

WS3: Development of a primary care-led model(s) for evidence-based, person-centred post diagnostic dementia care

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Team: All co-applicants and researchers

Methods: Co-design approaches: WS3.1 project team workshops (data synthesis and identification of core components of good practice model(s); WS3.2 stakeholder task groups (model refinement).

WS3.1: Development of prototype model(s) for primary care-led diagnostic dementia care

The development of the PriDem intervention was informed by the findings of WS1 and WS2 and took place in two phases, informed by the principles of co-design. The initial phase comprised a series of workshops with i) the project team and ii) our mixed stakeholder panel, the Dementia Care Community (DCC). We held a series of iterative rapid development workshops with the extended project team to review data, understand the policy context, consider the overall aim of the intervention and generate ideas to achieve this aim. In parallel, three consultations were held with the DCC to explore the desired outcomes of post-diagnostic support for people with dementia and carers, and the strengths and limitations of the six distinct approaches to post diagnostic support included in WS2. This work indicated that the intervention should focus on three key strands:

- Developing systems to support post-diagnostic dementia support
- Delivering tailored care and support
- Building capacity and capability in primary care.

The evidence-base underpinning this decision, and detailed descriptions of the activities required within each strand, were then elaborated using the Theory of Change approach by a small subgroup of the research team.

WS3.2: Model(s) refinement: task groups with service users, providers and commissioners

The second phase of presenting the proposed intervention to a range of stakeholders and refining it was delayed due to the COVID-19 pandemic. This influenced the availability of clinical members of the project team and staff working in health and social care. It also meant that proposed face-to-face task group meetings had to be changed to virtual events. We completed eight task groups (five with professionals, three with people with dementia and/or carers). In addition, the intervention was presented to our Public and Patient Advisory Board (PPAB). Feedback on the proposed intervention indicated that it made sense to participants and was seen as having the potential to improve outcomes for people with dementia and carers. During this period we continued to work with our DCC to explore their views on specific components of the proposed intervention. The intervention was proposed to a virtual meeting of DCC members and received very positive feedback. Towards the end of this phase we also developed an intervention manual and finalised the Theory of Change.

If you would like to know more about this phase of the PriDem study please contact [Claire Bamford](#) at Newcastle.