

Summary of Evidence for Gold Standards Framework Care Homes Training programme National GSF Centre Feb 2010

1. Key summary of findings

The GSF Care Homes Training Programme aims to:

- a. Improve the quality of care for residents in their final stage of life
- b. Improve collaboration with GPs, primary care teams and others
- c. Reduce hospitalisation - admissions, deaths, length of stay - thereby improving cost effectiveness

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

- a) Attitudes, awareness and ethos in line with core values –
 - Positively life affirming - aiming to help people live well until they die
 - Staff confidence, morale and motivation
 - Enables greater alignment with the core values of staff, enshrined in philosophy of care
 - Improves job satisfaction, staff recruitment and retention
 - Encourages open realistic approach to discussing dying and quality of care for dying
 - More personalised care in line with person centred approach
- b) Patterns of working, structures and processes
 - More proactive care - anticipatory planning ahead
 - Team-working and information sharing within staff teams
 - Documentation and recording, communication with all care homes staff
 - Collaborative working with GPs, District Nurses, and palliative care and other specialists improved
- c) Outcomes
 - Significant reduction in numbers of hospital deaths (e.g. halved) and hospital admissions
 - Fewer crises calls out of hours
 - More documented advance care plans and DNARs forms
 - **Cost savings for NHS- for example, if hospital admissions/deaths were halved, a PCT with 50 care homes might save about £1-2 million / year, or a sample care home could save £40-80,000 / year (average 40% hospital deaths halved to 20%, length of stay 10 days , average size 30 beds)**

2. Audit – national, regional and local examples

a) National audit - decreased hospital deaths and admissions – GSF care homes achieve NAO goal of halving hospital death rates

One of the key aims of GSF is to reduce hospitalisation of residents i.e. reduce admissions and deaths. The 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 to make this a reality by halving hospital deaths and crisis admissions, and current figures show that this is achieved by many homes.

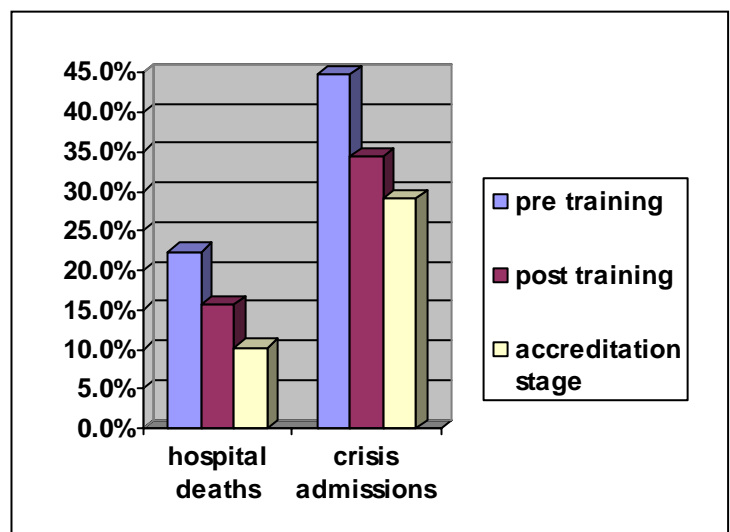
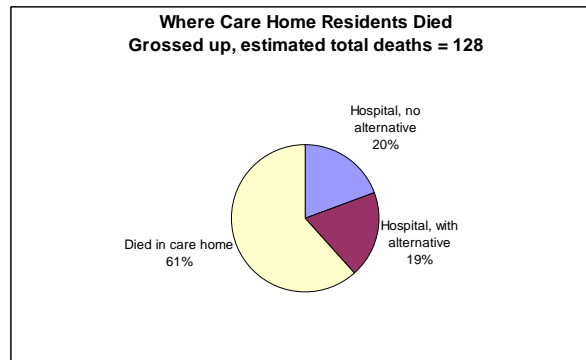


Fig 1 Findings from GSF After Death Analysis Audits of Phase 45- care homes and crisis admissions ¹

¹ Based on on-line ADA data from phases 4 & 5 care homes - total of 370 deaths pre training, 349 deaths post training and 371 deaths at accreditation stage
G Drive/Care Homes/Summary of Evidence of Effectiveness Feb 10

