



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Memory Assessment and Management Service

Information for referrers



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Memory Assessment and Management Service (MAMS)

MAMS offers a detailed bio-psycho-social diagnostic dementia assessment for patients in Newcastle and parts of North Tyneside*. The service is based in Newcastle at the Campus for Ageing and Vitality, and is open Monday to Friday 9.00am to 5.00pm – Excluding bank holidays.

The assessment and diagnostic process takes place over a minimum of 3 Clinic appointments - Home visits for some patients are possible in exceptional circumstances.

The first appointment is usually with a specialist dementia nurse and is routinely offered within 4 - 6 weeks of the referral reaching the service. Depending on need, assessments may be undertaken by doctors or clinical psychologists. The first appointment lasts for approximately 2 hours.

Following the first appointment most patients are offered a CT head scan or other structural and functional neuroimaging investigations. This part of the process can take up to 12 weeks as these investigations are provided by other local organisations. Patients may also be offered further assessment(s) and intervention(s) by occupational therapy and psychology to obtain more information.

Pre-diagnostic discussions are part of the assessment process. This involves talking about what impact a diagnosis may have for the patient and the people around them. Close family members or carers are always encouraged to attend appointments as it is important to capture their experiences during the assessment process.

Following a dementia diagnosis, treatment may include:

- Initiation and titration of medication
- Post-diagnostic support and information
- Attendance at time limited therapeutic groups.

The service offers all patients, their families and care-givers the opportunity to attend a one-off education session aimed at helping them to understand how to live well with dementia.

MAMS does not have the resources to provide ongoing supportive monitoring. The service has a dedicated clinical team of doctors, psychologists, specialist mental health nurses and occupational therapists. The team works closely with the wider community treatment teams in Cumbria, Northumberland, Tyne and Wear (CNTW), who can provide longer-term support if needed.

There is a strong academic presence within the service and patients will often have the opportunity to participate in ground breaking research.

Areas in North Tyneside consists of - Annitsford, Benton, Dudley, Forest Hall, Hazelrigg, Holystone, Killingworth, Longbenton, Palmersville, Seaton Burn, and Wideopen

If dementia is still suspected after an initial examination we would ask the referrer to please:

- Conduct a physical examination
- Undertake appropriate blood and urine tests to exclude reversible causes of cognitive decline these should include Bloods: FBC, U&E, LFT, CRP, eGFR, HBA1c, B12/folate, thyroid function, lipids, bone profile,

These investigations help to identify treatable causes, or contributing factors to memory problems e.g. anaemia, poor diabetic control, hypothyroidism. Cognitions may improve when these factors are addressed.

- Undertake a brief cognitive test using a validated brief structured cognitive instrument such as:
 - the [10-point cognitive screener \(10-CS\)](#)
 - the [6-item cognitive impairment test \(6CIT\)](#)
 - the [6-item screener](#)
 - the [Memory Impairment Screen \(MIS\)](#)
 - the [Mini-Cog](#)

The completion of cognitive screening will assist the memory clinic with the triage process

Inclusion Criteria

- Dementia is suspected as the primary cause of memory problems
- Memory problems for at least 6 months
- A co-morbid psychiatric illness where complex case management is provided by another service
- Specialist assessment of suspected Dementia with Lewy Bodies, or suspected 'Parkinsons Disease Dementia'
- We also offer telephone consultation for advice on anti-dementia medication with a doctor, which can be requested via ntawnt.spaadmin@nhs.net or 0191 2468753.

MAMS is a dementia diagnostic service and is unable to respond to unplanned needs or support people in crisis.

Exclusion criteria

- Urgent referrals*
- Significant behavioural problems likely to result in harm to self or others*
- High levels of risk or complexity (e.g. current risk of self-harm, significant mental health co-morbidities requiring active treatment, harmful substance misuse)*

*These may be appropriate for the locality Community Treatment Team (CTT), Older People's CTT if over 65

- Current alcohol dependence in excess of 50 units per week
- Current inpatients
- Memory changes secondary to traumatic brain injury
- An existing diagnosis of a moderate-severe learning disability¹
- Patients with acute delirium or other reversible causes of cognitive decline (including depression)
- Rapidly progressive dementia
- Patients who have had a stroke within the last 6 months

- High levels of alcohol intake (excess of 50 units per week) can impact on cognition and may improve when intake is reduced; we recommend this is addressed in the first instance.
- We recommend a 6 month post delirium recovery period but alternatively referrals may be accepted by the Melville Memory Clinic.
- NICE guidance (NG97) recommends that rapidly progressive cognitive changes should be referred to neurologists with access to tests (including cerebrospinal fluid examination) for Creutzfeldt–Jakob disease and similar conditions.
- Patients require 6 months following a stroke to allow for cognitive recovery.

Referral information should include:

To facilitate a referral to MAMS, we request that the following GP examination in primary care, as per NICE Guidance ([NG97](#)):

- A history (including cognitive, behavioural and psychological symptoms), from the person with suspected dementia and if possible, from someone who knows the person well (such as a family member)
- Description of memory problems and impact on functioning
- Past medical history
- Current medication
- Alcohol use (please specify units or amount and type consumed on average per week)
- Smoking and other substance use
- Risk to self or others, including self-harm or risk of violence and aggression
- Confirmation that the referral has been discussed and agreed with the patient
- Details of next of kin, including contact number
- Ethnicity and any interpreter requirements

This information will help us to triage and prioritise the patient so we can determine the most appropriate service for their individual needs (e.g. MAMS or the Older People's Community Treatment Team). We will not ask you to re-refer if another CNTW team is more appropriate, with permission this would be processed by a member of CNTW's staff

