RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

MSNAP
MEMORY SERVICES NATIONAL ACCREDITATION PROGRAMME

Review Highlights

Areas of good practice and commonly unmet standards

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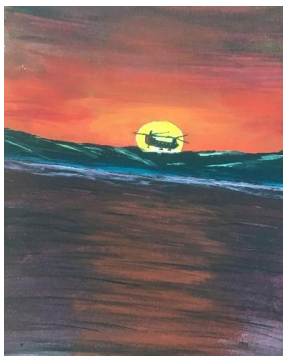

Artwork displayed on the front cover of this report was created by Clive Rogers, Patient Representative and entrant of the 2023 MSNAP Artwork Competition.

Foreword

Advisory Group Chair:

It has been hugely enjoyable to take part in some of the reviews in the last year. And it is with great pleasure that I/we present this report on the many examples of excellent practice that review teams found.

As a person living with dementia who of course has been through my own local Dementia Assessment Service, and as a campaigner for better dementia care and support, it is fascinating to witness how other services work, and to listen to the wonderful health professionals we meet during reviews. There is widespread great work, but unsurprisingly most services have aspects they could improve.

We at MSNAP do not seek to find poor practice; we look for the good stuff. And we find plenty of it. But we also hope that through our combined work with services we can help you find how and where improvements could be made.

The most interesting and often missed opportunities are in involving patients and their family/friend carers in improving a service, hearing the actual experiences from the horse's mouth. It's often the little things that cause difficulties for service users, such as signage, rather clinically sterile rooms where they receive life changing diagnoses, and letters that are clinical and not personal and meaningful for a patient. Small things that generally matter more to us than to providers and which you will only find out about if you ask.

So please use the findings of great practice contained in this report, as well as the areas for improvement, to make your service the best it can be for your users.

A last request...we all prefer face to face reviews over virtual, so please if at all possible choose to meet us in the flesh rather than over fibre.

George Rook
Chair of the MSNAP Advisory Group and Patient Representative

Accreditation Committee Chair:

It is my great pleasure to introduce the "Review Highlights" report as the Chair of the Accreditation Committee. The credit goes to the excellent team at the College's centre for quality improvement for their continued outstanding performance. I would also like to acknowledge the enormous contribution of the people living with dementia and their family carers and loved ones, the memory service staff who are working very hard, often in challenging circumstances, the MSNAP review teams, Advisory Group and Accreditation Committee who bring in expertise and dedication and our charitable partners and other stakeholders for their support and contribution.

This report showcases range of good practice by our members, aptly reflected by a number of highlighted examples. I am particularly impressed by the analysis on the eight overarching themes in this report that encompasses good quality care and dedication by the staff at memory services who take pride in what they do.

The rest of the report focus on unmet standards and provide a comprehensive overview and reflections about challenges involved. While some of these standards are relatively aspirational, they are no less important and include interventions like cognitive stimulation therapy and cognitive rehabilitation.

This report is yet another great example of the formative accreditation process of MSNAP that, so far, my knowledge goes, has no parallel globally. At the heart of it is mutual learning and involvement of all stakeholders with a common goal of providing holistic high-quality care to users of our service and their carers.

Dr Sujoy Mukherjee
Chair of the MSNAP Accreditation Committee
and Old Age Psychiatrist

Who we are and what we do

The Memory Services National Accreditation Programme (MSNAP) was established in 2009 to support local service improvement of memory services in the UK and is one of just under 30 networks within the College Centre for Quality Improvement (CCQI) within the Royal College of Psychiatrists.

HOW WE SUPPORT SERVICES

We adopt a multi-disciplinary approach to quality improvement in memory services, using a set of quality standards for memory services which are underpinned by research, best practice guidance and legislation. These evidence-based standards are revised every two-years to remain up-to-date.

Another key component of MSNAP is the facilitation and sharing of ideas and best
practice across different members. This is accomplished through peer reviews, various
webinars, and our Annual Forum held at the end of each peer review cycle.

MEMBERSHIP

Membership is open to all memory services across the UK and internationally. You can see the current list of members and their accreditation status on our website.

Memory services signed up to MSNAP will receive a comprehensive assessment against the Quality Standards for Memory Services.

THE PEER REVIEW PROCESS

The review process against the standards contains four key stages indicated below.

Self-review: Services complete a workbook which includes a self-rated score and comment against each standard and any accompanying evidence. Questionnaires are distributed to staff, patients, carers and referrers.

