

# Reducing the wait for dementia diagnosis: another use for Day Hospitals

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## Introduction

The Assessment and Rehabilitation Centre (ARC) in Edinburgh sees around 600 new patients a year who are beginning to demonstrate signs of frailty, principally around mobility and balance. When taking a comprehensive geriatric assessment, we commonly identify concerns around cognition. We noted in some cases, people were already waiting to be seen by the Memory Clinic Services, the current wait for which is approximately 10 months. We decided to see what ARC could do to help.

## Methods

From within existing resources, the ARC multi-disciplinary team (MDT) with the help of our Psychiatry of Older Age (POA) Team created a Memory MDT. We coproduced a pathway, which involved:

- An **initial assessment** comprising of: identification of potentially cognitively frail patients; taking a corroborative history; performing cognitive testing with ACE III and imaging investigations,
- A **diagnostic evaluation** by a POA colleague, who reviewed the evidence and undertook with treatment recommendations,
- A **diagnosis discussion** with the patient and their family, including advice on driving and granting Powers of Attorney,
- A **medication tolerance follow-up** in ARC,
- Onward referral to the Community Mental Health Team for ongoing community support.

Progression through the steps of the pathway were collated on a shared spreadsheet, enabling delays to be minimised.

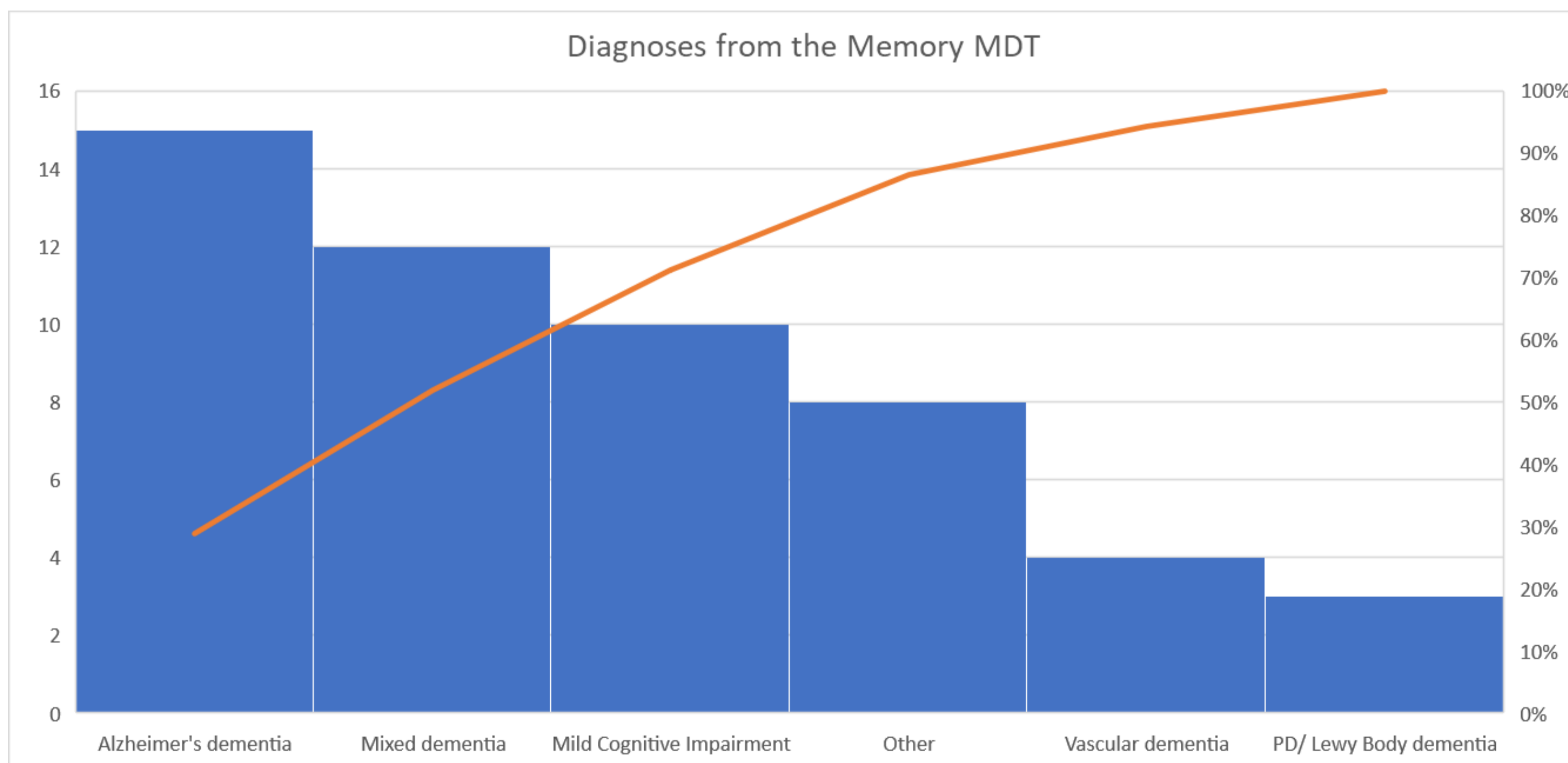
## Results

Between March 2023 and 2024, 52 patients completed the Memory MDT process, 34 (65%) of which were diagnosed with a dementia, 20 (33%) of which were started on dementia medication. Another 10 (19%) were diagnosed with Mild Cognitive Impairment (MCI).

