

# Virtual Memory Assessment: One Year On

**A year after the launch of the virtual memory assessment toolkit for health and care, how has it influenced practice after the coronavirus (COVID-19) pandemic?**

In response to COVID-19, Memory Assessment Services (MAS), services that assess and diagnose people with dementia, were closed. This left many people waiting for assessments and unable to access the support they needed. As COVID-19 continued, some services adopted a virtual MAS service to enable people to get assessed and receive the support they needed. However, there was little or no evidence to support these new pathways, and there was varied clinical engagement in virtual pathways.

## Our approach

A rapid research study funded by the Applied Research Collaboration Kent Surrey Sussex (ARC KSS) in collaboration with Kent Surrey Sussex Academic Health Science Network (KSS AHSN) was undertaken to understand satisfaction of the people accessing and delivering virtual MAS. In addition, the practical application of these virtual pathways led to real life insights into what worked well, and not so well when delivering a virtual service with this population.

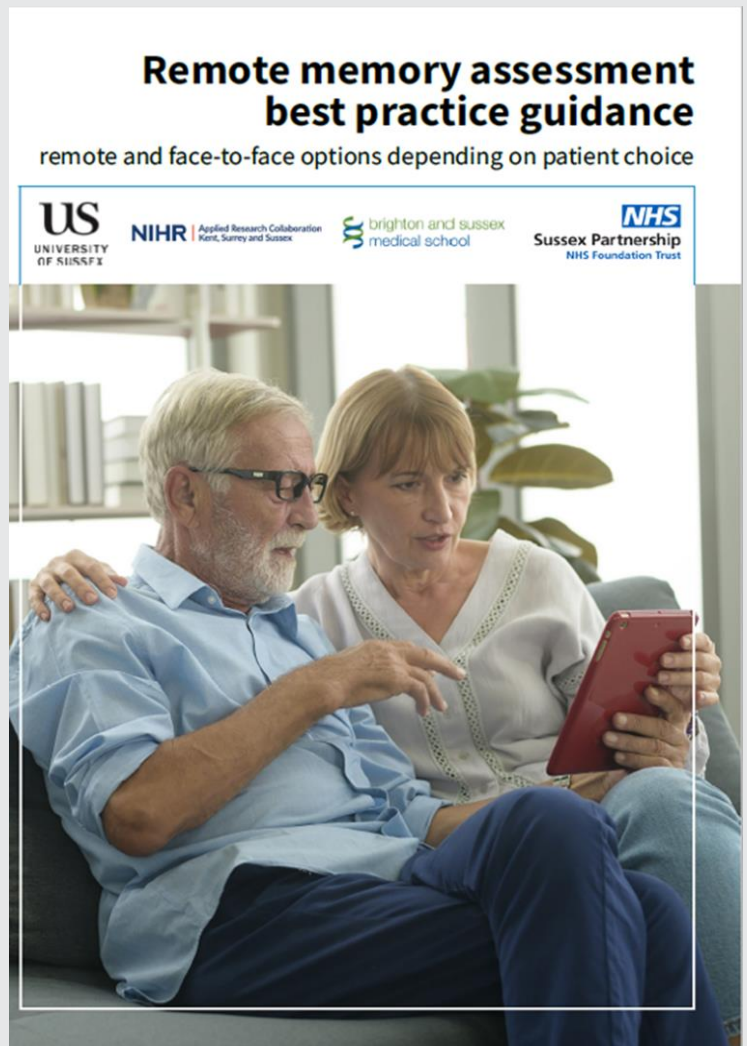
Overall, the study found both people accessing services and those delivering them were satisfied with virtual memory assessment.

To support services to utilise these findings a virtual memory assessment toolkit was developed with additional funds from the University of Sussex Higher Education Innovation Fund.

The toolkit aimed to help services develop an evidence based remote MAS pathway that:

1. helped COVID-19 recovery;
2. increased resilience in the clinical systems;
3. offered better choice to patients and carers;
4. installed confidence and standards in implementation of a virtual MAS pathway.

