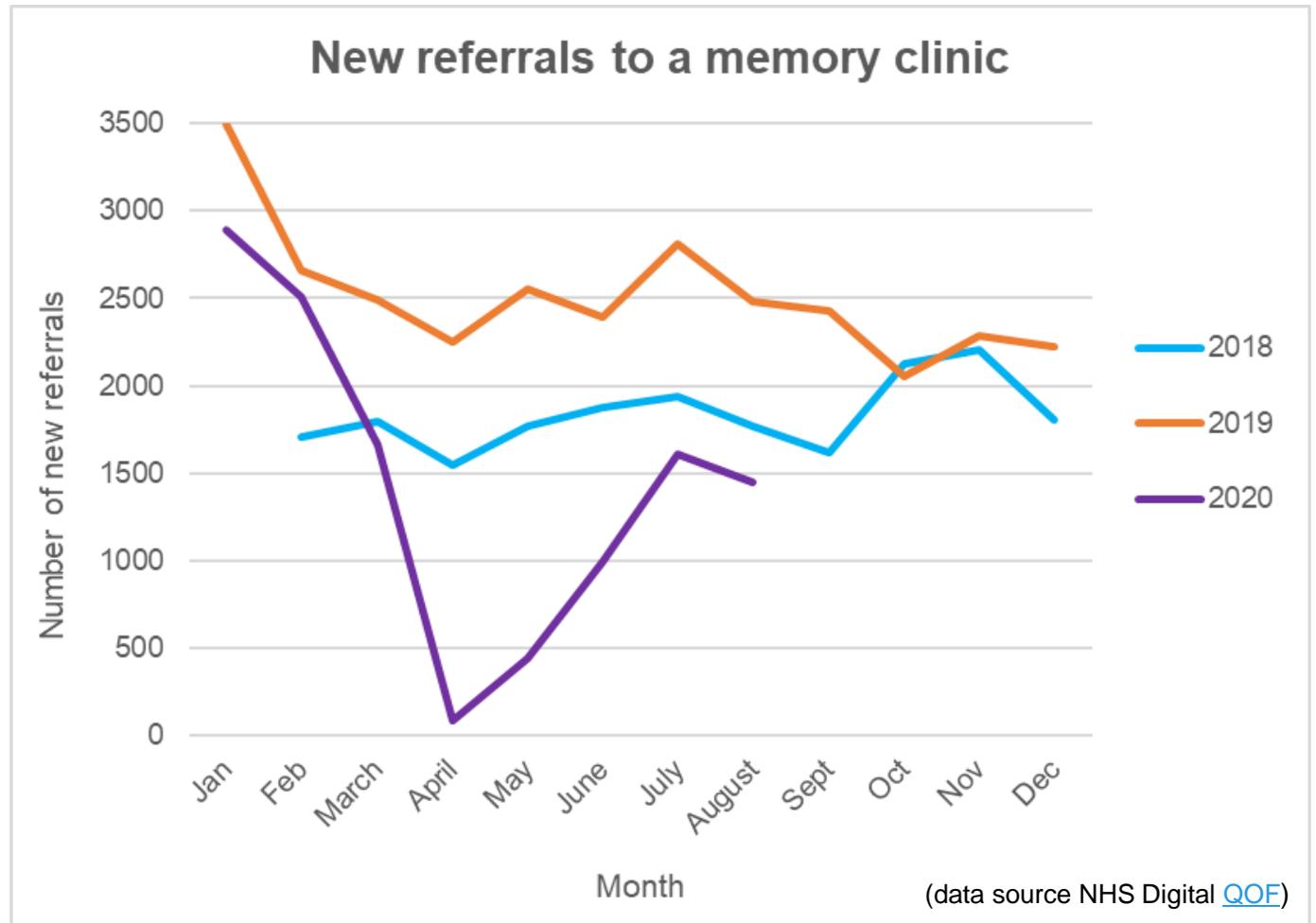


Memory Assessment services :a new way of working

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Why this matters



Memory Assessment services

Things are changing fast

New ways of delivering services /assessments using technology being developed

Balance of risks may well change over time

Blended approach

Memory Assessment clinics in COVID Times

General principles

The overarching principle is that the quality of the diagnostic process and the way in which the diagnosis is shared should not be undermined in any way

The service should be needs led

There should be equality of access

Risk should be assessed and monitored

Useful Resources

Memory Service Assessments: A New Way Of Working

<http://www.yhscn.nhs.uk/media/PDFs/mhdn/Dementia/Covid%2019/MAS/2020%2005%2027%20MSA%20-%20A%20New%20Way%20of%20Working%20-%20Remote%20Memory%20Clinics%20FINAL.pdf>

MSNAP webinars

https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/memory-services-national-accreditation-programme-msnap/msnap-memory-services-national-accreditation-programme-webinars?dm_i=43OD,WQI9,4BEDA3,41OIX,1

Guidance on remote working for memory services during COVID-19-London Strategic Network

https://www.rcpsych.ac.uk/docs/default-source/members/faculties/old-age/guidance-on-remote-working-for-memory-services-during-covid-19.pdf?sfvrsn=ef9b27a9_2