Peer review: A visiting multi-disciplinary peer review team meets with staff, patients and carers to validate the information provided at the self-review stage. A tour of the service environment is completed.

Report: The data that is collected from the peer review is recorded in a service level report, which summarises the areas of good practice and areas in need of improvement along with detailed, bespoke recommendations.

Action planning: Whether services are on the accreditation or developmental membership, they are encouraged to continue with action planning after their peer review process has completed.

Introduction

This report uses data collected from 23 memory clinics who are current members of the Memory Services National Accreditation Programme and have undergone the peer review process, as outlined on page 3. Specifically, the report looks at data collected from memory services that received a peer review visit from May 2023 to June 2024.

An analysis has been conducted on compliance against the MSNAP standards so that we can compare and benchmark our findings. We have also analysed examples of good practice from peer reviews.

The data have been drawn from the most recent peer review findings to illustrate which standards were commonly unmet across memory services. Feedback following peer reviews is also presented in this report to demonstrate member experiences of MSNAP.

AIMS OF THIS REPORT

This report aims to celebrates areas that review teams have found that are considered particularly impressive. We hope that services will either feel proud that they are working in a similar way or feel inspired to make changes and implement improvements. In addition to this, the report identifies and shares standards that memory services often struggle to meet, so that they can use our findings as guidance around how they can meet them.

ACKNOWLEDGEMENTS

The Memory Service National Accreditation Programme (MSNAP) gratefully acknowledges our group of patient and carer representatives, all the members of our advisory group, accreditation committee and all of our participating member services. Specific thanks to George Rook for considerable support and feedback in producing this report.

JARGON BUSTER

Peer review: A process of identifying things that are going well or need improving in a memory service. This is done with a team of people from a similar service and people with lived experience of a memory service. More information can be found in Appendix 2 of this report.

Cognitive Stimulation Therapy: A weekly programme for people living with mild to moderate dementia, usually talking in a group. Group members take part in activities designed to be meaningful, stimulating activities to help maintain memory and mental functioning.

Psychosocial interventions: Evidence based treatments, or activities that combine psychological and social elements, not medications.

Cognitive rehabilitation: A personalised, evidence-based intervention which helps people with dementia to identify everyday tasks that they would like to manage better and more independently. People with dementia and their families are given strategies to help them achieve improvement in activities that are important to them.

Areas of good practice

This section demonstrates areas of good practice identified throughout 2023-24 and is broken down into seven overarching themes. These achievements have been highlighted by peer review teams during peer review visits.

On the following pages, we have described each of these areas of good practice with some specific examples as well as quotes taken from anonymised staff, patient and carer questionnaires.

Some of the themes came up more often in reports while others were less frequent but still demonstrate good practice. For example, quality of staff, collaboration and staff development, support and morale were referred to often. However, young onset dementia pathway was only mentioned once and carer experience only twice. The themes are reported in order of frequency. In some cases, these themes might also be present in the most commonly unmet standards section, highlighting the fact that these areas of good practice are not yet happening in all memory services but when they are, peer review teams are particularly impressed.

The following themes were identified:

Caring staff members

During our peer reviews, memory services were praised for having a supportive and caring group of staff within their team. This feedback predominantly came from patients and carers that had accessed the service.

Specifically, patients and/or carers expressed feeling welcomed and well supported by the staff. This included patients reporting that they experienced staff taking a person-centred approach and catering to their needs, or going above and beyond to ensure patients felt at ease. A number of carers spoken to on reviews also appreciated feeling involved in the care of their loved one and were positive when they felt staff ensured they had sufficient support and time to speak to them.

Good practice examples

- Patients spoken to were complimentary about the service. They felt welcomed by staff when visiting the service and felt staff were helpful and friendly. One of the patients was particularly happy with the work the team did to arrange a driving assessment for them as this was important to them. In addition, they felt listened to and that their concerns were all taken seriously by staff. – **Medway CMHTOP**
- There was positive feedback from the carers who were spoken to on the day. They said they felt involved and were appreciative of how they had been treated, the support they had been given as well as the support given to their loved ones. One carer was particularly complimentary of the rapport and trust that was built with their loved one and one said the staff were friendly and they felt able to contact them when needed. – **North Somerset Memory Service**

When I completed my assessment with the nurse, she listened to me and really took her time to write everything down that I was saying even though at times it was difficult she never seemed to get annoyed. It was as though she had all the time in the world for me" - **Patient**

It s comforting to feel like we have people in our corner", I find that this is a special service, I feel it helps me to minimise my problems with dementia" - **Patient**

We were lucky, the support and help that I m getting has been amazing, the doctor has gone above and beyond, so supportive and helpful in a scary situation" and they are really good, home visits are helpful" - **Carer**

Staff development, support and morale

Staff development, support and morale were highlighted as areas of achievement for 17 memory services' peer reviews. Peer reviewers were particularly impressed when staff health and wellbeing was actively supported by management through regular supervision, well-being initiatives and general support. It was also often noted that the staff team seemed supportive of each other. This generally came up from staff feedback or when review teams picked up on high morale or low staff turnover.

