Memory Services Spotlight Audit 2021

Casenote Audit

National audit of all memory services in England and Wales aiming to find out about access, waiting times and new ways of working. This has been developed in collaboration with the London Dementia Clinical Network and NHS England and Improvement.

Sample
50 consecutive patients **seen for initial assessment from 01/01/2021** per registered service/clinic/team participating in the audit. This therefore excludes patients who were referred but declined to be seen by the service/ clinic or failed to attend.

You can enter more than 50 if you wish. If your service does not have 50 patients with an initial assessment in January, you may continue into February.

Please contact us if you need to continue into March, or if patients have not completed the pathway to diagnosis.

Please do <u>not</u> include patient identifiers such as name, address or NHS number.

Who should complete this audit?
The audit should be completed by memory service staff, this can include students and unqualified/junior staff with supervision. The audit does not need to be completed by the same person (e.g. 5 people can audit 10 case notes each).

Save: This will allow you to return and complete the questionnaire at a later date. To resume please log back into the survey.
Reset: Clears your answers on the current page.
Submit: Once you have answered all of the questions please click submit to send the data to the NAD team.

Please enter the organisational code provided by the project team.
Please get in contact if you do not have this number.

_____

Please enter the audit patient number.
Please see separate guidance for how to allocate this. <u>Do not</u> include NHS number or clinic ID number.

_____

Is this an inter rater reliability check?
Please see separate guidance.

○ Yes
○ No

My service or clinic is in:

○ England
○ Wales

Patient Demographics

Q1 Age at referral
To calculate click here

[   ]

Q2 Sex
Please respond with sex assigned at birth

◯ Male

◯ Female

Q3 Gender
Please select option patient most identifies with

◯ Male   ◯ Non-binary/Other

◯ Female   ◯ Unknown/Not documented

Q4 Sexual Orientation

◯ Heterosexual/Straight   ◯ Other sexual orientation

◯ Gay or Lesbian   ◯ Unknown/Not documented

◯ Bisexual

Q5 Ethnicity
These are standard NHS ethnicities. Select unknown/ not documented if no ethnicity recorded

◯ Asian or Asian British *(includes any Asian background e.g. Bangladeshi, Chinese, Indian, Pakistani)*

◯ Black, African, Black British or Caribbean *(includes any Black background)*

◯ Mixed or multiple ethnic groups *(includes any mixed background)*

◯ White *(includes any White background)*

◯ Another ethnic group *(includes any other ethnic group, e.g. Arab)*

◯ Unknown/Not documented

Q6   Is English the patient's first language?

  ○ Yes   ○ The patient is Welsh speaking

  ○ No   ○ Unknown/Not documented

Q7   Did the patient need an interpreter?

  ○ Yes, provided by family member   ○ Unknown/Not documented

  ○ Yes, provided by interpreter   ○ Interpreter not available/service unable to
                                          provide
  ○ No

Q8   Does the patient live alone?

  ○ Yes   ○ Unknown/Not documented

  ○ No

Q9   Lower Super Output Area - Name Field:
         (*Please see guidance and please do not enter postcode information*)

         To find the LSOA for **England** click here
         To find the LSOA for **Wales** click here and click on 'Postcode to WIMD rank lookup' to
         download the spreadsheet. Enter the postcode in column A without a space and this will give
         you the LSOA name.

         [   ]

Q10 Who was the patient referred by?

○ GP   ○ Day Hospital

○ CMHT   ○ Other

○ Acute hospital

If other, please specify:

[   ]

Q11 Date referral received (*must be in format DD/MM/YY*)

[   ]

Q12 Date seen for initial assessment (*must be in format DD/MM/YY*)

[   ]

Q13 Place of assessment (*Tick all that apply*)

- [ ] Clinic
- [ ] Patient's usual place of residence (*select this if assessed at home or in a care home*)
- [ ] Other (*inpatient rehabilitation unit, short stay unit etc*)

- [ ] Phone call
- [ ] Video call

Q14 Was the video call facilitated by someone else? e.g. children or spouse

- ( ) Yes
- ( ) No

- ( ) Unknown/Not documented

Q15 Reported alcohol consumption per week

- ( ) 0 units
- ( ) 1-4 units
- ( ) 5-9 units

- ( ) 10-14 units
- ( ) More than 14 units
- ( ) Unknown/Not documented

Q16 Is there evidence of a discussion about:

	Yes	No
The patient's eyesight/vision (e.g. does the patient wear glasses, last opticians appointment)	( )	( )
The patient's hearing (e.g. does the patient wear hearing aids)	( )	( )

Q16 In addition to the above, if your service is in Wales is there evidence of a discussion about:

	Yes	No
The individuals general current physical health status and any current difficulty	( )	( )

Q17 Was the patient referred to occupational therapy for a functional assessment?

- ( ) Yes
- ( ) Patient declined

- ( ) No service provided
- ( ) No not appropriate

Q18 Was a falls history taken (e.g. number of falls in the last 12 months, fear of falling)?

- ( ) Yes
- ( ) No

Q19 Was the patient referred to diagnostic neuropsychological assessment?

- ○ Yes
- ○ Patient declined
- ○ No service provided/ available for referral
- ○ No not appropriate
- ○ Not referred, reason unknown or unclear

Any other comments about the assessment *(optional)*

Q20 Was a brain scan requested by memory service?

