**GENERAL PRACTITIONER**

**GP gathers information, carries out screening, arranges blood screening tests. Completes referral form.**

**Person worried about memory**

**ACUTE HOSPITAL CLINICIAN**

Revised pathway September 2017

**MEMORY GATEWAY**

**URGENT**

Severe psychological or behavioural issues, psychosis

Immediate social/carer breakdown

**Step 1 (within two weeks) Memory Support and Advisory Service (MSAS) will:**

* Telephone triage as initial contact and basic information provided and consent confirmed
* Receive referrals from GPs. Where GPs have identified that person doesn’t need to have further screening, referral will be sent straight to MAS.
* Carry out 6CIT and where appropriate Functional Assessment Questionnaire (FAQ).
* Gather basic social information. Safeguarding.
* Inform GP if onward referral to MAS or if not clinical responsibility to remain GP \*
* Triage team to provide ongoing support, advice, information, guidance and signposting via telephone
* GPs to refer patients with MCI back to MSAS a year after diagnosis if memory problems have worsened for review and to carry out assessment.

**Appropriate referrals passed on to Memory Assessment Service**

**CARE HOMES**

**Step 3 Memory Support and Advisory Service (MSAS) will:**

* Provide ongoing support, advice, information, guidance and signposting post diagnosis for people with dementia and their carers. Use SAIL where appropriate.
* Agree support plan / consent with the person.
* Offer support and advice by phone for those diagnosed with MCI.
* Be available to people with dementia and carers who have not been through the gateway process.

**Step 2 (within four weeks) Memory Assessment Service (MAS) will:**

* Carry out full cognitive assessment using ACE111 including depression and anxiety screening (GDS) if appropriate. Scan to be arranged if necessary.
* Agree care plan and next stage with patient and carer. Identify carers. Safeguarding.
* Arrange appointment for diagnosis with Consultant Psychiatrist for Older People and to discuss treatment options. Diagnostic appointment- discharge to GP
* Consultant sends copy of diagnosis to MSAS to provide ongoing advice and support for the person and carer. Medication trial/consultant letter and include READ codes
* MAS to support those requiring medication as appropriate

**Older People’s Community Mental Health Team for complex needs**

Referral to Steps2Wellbeing Depression / anxiety and potential psychological therapy for the person with dementia. Info about S2W to be given to carer where appropriate.

* Provision of helpful reading materials
* Advice about managing specific difficulties
* Welfare benefits information
* Clubs / day centres
* Local community / support groups
* Centre for independent living
* Carers in crisis
* Befriending service
* Hot meals service
* Dorset Fire Home Safety Check
* Continence advisory service
* Key safe / Care line
* Lasting Power of Attorney information
* Advance care planning
* Referral for carers assessment
* Referral for Community Care Assessment/registration
* Referral to Dorset CRUISE for bereavement support
* Carers emotional support training
* Assistive technologies