Linked to this, commitment to learning and professional development for staff were also seen in services' areas for improvement. It was positive to see when staff were encouraged to take part in training opportunities to progress within their roles. Having a lead member of staff who takes charge of organising training sessions was an innovative way seen in a service to ensure CPD training sessions are put on for staff, with external agencies and guest speakers. It is excellent practice when professional development is factored into schedules and staff have protected time during working hours for training. In some services staff are encouraged to shadow each other to encourage interdisciplinary learning which is a good way to broaden staff understanding of the whole patient pathway.

Good practice examples

- The team are supportive of each other and are a very close-knit team who clearly recognise each other's skills, reporting that if they were struggling, they would be able to approach anyone in the team for help. There is a good range of more formal health and well-being support for the staff, as well as good staff retention. They spoke highly of the Trust Occupational Health Department as well as the Trust pastoral service which offers three-day retreats to staff. There is time within their supervision to discuss any work or non-work-related issues. – **Kirklees Memory Service**
- It is positive that the team receives CPD sessions every three months and has guest speakers at MDT meetings. It is clear that there is a focus on staff learning and development. From conversations on the peer review day, staff seemed happy with their access to training, learning resources and study facilities. – **Redbridge Memory Service**

> The service is a great place to work, everything and everyone around are very supportive and the right systems are in place to help make our work life easier" - **Staff**

> I feel that various training opportunities have been available. Training in cognitive assessments has been provided over the last year by Psychologists - e.g. training on ACE-III at team away day, training on other cognitive screening tools during monthly team meeting (e.g. SCOPA-COG, RUDAS)" - **Staff**

Joint working with other services

Another topic that was identified as an area of achievement for 17 services was around the joint working services do with partner services, such as GPs, care homes, social services, research teams, and older person community mental health teams. It is positive to see this as when done well it can ensure patients receive the best care without slipping through the gaps. When services collaborate well, patients are given the correct information and support to help through their journey. Services that were praised had supported patients to access admiral nurses, advice on debt management, benefits, social care packages and dieticians. It was also positive when services also provided training and support for GPs on areas that they are struggling in.

Good practice examples

- There is impressive work at the service to maintain strong working relationships with their partner services. For example, they attend regular joint meetings with GPs and a member of the team sits on the GP link network and attends those meetings. In these meetings they are able to work on care plans in a collaborative way. They also reported having strong links with the social workers and Dementia Action Alliance. – **Hammersmith and Fulham Cognitive Impairment and Dementia Service**
- The work that is being done with care homes is very good, particularly around increasing knowledge of non-pharmacological support for behaviour that challenges. The webinars, presentations for care home forums, urgent care and the delirium project are great. The team is also doing a lot of good educational work and outreach to other services. The team's attitude toward using antipsychotics in general is positive; the positive behavioural support (PBS) approach is the intervention most focused on. The team is providing training to professionals in other services on the use of non-drug approaches. – **Coventry and Warwickshire Memory Service**

I am a GP partner with an interest in frailty. I work closely with our memory clinic and its team. Communication is good and support is good." - **Referrer**

What is great is that the CIDS team attend our Frailty MDT weekly- this is invaluable and where we are able to learn and discuss cases" - **Referrer**

Along the way, I was also introduced to the admiral nurses. They were also very friendly, helpful. A wonderful service" - **Carer**

Diagnostic process

Areas of achievement to do with diagnostic process came up around 18 times on peer reviews. The majority of these were related to the work services do during the assessment process and in some cases, the post-diagnostic support. For example, there were services who were noted to liaise well with different departments to ensure waiting times were reduced so patients could be seen in a timely manner. It was also highlighted as positive by review teams when initial assessments had been described as detailed, thorough and robust, with staff tailoring them to meet individual needs. A particular area of good practice was when patients were allocated a named support worker to help during the pre-diagnostic period, and the same named worker continued to support them through assessment and diagnosis.

