

Key changes to the 9th Edition of MSNAP Standards

No.	Type	9th Edition Standard	What are we changing?
1	1	The service has access to and uses a variety of assessment tools to meet the needs of the people using the service. <i>Guidance: Consider needs associated with language, learning disability, sensory impairment, etc.</i>	Changed to Type 1. Added that the service has access to and uses...
2	2	There are systems in place that evidence referrals have been made to other services/centres.	Removed the word ' monitor ' as this is hard to demonstrate and unclear.
3	1	The service provides information about how to access the memory service.	Removed ' how to make a referral and waiting times for assessment and treatment ' and replaced with 'how to access the memory service', as many services will not be able to take self-referrals, therefore this standard as more applicable to all (referrers and the general population).
5	2	Where referrals are made through a single point of access, these are passed on to the memory service within one working day unless it is an urgent referral.	Changed emergency to urgent
8	2	The diagnosis is given with the nationally specified target timeframe, unless any further specialist assessments or investigations are required, or other circumstances cause delay. Reasons for delay are recorded and monitored.	Removed the timeframes in the guidance to provide more applicability of the standard

14	3	Patients under 65 are assessed by specialists who have experience in young onset dementia and awareness of how to support those with vocational rehabilitation needs.	New standard
18	1	The assessment includes an interview with someone who knows the patient well, where available. <i>Guidance: The patient may not be present during this interview unless requested by the carer.</i>	Changed 'should' for 'may' in the guidance
19	1	Patients have a documented risk assessment and risk management plan which is co-produced and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers: - Risk to self; - Risk to others; - Risk from others.	Previously stated 'risk assessment and management plan'. There has been confusion about whether this plan is a care/treatment plan or is it meant to be geared around risk. Therefore, the word ' risk ' has been added before management plan.
20	1	The service has access to in-depth assessment of occupational functioning and neuropsychological assessment as required (e.g. for young onset dementia, complex or atypical presentations).	Changed to atypical rather than abnormal
36	2	People with dementia/ suspected dementia and their carers are offered and given pre-diagnostic counselling where appropriate and meaningful. <i>Guidance: This includes a discussion about the possibility of a diagnosis of dementia.</i>	Added 'offered and given where appropriate, meaningful..' rather than given

37	1	<p>People with dementia and their carers are offered post-diagnostic support. <i>Guidance: This should include a face-to-face meeting, education on diagnosis including implications, treatment, support groups or one-to-one support.</i></p>	<p>Reworded from offering 'a meeting' to offering 'support' with more broader expectations within the guidance, including 'diagnosis implications'</p>
39	2	<p>The service has access to specialist post-diagnostic support and/or counselling provided by a psychologist or other appropriately qualified professional for people with specific needs.</p> <p><i>Guidance: This includes genetic and rarer disorders, and severe adjustment reactions to the diagnosis.</i></p>	<p>Added 'support and/or' counselling as psychologists do not typically provide 'counselling'</p>
40	1	<p>People who are diagnosed with dementia are allocated a named worker within the memory service. <i>Guidance: Patients and carers are able to contact their named worker whilst under the care of the memory service.</i></p>	<p>Added 'a named worker within the memory service' rather than 'a named worker to co-ordinate their care'. Added guidance that patients and carers can contact them whilst under the care of the memory service</p>
46	1	<p>A local written process is available to assist memory service staff in informing patients about managing issues around driving.</p> <p><i>Guidance: A protocol could identification of driving status, giving information about informing the DVLA (or equivalent) and insurance companies, and what staff responsibilities are when a patient is non-compliant or continues to drive without informing the DVLA.</i></p>	<p>A written process rather than protocol</p>

57	2	<p>The environment is clean, comfortable and welcoming. <i>Guidance: This includes dementia-enabling facilities, clear and large signs, firm seating at the right height, handrails, good lighting, high colour contrasts etc.</i></p>	Changing 'dementia-friendly' to 'dementia-enabling'
77	3	<p>Shared in-house multi-disciplinary team training, education and practice development activities occur in the service at least every 3 months. <i>Guidance: This should include training on the understanding of needs of people with young onset dementia and subtypes of dementia.</i></p>	Added guidance

78	1	Clinical staff fulfil the competencies of Tier 2 or above in the Health Education England (HEE) Dementia Core Skills or Wales Good Work Framework, Education and Training Framework or equivalent.	Added topics to the guidance instead
----	---	--	--------------------------------------

79	1	All staff complete statutory and mandatory training consistent with their roles.	Removed
----	---	--	---------

82	2	The team receives training, consistent with their roles, on undertaking nutritional screening using a validated nutritional risk assessment tool.	Removed
95	3	A dietician	Changed to type 3

101	1	There is a named lead within the service for people with young onset dementia.	Changed to type 1
102	2	The service has an established pathway for people with young onset dementia.	New. Added to support a formal process in line with standard 101
105	3	An audit of the capacity to provide access to psychosocial interventions, and the uptake of psychosocial interventions offered is carried out every 2 years.	Changed 'provide' to 'provide access to'
106	1	People with dementia have access to a local programme of appropriate group Cognitive Stimulation Therapy (CST).	Added guidance that this can include signposting to other providers.
107	2	People who have participated in group Cognitive Stimulation Therapy (CST) have access to an age appropriate maintenance CST programme.	Added guidance that this can include signposting to other providers.
109	2	People with dementia and their carers have access to a group reminiscence or life story programme.	Changed to Type 2
112	1	Patients and their carers have access to tailored psychosocial interventions for changes in behaviour and/or signs of distress.	Changed to 'changes in behaviour and/or signs of distress' rather than using 'behaviour that challenges'
120	1	Patients have their medications reviewed regularly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime.	Added guidance to state side-effect monitoring tools can be used to support reviews in line with updated CCQI core standard

126	2	There are systems in place to ensure continuity of care.	Reworded from 'the service prioritises continuity of care' as this is vague and hard to measure. The guidance has also been reworded to capture staff going on leave
129	3	The memory service provides education on the prevention of dementia within the local community, including minority groups.	Added a consideration for minority groups.
131	2	The team sends correspondence detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the assessment and the patient receives a copy.	Added that the patient receives a copy

133	3	<p>The service diagnoses MCI following a comprehensive assessment and provides aftercare plans, psychoeducation and signposting to other agencies where required.</p> <p><i>Guidance: This includes identifying subtypes where possible.</i></p>	<p>This reflects feedback around services now being required to follow up MCI and there being a need to offer more psychoeducation and support on this. There was previously a lack of clarity on what 'the service works towards' means, so this has been removed. There has also been guidance added to look at subtypes.</p>
145	1	<p>Staff receive training in inequalities in mental health access, experiences, and outcomes for patients with different protected characteristics. Training and associated supervision should support the development and application of skills and competencies required in role to deliver equitable care.</p>	<p>New standard, added from CCQI core standards</p>

146	2	The service has a strategy in place to promote equity, equality and diversity and to address any barriers to access.	New standard, added from CCQI core standards
-----	---	--	--