.

This is the first National Audit of Dementia to recognise the growing role that neurology services have in supporting cognitive assessment, particularly for those with subtle or unusual symptoms. Whilst our review only received feedback from 14 neurology-led services, compared with 151 MAS services, the inclusion of these data as part of our Service Mapping exercise offers a more complete understanding of patient pathways. There are a number of models for joint working between MAS and neurology, illustrated in Box 1.

It is hoped that this report will prompt more detailed discussion about optimal service pathways, and models of shared working which employ the strengths of a broad multi-disciplinary team (MDT). Whilst integration between MAS and neurology may be timely and helpful, we also recognise that there are other successful models including geriatrician-led memory services, and primary care diagnostic services e.g. DiADeM (Diagnosing Advanced Dementia Mandate). Integrated approaches to care will be highly beneficial to meet the needs of older people for assessment, diagnosis and treatment of dementia, and to take advantage of innovations possible through clinical research.



Examples of memory assessment and neurology-led service joint working

Joint MDT Meetings: Newcastle has developed an integrated MDT for discussion of complex cases requiring multi-professional and multi-speciality input. A quarterly meeting attended by psychiatry, neurology and geriatrics enables joint case discussion, reduces the need for multiple referrals and enhances patient diagnosis and treatment pathways.

Integration: Recognising the need for greater joint working, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust employed a neurologist in its Newcastle upon Tyne MAS service. The neurology expertise now supports the mental health pathway, speeds up diagnosis, assists in integrating clinical research and encourages mutual professional development.

Tertiary Referrals: Most patients with suspected dementia are referred to a psychiatry-led MAS. Onward referrals are made to neurology-led Cognitive Clinics if symptoms are subtle, unusual or require additional investigations; in some locations direct referrals from primary care to neurology are possible.