In a few services, the post-diagnostic work was specifically highlighted for teams that were exploring various ways to support the different challenges faced by people with dementia and their carers. For example, having all avenues explored before considering pharmacological options. It was praised when staff took a person-centred approach during discharge meetings and care plans were discussed in detail to prepare patients and carers for their future.

The diagnostic process for young onset dementia (YOD) was also commended in one peer review. This service had a separate pathway specifically for people with YOD, which was helpful in determining who these patients could be referred to and what support was available for their specific needs.

Good practice examples

- There is great collaboration in radiology and neuro-radiology with the memory service. The service has a direct email address for consultants where all reports are emailed daily which makes the assessment and diagnostic process more streamlined - **Ashford Memory Service**
- To offer post-diagnostic support, staff will actively liaise and engage with patients to ensure they are appropriately looked after post-diagnosis. Staff members are also vigilant of drop-out patients to ensure they are receiving the care that they need. There are also neighbourhood community centres available for patients, and staff continuously encourage patients and carers to access these. – **Leeds Memory Service**
- The service works hard to support patients diagnosed with young onset dementia. There is a separate pathway specifically for people with young onset dementia. They were clear about who they could refer them to and the support they can provide. – **Bedfordshire Memory Service**
- It is very positive to see that the service has working links with autism spectrum disorder (ASD) groups and can provide support around sensory needs. The ASD working group for people who might be presenting with autism or sensory needs enable staff to address these within the service and refer to external agencies for additional support. – **Monkwearmouth Memory Protection Service**

Patient and carer experiences

During all of the peer reviews from this cycle, patients and carers provided some examples of positive experiences with their memory service. More specifically, nine peer reviews identified clear examples of how services make efforts to involve patients and carers within the service.

For instance, some services work with patients to get their feedback or involve them in wider service developments, so that they can use their experiences to make changes to the service as a whole. Good practice examples of this included patients and carers being involved in things like dementia training, sitting on interview panels, supporting with the development of dementia-friendly resources, and inputting into general service improvements. However, it's important to note that the standard around patients and carers being involved in devising and delivering training was the most frequently unmet standard, please refer to the next section to read more about this.

For a couple of reviews, carers highlighted their appreciation of having one-on-one time with staff to discuss any concerns and the care of their loved one and this was seen as excellent practice by the peer review team.

Good practice examples

- It is really positive that the service now has a patient participation group, and this group can be used for further service development in the future. For example, it is positive to see there are plans in place to take the written information given to patients to this group. – **North Norfolk and Norwich Memory Service**
- The Research Net, a group made up of current and previous service users, is a great way to utilise patient feedback and research into the service. The group has been involved in service development and has an active role in feedback. For example, the group investigated best practice methods and fed this information back to the service. Members of the group have also sat on interview panels for new staff. – **Bexley Memory Service**
- There is a structure in place during the assessment to ensure carers are given one-to-one time to discuss any concerns. When the patient has their physical health check, the carers are able to have time with a staff member without the patient present. – **Hambleton and Richmondshire Memory Service**

"An excellent service, very caring and wise. The ongoing care of both of us has been exceptional". - **Carer**

"I felt welcomed by the memory team and they treated me in a nice and sensitive way. They were very helpful." - **Patient**

Clinic environment

For five services, the clinic environment was highlighted as particularly positive. For these services, the environments were praised for being dementia friendly and welcoming. Descriptions included being light and airy and not too clinical, which made patients more comfortable when attending appointments.

Good practice examples

- There is a large poster advertising the NIHR dementia research programme in the waiting room. Corridors, waiting rooms and consulting rooms throughout the clinic are decorated with artwork; where possible, all rooms have large windows and skylights to make the space feel more comfortable. Patients are assessed in an environment where they feel comfortable and are supported to make their own choice about being seen at home or in the clinic. – **LLAMS Wigan**
- There is a large space dedicated to the memory clinic only, which includes multiple clinic rooms, a physical health assessment room and a room for groups. There is a lovely garden attached to their space which was refurbished by a group from a local third sector learning disabilities charity. There are photos of the local area displayed on the walls and the colour scheme of the environment was researched to be dementia friendly. Carers spoke positively about the environment as well saying it's modern and clean. - **Hambleton & Richmondshire**

Education and resources

There were four reviews where services were praised for the amount of work they have put into providing helpful resources for patients and carers, including those in care homes. In particular, there were positive comments on the provision of educational sessions. One service was especially praised for using an online platform to share short, accessible videos on a range of topics, such as driving and dementia, what the memory assessment entails, local services, etc.