○ Yes

○ No

○ Requested but not carried out

Q21 Date scan requested? *(must be in format DD/MM/YY)*

[   ]

Q22 Who requested the scan?
If request goes through the GP but requested by Memory Service (due to local pathways) please select Memory Service.

○ GP   ○ Hospital

○ Memory Service

Q23 Was a scan performed?

○ Yes

○ No

Q24 What scan was performed?
(*Tick both if the patient had a CT and MRI scan*)

☐ MRI

☐ CT

Q25 Reason scan was not performed:

○ Previous scan   ○ Patient declined

○ Contraindicated   ○ Not required

Q26 Date of scan *(must be in format DD/MM/YY):*

[   ]

Q27 Were specialised investigations performed? e.g. PET/DAT/SPECT scan/CSF examination

○ Yes

○ No

Q28 What specialised investigations were performed?
(*Tick all that apply*)

- [ ] PET scan
- [ ] DAT scan
- [ ] SPECT scan
- [ ] CSF examination

Q29 Recorded diagnosis

- ○ Alzheimer's disease
- ○ Vascular dementia
- ○ Dementia with Lewy bodies
- ○ Behavioural variant frontotemporal demenita - Primary progressive aphasia
- ○ Behavioural variant frontotemporal dementia - Posterior cortical atrophy
- ○ Parkinson's disease dementia
- ○ Mixed dementia (dementia of more than one type)
- ○ Alcohol related dementia included Korsakoff Syndrome

- ○ Unspecified dementia *(if working diagnosis please select this option)*
- ○ Other dementia
- ○ MCI
- ○ Subjective cognitive impairment/no illness specified
- ○ Primary psychiatric diagnosis (e.g. depression, anxiety, schizophrenia)
- ○ Functional cognitive disorder
- ○ Other (not dementia)

Q30 Was this diagnosis:

- ○ Confirmed
- ○ Working

Q31 Date diagnosis was given
Must be in format DD/MM/YY. This is the date the patient/carer are informed of the diagnosis

[   ]

Treatment and post diagnostic support

Q32 Was anti-dementia medication prescribed?

- ○ Yes
- ○ Patient declined
- ○ No, not appropriate
- ○ No, contraindicated

Q33 Which medication was prescribed?
This refers to the inital prescription

- ○ Donepezil
- ○ Rivastigmine oral
- ○ Rivastigmine transdermal patch
- ○ Galantamine
- ○ Memantine
- ○ AChEI and Memantine *(select if prescribed a Cholinesterase Inhibitor and Memantine)*

Q34 Was the patient offered cognitive stimulation therapy (CST)?

	Yes, patient accepted	Yes, patient declined	No, not appropriate (e.g. advanced dementia, no dementia, language barrier)	No, service not available	No, other
Face to Face	○	○	○	○	○
Virtual (online or other virtual)	○	○	○	○	○

If other, please specify:

[   ]

Q35 Was the patient offered a dementia advisor or navigation type service (either in house or referral on)?
E.g. ongoing memory service care coordination, Alzheimer's Society care navigators, primary care dementia review clinic

- ○ Yes, patient accepted
- ○ Yes, patient declined
- ○ No, not appropriate (e.g. patient did not have dementia)
- ○ No, service not available
- ○ No, other

If other, please specify:

[   ]

Q35b Was the patient offered a dementia advisor or navigation type service **from diagnosis to end of life** (either in house or referral on)?
E.*g. ongoing memory service care coordination, Alzheimer's Society care navigators, primary care dementia review clinic*

○ Yes, patient accepted   ○ No, service not available

○ Yes, patient declined   ○ No, other

○ No, not appropriate (e.g. patient did not have dementia)

If other, please specify:

[ ]

Q36 Was the carer offered a psychoeducation course (either in house or referral on)?
For example: START, CRISP programme

○ Yes, carer accepted   ○ No, no carer or relative

○ Yes, carer declined   ○ No, service not available

○ No, patient did not have dementia   ○ No, other

If other, please specify:

[ ]

Q37 What other interventions were provided? (*either in house or by referral onwards*)

☐ Advance care planning   ☐ Dementia/Memory cafes   ☐ Post-diagnostic groups
☐ Animal-assisted therapy   ☐ Family/Systemic therapy   ☐ Reminiscence
☐ Assistive technology   ☐ Involvement groups   ☐ Signposting
☐ Cognitive behaviour therapy   ☐ Life Review Therapy   ☐ Specialist information
☐ Cognitive rehabilitation   ☐ Life story work   ☐ Stress/Anxiety management
☐ Cognitive training   ☐ Music therapy   ☐ Vocational rehabilitation support
☐ Counselling and psychotherapy ☐ Peer-support groups   ☐ Other
☐ Creative arts therapies   ☐ Occupational therapy   ☐ None
                                 ☐ Post-diagnostic counselling

If other, please specify:

[ ]

Q37a1 In addition to the above interventions, if your service is in Wales were you able to offer:
(*Please tick both if they apply*)

☐ Interventions aligning to the all Wales pathway of standards - standard 9
☐ Other socially prescribed interventions

Q38 Was the patient asked about being contacted for research?

○ Yes, patient consented   ○ Not appropriate

○ Yes, patient declined   ○ No documented discussion

Q39 Were READ or SNOMED codes in relation to diagnosis included in letter correspondence to GP?

- ○ Yes
- ○ No

Thank you for completing this questionnaire.

Please use the button below to submit your data. You will not be able to make any changes after submitting, so please ensure you have entered the data correctly.