Dementia wellbeing in the COVID-19 pandemic

<https://www.england.nhs.uk/publication/dementia-wellbeing-in-the-covid-19-pandemic/>

History



A thorough and well informed history is key



Adequate preparation

Getting the patient's permission to phone relatives is important



The IQ code

(https://www.cochrane.org/CD011333/DEMENTIA_using-structured-questionnaire-iqcode-detect-individuals-who-may-go-develop-dementia)

Neuropsychological tests

NICE has outlined the tests for which there is an evidence base
<https://www.nice.org.uk/guidance/ng97/evidence/full-guideline-pdf-4852695709> (P50-52)

There are 20 telephone based assessments of cognition available, most of which have been validated
(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3933813/>).

TICS (The Telephone Interview for Cognitive Status) is the most widely translated and validated telephone based screening tool for mild cognitive impairment and dementia .
https://www.annarbor.co.uk/index.php?main_page=index&cPath=416_249_478

The [Test Your Memory \(TYM\)](http://www.tymtest.com/) has been validated against a number of measures
<http://www.tymtest.com/>.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6787922/>

Where a video consultation is feasible, it is often easier to negotiate a more traditional test such as the Addenbrooke's Cognitive Examination (ACE)
<https://www.sydney.edu.au/brain-mind/resources-for-clinicians/dementia-test.html>, MOCA (<https://mailchi.mp/mocatest/remote-moca-testing>) or MMSE



Brain Scanning and Blood Tests

A discussion with the patient and the family about the risks of having a scan and the likelihood that the results would change the management plan should be done.

Protocols have been developed which suggest the clinical situations where a scan may or may not be necessary. For example:

<http://www.londonscn.nhs.uk/wp-content/uploads/2018/10/dem-imaging-oct18.pdf>

<http://www.yhscn.nhs.uk/media/PDFs/mhdn/Dementia/Dementia%20Diagnosis/Neuroimaging%20guidance/Yorkshire%20and%20Humber%20Neuroimaging%20Guidance%20in%20Dementia%202018.pdf>

https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/memory-services-national-accreditation-programme-msnap/msnap-memory-services-national-accreditation-programme-webinars?dm_i=43OD,WQI9,4BEDA3,41OIX,1

Blood tests

Blood tests performed during the lifetime of the cognitive symptoms should be considered acceptable

Unless there is a clinical indication, waiting for blood test should not hold up the diagnostic process.

Peri-diagnostic and post-diagnostic Support

Initiation of cholinesterase inhibitors is possible in the majority of patients without the need for an ECG. If appropriate consider memantine.

Advice on indications for carrying out an ECG

<http://www.yhscn.nhs.uk/media/PDFs/mhdn/Dementia/ECG%20Documents/ACHEIGuidance%20V1Final.pdf>

Other treatments options remain possible eg treatment of depression and anxiety ,reviewing anticholinergic burden etc

UCL and HKU are collaborating to deliver Cognitive Stimulation Therapy to people with dementia over Zoom

Suggesting enjoyable activities

The Alzheimer's Society is running Singing for the Brain groups using a virtual format

<https://healthinnovationnetwork.com/wp-content/uploads/2020/04/Maintaining-Activities-for-Older-Adults-during-COVID19.pdf>

The patient and/or their carers should be offered a telephone or video appointment by the dementia advisor service.

You can refer someone to the NHS volunteers scheme for help collecting shopping and medication

Strategies for Relatives Intervention (START) can be delivered via a telephone or video consultation

<https://www.ucl.ac.uk/psychiatry/research/mental-health-older-people/projects/start>

Technology and confidentiality

Video consultations require more preparation, and raise privacy concerns

(<https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations>).

Security is another issue to consider but some web-based platforms are sanctioned by the NHS (Eg . Attend Anywhere

(<https://www.attendanywhere.org.uk/>)

Conducting calls in a private office, as one would in an outpatient clinic is essential.

Research

The TONiC quality of life in neurological conditions study has some examples of remote research interventions.

Their results showing how research is possible via remote methods

Feedback

Cambridge service (not just OPMH and MAS) held 8,500 virtual consultations last month. Average feedback scores from 300 doctors was 4 out of 5 ,patient experience in view of clinicians was 4 out of 5.

Cambridge OPMH service –Out of 50 clinicians score 3.9 out of 5

The Cambridge MAS service also asked 30 patients whether they would consider having a remote assessment: 82% said yes.

Alzheimer Society feedback from members –concern re quality of assessment ,access to technology and lack of choice

What would have helped -Clarity of waiting times - Prioritise video over phone- Positive communication and support to access appointment -Face to face if possible

The Doctor Will Zoom You Now [The Doctor Will Zoom You Now](#) was a rapid, qualitative research study in partnership with Traverse, National Voices and Healthwatch England and supported by PPL.

What would have helped Preparation and information – Choice- Quality personal communication matters -Use the chat function in video calls ,share links to information or summarise next steps. – Not asking people to provide information that you already have access to

Any Questions ?

