

#### **WS4: Feasibility study and implementation phase: good practice models of primary care-led post diagnostic support**

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**Methods:** Feasibility study (WS4.1) and implementation evaluation (WS4.2)

Earlier in the PriDem programme, researchers used the evidence they had gathered and worked with key stakeholders (e.g., people living with dementia, carers, health and social care professionals) to design a new approach to post-diagnostic dementia care. This new approach aims to provide *tailored, local, timely dementia support*. WS4 will start in autumn 2021 and will aim to test out this new best practice approach to dementia care in a small number of GP practices. The approach will focus on three key areas: **developing improved systems** for the delivery of post-diagnostic support, **building capacity and capability** (e.g., training more staff to become skilled in dementia care and support), and **delivering tailored care and support** to people living with dementia and their carers (e.g., by supporting teams to manage complex care cases).

During this part of the research programme, we will work directly with GP surgeries - and the Primary Care Networks (PCN) that they are part of - in the North East and South East of England. A Clinical Dementia Expert will be placed within these PCNs in order to build expertise within GP practices, upskilling staff by providing training, practical tools, and complex case support.

As part of testing out the approach in practice, we will engage with different groups of people to see how it is working. People living with dementia and their carers will be invited to take part in the study, completing a range of questionnaires, as well as participating in interviews at different timepoints over the course of one year. We will also seek the views of the health and social care professionals who are involved in the delivery of the approach.

A key aim of the PriDem approach is to ensure that everyone living with dementia has access to a high quality, personalised care plan. We will therefore measure the proportion of people living with dementia who have a personalised care plan in place at the beginning and at the end of the study, which will finish at the end of 2022.

Our hope is that the PriDem approach will enhance the care given to people living with dementia and their carers. Based on the data we collect and the feedback we receive, at the end of this phase we will be able to refine the approach, provide information on costs, and make recommendations for how this approach could be used more widely in practice.

If you would like to know more about this phase of the PriDem study please contact [Sarah Griffiths](#) at UCL.