

BACKGROUND

Nearly one million people have dementia in the UK. The total costs of dementia care are almost £25 billion per year.

AIM To evaluate the costs and the social value generated from the PrAISED intervention

RESEARCH AND METHODS

- SROI is a pragmatic form of social cost-benefit analysis which measures and values relevant costs and outcomes for stakeholders (patients, carers, NHS)
- 64 participants completed an in-person home programme
- 301 participants completed a blended programme (face-to-face, phone call, and videoconference)
- For the SROI analysis, five relevant outcomes were identified
 - Disability assessment for dementia scale (DAD)
 - Falls efficacy scale - International (FES-I)
 - Health-related quality of life (EQ5D-5L)
 - Carer strain index (CSI)
 - NHS health service resource use (CSRI)
- All five outcomes were proxy-reported by carers and collected at baseline and a 12-month follow-up.

RESULTS

Societal perspective (patients, carers, NHS)

Training & delivery costs

- Average training costs per therapist
 - In-person: £560
 - Online: £424
- Difference delivery costs per participant between group
 - In-person: £2,212
 - Blended: £1,571

SROI ratios

- £1.64 for every £1 invested (in-person)
- £0.16 for every £1 invested (blended)

Quantity of relevant outcomes and valuing outcomes for In-person and Blended programme

Outcome	Programme	Complete cases	Group	Improvement of 10% or more	Value from Social Value Bank	Total Social Value	Social value per participant
DAD	In-person	n=60	PrAISED (n=29)	3/29 (10%)	£3,537 per year- frequent mild exercise	£10,611	£366
			Usual care (n=31)	3/31 (10%)		£10,611	£342
	Blended	n=132	PrAISED (n=73)	3/73 (4%)		£10,611	£145
			Usual care (n=59)	6/59 (10%)		£21,222	£360
FES-I	In-person	n=59	PrAISED (n=29)	7/29 (24%)	£13,080 per year - high confidence	£91,560	£3,052
			Usual care (n=30)	4/30 (13%)		£52,320	£1,744
	Blended	n=127	PrAISED (n=69)	19/69 (28%)		£130,800	£1,896
			Usual care (n=58)	21/58 (36%)		£196,200	£3,383
EQ5D-5L	In-person	n=60	PrAISED (n=30)	6/30 (20%)	£20,141 per year – good overall health	£120,846	£4,028
			Usual care (n=30)	4/30 (13%)		£80,564	£2,685
	Blended	n=141	PrAISED (n=79)	12/79 (15%)		£241,692	£3,059
			Usual care (n=62)	5/62 (8%)		£100,705	£1,624
CSI	In-person	n=60	PrAISED (n=31)	9/31 (29%)	£6,784 per year - able to rely on family	£61,056	£2,035
			Usual care (n=29)	5/29 (17%)		£33,920	£1,094
	Blended	n=130	PrAISED (n=70)	18/70 (26%)		£122,112	£1,744
			Usual care (n=60)	15/60 (25%)		£101,760	£1,696

SROI ratios for In-person and Blended Programmes

	In Person	Blended
Outcome 1 - increased activities of daily living	£24	-£215
Outcome 2 - improved confidence (less fear of falling)	£1,308	-£1,487
Outcome 3 - improved health related quality of life	£1,343	£1,435
Outcome 4 - less carer strain	£941	£48
NHS health service resource use	£11.70	-£24.96
Total social value for all stakeholders	£3,628	-£244
Total cost	£2,212	£1,571
SROI ratio	£1.64: £1	-£0.16: £1

DISCUSSION

• Strengths

- The first SROI study comparing In-person versus blended home-based exercise programme
- Societal perspective (patient, carer, the NHS)
- RCT study design and high validity

• Limitations

- Impact of COVID-19 (especially, community referral)
- Social value bank (SVB) have limited monetary values
- Matching outcomes with SVB values relies on researcher discretion

CONCLUSION

In comparison with usual care, the in-person PrAISED programme generated a positive SROI for people with early dementia. However, the blended PrAISED programme did not generate a positive SROI ratio. For the in-person programme, most of the social value was generated from patient improvement in health-related quality of life and less fear of falling, and from carer improvement in less carer strain.