

Summary of Evidence of Effectiveness for Gold Standards Framework Care Homes Training programme National GSF Centre Nov 09

1. Key summary of findings

The GSF Care Homes Training Programme aims to:

- Improve the quality of care for residents
- Improve collaboration with GPs, primary care teams and others
- Reduce hospitalisation – admissions, deaths, length of stay

Summary of evaluations show that GSF supports improvements in these 3 areas

- Attitudes, awareness and approach
 - Staff confidence, morale and job satisfaction
 - Encourages open realistic approach to discussing death and dying
 - Enables greater focus on caring for person
 - Enables better quality of care for dying
- Patterns of working, structures and processes
 - Team-working and information sharing within staff teams
 - Documentation and recording, communication with all care homes staff
 - Collaborative working with GPs, District Nurses and practice team improved
 - Collaborative working with palliative care and other specialists
 - Proactive care - anticipatory planning ahead
- Outcomes
 - Significant reduction in numbers of hospital deaths (e.g. halved)
 - Significant reduction in hospital admissions
 - Fewer crises calls out of hours
 - More documented advance care plans and DNARs forms

2. Audit – national, regional and local examples

a) National Audit

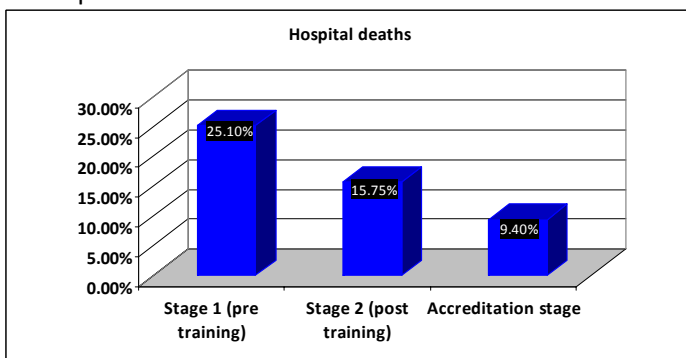
One of the key aims of GSF is to reduce hospitalisation of residents ie reduce admissions and deaths. The recent National Audit Office Balance of Care report (Nov 08), suggested that 50% of care homes residents who died in hospital could have been cared for elsewhere, in line with their preferences and with significant cost savings to the NHS (see figure 2). Our aim is make this a reality by halving hospital deaths and crisis admissions, and current figures show that this is achieved by many, especially accredited care homes.

Findings from GSF After Death Analysis of Phase 3-5 care homes (Total 756 homes).

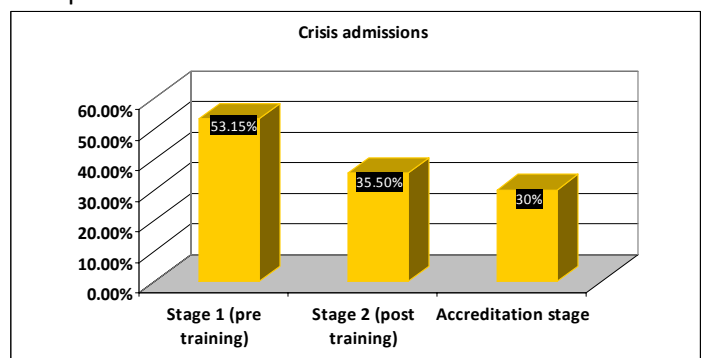
Comparison of 5 residents deaths before and 5 after introduction of GSF training programme, (about 9 months later) and 5 during accreditation stage (6-9 months later)

Figure 1: Key findings

Hospital deaths reduced from 25.1% to 9.4%



Hospital crisis admissions reduced from 53.1% to 30%



Stage 1 pre-training data collected for 1490 deaths of which:

374 died in hospital = 25.1%

792 crisis admissions = 53.15%

Stage 2 Post training data collected for 349 deaths of which:

55 died in hospital = 15.75%

124 crisis admissions = 35.5%

Accreditation data collected for 446 deaths of which:

