

MEMORY ASSESSMENT SERVICE (MAS) – A NEW WAY OF WORKING

We received a copy of the document MAS- A New Way Of Working from (Tracey Wooldridge) the Sussex NHS Commissioners. It is an extensive document which I have read it and would like to give you a precis of the content as I understand it.

No one will be surprised to know that the COVID pandemic adversely affected the way MAS operated. At worst it stopped or at best restricted people's access to some services, and the national lockdowns had a negative effect on waiting times for assessments. Requests for brain scans reduced, both because of reduced radiology services and because patients and families not wanting to put themselves at risk by going to hospital. People who already had memory problems and / or dementia found themselves waiting longer for support.

Therefore, COVID-19 meant that MAS had to find alternative ways of assessing patients and so they introduced a different approach including telephone and video consultations.

Because referrals to MAS from primary care sources dropped sharply after April last year, and given the continued pressure on GPs, direct referrals to MAS will now be accepted from other health and social care professionals including hospital specialists, paramedics and social workers.

Although changes have been made in the process, MAS say that the quality of diagnosis will not be undermined. The service will still be needs lead and they do understand that they will need to be equipped to respond to an expected increase in referrals once the COVID-19 pandemic is contained.

MAS have highlighted possible risks associated with the changes in the methods of diagnosis for example: a treatable cause of cognitive impairment may be misdiagnosed because of the lack of a physical examination; there could be difficulty in establishing a good rapport with the patient or family remotely: some people may have difficulties understanding the telephone or video assessment: nuances relating to some of the information gathered during an assessment may be lost on the telephone and may be less easy to detect on a video assessment. Again, due to the changes that they have implemented, there is a danger that some groups of patients could find that they are excluded because they may not have access to the required technology or be unable to use it due to a disability or a lack of understanding – not all elderly patients are comfortable using technology. MAS are working to ensure that their new working practices do not exacerbate these types of inequality.

Because of all of this, people will still have a choice as MAS will offer telephone, video and the usual face-to-face appointments. There is a leaflet for patients which outlines the choices available for memory assessment and, if it is beneficial, MAS will use multiple formats within one patient pathway, eg: triage by telephone, face-to-face assessment, and diagnosis via video call.

There is also a concern with remotely communicating the diagnosis of dementia to patients and their families and MAS are working to ensure this is done well and that all information is understood and that all questions can be addressed. If necessary, more than one call will be made.

Support for a carers is highlighted too. As a result of the closure of day centres and respite facilities due to COVID-19, a survey conducted by the Alzheimer's Society found that 76% of carers reported that their caring responsibilities had increased since the start of the pandemic. Recommendations from NICE are that carers should be offered a psychoeducation and skills training programme. Strategies for Relatives Intervention (START) is able to be delivered via a telephone or video.

There is also mention of data protection, privacy and safeguarding when contacting people via the telephone or video calls, all of which continue to be taken seriously by MAS.

For the future the report states that it is likely that as COVID-19 becomes endemic the memory services will need to adapt to a new way of working. MAS believe this will present a unique opportunity to change the way services are delivered. If there is any permanent change in the way MAS operate, then any long-term risks will need to be monitored as well as the quality of the experience for patients and families.