Aims:
The Somerset GSF Care Homes Project study compared the experience of those homes that completed the GSF training programme from 2009-11 with other Somerset care homes that did not undertake the training. Fifty-one of the county’s 67 nursing homes took part in the programme plus 13 residential homes.

Dr Chris Absolon, GP Palliative Care Lead for Somerset, and his colleagues, including GSF Facilitator Jenny Coles, had a number of planned outcomes for the project and the study assesses the impact of running the GSF CH Training over 2 years against the control of other non-GSF care homes.

The main aims were to improve the quality of care for all residents during their stay and reduce avoidable hospital admissions, enabling more people to die with dignity in their care home, thereby improving cost effectiveness. In addition to the quantitative data gathered, there are also qualitative reports of improved collaboration between the care homes, their GPs and specialists. The satisfaction surveys conducted also indicated an improvement in the quality of end of life care.

Methods:
Data was obtained from Secondary Uses Service (SUS), the Exeter system, and the Office for National Statistics. Data on admissions from all 224 Somerset care homes was analysed for 2 years before the project to 6 months afterwards.

Dr Irena Holland, Public Health Information, produced a report in January 2011 ‘GSFCH in Somerset’ in which she detailed the aims and the study assesses the impact of running the GSF CH Training over 2 years against the control of other non-GSF care homes.

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Key Messages:
- The GSF care homes programme led to improved quality of care, cost effectiveness and reduced hospitalisation compared with non-GSF care homes in Somerset over a 2 year period.
- Controlled independent comparison by Somerset Public Health Department provides evidence that the care homes that were GSF trained showed a reduction in hospital admissions, deaths and emergency calls and improved satisfaction of care, compared with homes that have not yet received GSF training.
- All care homes have shown some areas of improved care, but the GSF homes had significantly fewer residents dying in hospitals and more dying in the care homes.
- GSF training is cost effective- there were 116 fewer admissions/ year in the GSF trained homes, saving approximately £500,000 (at approx. £225 / day av. 10 day stay using NAO figures) and enabling more to die at home.

GSF enables a systematic way to deliver the right care for the right people, in the right place, at the right time, every time.

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