All those with a diagnosis of dementia or MCI were given driving advice.

16 were removed from the Memory service waiting list (2.5%) and a further 18 avoided the need to be referred.

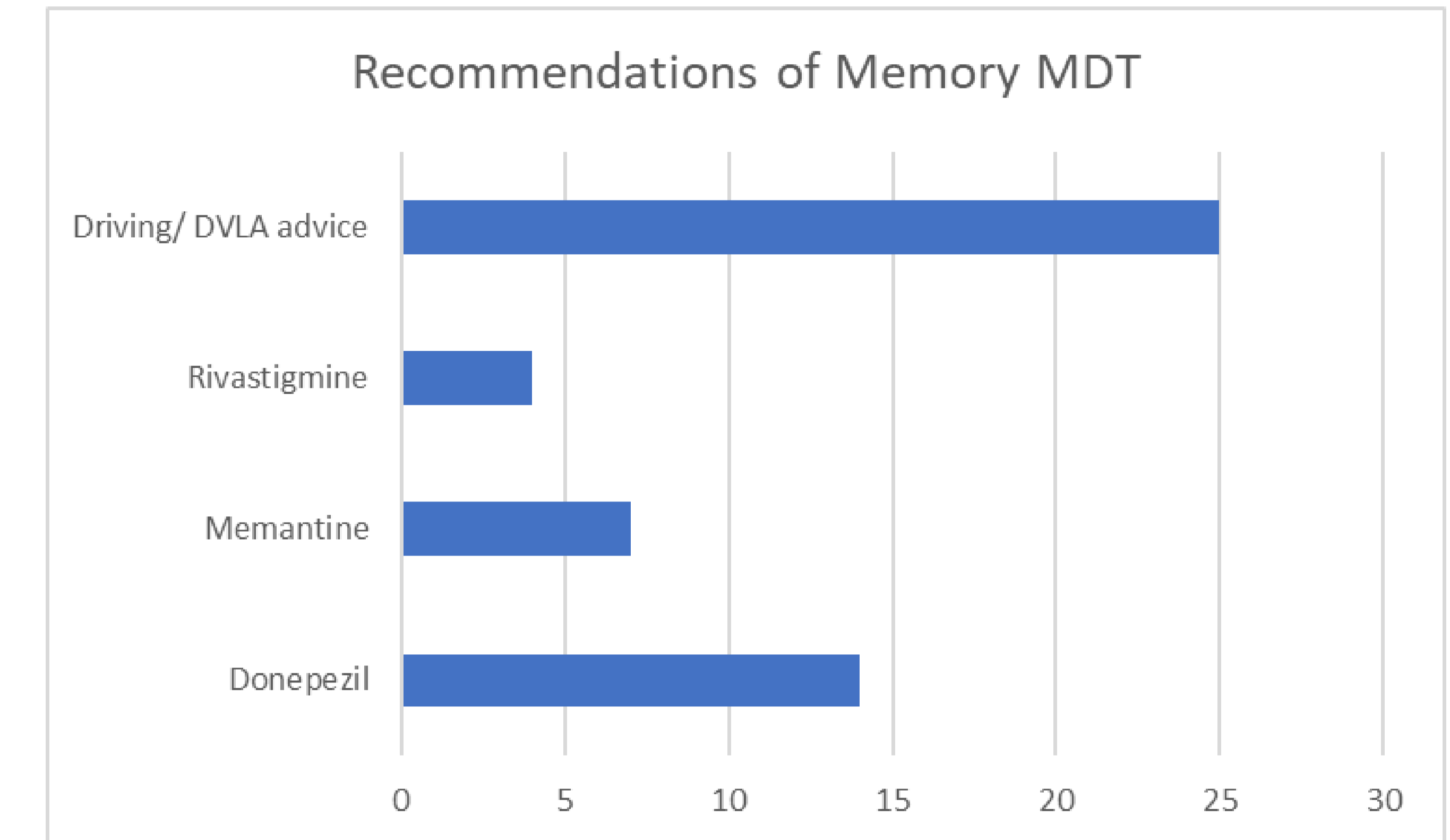
Figure 1. Diagnoses from the Memory MDT



## References

Dunbar-Rees R, Panch T, Dancy M. From volume to value? Can a value-based approach help deliver the ambitious aims of the NHS cardiovascular disease outcomes strategy? Heart 2014 Jun;100(11):827-32. doi: 10.1136/heartjnl-2013-305269.

Figure 2. Recommendations from the Memory MDT



## Conclusions

Organising our care services around a single condition results in a focus on activity and scale around that condition, often to the detriment of the patient-centred approach and can create inefficiencies across the system as a whole.

We identified a group of patients with a common underlying pathology (neuropsychological frailty) that had resulted in them being referred to multiple specialities. By arranging our services around this vulnerable patient group rather than the other way around, we reduced their need for multiple hospital attendances and freed up resource in the memory service. Work is underway to spread and scale up.