



East London
NHS Foundation Trust
Information Governance
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18 July 2025

Our reference: FOI DA6117

I am responding to your request for information received 23 June 2025. This has been treated as a request under the Freedom of Information Act 2000.

I am now enclosing a response which is attached to the end of this letter. Please do not hesitate to contact me on the contact details above if you have any further queries.

Yours sincerely,

Information Rights Coordinator

If you are dissatisfied with the Trust's response to your FOIA request then you should contact us and we will arrange for an internal review of this decision.

If you remain dissatisfied with the decision following our response to your complaint, you may write to the Information Commissioner for a decision under Section 50 of the Freedom of Information Act 2000. The Information Commissioner can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Tel: 0303 123 1113
Web: www.ico.org.uk

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Chief Executive Officer: Lorraine Sunduza
Chair: Eileen Taylor

Request: I am interested in knowing about the prevalence of various dementia diagnostic pathways in NHS Trusts. I would be most grateful if you could kindly provide me the following information pertaining to your organisation.

Question 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 taken as less than 10% of total instances.

Answer: Please see table below:

1.1	<p>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.</p> <p>The nurse presents the findings to a psychiatrist, who makes or excludes a diagnosis of dementia <u>without having any contact with the patient (either face-to-face, video or telephone consultation).</u></p> <p>The initial assessor nurse subsequently meets the patient, provides diagnosis feedback, explains plan of management, and gains the patient's consent to Rx.</p> <p><i>Hallmark: The diagnostician does not see the patient or develop a first-hand objective impression of the patient.</i></p> <p>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.</p>	<p>Yes: routinely</p> <p>In the Trust's Bedfordshire and Luton services.</p>	Not Applicable	<p>Never</p> <p>Across our London services, the models described are not used. All patients are seen by a consultant psychiatrist, typically at a feedback clinic, following a multidisciplinary team (MDT) discussion of the initial assessment. Diagnosis and management plans are communicated directly to the patient by the consultant.</p>
1.2	<p>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; <i>but excludes psychiatrist, neurologist or another medical practitioner</i>).</p>	Not Applicable	Not Applicable	<p>Never</p> <p>The models described are not used in the Trust's services. All patients are seen by a consultant psychiatrist, typically at a feedback clinic, following a</p>



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	<p>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.</p> <p><i>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 assessor.</i></p> <p>(If no diagnosis is made at this time, then a face-to-face assessment with a psychiatrist is organised for a future time.)</p>			<p>multidisciplinary team (MDT) discussion of the initial assessment. Diagnosis and management plans are communicated directly to the patient by the consultant.</p>
1.3	<p>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.</p> <p>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.</p> <p><i>Hallmark: The diagnostician(s) do not see the patient, and the diagnosis is fed back to the patient by the initial nurse assessor</i></p> <p>If the panel is unable to arrive at a diagnosis, then a subsequent face-to-face review with an old age psychiatrist is organised.</p>	<p>Yes: routinely</p> <p>In the Trust's Bedfordshire and Luton services.</p>	Not Applicable	<p>Never</p> <p>Across our London services.</p>

Question 2: If the answer to any of the above (1.1 to 1.3) 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.**



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Answer: 752 patients who were diagnosed with dementia or mild cognitive impairment at ELFT from 1st January 2024 to 31st December 2024.

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.

Answer: The Trust has reviewed question 2b of your request for information under the Freedom of Information Act (FOI) 2000.

Section 1(1) of the Freedom of Information Act 2000 states:

*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 them.

East London NHS Foundation Trust does not record the information requested and is therefore unable to provide a response.

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?

Answer: No. We do not use AI to support dementia diagnosis in our services, and there are currently no plans to implement AI in this context.

Question 3: Please could you send me, either via email or post

- (i) 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.**
- (ii) 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.**
- (iii) 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.**

Answer: The Trust has reviewed question 3 of your request for information under the Freedom of Information Act (FOI) 2000.

Section 21(1) of the FOI Act states:

(1) Information which is reasonably accessible to the applicant otherwise than under section 1 is exempt information.

The information requested is accessible here:

<https://www.youtube.com/watch?v=d788yknnMsl&list=PLeEBLpkk4vtNsY99FL7XFTVBxuKXm3gnO&index=2>

Please also see attached Appendix 1.



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