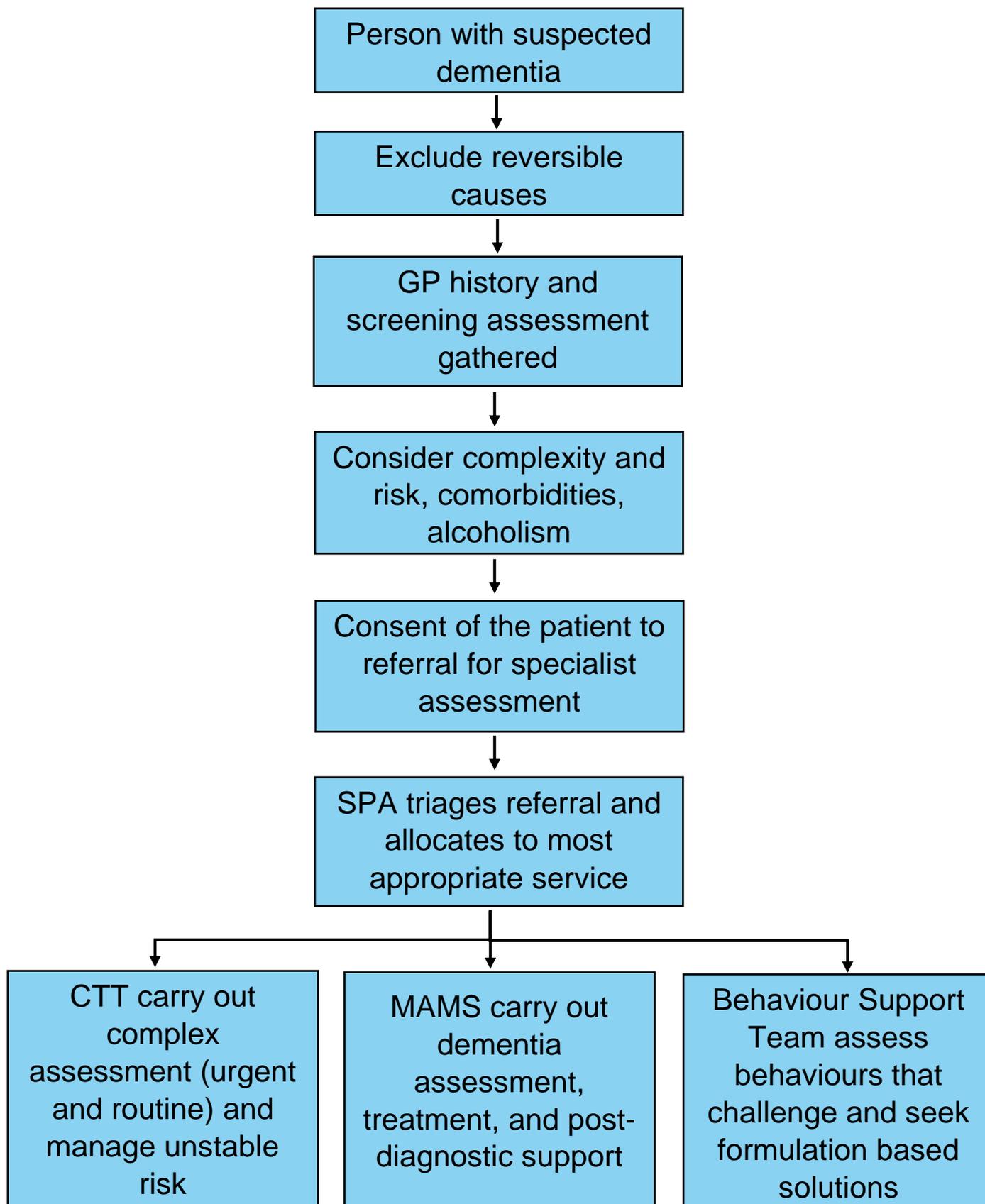
Referrals can be sent to the Single Point of Access (SPA) using the following methods:

Postal address: Single Point of Access
Centre for the health of the elderly
Campus for ageing and vitality
West Road
Newcastle Upon-Tyne
NE4 6BE

E-Mail: ntawnt.spaadmin@nhs.net

Telephone: **0191 246 8655**

Summary of referral process



Please note that assessment may be delayed if there is insufficient referral information.

For more guidance on referring for dementia in people with learning disabilities, see the NICE guideline NG54 on mental health problems in people with learning disabilities.

If you wish to seek advice or discuss a possible referral please contact MAMS via the SPA **0191 246 8655** and ask to speak to the SPA Duty Worker.

1 Existing diagnosis of a moderate-severe learning disability

For patients in Newcastle with an existing diagnosis of moderate to severe learning disability, with a suspected dementia. Please find referral information for the '**Community Team for Learning Disabilities (CTLD) including Positive Behavioural Support**' at the bottom of the CNTW referral contacts information page - <https://www.cntw.nhs.uk/referrers/referral-contacts/newcastle-referral-information/>

References

10-point cognitive screener (10-CS) -

https://www.bgs.org.uk/sites/default/files/content/attachment/2018-07-05/abbreviated_mental_test_score.pdf

6-item cognitive impairment test (6CIT) - <http://m.patient.media/pdf/4172.pdf>

6-item screener -

<https://pdfs.semanticscholar.org/aa78/0bfadbfe39e257cbbb30fdc1a9d258260578.pdf> / https://sites.csc.unc.edu/aric/system/files/public/forms/SIS_QXQ.pdf

Memory Impairment Screen (MIS) - <https://www.alz.org/media/Documents/memory-impairment-screening-mis.pdf>

Mini-Cog - <http://mini-cog.com/wp-content/uploads/2015/12/Universal-Mini-Cog-Form-011916.pdf>

NICE guidance 97: Dementia: assessment, management and support for people living with dementia and their carers - <https://www.nice.org.uk/guidance/ng97>

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