



NAD
NATIONAL AUDIT
OF DEMENTIA

ID. Username (NADSMEXXX)
name

National Audit Dementia (NAD) – Service Model and Pathway Form

Thank you for registering. This is the data collection form for the service mapping exercise in diagnostic services for the NAD 2025. We invite all diagnostic services to complete this form. This will provide valuable information on the different models and pathways that exists and how they are resourced.

Please complete one form for each of the services registered by your trust.

NAD is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). Data is collected on behalf of our data controller, HQIP. Information on how we use the data submitted can be found in our privacy notice.

If you have any questions or encounter any issues, please don't hesitate to get in touch with us.

Service Model

1. Service Name (*Please give your service name in full*):
2. Trust name (*Please give your trust name in full*):
3. NAD SME Code (*Please give your 9 digit alphanumeric code provided to you by the NAD team*):

4. Organisation providing memory service:

- MH Trust - Memory Assessment Service
- Acute Trust (Geriatrics or Older People)
- Acute Trust (Neurology)
- Community service provider
- Health Board (Wales only)
- GP (Wales only)
- Learning disability service (Wales only)
- Other

4.a Other, please specify:

5. What is the total number of referrals received by your service between 1 April 2024 - 31 March 2025:

6. What is the estimated population number covered by your service:

7. What is the total number of diagnoses of the following made by your service between 1 April 2024 - 31 March 2025:

- (all) MCI
- Dementia

8. What is the total number of the following **dementia** diagnoses made by your service between 1 April 2024 - 31 March 2025:

Input N/A if the subtype of dementia is not diagnosed by service/team

NB this question is optional and may be left blank if you do not collate this information

- Alzheimer's Disease
- Dementia
- Dementia
- Vascular
- Mixed

14.a Other, please specify:

15. If there is an age limitation, please say where patients under this limit are referred to:

Tick all that apply:

- Younger age community MAS Service
- Adult Psychiatry Service
- Neurology or other acute service
- Other

15.a Other, please specify:

16. Is your service accredited with the Memory Services National Accreditation Programme (MSNAP)?

- Yes
- No

Staffing and Input

This is the staffing and input for your individual service or team

*For **each** of the roles listed below, please:*

Give the Whole time equivalent (e.g 0.7, 1.25, etc)

Indicate which staff are involved in formulation of diagnosis

Indicate which staff are able to prescribe.

If you do not have the role within your service please enter 0 for WTE

*If the information is **unknown** and you cannot provide it, please enter NK*

17. **Whole time equivalent**

Consultant Psychiatrist

Trainee Psychiatrist

Consultant Geriatrician

Consultant Psychologist

Psychologist

Assistant Psychologist or Higher

Assistant Psychologist

Nurse Consultant

General Nurse

Admiral Nurse

Mental Health Nurse
Consultant in another medical
specialty

Healthcare Assistant

Occupational Therapist

Social Worker

Dementia Support Worker

Administrative Staff

Other

18. Involved in formulation of diagnosis:

| | Yes | No | N/A | Unknown |
|--|-----|----|-----|---------|
| Consultant Psychiatrist | | | | |
| Trainee Psychiatrist | | | | |
| Consultant Geriatrician | | | | |
| Consultant Psychologist | | | | |
| Psychologist | | | | |
| Assistant Psychologist or Higher Assistant Psychologist | | | | |
| Nurse Consultant | | | | |
| General Nurse | | | | |
| Admiral Nurse | | | | |
| Mental Health Nurse | | | | |
| Consultant in another medical specialty | | | | |
| Healthcare Assistants | | | | |
| Occupational Therapist | | | | |
| Social Worker | | | | |
| Dementia Support Worker | | | | |
| Administrative Staff | | | | |

19. Involved in prescribing of medications:

| | Yes | No | N/A | Unknown |
|--|-----|----|-----|---------|
| Consultant Psychiatrist | | | | |
| Trainee Psychiatrist | | | | |
| Consultant Geriatrician | | | | |
| Consultant Psychologist | | | | |
| Psychologist | | | | |
| Assistant Psychologist or Higher Assistant Psychologist | | | | |
| Nurse Consultant | | | | |

| |
|---|
| General Nurse |
| Admiral Nurse |
| Mental Health Nurse |
| Consultant in another medical specialty |
| Healthcare Assistants |
| Occupational Therapist |
| Social Worker |
| Dementia Support Worker |
| Administrative Staff |

Staffing and Input

Please indicate which staff have training in the following:

20. Provision of Cognitive Stimulation Therapy (CST):

| | Yes | No | N/A | Unknown |
|---|-----|----|-----|---------|
| Consultant Psychiatrist | | | N/A | |
| Trainee Psychiatrist | | | | |
| Consultant Geriatrician | | | | |
| Consultant Psychologist | | | | |
| Psychologist | | | | |
| Assistant Psychologist or Higher | | | | |
| Assistant Psychologist | | | | |
| Nurse Consultant | | | | |
| General Nurse | | | | |
| Admiral Nurse | | | | |
| Mental Health Nurse | | | | |
| Consultant in another medical specialty | | | | |
| Healthcare Assistants | | | | |
| Occupational Therapist | | | | |
| Social Worker | | | | |
| Dementia Support Worker | | | | |
| Administrative Staff | | | | |