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

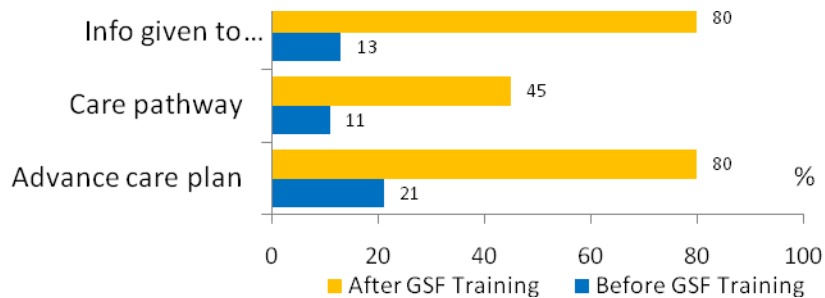


b) Regional Audit – Surrey and Sussex

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 GSF training

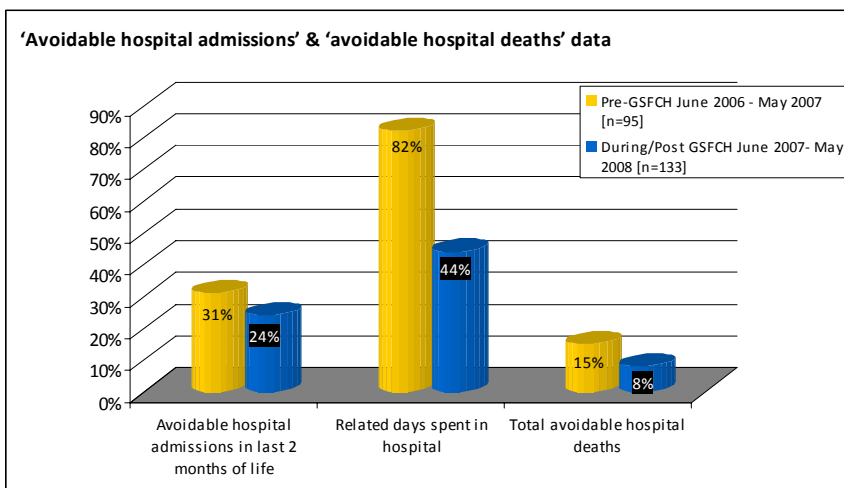


The report also showed that care home deaths increased from 76% to 87% in the Surrey & Sussex care homes.

Before taking part in training, just 21% of the people dying had an advance care plan. However in 2009, several years after the training, 80% of people dying had an advance care plan. This is important because advance care plans are a useful tool for reducing crises and supporting people to avoid unnecessary admissions or interventions in the final stages of life.

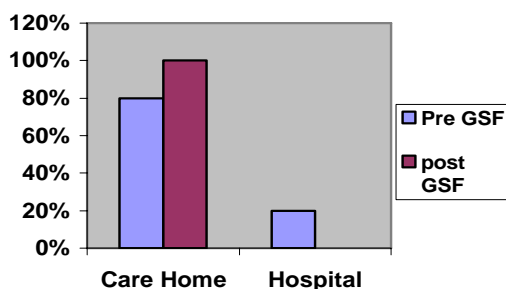
Before training, 76% of the most recent deaths in care homes took place within the care home itself compared with 87% in 2009 (statistically significant).

c) Local Audit - example from 7 homes in Scotland and a care home in West Yorkshire

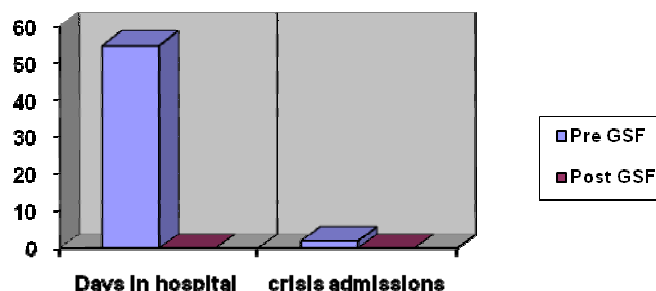


The impact on end of life care of the GSFCH programme, in 7 nursing care homes across Midlothian, Scotland
Reduction in avoidable hospital admissions and avoidable hospital deaths data before and after GSF Training (Hockley)

Place of death of care home residents pre & post training (based on figures from a care home in West Yorkshire)



Hospital Admissions and days in hospital in last 6 months of life taken from 5 deaths in one care home before and after GSFCH training.

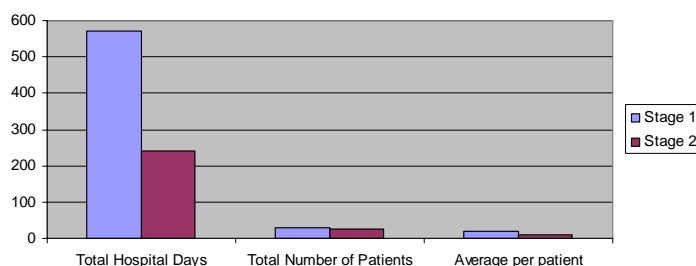


d) Manchester GSF Care Homes Training Programme Analysis

An analysis has been undertaken of the data collected using the ADA (After Death Analysis) Audit tool from 24 care homes in the Greater Manchester area. The data was collected in two stages over the period October 2008 to June 2009. The first Preparation Stage was undertaken prior to implementation of the GSF Care Homes Training Programme. The second stage, Post Implementation, was conducted about 9- 12 months later once the training programme had been completed so that the impact and potential benefits could be identified.

- The number of days in hospital reduced by over 58% once GSF was implemented.
- The number of patients hospitalised reduced by 11% and their average length of stay by 53%.
- The recording of a preferred place of care /death showed an increase from 51 to 83%.
- The number people dying in preferred place of choice rose from 47 to 74%.
- The Advance Care Plan discussion rose from 28 to 74%
- The Advance Care Plan being recorded increased from 30 to 70% of cases.
- The use of GSF needs based coding rose from 13% to 81% overall.
- Once implemented in 27% of cases the respondents stated that nothing could be improved upon relating to the patients care.

Hospital Days



The number of days in hospital reduced by over 58% between the two stages. The number of patients hospitalised by 11% and finally the average length by 53%. 47% and 74% patients achieved their requested place of death in stages 1 and 2 respectively.

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; 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 hospitals 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-increased paperwork, costs, 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	