FOI 0158_2025 Response

Dear Freedom of Information Team

I am interested in knowing about the prevalence of various dementia diagnostic pathways in NHS Trusts. I would be most grateful if you could kindly provide with the following information pertaining to your organisation.

Request 1: Please could you confirm whether the following model(s) for diagnosis of dementia are used at your organisation: either routinely or on infrequent basis, for non-urgent referrals from primary care. For the purpose of this request, 'infrequent' may be taken as less than 10% of total instances.

Please note that the options 'Yes: routinely', 'Yes: infrequent', and 'Never' are to be taken as referring to each of the categories as distinct pathways, and not to individual steps that constitute each pathway. There should be a single response for each of the categories 1.1, 1.2, and 1.3.

1.1	The initial assessment, including cognitive testing of the patient, is completed by a nurse. A brain scan CT or MRI may also be requested at this time. The nurse presents the findings to a psychiatrist, who makes or excludes a diagnosis of dementia <u>without having any contact with the patient (either face-to-face, video or telephone consultation).</u> The initial assessor nurse subsequently meets the patient, provides diagnosis feedback, explains plan of management, and gains the patient's consent to Rx. *Hallmark: The diagnostician does not see the patient or develop a first-hand objective impression of the patient.* If the psychiatrist finds it difficult to make a diagnosis on the basis of provided information and scan	Yes: routinely Yes: routinely Yes: routinely	Yes: infrequent (less than 10% of occasions)	

	findings, then a subsequent face-to-face interview with a psychiatrist is arranged.	Yes: routinely		
1.2	After the initial assessment by a nurse, the findings are discussed with a Multidisciplinary Panel (which may comprise, among others, clinical psychologists, occupational therapists, senior nurses; *but excludes psychiatrist, neurologist or another medical practitioner*). This panel discusses the findings and may arrive at a diagnosis of dementia or other cause of cognitive impairment (or alternatively, may exclude dementia). Depending on the diagnosis made at the time, specific treatment for the patient may also be recommended to the GP. *Hallmark: The diagnostician(s) do not see the patient either face to face or via video consultation, and the diagnosis is fed back to the patient by the initial nurse assessor.* (If no diagnosis is made at this time, then a face-to-face assessment with a psychiatrist is organised for a future time.)		Yes: infrequent (less than 10% of occasions)	Never Never Never
1.3	Similar to 1.2 above, but the findings are presented to a Multidisciplinary Panel that includes one or more			Never

	doctors with relevant experience – such as psychiatrist, neurologist or geriatrician. This panel discusses the findings and may arrive at a diagnosis of dementia or other cause of cognitive impairment, and treatment in the form of medication may be recommended to the GP. *Hallmark: The diagnostician(s) do not see the patient, and the diagnosis is fed back to the patient by the initial nurse assessor* If the panel is unable to arrive at a diagnosis, then a subsequent face-to-face review with an old age psychiatrist is organised.	Yes: routinely			Never Never

Request 2: If the answer to any of the above (1.1 to 1.3) is 'yes', then

(a) The total number of patients who were diagnosed with dementia or mild cognitive impairment at your organisation from 1st January 2024 to 31st December 2024. This may include ICD-10 codes F00, F01, F03; and also the following specific codes: F02.3, F06.7, F10.6.

1200 diagnosis of dementia/MCI made between 1.1.24 -31.12.24

(b) Do the clinicians use Artificial Intelligence (LLM or other models - but excluding note-taking or transcribing agents) to aid the making of dementia diagnosis at your organisation?

No

Request 3: Please could you send me, either via email or post

(i) a copy of the current pathway(s) for diagnosis and management of patients with memory and/or cognitive difficulties referred to the older adult mental health teams or memory clinic at your organisation.

See Attachment

(**ii) a copy of the patient information leaflet provided by your organisation that explains what the above patients (with memory difficulties) might expect during their assessment and follow up with the relevant team(s) of your organisation.**

See Attachment

(iii) If the clinicians use any Artificial Intelligence (LLM or other models) to aid the making of a diagnosis of dementia (or excluding it) and the assessment of risk, then the relevant policy for such use of AI at your organisation.

We do not currently use any AI to aid the making of a diagnosis of dementia.