The effectiveness of collaborative care for people with memory problems in primary care: results of the CAREDEM case management modelling and feasibility study

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Declared competing interests of authors: during this study Steve Iliffe was Associate Director of the Dementia and Neurodegenerative Diseases Research Network (DeNDRoN), responsible for promoting primary care research; Barbara Stephens was CEO of Dementia UK at the time of the project; and Louise Robinson was Chair of the Primary Care Clinical Studies Group of DeNDRoN at the time of the research.

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Plain English summary

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Plain English summary

Support for people with dementia and their family carers is too often poorly co-ordinated. This might be improved if there was someone whose job it was to co-ordinate services – a ‘case manager’.

This study explored:

1. what skills are needed to be a dementia case manager working in primary care and who might be suited to this role
2. whether or not case management is acceptable and beneficial to people with dementia and their families
3. whether or not case management of people with dementia is feasible in UK general practice and
4. what resources are needed to deliver case management to people with dementia in UK primary care.

We tried to answer these questions by consulting experts about what case managers would do, what skills they would need and what resources they would require. The CAREDEM project studied what case managers did in four general practices in different parts of England. These case managers worked with a small number of people with dementia living at home and also with their carers. They found it hard to recruit sufficient numbers and nurse case managers struggled to devote dedicated time to the work. Although some of the CAREDEM case managers identified significant unmet needs, the benefits were not as great as expected and it appeared difficult for the case managers to make a difference. We conclude that the idea of case managers needs to be reconsidered given the current situation of NHS general practice and that the CAREDEM study should not proceed to a full trial.
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