

Summary of Evidence for Gold Standards Framework Care Homes Training programme National GSF Centre August 2012

The Summary of Evaluation includes
<ol style="list-style-type: none"> 1. Published research evidence 2. Additional Published articles 3. Audit <ol style="list-style-type: none"> A. National audit—taken from cumulated data from GSF Care Homes B. taking part in training programme and accreditation C. Local audits and examples of good practice
The GSF Care Homes Training Programme aims to:
<ul style="list-style-type: none"> • Improve the quality of care for residents in their final stages of life • Improve coordination and collaboration with GPs, primary care teams and others • Reduce hospitalisation – enabling more to live and die at home and thereby improving cost effectiveness

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

Quality - 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
- ◇

Coordination and collaboration - 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

Reducing avoidable hospital admissions and deaths- 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)**

1a) Published Papers in peer reviewed journals

Date / Research Centre & Lead	Scope of study	Main finding	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 ADA	<ul style="list-style-type: none"> * Reduced crisis hospital admissions from 38% to 26% i.e. by a third * Reduced hospital deaths of residents from 18% to 11% i.e. 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 GSCH Programme Study funded by Macmillan
2007-8 published 2010— 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 e.g. half using ACP (up to 54%) and DNACPR (rare to 71% use) Improved quality of care perceived by relatives 	<p>Hockley J, Watson J, Oxenham D & Murray SA. The integrated implementation of two end of life care tools in nursing care homes in the UK and in depth evaluation. Palliat Med, 2010; 24:828-38.</p> <p>Watson J, Hockley J & Murray S. Evaluating effectiveness of GSFCH and LCP in Care Homes. End of Life Care, 2010;4(3):42-49. http://pmi.sagepub.com/content/24/8/828.long</p>	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 http://www.biomedcentral.com/1471-2318/11/31	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	

1b) Published Papers in peer reviewed journals continued.

Date / Research Centre & Lead	Scope of study	Main finding	Reference	Comment
2009	A pre-post survey design was adopted, focusing on indicators identified as markers of good end-of-life care. The 95 homes in phase 2 of the programme were invited to participate in the evaluation. Homes completed a baseline survey of care provision and an audit of the five most recent resident deaths. The survey and audit were repeated post programme completion. Forty-nine homes returned completed pre- and post-surveys, 44 returned pre- and post-data on deaths. Although some staff found completion of the programme challenging, homes that returned pre- and post-data demonstrated improvements in aspects of end-of-life care.	The Gold Standards Framework in Care Homes programme aims to improve the quality of end-of-life care for residents. The impact of introducing phase 2 of the programme to homes in England was evaluated. A pre-post survey design was adopted, focusing on indicators identified as markers of good end-of-life care. The 95 homes in phase 2 of the programme were invited to participate in the evaluation. Homes completed a baseline survey of care provision and an audit of the five most recent resident deaths. The survey and audit were repeated post programme completion. Forty-nine homes returned completed pre- and post-surveys, 44 returned pre- and post-data on deaths. Although some staff found completion of the programme challenging, homes that returned pre- and post-data demonstrated improvements in aspects of end-of-life care. There were statistically significant increases in the proportion of residents who died in the care homes and those who had an advanced care plan. Crisis admissions to hospital were significantly reduced. This evaluation indicates that appropriately funded structured programmes have the potential to assist nursing homes improve the provision of end-of-life care to older adults, in line with government health policy.	BADGER, F., CLIFFORD, C., HEWISON, A. and THOMAS, K., 2009. An evaluation of the implementation of a programme to improve end-of-life care in nursing homes. <i>Palliative medicine</i> , 23 (6), pp. 502-511.	
2009	This study describes current ACP practice in care homes for older people drawing on data from a questionnaire survey (n = 213) of, and interviews (n = 15) with, care home managers.	Advance care planning (ACP) as a process of discussing and recording wishes for future care and treatment is increasingly being promoted and discussed in the UK, reflecting recent changes in legislation. This study describes current ACP practice in care homes for older people drawing on data from a questionnaire survey (n = 213) of, and interviews (n = 15) with, care home managers. Whilst consultation about general care is taking place in the majority of homes surveyed using both formal and informal processes, the number of residents that have completed any ACP processes varies. Managers face intrinsic and extrinsic challenges related to the ascertaining of, and the implementing of wishes as they address ACP in the care home context. Until these wider contextual factors are addressed it will be difficult for staff in care homes to effectively undertake and implement ACP in care homes. [PUBLICATION	FROGGATT, K., VAUGHAN, S., BERNARD, C. and WILD, D., 2009. Advance care planning in care homes for older people: an English perspective. <i>Palliative medicine</i> , 23 (4), pp. 332-8.	

1b) Published Papers in peer reviewed journals continued.

