



Kent and Medway
NHS and Social Care Partnership Trust

Information Governance & Records Management Department

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Sent via email

Dear [REDACTED]

Request for Information

I write further to your request FOI ID 50726 under the Freedom of Information Act 2000 regarding: -

Diagnosis of Dementia

Your request is set out below:

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 interpreted as less than 10% of all occasions)
 - a. 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 without having any contact with the patient (either face-to-face, video or telephone consultation). 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 findings, then a subsequent face-to-face interview with a psychiatrist is arranged.

No

- b. 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

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Chief Executive – Sheila Stenson

assessor. (If no diagnosis is made at this time, then a face-to-face assessment with a psychiatrist is organised for a future time.)

No

- c. Similar to 1.2 above, but the findings are presented to a Multidisciplinary Panel that includes one or more 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.

No

2. If the answer to any of the above (a to c) 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.

N/A

- b. The number of patients who had their initial diagnosis made via one of the above pathways (1.1 to 1.3) over the same period – irrespective of whether the diagnosis was subsequently changed or not.

N/A

- c. 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?

N/A

3. Please could you send me the below
 - a. 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.

Please find attached as requested.

- b. 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.

The patient information leaflet is currently in a draft format which is currently in the process of being ratified and therefore the Trust believe this information is exempt from disclosure under Section 22 (Information intended for future publication), because the information will be published at a future date. Therefore, we will be applying Section 22 of the FOI Act. Section 22(1) states "Information is exempt information if (a) the information is held by the public authority with a view to its publication, by the authority or any other person, at some future date (whether determined or not)".

- c. 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

N/A

I confirm that the information above completes your request under the Freedom of Information Act 2000. I am also pleased to confirm that no charge will be made for this request.

If you have any questions or concerns or are unhappy with the response provided or the service you have received you can write to the Head of Information Governance at the address on top of this letter. If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision.

Yours Sincerely

On Behalf of
The Information Governance Department