The Early Intervention Dementia Service

Service Handbook

October 2021

Early Intervention Dementia Service

Purpose

The Early Intervention Dementia Service aims to provide people access to a timely a diagnosis of dementia, if this is beneficial to them and they wish to know. We aim to support people to adjust to life with dementia and continue to live well.

Team Values

When EIDS was reformed in April 2020 the team agreed the following values:

1. **Patient Centred** – We will be flexible and innovative to best meet our patients/family needs.
2. **Compassion** – We will show compassion in all that we do. With patients/families and in our team.
3. **Teamwork** – We will work together to achieve great outcomes.
4. **Honest –** We will be open and transparent with patient's, their families and one another.
5. **Responsive / Timely** – We will strive to tailor our work to the patient's needs and wishes
6. **Efficient** – We will work in an efficient way, ensuring our service is equitable across Worcestershire.
7. **Specialism** – We believe our work is a specialism and will continue to grow as individuals and a team.

Service Hours

Monday – Friday 09:00 – 17:00

A Patient Journey

Referrals

Referrals are received primarily from GP's however can come from other professionals and teams. All referrals are directed to the Single Point of Access (SPA). They are subsequently screened by the Duty & Triage Team before coming to the Early Intervention Dementia Service

Pre-assessment Counselling

Pre-assessment counselling is designed to facilitate preparation for possible outcomes and offer choice about assessment. Pre-assessment counselling includes discussion of a number of key issues arising in the initial contact with persons with cognitive difficulties and their family members, including openness and honesty, achieving informed consent, managing expectations about the process of assessment and the possible outcomes, and family involvement. There is also opportunity to discuss experiences, concerns and coping strategies, which helps with challenging stigma. This process supports the significant psychological and social adjustment needed to manage the transition to living well with dementia beyond the diagnosis and also to challenge the stigma associated with dementia. This is offered to all patients and can be seen as the foundation for all subsequent work done by our team.

