East Sussex Healthcare
NHS Trust

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FOI REF: 26/480

26th July 2026

Further to your recent request for information made under the Freedom of Information Act (FOIA) 2000, I now set out our answers to your specific questions, and any clarifications sought and provided, as follows:

Please could you provide the following information regarding the 'Memory Service' / 'Memory Assessment Service' / 'Memory Clinic' / 'Diagnostic Memory Clinic' services (or other similarly named services that focus on the assessment of dementia patients) provided by your trust.

Please note that East Sussex Healthcare NHS Trust does not provide a Mental Health Service. This service is provided by Sussex Partnership NHS Foundation Trust who are the Mental Health Trust for this area, their Freedom of Information email address is:-

spft.foi@nhs.net

1) **How many 'Memory Service' / 'Memory Assessment Service' / 'Memory Clinic' / 'Diagnostic Memory Clinic' services (or other similarly named services that focus on the assessment of dementia patients) are provided by your trust?**

   Not applicable.

2) **What are the specific names of each of these services? *(For example, the relevant information for Nottinghamshire Healthcare NHS Foundation Trust would be: two services named 'Memory Assessment Service for Older People' service and their 'Young Onset Dementia Pathway' service.)***

   Not applicable.

For the following questions, please provide information for each of the services named in question 2. If the answer to question 1 was zero, please skip these questions. Please give the answer to each question in the format indicated by the table associated with that question.

3) For each service, the number of physical locations/clinics within that service. Please add rows for additional services as appropriate.

Name of service	Number of clinics
Not applicable.	Not applicable.

4) For each service, the names and addresses of each of the locations/clinics in that service. Please add rows for additional services and clinics as appropriate.

Name of service	Name of clinic	Address of clinic
Not applicable.	Not applicable.	Not applicable.

5) For each service, the number of each of the listed types of staff at each of the locations/clinics in that service. Please add rows for additional services and clinics as appropriate.

Name of service	Name of clinic	Staff type	Number
X		Psychiatrists (consultants)	
		Mental health nurses	
		Clinical psychologists	
		Occupational therapists	
		Support workers	
		Administrative staff	
		Other (please specify)	

Not applicable.

6) For each service, the total number of referrals received in each of the calendar years given. Please add rows for additional services as appropriate.

Name of service	Calendar year	Total number of referrals in calendar year
X	2020	
	2021	
	2022	
	2023	
	2024	
	2025	

Not applicable.

7) **For each service, the overall number of patients assessed in each of the calendar years given (and, if possible, per location/clinic). Please add rows for additional services as appropriate.**

Name of service	Calendar year	Total number of patients assessed in calendar year
X	2020	
	2021	
	2022	
	2023	
	2024	
	2025	

Not applicable.

Name of service	Name of clinic	Calendar year	Total number of patients assessed in calendar year
X		2020	
		2021	
		2022	
		2023	
		2024	
		2025	

Not applicable.

8) **For each service, the number of patients currently on the waiting list. Please add rows for additional services as appropriate.**

Name of service	Number of patients currently on waiting list
Not applicable.	Not applicable.

9) **For each service, the average wait time from referral to initial appointment. Please add rows for additional services as appropriate.**

Name of service	Average wait time from referral to initial appointment
Not applicable.	Not applicable.

10) **For each service, the digital platform used for managing electronic health/patient records at each of the locations/clinic within that service.**

Name of service	Name of clinic	Name of electronic health/patient record software used
Not applicable.	Not applicable.	Not applicable.

I trust this information is helpful in its detail or explanation however, if you are dissatisfied with the response, then you have the right to request an internal review. If you wish to seek an internal review, please write to the Freedom of Information Team at esh-tr.foi@nhs.net quoting the above FOI reference number, within 40 working days. Please note the Trust is not obliged to accept a request for an internal review after this time period.

Yours faithfully

Freedom of Information (FOI) Team
East Sussex Healthcare NHS Trust
0300 131 4716
Core Hours of Business: Monday to Friday 9.00am to 4.00pm