Good practice examples

- The team have put an impressive amount of work into improving the accessibility of the information given to patients and their loved ones, particularly trying to make it more digestible. For example, they have developed YouTube videos on a range of different topics including Driving and Dementia, Supported Living, what the memory assessment would look like, as well as videos on local services such as Age UK Bedfordshire. For people that cannot access these they will RAG rate the written information given so patients can clearly see which information they should focus on first to try and make it less overwhelming. – **Bedfordshire Memory Service**

Commonly unmet standards

This section looks at a number of MSNAP standards which were often not met by memory services who received a peer review during 2023-2024.

The data within this section has been compiled from services at the peer review stage prior to the standards being changed to met following a review process by the MSNAP Accreditation Committee.

Summary:

No.	Type	Standard	% Met
75	2	Patients, carers and staff members are involved in devising and delivering training.	35%
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. *Guidance: In England, the requirement is within 6 weeks of referral. In Wales, the requirement is within 12 weeks of referral. Investigations such as blood tests and brain scans would be considered routine rather than specialist*	39%
105	3	An audit of the capacity to provide psychosocial interventions, and the uptake of psychosocial interventions offered is carried out every 2 years.	39%
108	2	Patients have access to cognitive rehabilitation according to their clinical needs. *Guidance: Cognitive rehabilitation constitutes an individualised approach where personally relevant goals are identified and the therapist works with the patient and his/ her family to devise strategies to address these. The emphasis is on improving performance in everyday life rather than on cognitive tests, building on the patient's strengths and developing ways of compensating for impairments.*	43%
129	3	The memory service provides education on the prevention of dementia within the local community. *Guidance: This could be disseminated through events, local newspapers/ radio stations or posters etc., and could be done jointly with partner organisations.*	48%
107	2	People who have participated in group Cognitive Stimulation Therapy (CST) have access to an age-appropriate maintenance CST programme.	52%

Involvement in training

of memory services did not meet this standard

Standard 75: Patients, carers and staff members are involved in devising and delivering training.

Why is it important?

- Patient, carer and staff involvement is essential to the success of healthcare delivery and service development.
- Patient and carer involvement in training can increase assurances that the care being given is more patient and family centred. People with lived experience of memory services are the experts in understanding what works well and what may need to be improved.
- It allows staff to gain a broader perspective on the care they give, challenge stereotypes or assumptions and ensure the priorities of the service and the service users are aligned.

Reasons for this standard frequently being unmet:

- Staff are usually involved in devising and delivering training but often patients and carers are not.
- In some cases, patients and carers were previously involved in training but not at the service's most recent review, often paused due to COVID-19 but not resumed.
- Patients, carers and staff members involved in training at a Trust-wide level but not at a memory service level.
- Patients and carers are involved in other ways, such as development groups but not in devising or delivering training.

Recommendations:

- Use existing patient/carer involvement groups to develop training or workshops for staff and GPs. Look into 'Good life with dementia' course training.
- Identify patients and carers who have recently used the service and would be interested in being involved in the service. Set up groups which can be used for general service feedback and involvement, with the view of eventually developing training.
- Consider linking with external services such as, Alzheimer's society, the DEEP Network or other local lived experience networks to increase service user engagement.

Timescale of diagnosis

of memory services did not meet this standard

Standard 8: 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. *Guidance: In England, the requirement is within 6 weeks of referral. In Wales, the requirement is within 12 weeks of referral. Investigations such as blood tests and brain scans would be considered routine rather than specialist.*

Of the memory services that were assessed against this standard, **61%** did not meet the standard at the point of their peer review visit.

Why is it important?

- Receiving a prompt diagnosis is beneficial for the person with dementia and their families as it can help them plan for the future and access therapies and support groups sooner.
- A timely diagnosis enables people to access emotional, practical, legal and financial advice and support quicker.
- Waiting for a diagnosis can be stressful and anxiety-provoking. A timely diagnosis may help reduce anxieties sooner.

Reasons for this standard frequently being unmet:

- Many services are struggling with long waiting times for scans and delays with radiology.
- Some services are still dealing with the post-COVID backlog of referrals which has increased without an increase in resources.
- Several patients stay long-term on the neuropsychology pathway which causes delays.
- Staffing issues and technical difficulties with machines have caused delays in scanning.
- Many referrals do not contain the required information, e.g. blood test results.

Recommendations:

- Consider having regular staff meetings to discuss how to reduce waiting times and develop a realistic action plan.
- Consider whether every patient needs to be sent for a scan.
- Make a business case to commissioners to provide additional funding to support improvement of dementia care in the area, more staffing to manage rising numbers of referrals in the local area.
- Provide training to local GPs on making appropriate referrals to the memory service.