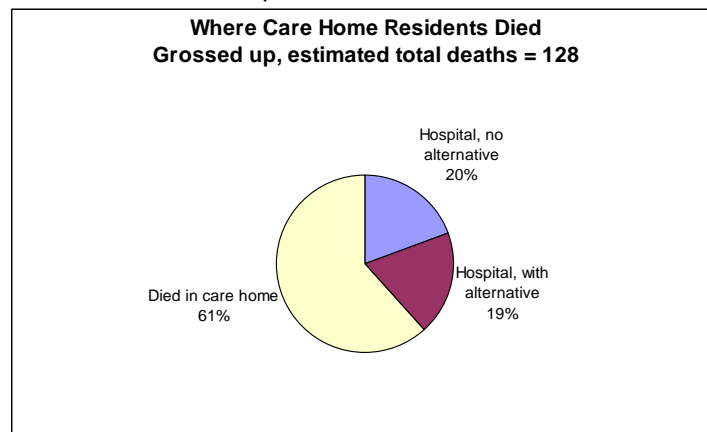
42 died in hospital = 9.41%

136 crisis admissions = 30.4%

(NB: The total number of crisis admissions does not necessarily involve all of the recorded deaths).

Figure 2 Report from National Audit Office End of Life care report - Balance of Care Sheffield Study (www.nao.org.uk)

50% of frail care homes residents who died in hospital could have died at home

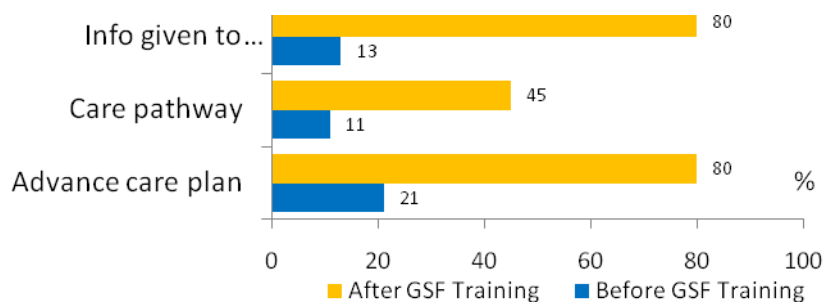


b) Regional Audit – Surrey and Sussex

Retrospective look at care homes 3 years after training in former Surrey and Sussex SHA area.

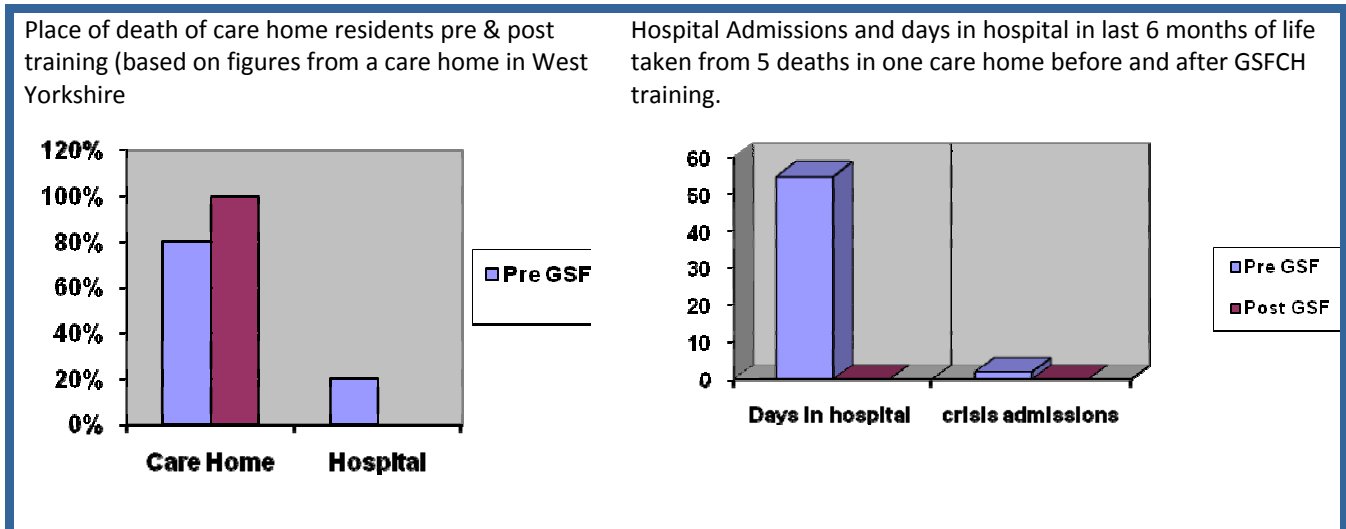
Extract from 'Improving end of life care in Surrey and Sussex care homes' (D De Silva 2009)

