POS3-38 Improving post-diagnostic support for people living with dementia Workforce experiences of the PriDem intervention

Emily Spencer[1], Katie Flanagan[1], Jane Wilcock[1], Marie Poole[2], Kate Walters[1], Louise Robinson[2], Greta Rait[1] and Sarah Griffiths[1] on behalf of the PriDem Study project team

[1]University College London [2]Newcastle University

INTRODUCTION

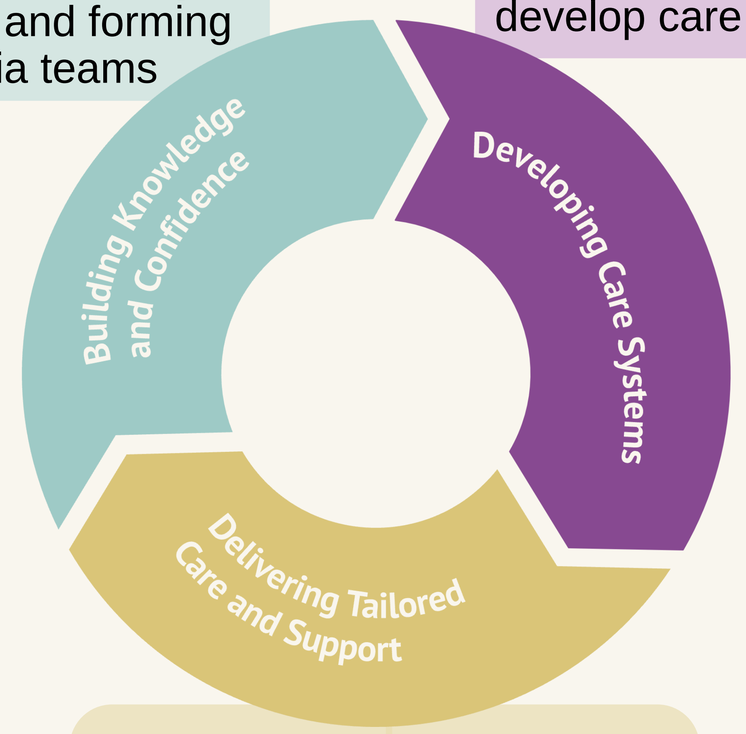
There are over 900,000 people with dementia in the UK[1]. Following diagnosis, support for people with dementia is often insufficient, with research and policy highlighting the unaffordability and unsustainability of specialist-led provision[2,3]. Over 12 months, the PriDem programme evaluated an **evidence-based, primary care led intervention aiming to improve post-diagnostic care for people with dementia and their carers**[4]. We aimed to explore intervention acceptability, and barriers and facilitators to implementation.

THE PRIDEM INTERVENTION

Within the PriDem intervention, **Clinical Dementia Leads** (CDLs) worked alongside general practice staff to:

Upskill the workforce through delivering training and forming dementia teams

Review referral and transition processes to develop care systems



Develop tailored approaches and resources to optimise annual dementia reviews and personalised care planning

METHODS

The intervention was based in 7 general practices across the Northeast and Southeast of England.

28 semi-structured interviews were conducted with 26 participants, including CDLs, health and social care professionals and dementia service commissioners linked to participating sites.

Data were inductively analysed using codebook thematic analysis[5], informed by Normalisation Process Theory[6].

FINDINGS

Five themes were developed exploring implementation barriers, facilitators and outcomes.

1 **The rocky ground of primary care** Implementation was challenging in the context of stretched services, with lack of capacity, finance and staffing acting as barriers to change.

We were already kind of way behind, and we just didn't feel we had the resources to do that… PROF-19 (practice manager)

2 **The power of people** Individual-level factors acted both as facilitators and barriers to implementation. Key facilitators included motivated members of staff and the personal attributes of CDLs, whereas existing hierarchies and gatekeeping acted as barriers.

I got the impression [practice manager] was very protective of the GPs and didn't want to give [them] unnecessary work. PROF-04 (CDL)

3 **Tension between adaptability and fidelity** Adaptability was a key benefit, allowing staff to adapt implementation to their needs. There was a tension between adapting the intervention and retaining fidelity to its original aims.

Giving us free rein to make the intervention for our practice, making it specific to us […] was good, because it's going to be different in every practice. PROF-05 (GP)

4 **Challenging the status quo: reimagining care planning** Practices had varying attitudes towards care planning. While some considered this to be little more than a tick-box exercise, many innovated MDT approaches, either to free up GP time, or leading to a more holistic approach to care.

Proactively reaching them and offering them such a comprehensive review I think has definitely regained some of their trust in us […] that's been the overriding real benefit. PROF-09 (GP)

5 **Positive effects on people and systems: towards sustainability** The intervention led to positive outcomes for patients, professionals and practices. Highly engaged practices viewed change as meaningful and sustainable.

I suppose the question is, why wouldn't we continue with it, rather than why did we decide to […] it just seemed to make logical sense. PROF-06 (GP)

DISCUSSION Findings suggest that the PriDem intervention is acceptable, and changes are sustainable, with aspects of the intervention already being adopted beyond the original practices. This has implications for future service commissioning, enabling people with dementia and carers to benefit from holistic, patient-centred care.

References:

For further information, contact pridem@ucl.ac.uk