Psychosocial interventions audit

of memory services did not meet this standard

Standard 105: An audit of the capacity to provide psychosocial interventions, and the uptake of psychosocial interventions offered is carried out every 2 years.

Of the 23 memory services that were assessed against this standard, **61%** did not meet the standard at the point of their peer review visit.

Why is it important?

- Services are able to assess their capacity to provide psychosocial interventions and identify any gaps in staffing, training requirements or other resources.
- Services are able to keep records of and monitor any changes in the uptake of psychosocial interventions and investigate reasons for these changes. Uptake data can then be used to adapt interventions to better suit service users and improve uptake.
- Research has shown that there are several things that may influence uptake of psychosocial interventions. The main themes identified were: adjusting to a diagnosis, the appeal of activities and perception of benefit, the service and societal context and the relationships and communication.

Reasons for this standard frequently being unmet:

- Several services reported that they do not currently audit capacity and uptake but have plans to do this in the future.
- Teams may be monitoring uptake and collecting feedback on interventions offered but have not audited them.
- Services were conducting audits on capacity and uptake pre-COVID and have not yet resumed this.

Recommendations:

- To meet this standard, services should be clear about what interventions they offer and monitor the uptake of each intervention on a consistent basis.
- Services should identify any gaps or barriers to accessing psychosocial interventions.
- Coproduce the provision of psychosocial interventions with patients to understand what activities they might benefit most from.
- If there are any gaps in what is offered or recruitment needs, consider using this audit to build a business case for additional funding.

Cognitive rehabilitation

Standard 108: Patients have access to cognitive rehabilitation according to their clinical needs. *Guidance: Cognitive rehabilitation constitutes an individualised approach where personally relevant goals are identified, and the therapist works with the patient and his/ her family to devise strategies to address these. The emphasis is on improving performance in everyday life rather than on cognitive tests, building on the patient s strengths and developing ways of compensating for impairments.*

of memory services did not meet this standard

Why is it important?

- There is evidence of clinical efficacy of cognitive rehabilitation (CR) in early-stage dementia; the intervention assists the person with dementia and their families in managing the effects of the condition.
- CR has been shown to be superior to treatment-as-usual for scores in self-rated goal attainment, self-rated satisfaction, mood, self-efficacy, social domain of quality of life and carers' rating of participants' goal attainment.
- Carers who received CR also reported better quality of life, health status and lower stress levels than carers receiving treatment-as-usual.

Reasons for this standard frequently being unmet:

- A lack of funding to provide cognitive rehabilitation.
- Not having any staff who are trained to offer cognitive rehabilitation.
- There were cases where team had plans to offer cognitive rehabilitation but were not at the time of the review, either due to capacity or being in the process of planning. In some of these cases they had already trained staff or accessed training materials from sister services.

Recommendations:

- Staff can access an e-learning course on cognitive rehabilitation via the NHS Learning Hub or the GREAT CR website, which includes two handbooks to support delivery. The *My Life, My Goals* resource, co-produced with people living with dementia, is also available as a stand-alone or practitioner-guided tool via the Living with Dementia Toolkit.
- Develop a business case for the recruitment of an occupational therapist to the service to support with this, if not already in place.
- If cognitive rehabilitation cannot be offered in-house, try to identify a local service to refer patients to for this.
- Read the book by Jackie Pool called 'From Dementia to Rementia'..

Education provision in the local community

of memory services did not meet this standard

Standard 129: The memory service provides education on the prevention of dementia within the local community. *Guidance: This could be disseminated through events, local newspapers/ radio stations or posters etc., and could be done jointly with partner organisations.*

Why is it important?

- Research suggests that up to one in three cases of dementia could be prevented through lifestyle choices such as engaging in physical activity, eating healthy, smoking cessation and reducing alcohol intake.
- There is often a lack of awareness and understanding of dementia in local communities which results in stigma and barriers to receiving a diagnosis and accessing care.
- Dementia awareness and prevention programmes in local communities effectively reduce negative emotions around dementia, particularly fear.

Reasons for this standard frequently being unmet:

- Services do not often have capacity to do outreach work in the community.
- Services have not yet explored ways of providing education on the prevention of dementia.
- Education on prevention of dementia is not provided on a consistent basis, and has only been provided as a one off request by a GP.

