NHS
Hertfordshire
Partnership University
NHS Foundation Trust

09 September 2025

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Our Ref: FOI/05791

Thank you for your request concerning EMDASS.

Your request has been considered and processed in accordance with the requirements of the Freedom of Information (FOI) Act 2000.

1. **What policies, protocols and procedures are in place within EMDASS for treating patients when they are first assessed at a memory clinic as suffering from Alzheimer's disease?**
Please see attached Guidelines for the Pharmacological Management of Dementia
Follow this link to NICE Guideline ng97

2. **Specifically, is it policy or normal procedure in that eventuality to offer the patient anything other than a prescription drug, such as advice of a neuroplastic or non-pharmaceutical nature about lifestyle changes or enhancements and any other possible actions that might mitigate the progression of Alzheimer's disease? If so, what advice does EMDASS normally provide? If not, why not?**
Alzheimer's Society for Post diagnostic support (now the Memory Support Hertfordshire service since October 2024)
A leaflet is given and the service user is offered a referral to the service by the team. They can offer a range of services and advice including groups and activities suitable for the individual to provide stimulation, social contact, etc.

Lifestyle advice is given verbally to the service user and carer/family member accompanying them at the assessment. This can include healthy eating, exercise, smoking if appropriate, alcohol intake if appropriate, sleep, hearing and sight maintenance, physical health and social interaction.

Service user and carer/family member are directed to the Alzheimer's Society website for factsheets and information on a whole range of subjects.

3. **In the past five years, on how many occasions has EMDASS wrongly diagnosed Alzheimer's?**
We do not hold this information in a reportable manner [1].

4. **Does EMDASS accept that mild cognitive impairment (MCI) is not synonymous with mild cognitive disorder (MCD)? If not, why not?**

[1] Section 1(1) Any person making a request for information to a public authority is entitled (a) to be informed in writing by the public authority whether it holds information of the description specified in the request, and (b) if that is the case, to have that information communicated to him .

Mild Cognitive Impairment and Mild Cognitive Disorder are two different terms used to describe the same condition and are used interchangeably within our service.

5. How does EMDASS define precisely, and differentiate between, MCI and MCD?

EMDASS use the ICD 10 classification to record the diagnosis of Mild cognitive impairment. The code used is F06.7 which is described as Mild cognitive disorder. This is the same description as Mild cognitive impairment which is how the diagnosis is identified on the Trust electronic patient database. As previously stated, the two terms are used interchangeably.

6. Does EMDASS always categorise MCI and MCD as "significant" when annotating the NHS health record of patients who are identified as having MCI or MCD? If so, why?

EMDASS do not use the term significant when describing MCI/MCD .

7. How can the label of MCI or MCD attached to patients by EMDASS be overturned? Does EMDASS regard those conditions as permanent, potentially leading to specific cognitive disease, or can they be overcome?

If a Service user does not agree with a diagnosis of Mild Cognitive Impairment, then they can request a second opinion from another Consultant Psychiatrist.

MCI by its very nature is an at-risk state that can remain stable over time and not change, it can go on to develop into a dementia or it can improve over time but only time will tell if this at-risk state changes.

Please follow this link to our Fair Processing Notice, in particular Your Rights.

8. What policies, protocols and procedures are in place within EMDASS to check or monitor over time the progress of patients it has assessed as having MCI or MCD?

A service user who has been diagnosed with MCI has their care discharged back to primary care ie their GP. The GP is asked to review the service user in a years' time, if no concerns have been raised prior to this, to see if there has been any decline in cognition and day to day functioning. If a decline in these area's has been identified, then the GP can make a referral to EMDASS for a re-assessment.

When a service user has been diagnosed with MCI they are offered a referral to the Managing Thinking and Memory intervention (MTaM) which is 6 weekly sessions which look at managing the risk factors of progression to dementia, memory strategies, coping strategies i.e. mood changes and services available in the local area depending on an individual's needs. This allows the Psychology team to monitor the service user with MCI and identify any changes that may occur. This can then be discussed with the multidisciplinary team to review the care plan. If a service users' cognition and functioning remain stable during this time, their care is then handed back to the GP.

9. In the past five years, on how many occasions has EMDASS changed its assessment of patients' apparent MCI or MCD?

We do not hold this information in a reportable manner [1].

10. When EMDASS discerns MCI at a memory clinic, how is it normally described on a patient's health record?

On a Service users patient health record, it will be described as Mild Cognitive disorder F06.7. As described above the ICD 10 classification is used, although the terminology used is Mild cognitive impairment. The Alzheimer's Society use the terminology Mild Cognitive Impairment for all of their publications and information. Across the UK the terms MCI and MCD are used interchangeably.

Should you require further clarification, please do not hesitate to contact me.

Please find enclosed an information sheet regarding copyright protection and the Trust's complaints procedure in the event that you are not satisfied with the response.

Yours sincerely

Deborah Anthony

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Information Rights Officer

Enc: Copyright Protection and Complaints Procedure Information Leaflet.

If you would like to complete a short survey in relation to your Freedom of Information request please click here.