**North Somerset Memory Service**

**(Cognitive Assessment & Diagnostic Team)**

**Information for referrers**

**Introduction**

Avon and Wiltshire Mental Health Partnership (AWP) is commissioned to deliver a Memory Assessment Service across North Somerset. The clinical team is led by an Associate Specialist Doctor and includes specialist memory nurses, psychologists, support worker and occupational therapist and has a dedicated manager. Consultant Psychiatrists and doctors in training with the older adult community team also provide input. The service aims to provide a timely assessment and diagnosis, with treatment where appropriate, to people with a first presentation of dementia. We provide information on cognitive impairment and signpost to support services in the community including voluntary services, with whom we have close links.

The Memory Service supports a telephone duty system, Monday to Friday, 9am-5pm for Primary Care practitioners to ring in for advice and support. We are also happy to respond to written queries from GP’S.

* 01275 335300
* NSomMemoryDuty@nhs.net

**Referral**

Referrals should be completed with the full consent of the patient and sent direct to the Memory Service using the email address;

awp.windmillreferrals@nhs.net

Incomplete referrals will be returned to the GP for further information. Please provide as much information as possible and we ask that if your patient is currently driving that you discuss this with them to understand whether you should be advising not to drive until assessed by the memory service. Other key things to consider are alcohol and past drug use.

**Assessment**

Once a referral has been accepted, the patient will be offered an appointment with a front line assessor – usually a specialist memory nurse. This may be at a clinic or on occasion at home subject to certain criteria. The assessment will include a pre-diagnostic discussion about how much the person would like to know about the diagnosis, what the implications of the diagnosis might be (including driving) and whether they would like to trial a memory drug should this be an option. The memory practitioner will collate a detailed history and assessment of functional abilities and mood. The Memory Service generally uses the Addenbrooke’s Cognitive Examination III, or an abbreviated version for the more impaired person. Individuals are encouraged to have a relative, friend or carer with them for the assessment in order to obtain a collateral history.

**Diagnosis**

Initial assessments are discussed in the weekly multidisciplinary formulation meeting. If further assessment is needed to establish a diagnosis, the person may be referred for formal neuropsychology or for a functional assessment, the results of which would be brought back to formulation. In general, younger people and very complex cases may go straight to neuropsychology for an initial assessment.

Following diagnosis the person is seen again by a member of the team to explain the outcome. The diagnostic appointment may be with a nurse, a psychologist or a doctor. The latter generally see patients where medication is an option. At this appointment the outcome of the assessments is discussed with the patient and their family, a diagnosis is given and medication is initiated if appropriate.

**Post Diagnosis**

Information about the diagnosis will be provided both verbally and by letter to the patient and their GP. There will be advice about the non-clinical implications of the diagnosis such as driving, power of attorney and access to financial benefits etc. and the patient will be given a copy of the North Somerset Dementia Pack (and any other relevant leaflets) for information and contact details of locally available support services.

The memory service provide review after 6-8 weeks depending on whether medication is being trialled. Where treatment with cognitive enhancing medication is appropriate these will be prescribed by the Memory Service for the first three months, after which the GP will be asked to take over prescribing under shared care protocols. The Memory Service also offers ‘Living Well with Dementia’, a 6 session group for patients newly diagnosed by the service and their partner / family member to assist in understanding the diagnosis, adjusting to living with a dementia, coping strategies and establishing peer support. There is also access to ‘Memory Matters’ two sessions providing more practical advice and signposting delivered in conjunction with the Alzheimer’s Society and Community Connect.

Patients who have completed the assessment and cognitive tests and found not to have a formal diagnosis of a dementia or are diagnosed with ‘Mild Cognitive Impairment’ may be discharged back to the GP. There are some patients it is felt more appropriate to retain in the service and offer follow up assessment. Advice about seeking a re-referral if discharged with a diagnosis of MCI, should there be future concerns about cognitive changes, will be given at a diagnostic appointment and in a letter to the GP.

After any medication review if a patient is not able or suitable to attend Living Well with Dementia then a wellbeing review is arranged with our associate practitioner to ensure the person with dementia and any family have an understanding of their diagnosis and all the services available to them. Patients are then discharged from the service and a referral to the Alzheimer’s Society, our partners in care, is made who will provide long-term support.

**Research.**

There are various programmes being undertaken in the region researching the prevention and treatment of dementia. Depending upon the diagnosis and degree of cognitive impairment patients may be asked if they would be agreeable to being contacted to participate in research studies.