Recommendations:

- Explore ways of providing education on the prevention of dementia within the local community, in a structured way and on a consistent basis, including workshops/presentations at local events and in faith communities.
- Where education is provided within the local community, ensure this is clearly signposted and advertised to ensure uptake.
- Disseminate education on dementia prevention through local newspapers, radio stations, posters/leaflets. This could be done jointly with partner organisations.
- Consider collaborating with local GPs to do outreach work in the community.

Maintenance cognitive stimulation therapy

of memory services did not meet this standard

Standard 107: People who have participated in group Cognitive Stimulation Therapy (CST) have access to an age-appropriate maintenance CST programme.

Why is it important?

- Maintenance CST (MCST) is a course which follows on from the full cognitive stimulation therapy group programme. It aims to help slow down cognitive decline and maintain the benefits of CST for a longer period of time.
- There is evidence of significant improvement in cognitive function in people who have received MCST, in comparison to those receiving CST alone or no treatment. Evidence shows that the initial cognitive improvements following CST were only sustained when followed by MCST
- Continuation of CST is likely to be cost-effective for people who have mild to moderate dementia, improvements in self-rated quality of life have been observed.

Reasons for this standard frequently being unmet:

- Similar to the cognitive rehabilitation standard, a number of services were not currently running a CST maintenance programme but were planning to when they had more staff.
- Services don't always have capacity to provide this in-house, one service was looking into the potential of accessing maintenance CST through Age UK.
- A service previously ran a CST maintenance programme but there was low uptake for this.
- Maintenance CST is occasionally offered in the local area but not available to everyone.

Recommendations:

- If the service cannot provide maintenance CST in-house, signpost patients to a formal maintenance group within the local community. Age UK have a feature to search for groups by postcode.
- Develop a business care highlighting the benefits of providing maintenance CST to commissioners.
- Identify training for staff to undertake to deliver CST group programmes.

Feedback from our members

Following a peer review, all host teams and review teams are sent a feedback survey to fill out about their experiences of the day.

Overall, comments from both reviewers and host teams were positive and mentioned the support they had received, both from review teams as well as from their MSNAP contact. Some people found the review process to be useful, engaging, enjoyable, stimulating and informative. Review teams were praised for their professionalism and friendliness which helped put the host team at ease throughout the day. Reviewers enjoyed meeting other professionals and having the opportunity to share all the good work they do and share ideas.

From the 44 responses:

- **100%** of people who completed the survey found the opportunity to meet people from other services useful.
- **96%** of people felt they had the opportunity to discuss issues relevant to the memory services.
- **100%** felt it was clear that the review was intended to be a supportive process and designed to promote the sharing of good practice.
- **100%** of respondents agreed that the review team collectively provided feedback at the end of the review in a sensitive and appropriate manner, highlighting strengths as well as areas for improvement.
- **91%** respondents felt the timetable worked for the review.

Suggested improvements:

A couple of people fed back that they would prefer face-to-face reviews. We do offer every service the opportunity to have their review in-person. Most services have been opting for virtual for this cycle, but we will try to encourage more services to choose in-person in the next cycle.

There was a suggestion to improve the variation of staff from different professions on review teams. This is something we consider when organising review teams but unfortunately, it is not always possible if we are struggling to fill a review team. We will continue to try our best to have review teams with representation from different disciplines.

There was feedback about the meetings for patients and carers around them being too long and having too many questions. We have recently developed new review day tools with our patient and carer reps, these will be introduced on reviews when the new standards start being used. We have also added guidance in our template email around how the meetings can be combined, if patients and carers wish to be seen together.

Summary

The findings from this report indicate that while some memory services are excelling in providing quality care, there is considerable room for improvement, particularly in meeting MSNAP standards related to patient and carer involvement, timely diagnosis, and the provision of psychosocial and cognitive rehabilitation interventions.

Many services were commended for having empathetic, well-trained, and dedicated staff. Staff development initiatives and support for wellbeing were often highlighted as contributing factors to high-quality care. Services that worked well with other health and social care providers, such as GPs, were found to offer more holistic and effective care. However, these partnerships were not always consistent across services. There were also positive reports about services offering cognitive rehabilitation, particularly those that used individual-focused strategies to help patients manage the cognitive and functional aspects of dementia. However, this was not universally available across services.

Despite the strengths mentioned above, there were several areas where services struggled to meet the MSNAP standards. Some of these areas included involving patients and carers in devising and delivering training. Additionally, not all services are meeting the nationally specified target timeframes for diagnosis. Delays were primarily attributed to long waiting times for scans, ongoing backlogs from the COVID-19 pandemic, staffing shortages, and technical issues. Not all services are providing dementia prevention education to the local community. Many services lacked the capacity for community outreach or had only offered one-off education sessions. While CST has shown significant benefits in maintaining cognitive function, several services either lacked the resources to run a maintenance program or had limited capacity to deliver it.

