

**DEMENTIA ADVISORS’ REFERRAL CRITERIA**

Dementia Advisors provide personalised, non-clinical emotional and practical support and advice to people of all ages diagnosed with dementia and their carers, who are registered with a South Gloucestershire GP within the following areas: Severn Vale INT, The Stokes INT, and Yate & Frampton Cotterell INT. The service is a preventative service with the aim of preventing crisis and promoting wellbeing. After the initial referral appointment, follow up appointments will be provided determined by need of the individual with dementia

* **Key service outcomes:**
* Service users with dementia and their carers feel well supported and informed
* Service users with dementia and their families know who to contact to access information, services and support
* Service users with dementia and their carers feel more confident and are enabled to live independently
* Service users with dementia and their carers feel less isolated and lonely and more connected with their local communities
* Support is tailored to meet the needs of the person with dementia, in partnership with any carer
* Carers can be referred to carers support trust.
* Service users living with dementia can be signposted to mainstream services and support, as appropriate
* **Referrals to be taken from (until the service is more established):**
* Individuals and their families
* GPs
* Active Ageing Team
* Community Services
* **Referrals go to Sirona care & health, Single Point of Access (SPA) Via email with referral form.**
* **Telephone 0300 125 6789 Email -** sirch.southglosspa@nhs.net
* **Dementia Advisors will visit Service Users at home who:**
* Have a diagnosis of dementia
* Have mild to moderate dementia, and their carers
* Are registered with a South Gloucestershire GP in PCN Seven vale INT, Yate and Frampton INT and The Stokes INT.
* Please note:

 (4PCN and Network 4 INTs are looked after by the Alzheimer’s Society

(Their dementia advisors use a different referral process)

* **Dementia Advisors will NOT visit Service Users who:**
* Live in a nursing home
* Live in a supported living environment e.g. extra care
* Already under the care of mental health team including the memory service (AWP).

**DEMENTIA ADVISORS’ REFERRAL Form**

**Name:**

**DOB:**

**NHS NO:**

**Address:**

**Telephone number:**

**GP practice:**

**Does the individual have a diagnosis of dementia? YES / NO**

**(If the answer is no then they are not eligible for the service, please refer back to your GP for support around diagnosis, and a self-referral/referral from clinician can be made once diagnosis established and coded on EMIS)**

**Is the service user aware of diagnosis? (YES/NO)**

**What Support do you wish from the service?**

**Does the patient have capacity to consent to this referral? YES/NO**

**Is patient aware of this referral (If no please explain why) YES/NO**

**RESPECT in place? Yes/No**

**Name of Referrer: Telephone Number:**

**NOK:**

**Who should we contact in the first instance?**

**Name & phone number:**

**Please attach any relevant medical information. For clinician referrals please attach EMIS summary. Self-referrals this is not needed.**