21. Provision of psychoeducation for carers:

| | Yes | No | N/A | Unknown |
|-------------------------|-----|----|-----|---------|
| Consultant Psychiatrist | | | | |
| Trainee Psychiatrist | | | | |
| Consultant Geriatrician | | | | |
| Consultant Psychologist | | | | |
| Psychologist | | | | |

| |
|---|
| Assistant Psychologist or Higher |
| Assistant Psychologist |
| Nurse Consultant |
| General Nurse |
| Admiral Nurse |
| Mental Health Nurse |
| Consultant in another medical specialty |
| Healthcare Assistants |
| Occupational Therapist |
| Social Worker |
| Dementia Support Worker |
| Administrative Staff |

22. Can you provide an estimate of current staff vacancies in your team:

- 0%
- 1-10%
- 11-20%
- 21-30%
- Over 30%
- Unknown

23. Please list the current staff vacancies in your team:

24. What is the primary reason for vacancies in your team:

- Difficulties recruiting
- Recruitment freeze
- Unknown
- Other

24.a Other, please specify:

25. Can your service offer interpreter support if required:

- Yes, face to face
- Yes, via phone or video link (Virtual)
- Both face to face and virtual
- No provision
- Sometimes

25.a If No/Sometimes please comment:

26. Can your service provide assessments in:

Tick all that apply:

Clinic

Patient's usual place of residence

Outreach sessions – community

Outreach sessions – care home

Virtual – video call

Virtual – phone call

Other

26.a Other, please specify:

27. Do you have a named lead for young onset dementia (under 65):

Yes

No

28. Is there an opportunity for joint working with neurology:

Yes regular meetings

Yes quarterly meetings

Yes ad hoc

No

Other

29. Is there an opportunity for joint working with neuroradiology:

Yes regular meetings

Yes quarterly meetings

Yes ad hoc

No

Other

30. Is there an opportunity for joint working with geriatrics:

Yes regular meetings

Yes quarterly meetings

Yes ad hoc

No

Other

31. Do you offer post-diagnostic follow up monitoring service:

- Yes for all patients
- Yes for patients prescribed medication
- Yes other
- No

31.a Other, please specify:

32. Is the service currently engaged in any research studies/ clinical trials:

- Yes
- No

33. Is the service a PIC (Participant Identification Centre) site:

- Yes
- No

Service Pathway

34. **Physical Assessment**

At initial assessment, or during the diagnostic process, are the following done:

| | Yes, all patients | Yes, but not all patients | No |
|-----------------------------------|-------------------|---------------------------|----|
| Discussion of Eyesight | | | |
| Discussion of Hearing | | | |
| Falls History | | | |
| Discussion of Alcohol consumption | | | |
| Taking bloods | | | |
| Neurological assessment | | | |

35. If no please comment:

36. Are patients with active delirium:

- Assessed by the service
- Referred back to primary care
- Other

36.a Other, please specify:

37. Can patients be referred to occupational therapy for functional assessment?

Answer Yes if OT is available when this is an appropriate referral:

Yes

No

38. Can patients be referred for specialist neurology assessment and diagnosis?

Answer Yes if this service is available when this is an appropriate referral:

Yes

No

39. Who requests CT/MRI scans:

Tick all that apply:

GP

Memory Service

Hospital

Other

39.a Other, please specify:

40. When are CT/MRI scans requested and carried out:

Before the initial assessment by the service, e.g. requested at the point of referral

At the initial assessment by the service

Either, depending on pre-assessment triage

Other

40.a If either or other, please comment:

41. Are CT and MRI scans reported by neuroradiologists:

Yes No

42. Can you view scan images (e.g. using medical imaging technology such as PACS):

Yes

No

Doctors only

43. Can your service refer patients, when necessary, for:

Yes

No

PET scans

DAT scans

Falls History

SPECT scans

EEG

44. Is the first prescription for anti-dementia medication made in primary care on advice of the service:

Yes in all cases

Yes in most cases

Yes in few cases

No, none

45. Is a review of medication carried out within the first three months:

Yes

No

45.a Does this include review of anti-cholinergic burden:

Yes

No

46. Which patients do you request an ECG for prior to commencing cholinesterase inhibitors:

All patients

Patients where indicated e.g. with a slow pulse or cardiac condition

Other

46.a Other, please specify:

47. Do you offer follow up support to patients with:

| | Follow up appointment in 6-12 months | Referral to OAMH or CMHT team | Referral to voluntary support services | Other | No, this is not offered in this service |
|-------------------|--------------------------------------|-------------------------------|--|-------|---|
| MCI | | | | | |
| Vascular Dementia | | | | | |

48. Can the service provide a dementia adviser or navigation type service:

Yes in house

Yes, via referral to another provider

No

48.a If no please comment:

49. Can the service provide an approved carer's psychoeducation course? (E.g. START, CRISP programme):

Yes in house

Yes, via referral to another provider

No

50. Do you provide or offer Cognitive Stimulation Therapy (CST):

Yes in house

Yes, offer via another provider

No, not available

51. What patients are care plans produced for:

All patients

Patients with dementia only

52. What level are service outcomes e.g. time from referral to diagnosis tracked at

Team/Service level

Trust level

ICS level

53. Are these outcomes discussed by your team:

Yes

No

Other

54. What coding is used in primary care correspondence (*tick the one most frequently used*):

SNOMED codes

READ codes

ICD10 codes

Other

None

Confirmation

55.

I confirm that all of the information provided is accurate to the best of my knowledge.

If you have any questions please get in touch with the NAD Team at NAD@rcpsych.ac.uk.

Please select **SUBMIT** to complete your registration.

Thank you