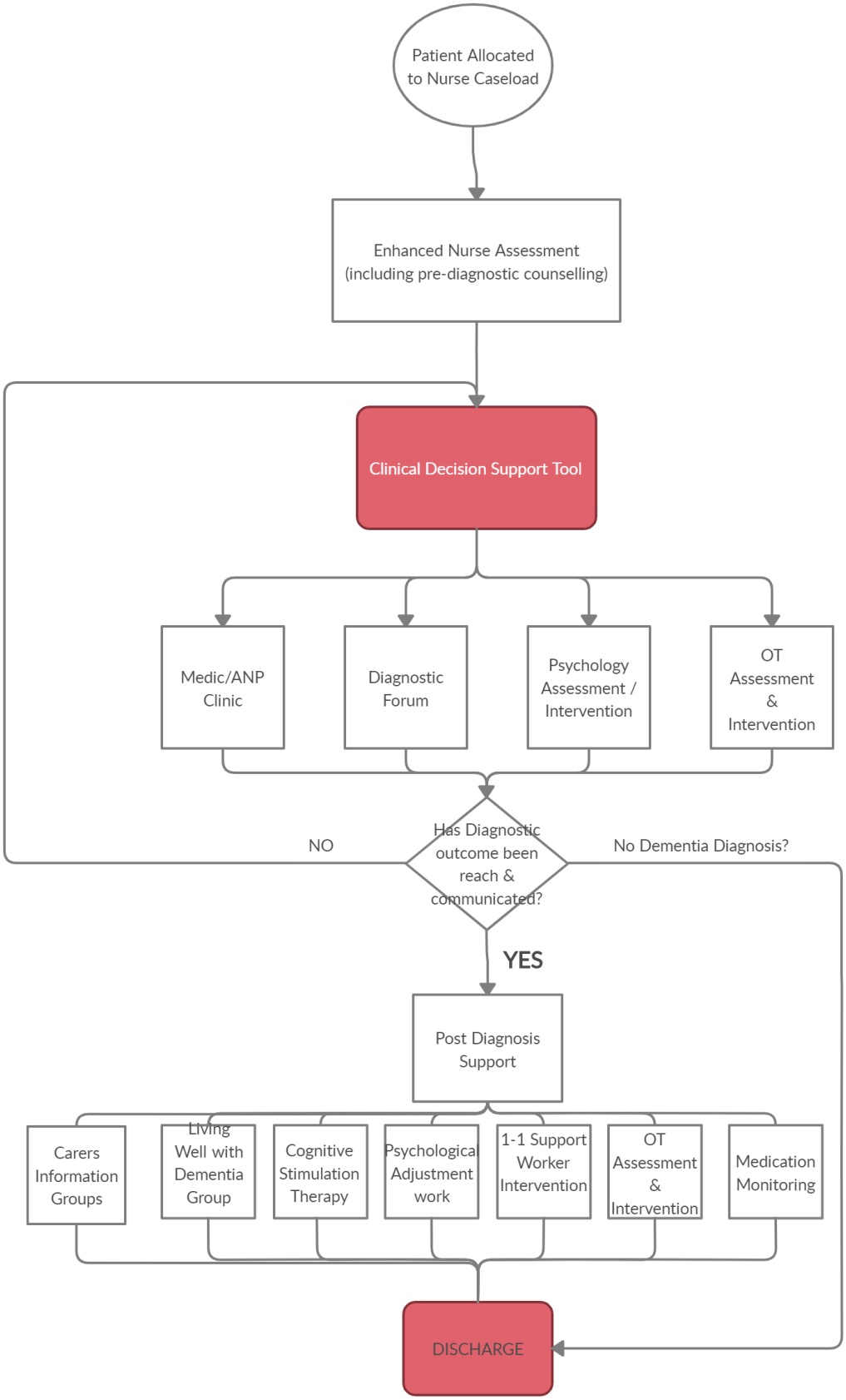
An Assessment

Patients who are consenting to a dementia assessment will go through a detailed document with one of our team members, usually a nurse. Our assessment is detailed and aims to answer the question 'does this individual have dementia?'. If the answer to this question is 'yes' we then work to identify, where possible, the underlying cause for the dementia. Our assessment often involves many members of our multi-disciplinary team including Occupational Therapists, Psychologists, Nurses and Psychiatrists with each profession offering their specialist skills and knowledge.

Post Diagnosis Support

Following a diagnosis of dementia our team supports the person living with dementia, and those closest to them to come to terms with this news, learn ways to continue to live well despite the challenges dementia may pose for them, and link them in with organisations that can continue to support them into the future.

EIDS Pathway



No

Medic/ANP Clinic

To include patients presenting with:

- Atypical presentation/rarer type
- Psychiatric, medical or neurological comorbidities (if likely to interact with potential progression/manifestation of dementia)
- Cognition – Subtle but certain evidence progression in at least one cognitive domain.
- Functioning - clear evidence of a change in social, occupational or ADL abilities
- Risk – no significant evidence of clear harm to self or others

Psychology/Neuropsychology

To include patients who need further in-depth assessment to ascertain subtype or where there are inconsistencies in presentation, including:

- Possible psychological component to cognitive change (e.g. Functional Cognitive Disorder, mood, trauma),
- Scoring highly on cognitive assessment but evidence of functional decline,
- Lack of biological component on scan where history is suggestive of change, or biological component not fitting with presentation
- Younger onset / atypical presentation/ rarer types of cognitive change
- Neurological comorbidities
- Unusual features

Some key principles that would trigger either referral or discussion would be: age, neurology, mood, rarity, sensory impairments, language issues (all in presence of decline in 1 or more cognitive domains and impact on functioning such that this could potentially be an early dementia).

Diagnostic Forum with Locum Consultant

The Diagnostic forum's has a view of formulating a diagnosis for patients beyond an early presentation of Dementia and those with no evidence of Dementia or MCI.

To include patients presenting with:

- Clear evidence of progression in a least one cognitive domain
- At least 6-12 months or subtle cognitive decline in one cognitive domain.
- Functioning – no evidence of change in function or definite change resulting in significant dependence on others for support.
- Risk – No significant evidence/ low risk
- Unusual features – present/ not present