Recognising that MAS are designed and commissioned differently, the toolkit **was co-produced and set** out a series of recommendations to enhance virtual memory assessment pathways, rather than recommend a particular pathway. The toolkit was launched in December 2021 and can be accessed [here](#). It is accompanied by a video to support those accessing virtual memory assessment pathways.



**Kent Surrey Sussex  
Academic Health Science Network**

[www.kssahsn.net](http://www.kssahsn.net)

[enquiries@kssahsn.net](mailto:enquiries@kssahsn.net)

**NIHR Applied Research Collaboration  
Kent, Surrey and Sussex**

[www.arc-kss.nihr.ac.uk](http://www.arc-kss.nihr.ac.uk)

[arckentsurreysussex@spft.nhs.uk](mailto:arckentsurreysussex@spft.nhs.uk)

## Feedback

- At the launch, 94 people attended from across England, and 97% said they found the findings and toolkit helpful.
- Those who feedback about the toolkit said it helped embed 'choice' and 'flexibility' into new and existing memory assessment pathways, it helped build 'confidence' and 'support conversations' about virtual services with all stakeholders including clinicians.

## One year on

A year later integrated care systems in Kent Surrey and Sussex have largely returned to face to face memory assessment pathways. They are also struggling to achieve nationally mandated dementia diagnosis rates following COVID-19.



**Could the offer of virtual remote memory assessments still have a role to play to support these pathways?**

## Adoption of virtual memory assessment pathways

In North West Sussex, people referred to memory assessment services are still routinely offered a virtual option. While most opt for an in-person appointment, some request a virtual service.

Those who opt for a virtual meeting may choose to do so for part of their assessment, such as the initial meeting with a nurse and cognitive testing, or for one of the post-diagnostic appointments.

Other people choose virtual due to convenience, such as not having to travel, or to avoid family members having to travel from across the country or overseas to be involved and provide support. With adequate support residents in care homes or people who are house bound can avoid unnecessary travel and disruption, also saving memory assessment staff travelling time and cost.

Although it is difficult to quantify the economic impact of an entire or partial virtual memory assessment pathway patient travelling cost (environmental, time, and financial) is one immediate saving. Anecdotally memory assessment staff feel that time saved through not having to navigate room space could mean virtual services would enable an extra appointment per session. If this saving was realised this could help reduce memory assessment wait times.

## Recommendations

Key recommendations that support virtual remote memory assessments also apply to other virtual services, especially for older adults, include:

- Virtual consultation should be offered as a choice if appropriate for the patient. Flexibility to change and/or to have a hybrid pathway is important
- Both remote and face to face pathways should offer the same access and quality of service
- Patients generally need support to use the technology, this could be a family carer or guidance from an administrator or a clinician
- Patients without technology or support may not be suitable for virtual consultations and assessment
- Patients, carers, and clinicians much prefer video conferencing to telephone
- A larger screen device is recommended for remote appointments (above 9 inches/23 cm)- mobile phones are not recommended for assessment
- Clinicians may need support to become comfortable with using the technology and conducting consultations virtually. Practice amongst staff may be required
- Appropriateness for remote appointments and any risk factors should be identified at pre-assessment. For example, remote MAS is not suitable when the patient has severe sensory impairments, anxiety around technology or if there are safeguarding concerns.
- Some assessment tools can be more easily adapted to suit virtual consultation than others and patient drawings can be captured via screen shots.

## Further information

For more information, contact Kath Sykes: [katherine.sykes@nhs.net](mailto:katherine.sykes@nhs.net)

This research was funded by the National Institute for Health and Care Research (NIHR) Applied Research Collaboration Kent, Surrey, and Sussex. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

**Kent Surrey Sussex  
Academic Health Science Network**

[www.kssahsn.net](http://www.kssahsn.net)

[enquiries@kssahsn.net](mailto:enquiries@kssahsn.net)

**NIHR Applied Research Collaboration  
Kent, Surrey and Sussex**

[www.arc-kss.nihr.ac.uk](http://www.arc-kss.nihr.ac.uk)

[arckentsurreysussex@spft.nhs.uk](mailto:arckentsurreysussex@spft.nhs.uk)