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# WS4

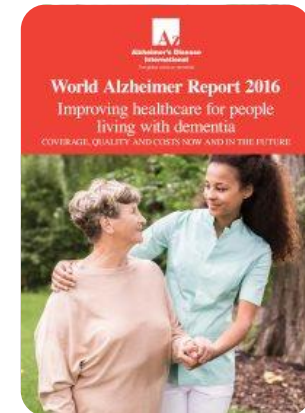
## Post-diagnostic dementia care: efficient and sustainable models

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## WS4 Overview

- Addresses the 2016 World Alzheimer Report recommendations for efficient, task-shifted dementia care, and a competent workforce to deliver such care



Prince et al. (2016)



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## WS4 Overview

- Two core components:
  - WS4.1: Developing efficient, feasible and sustainable dementia care pathways
  - WS4.2: Building the workforce to deliver future dementia care



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## WS4 Progress

- Scoping literature reviews underway:
  - Task-shifting
  - Workforce education recommendations
  - Dementia specific guidelines (e.g. NICE guidelines in the UK)





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# Task-shifting

- Moving the delivery of certain tasks, or delegating tasks, from specialist professionals with high levels of training and qualifications to new or existing groups with less training or specifically tailored training

(Fulton et al., 2011; Javadi et al., 2017; Prince et al., 2016)





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# Task-shifting: Approach

- Task shifting should consider:
  - **Planning and regulatory systems:** guidelines, legislation around the workforce and population
  - **Education/selection/training systems:** ensuring fair recruitment, providing appropriate training and qualifications
  - **Supervisory systems:** ensuring knowledgeable supervisors are available to staff
  - **Referral systems:** ensuring there are appropriate referral routes and support services available
  - **Evaluation systems:** systems to evaluate staff performance and outcomes for patients and the wider population

(Baker et al., 2007)



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# Task-shifting: Benefits

- May offer service which is:
  - High quality
  - Local and personalised
  - Continuous and integrated (Prince et al., 2016)
- Most efficient means of utilising low numbers of trained and skilled staff (Eaton et al., 2011)
- Effective strategy in a number of health areas (e.g. tuberculosis and HIV) (Lewin et al., 2005)



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# Task-shifting: Barriers/Challenges

- Ensure less skilled workers aren't overburdened with complex tasks (Fulton et al., 2011)
- Staff retention – if turnover is high, investment required to train staff may outweigh any possible cost savings (Eaton et al., 2011)
- Healthcare system must be able to support new staff and possibly increased disease identification – this also requires funding and high-level (e.g. government) commitment
- Ensure equitable access in areas where services may historically be over-centralised





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# Task-shifting: Implementation

- WHO (2008) recommend asking the following:
  - What are the country-specific factors that will guide decision-making in the implementation of task-shifting?
  - What preconditions must be met for the safe, efficient and effective implementation of task-shifting?
  - How can countries create enabling conditions for task-shifting through an appropriate regulatory framework?
  - What measure must be taken to ensure quality of care under the task-shifting approach?
  - How can task-shifting be implemented in a way that is sustainable?



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# Task-shifting

- Task-shifting (in an appropriately structured healthcare system) can improve access to healthcare for non-communicable diseases (Joshi et al., 2014)
- However, task-shifting is not always an appropriate or practical solution (and it's certainly not a simple or quick-fix solution)
- A detailed care pathway and workforce map for each country is needed



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# Care Pathway & Workforce Mapping

- Key task to progress WS4
- Gathering information for each country
- Comparing each country profile and identifying areas of similarity and difference





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# Care Pathway & Workforce Mapping

- Information gathering:
  - What is the recommended care pathway for dementia? [in theory]
  - What is the usual care pathway for dementia? [in practice/reality]
  - What factors or issues affect care access and provision?
  - What systems are in place to provide assessment, diagnosis and treatment for:
    - Older people in general
    - People living with a dementia or suspected dementia
  - Who are the dementia care workforce (job roles, numbers etc.)?



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# Group Discussion

- Together with members from your country/setting, please discuss the items in the questionnaire
- Please consider:
  - The questions presented
  - Any areas not listed which you think are pertinent
  - Facilitators and barriers to high quality dementia care in your country
  - How best to gather this (and/or similar) information from a wider cohort in your country
- Each group will be asked to feedback to the room



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# Moving Forward

- Develop a detailed dementia care pathway and workforce map for each country
  - This may require further information gathering
- Detailed review of the literature around:
  - Task-shifting
  - Dementia workforce education
  - Dementia specific guidelines
- Co-produce dementia specific guidelines for each country
- Co-produce a tailored proposal for shaping the dementia care pathway and workforce for each country



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**Thank you**