

Research continues to highlight the urgent need for good quality, accessible and equitable post diagnostic dementia care and support in England (1,2) which has been further exacerbated by the coronavirus pandemic (3). Updated national guidance summarises evidence-based practice for post diagnostic dementia support but lacks practical advice on implementation (4). The Alzheimer’s Society funded PriDem project aims to develop and deliver accessible, feasible, sustainable primary care-based, post diagnostic dementia care and support to people with dementia and their families with the ultimate aim of reducing geographical inequalities. PriDem has reviewed previous research (5-7) and explored national practice through a survey, interviews and in-depth case studies (8,9). Using the Theory of Change, we developed the PriDem intervention (see Box 1).

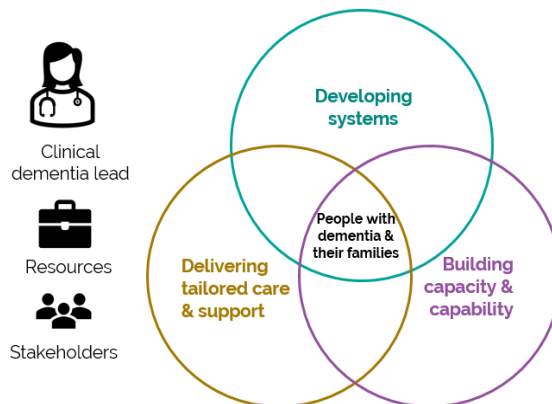
How will the PriDem intervention be implemented?

Box 1: Key features of the PriDem intervention

WHERE: Primary care network or CCG

WHEN: Post diagnosis to end of life

WHO: The intervention is led by a **Clinical Dementia Lead (CDL)** supported by a local multi-disciplinary team of existing generalist and specialist staff (e.g., GP, pharmacist, dementia advisor, social prescriber), with access to additional resources such as Alzheimer’s Society Dementia Connect, social care services, and the third sector.



WHAT: Focus on 3 key areas:

- **Building capacity and capability** of non-specialists to deliver dementia care and support
- **Improving systems** for delivery of evidence based, post diagnostic support
- **Personalised care and support** to meet the complex needs of with people living with dementia and their informal carers

Building capacity and capability will be achieved through:

- Developing a practice dementia team
- Identifying training needs and meeting these through tailored initiatives
- Providing specialist supervision or mentoring for non-specialist professionals in key roles
- Co-working and multidisciplinary team meetings
- Providing rapid access to specialist support for urgent queries (e.g., through a telephone helpline; email contact)

To develop and improve systems, the CDL and key stakeholders will:

PriDem: Developing and implementing primary care based, integrated dementia care and support



- Map existing services against the **PriDem components of post-diagnostic care and support** (Figure 1)
- Develop a local **Dementia care and support network** for professionals
- Improve transitions and communication between services and sectors

Delivering tailored care and support for people with complex needs will be achieved through

- Enhancing quality and consistency of dementia annual reviews and care planning
- Ensuring that all people living with dementia have a named point of contact
- Providing direct, short-term input and care co-ordination by the CDL when needed

Figure 1: PriDem components of post-diagnostic care and support (10)

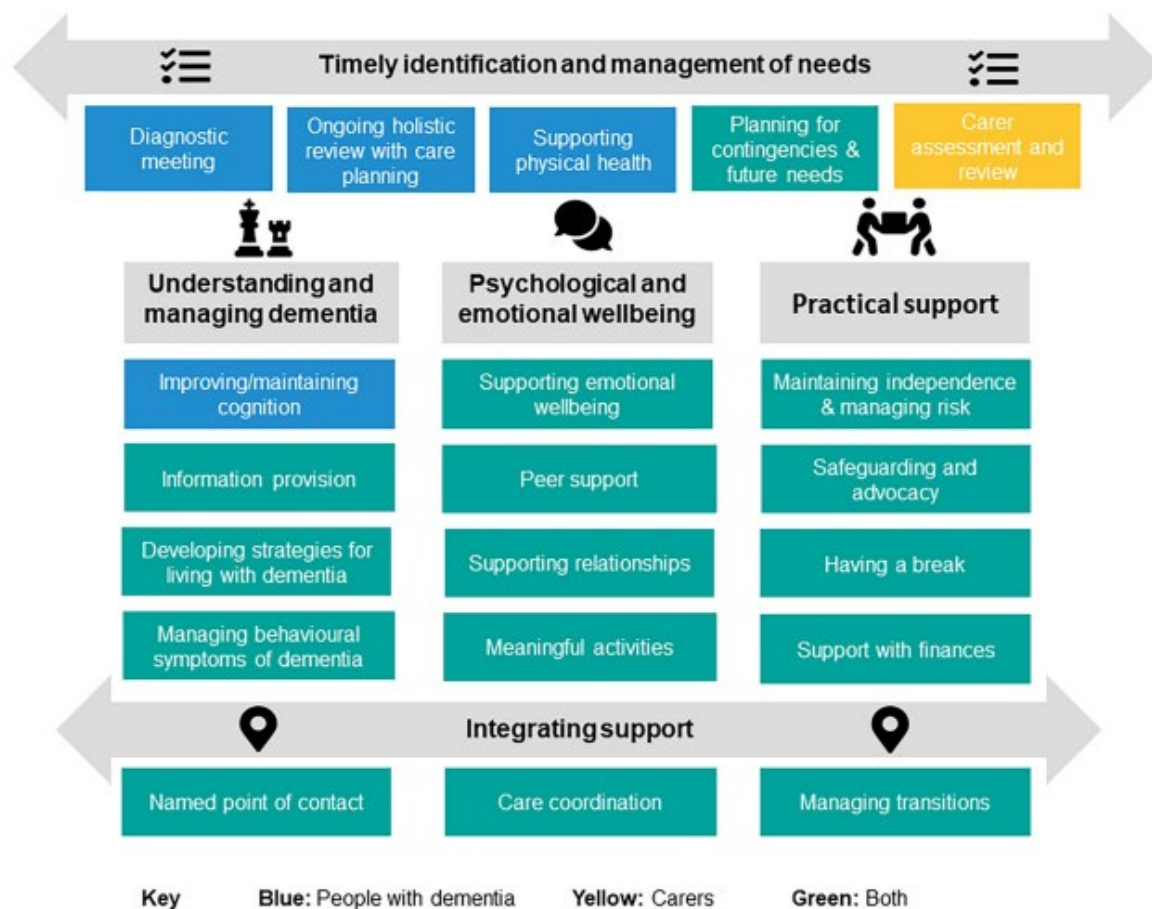


Fig 1. Themes and components of post-diagnostic dementia support.

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