Figure 3: quality of care indicators before and after training



The report also showed that care home deaths increased from 76% to 87% in the Surrey & Sussex care homes.

c) Local Audit- example from care home in West Yorkshire



3. Published in other journals - grey literature

Date	Area and Lead	Scope of study or article	Main findings	Reference
2009	Care Managements Matters	Description of process of GSF in Care Homes		March 2009
2009	Journal of Care Services Management	Description of process of GSF in Care Homes		February 2009
2009	GP Magazine – Dr Teresa Griffin	How GSF helps GPs and care home staff to work together to prevent medication mistake	Co-ordination and communication – key GSF strands enable GPs to prescribe effectively	Due out December 11 2009
2009	Primary Health Care Magazine – Nikki Sawkins and Sue Griffin	How GSF works from the point of view of district nurses	How well planned care has enabled patients to choose where they want to die	November 2009

4. Published papers in peer reviewed journals

Date	Research Centre and Lead	Scope of study	Main findings	Reference	Comment
2005-6	University of Birmingham Prof Collette Clifford, Fran Badger, Gill Plumridge and Alistair Hewison	GSFCH Phase 2 care homes nationally – 44 homes comparative before and after with ADA	<ul style="list-style-type: none"> ▫ Reduced crisis hospital admissions from 38% to 26% ie by a third ▫ Reduced hospital deaths of residents from 18% to 11% ie by almost 50% ▫ Improved perceived quality of care ▫ Improved processes 	F Badger, C Clifford, A Hewison, K Thomas An evaluation of the implementation of a programme to improve end of life care in nursing home, Pall Med 2009; 23; 502 originally published online 28 May 09; DOI 10.1177/0269216309105893 Badger F, Thomas K, Clifford C Raising Standards for Elderly People Dying in Care Homes European Journal of Palliative Care for publication 2007; 14 (6)	Evaluation continued in Phase 3 with similar findings Recommendations all fully integrated into evolving GSFCH Programme Study funded by Macmillan
2007-8	In press, University of Edinburgh Jo Hockley Scott Murray et al	Phase 4 7 Lothian care homes	<ul style="list-style-type: none"> ▫ Halved hospital deaths of residents (15% to 8%) ▫ Reduced hospital admissions ▫ Improved processes eg half using ACP (up to 54%) and DNAR (rare to 71% use) ▫ Improved quality of care perceived by relatives 	Hockley J, Watson J, Murray S The Midlothian 'Gold Standards Framework in care homes' project 2008, University of Edinburgh 2 papers in press	Qualitative analysis also of the 7 C's from a relatives viewpoint
2009	King's College London Department of Palliative Care, Policy and Rehabilitation Sue Hall Cassie Goddard Frances Stewart Irene J Higginson	Perceptions of the benefits of GSFCH included: <ul style="list-style-type: none"> ▫ Improved symptom control ▫ Better team communication ▫ Increased staff confidence Perceptions of the barriers to implementing GSFCH included: <ul style="list-style-type: none"> ▫ Increased paperwork ▫ Costs ▫ Gaining the cooperation of GPs 	Qualitative study of 9 care homes in Lambeth and Southwark. None accredited at the time. Interviews with care home manager, nurses employed by homes, care assistants, residents and residents, families.	Submitted, Hall S, Goddard C, Stewart S, Higginson IJ Benefits of and Barriers to Implementing the Gold Standards Framework to Improve End of Life Care in Care Homes: A qualitative study 2009 King's College London	Study funded by Guys and St Thomas' Charity
2009	Networking to Improve End of Life Care Gerry McGivern, Lecturer in Work and Organisations, The Department of Management, King's College London,	Review of networking and collaboration between 2 care homes using GSF, GP practice and hospice	Networking and improved communication across boundaries of care is beneficial but needs supporting. 'Distributed leadership'	London Primary care Journal Nov 09 in press	