To address these gaps, memory services should focus on the following:

- Increasing patient and carer involvement in all aspects of care, particularly in training and service development.
- Developing realistic strategies to reduce diagnostic delays, such as optimising resource allocation and improving collaboration with external partners.
- Monitoring and improving the uptake of psychosocial interventions through regular audits and patient engagement.
- Expanding access to cognitive rehabilitation and maintenance CST, through training and collaboration with external resources.
- Enhancing community education on dementia prevention to reduce stigma and promote early intervention.

By addressing these issues, memory services can provide more timely, comprehensive, and patient-centred care, ultimately improving outcomes for individuals with dementia and their families.

Appendix: List of members

The following list details the memory services that participated in the period of membership included in this report (2023 – 2024).

Ashford and Canterbury Memory Assessment Services

Barking and Dagenham Memory Service

Barnet Memory Assessment Service

Barnsley Dementia Service

Bedfordshire Memory Assessment Service

Beechcroft Memory Clinic, Newbury

Belfast Older Peoples Mental Health Services

Bexley Memory Service

Bracknell Memory Clinic

Brighton and Hove Memory Assessment Service

Bristol Dementia Wellbeing Service

Bromley Memory Service

Calderdale Older People's Memory Service

Central Area Memory Assessment Service

Central Manchester Later Life Community Mental Health Team

City and Hackney Memory Service

Coventry and Warwickshire Memory Service

Dartford, Gravesend & Swanley CMHSOP

Dorset Memory Assessment Service

Ealing Cognitive Impairment and Dementia Service

East Suffolk Community Memory Assessment Service

Enfield Memory Service

Exeter, East and Mid Devon Memory Service

Fylde Coast Memory Assessment Service

Gateshead Specialist Memory Hub

Greenwich Memory Service

Guernsey Older Adults Community Mental Health Team

Guildford & Waverley Community Mental Health Team for Older People

Gwynedd & Anglesey Memory Assessment Service

Hambleton and Richmond MHSOP (Northallerton)

Hammersmith and Fulham Cognitive Impairment and Dementia Service

Haringey Memory Service

Harrogate & District Memory Service

Harrow Memory Service

Havering Memory Service

Hounslow Cognitive Impairment and Dementia Service

Isle of Man Memory Clinic, Older Persons Mental Health Service

Jersey Memory Service

Kirklees Memory Service

Lancaster & Morecambe Memory Assessment Service

Later Life and Memory Service, Wigan

Leeds Memory Service

Luton Memory Assessment Clinic

Medway CMHTOP

Memory Assessment Service East

Mental Health Services for Older People

Milton Keynes Specialist Memory Service

Monkwearmouth Memory Protection Service

NE Hampshire & Farnham CMHTOP

Newham Diagnostic Memory Clinic

North East Lincolnshire Community Mental Health and Memory Service (CMHMS)

North Manchester Later Life and Memory Service

North Norfolk and Norwich Memory Clinic

North Somerset Memory Service

North Staffordshire and Stoke Memory Service

North Shields Memory Clinic

North West Surrey

Nottinghamshire Memory Assessment Services

Reading Memory Clinic

Redbridge Older Adults Mental Health Team & Memory Service

Ryedale Memory Team

Scarborough Memory Team

Scunthorpe Memory Clinic

Sedgemoor Memory Service (formerly Burnham)

Sheffield Memory Service

South Kent Coast Memory Assessment Service (MAS)

Southern Health and Social Care Trust Memory Service

Slough Memory Clinic

South Older Peoples Dementia Assessment and Treatment Team

Surrey Heath CMHTOP

Swale Enhanced Memory Assessment and Intervention Service

Tameside & Glossop Memory Clinic

Thanet Memory Clinic

Tower Hamlets Diagnostic Memory Clinic (prev. CMHT for Older People)

Wakefield Memory Service

Waltham Forest Memory Service

Wandsworth Older People's Services

Whitby MHSOP Community Team (with MAS provision)

Windsor, Ascot & Maidenhead OPMH Memory Clinic

Wokingham Memory Clinic

Worcestershire Early Intervention Dementia Service (formerly Kidderminster)

Hull & East Riding Memory Assessment Service

York and Selby Memory Services

Richmond MAS

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