



NAD
NATIONAL AUDIT
OF DEMENTIA

Username (NADNSMEXXX)

Password

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

Thank you for registering. This is the data collection form for the service mapping exercise for neurology led memory assessment / cognitive disorders clinics for the NAD 2025. We invite all neurology teams 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 service teams 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. NADN SME Code *(This is the same as your username provided by NAD team. It is a 10 digit alphanumeric code, beginning with NADNSME):*

4. Organisation providing memory service:

- Acute Trust
- Community service provider
- Health Board (Wales only)
- GP (Wales only)
- Learning disability service (Wales only)
- Other

4.a  Other, please specify:

Please answer the following questions based on referrals to cognitive disorders clinics only

5. Do you have a record for the total number of referrals received by your service between 1 April 2024 - 31 March 2025?

- Yes, we have an accurate record
 Yes, we have an estimate
 No

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

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

What is this estimation based on?

8. Do you have an estimated population number covered by your service?

population number covered by your service = total number of people living in your service area (or catchment area).

- Yes
 No

9. What is the estimated population number covered by your service

10. Do you have a record of the total number of diagnoses of the following made by your service between 1 April 2024 - 31 March 2025:

	Yes, we have an accurate record	Yes, we have an estimation	No
MCI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementia (all)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

12. What is the estimated total number of diagnoses of **MCI** made by your service between 1 April 2024 - 31 March 2025:

What is this estimation based on?

13. What is the total number of diagnoses of **Dementia (all)** made by your service between 1 April 2024 - 31 March 2025:

14. What is the estimated total number of diagnoses of **Dementia (all)** made by your service between 1 April 2024 - 31 March 2025:

What is this estimation based on?

15. Do you have a record of the total number of the following **dementia** diagnoses made by your service between 1 April 2024 - 31 March 2025:

	Yes, we have an accurate record	Yes, we have an estimation	No, we do not diagnose this subtype	No, we diagnose this subtype, but we don't have the record
Alzheimer's Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vascular Dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed Dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementia with Lewy Bodies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Young Onset Dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (all other Dementia diagnoses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Alzheimer's Disease

Vascular Dementia

Mixed Dementia

Dementia with Lewy Bodies

Younger onset Dementia

Other (all other Dementia diagnoses)

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

Alzheimer's Disease

Vascular Dementia

Mixed Dementia

Dementia with Lewy Bodies

Younger onset Dementia

Other (all other Dementia diagnoses)

18. Do you have a record for the average time in days from the point of referral to initial assessment, between 1 April 2024 - 31 March 2025?

This means the time from referral made to the initial appointment at the service:

- Yes, we have an accurate record
- Yes, we have an estimate
- No

19. Between 1 April 2024 - 31 March 2025, What is the average time in days from the point of referral to initial assessment?

This means the time from referral made to the initial appointment at the service:

20. ⌵ Between 1 April 2024 - 31 March 2025, What is estimated the average time in days from the point of referral to initial assessment?

This means the time from referral made to the initial appointment at the service:

⌵ What is this estimation based on?

21. Do you have a record for the average time in days from the point of initial assessment to diagnosis, between 1 April 2024 - 31 March 2025?

This means the time from the initial appointment at the service to delivery of diagnosis:

- Yes, we have an accurate record
 Yes, we have an estimate
 No

22. ⌵ Between 1 April 2024 - 31 March 2025, What is the average time in days from the point of initial assessment to diagnosis?

This means the time from referral made to the initial appointment at the service:

23. ⌵ Between 1 April 2024 - 31 March 2025, What is the estimated average time in days from the point of initial assessment to diagnosis?

This means the time from referral made to the initial appointment at the service:

⌵ What is this estimation based on?

24. Does the service receive referrals from: (Please select as many as apply)

- GP
 Neurology
 Psychiatry
 Care of the elderly
 Another medical speciality
 Other (e.g. neuropsychology)

Other, please specify:

25. Which patients can be assessed by your service/ team:

- All patients referred to the service/ team (no age cut off)
- Patients 60+
- Patients 65+
- Patients 75+
- Other age group

25.a Other, please specify:

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

Tick all that apply:

- Younger age community MAS Service
- Adult Psychiatry Service
- Neurology or other acute service
- Not applicable
- Other

26.a Other, please specify:

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)

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

27. **Whole time equivalent: Doctors**

Neurology Consultant / Registrar

Geriatrician Consultant / Registrar

Psychiatrist Consultant / Registrar

Other (Please specify, e.g., geneticist)

28. **Whole time equivalent: Nurses**

Dementia Nurse

Parkinson's Nurse

Mental Health Nurse

Research Nurse

Admiral Nurse

RGN / Neurology Nurse

Other (Please specify)

29. **Whole time equivalent: Multidisciplinary team**

Clinical Psychologist

Occupational Therapist

Physiotherapist

Speech and Language Therapist

Neuropsychologist (other than performing routine cognitive testing)

Neuroradiologist

Consultant Psychiatrist

Health Care Assistant

Social Worker

Social Prescriber

Support Worker – Medical Secretary

Admin staff

Other (Please specify)

30. 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

30.a If No/Sometimes please comment:

31. Do you have a named research champion/lead?

- Yes
- No

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

- Yes
- No

33. Is there an opportunity for joint working with psychiatry:

- Yes, regular meetings
- Yes, quarterly meetings
- Yes, ad hoc
- No
- Other

33.a Other, please specify:

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

- Yes, regular meetings
- Yes, quarterly meetings
- Yes, ad hoc
- No
- Other

34.a Other, please specify:

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

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

35.a Yes other, please specify:

36. Is there an offer of a named contact for emotional support:

	Yes	No
Through the assessment period	<input type="radio"/>	<input type="radio"/>
Over the 48 hours following receiving the diagnosis	<input type="radio"/>	<input type="radio"/>
During other time period	<input type="radio"/>	<input type="radio"/>

Yes during other time period, please specify:

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

- Yes
- No

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

- Yes
- No

Service Pathway

39. **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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussion of hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falls History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | |
|-----------------------------------|-----------------------|-----------------------|-----------------------|
| Discussion of alcohol consumption | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Taking bloods | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Neurological assessment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

40. If no please comment:

41. Are patients with active delirium:

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

41.a Other, please specify:

42. Can patients be referred to occupational therapy (OT) for functional assessment?

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

- Yes
- No

43. What is the length of time for a consultation:

New

Follow-up

44. When are MRI scans carried out at your centre?

- Same day or before the clinic review
- After the clinic review

45. When are CT Scans carried out at your centre?

- Same day or before the clinic review
- After the clinic review

46. Do you have DaTSCANS available at your centre?

- Yes
- No
- Onward Referral

47. Do you have SPECT Scans available at your centre?

- Yes
- No
- Onward Referral

48. Do you have PET Scans available at your centre?

- Yes, standard treatment
- Yes, research
- No

49. Do you have CSF Examination / Lumbar puncture for Alzheimer biomarkers available at your centre?

- Yes, standard treatment
- Yes, research
- No
- Other

Other, please specify

50. 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

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

- Yes
- No

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

- Yes
- No

52. 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

52.a Other, please specify:

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

- SNOMED codes
- READ codes
- ICD10 codes
- Other
- None

54. Any additional comments:

Confirmation

- 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** once complete.

Thank you