WS5: Cost impact of the core intervention and associated models

WS5 will examine the economic consequences of the potential good practice model(s) of primary care-led post diagnostic dementia care.

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Methods: Literature review, cost analysis and health economic modelling (WS5.1 and 5.2)

Deliverables: Cost analysis of:

1. Existing model(s) of primary care-led post diagnostic dementia care and
2. New model(s) developed in WS3.

WS5.1: Cost analysis of health economic modelling of existing model(s) of primary care-led post diagnostic dementia care

This will comprise an examination of existing evidence on primary care-led post diagnostic dementia care in the UK and other developed countries. One source of evidence will be a review of literature on primary care-led post diagnostic care in dementia and other chronic conditions. We will draw from the evidence such information as is available on the components, costs and outcomes. Another source of evidence is information on the costs of three existing service models of primary care-led post diagnostic dementia care identified in WS1 of PriDem. We will use these information sources to estimate the potential costs per patient receiving such care in the England context. We will then use models developed as part of the MODEM study (see below) to make projections of future costs to 2040. We will similarly look at outcomes and projected outcomes if and where the evidence permits. We will build in this work on our experience of modelling primary care-led post diagnostic dementia care pathways in a number of high and low-and- middle income countries for the World Alzheimer's Report 2016.

WS5.2: Cost analysis and health economic modelling of model(s), developed in WS3, of primary care-led post diagnostic dementia care

This will comprise estimation of the costs of the models of post-diagnostic dementia care developed in WS3. We will estimate for each model of care the cost per GP practice and/or per person with dementia receiving primary care post diagnostic support. We will use national average unit costs from the Personal Social Services Research Unit (PSSRU) unit costs reports and apply them to the planned components of the models of care to be implemented. If for example a model involved X GP consultations and Y specialist nurse consultations over a period of 3 months for each person newly diagnosed, we will use the unit costs to produce an estimate of the cost per person. We will then use the MODEM models to produce an estimate of the current total cost for England of implementing the model of care and projections of the future total costs to 2040.

The MODEM (modelling outcome and cost impacts of interventions for dementia) study, which was led by Knapp and funded by the ESRC and NIHR, aimed to generate new evidence and feed it into policy and practice to improve the lives of people with dementia and their family carers. It included a substantial review of evidence, primary data collection on a cohort of people with dementia, experiential work, and a range of modelling. The Dementia Evidence Toolkit, which is publicly available at http://toolkit.modem-dementia.org.uk/, contains a searchable database with information on over 1433 research studies on interventions for people living with dementia and their family carers and summaries of the research findings for some of the main care and treatment interventions. The models project future numbers of people with dementia, unpaid and formal care and associated expenditure under varying assumptions about risk factors, prevalence of dementia and patterns of care and support.