# APPENDIX C Proposed Model for Memory Gateway Reviewed May 2014

Provision of Helpful Reading Materials Advice About Managing Specific Difficulties Welfare Benefits Information Local Attendance at Clubs/Day Centres Local Community/Support Groups Centre for Independant Living St. John Ambulance Carers Courses Carers in Crisis **Befriending Service Hot Meals Service** Dorset Fire Home Safety Check Continence Advisory Service Key Safe / Care Line Lasting Power Attorney Information **Advanced Care Planning** Referral for Carers Assessment Referral for Community Care Assessment Referral to Dorset CRUSE for bereavement support

SAIL completed

Person Worried About Memory Problem

GP can refer to any part of the Memory Gateway

GP gathers information, physical if needed, arranges blood tests

### **REFERRAL TO MEMORY GATEWAY**

Step One (within 2 weeks)

#### Memory Support and Advisory Service(MSAS) will:

Provide ongoing support, advice, information, guidance and signposting
Gather additional social information
Agree support plan/consent with the person
Offer Initial Screening using PHQ9, GAD7 and CANTAB/6CIT
Offer GAD -7 and PHQ-9 To Carers
Signpost on to other services as required

Discuss with GP for onward referral to Memory Assessment Service

REFERRAL TO MEMORY ASSESSMENT SERVICE

Referral to Steps to Wellbeing for Assessment of Depression/Anxiety and Potential Psychological Therapy for both Person and their Carers



## **Memory Assessment Service (MAS)**

#### TRIAGE POINT

Step Two (within 4 weeks)

Carry out nursing assessment, appointment for diagnosis with Consultant Psychiatrist for Older People.

Agree appropriate treatment and care plan.

Joint report from MSAS and MAS including diagnosis , joint care plan back to GP , person their Carer.

MAS refer back to MSAS for ongoing support anmd advice to person and their Carer MAS to support those requiring medication , as appropriate.

REFERRAL ONTO OLDER PEOPLES CMHT IF COMPLEX NEEDS

Older Peoples CMHT for Complex Needs