Date / Research Centre & Lead	Scope of study	Main finding	Reference	Comment
2009	Description of "Going for Gold": GSF in Care Homes Training Programme	<p>The Gold Standards Framework in Care Homes (GSFCH) Training Programme is now the most widely used care homes' training programme in UK end-of-life care. It can assist commissioners and care homes to meet their local and national quality targets. The key aims are to improve quality of care and collaboration with GPs and reduce hospitalisation. The programme has evolved over the last 5 years and is closely linked to the GSF in Primary Care Programme, which is used by the majority of GP practices. The work is still developing and is backed by a growing evidence base and the shared experience of over 700 care homes. Attaining quality care is now firmly on the government agenda (Darzi, 2008). The GSFCH programme provides quality improvement, quality assurance and quality recognition for end-of-life care in care homes, enabling all care homes to meet the standard of excellence required. This article will provide further details of this exciting programme, its key lessons and demonstrated benefits, with ideas for future development.</p>	<p>GRIFFIN, T., THOMAS, K. and SAWKINS, N., 2009. 'Going for Gold': GSF in Care Homes Training Programme. <i>End of Life Care Journal</i>, 3(1), pp. 54-57.</p>	
2009	<p>Comments on an article by Alistair Hewison et al. (see record 2009-07334-012). Hewison et al. reported findings on a study that investigated the introduction of the Gold Standard Framework (GSF) for improving end-of-life care into care home in England.</p>	<p>Comments on an article by Alistair Hewison et al. (see record 2009-07334-012). Hewison et al. reported findings on a study that investigated the introduction of the Gold Standard Framework (GSF) for improving end-of-life care into care home in England. A central feature of the study by Hewison et al. is that of teamwork and its importance in the successful implementation of new programs of care. The authors urge that organizations wishing to implement such programs should address the quality of teamwork before introducing them into practice. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	<p>INGLETON, C. and FROGGATT, K., 2009. 'Delivering 'gold standards' in end-of-life care in care homes: A question of teamwork? ': Commentary. <i>Journal of Clinical Nursing</i>, 18(12), pp. 1812-1815</p>	

1b) Published Papers in peer reviewed journals continued.

Date / Research Centre & Lead	Scope of study	Main finding	Reference	Comment
2010	End of Life care needs of older people with advanced dementia were identified by North West NHS as a priority. Implementation of advance care planning by use of Gold Standards Framework (GSF) and Liverpool care of the Dying Pathway (LCP)	<p>Was studied in five long term care 'pilot' sites in Greater Manchester.</p> <p>Aims: To determine the effects of introducing GSF and LCP from the perspectives of staff, service users, family caregivers and practitioners involved in the care of older people with dementia. Methods: A case study design using mixed methods was used in four nursing care homes and one NHS (mental health) ward. A wide range of views and experiences were documented (n=200). A self-completed survey of all care staff; General Practitioners and other Multi-disciplinary team members; Interviews with the relatives and senior nursing care staff; focus groups with key care staff; Economic evaluation of potential costs/benefits in preventing unscheduled hospital admissions.</p> <p>Results: Qualified staff perceived that the use of the end of life care tools and staff education improved their assessment skills of the physical and cognitive decline and management of the dying resident. Anticipatory prescribing was viewed as a key element in the management of pain and other distressing symptoms. GP's were more confident that care staff could assess and manage symptoms and use medication appropriately. Staff were more confident that residents achieved their preferences for place of death at home and reduced inappropriate hospital admissions due to advance care planning undertaken with residents, relatives and GP's. Conclusion: General agreement by care staff and the wider MDT that the use of GSF/LCP tools promoted staff confidence to assess monitor and meet the needs of dying residents, enabled good communication with indicative</p>	ASHTON, S., MCCLELLAND, B., ROE, B., MAZHINDU, D. and GANDY, R., 2010. End of life care for people with dementia: an evaluation of implementation of the GSF and LCP... Gold Standards Framework...Liverpool care of the Dying Pathway. <i>Palliative medicine</i> , 24 (2), pp. 202-202	
2010	The evaluation of the introduction of the Gold Standards Framework in Care Homes	The evaluation of the introduction of the Gold Standards Framework in Care Homes (GSFCH) should be considered in the context of the available guidance on end-of-life care at the time the fieldwork was conducted, and the early stage of Gold Standards Framework (GSF) development. The introduction of new legislation and guidance which impacts on end-of-life care means that the subject of advance care planning (ACP) should be introduced at an early stage and residents should not be excluded from this process on the basis of diagnosis. The programme helped raise awareness of the importance of end-of-life care and participants identified a number of positive outcomes.	CLIFFORD, C. and THOMAS, K., 2010. Gold Standards Framework in Care Homes and advance care planning. <i>Palliative medicine</i> , 24 (4), pp. 447-448.	
2010	Points raised about the article 'An evaluation of the implementation of a programme to improve end-of-life care in nursing homes'. <i>Palliative Medicine</i> 2009; 23: 502-511	The paper states that post-Gold Standards Framework in Care Homes (GSFCH), 67% of residents had an Advance Care Plan in place (Table 4). raise concern as to whether the discussions taking place were in fact appropriate or whether they were being conducted purely as a box-ticking exercise in order to meet with the guidance of the GSFCH	KILLICK, S., PHARAOH, A. and RANDALL, F., 2010. Advance care planning in care homes. <i>Palliative medicine</i> , 24 (4), pp. 445-6; author reply 447-8.	

1b) Published Papers in peer reviewed journals continued.

Date / Research	Scope of study	Main finding	Reference	Comment
2010	Statistical data – number of care homes that have completed the GSF training	Almost 1500 homes have now completed the Gold Standards Framework Training since its inception in 2004. Across the UK managers can see the benefits of completing GSFCH training and accreditation	STOBART-ROWLAND, M., 2010. Going for gold: be recognized for excellent end of life care. <i>Nursing & Residential Care</i> , 12 (10), pp. 498-500.	
2010	Article explores how Gold Standards Framework for Care Homes and training programme offers care home staff the tools to provide that high level of end of life care.	<p>Care homes are likely to play an increasingly important role in future provision of care to people with complex health and social care needs nearing the end of their lives. This article explores how an innovative system-based product, the Gold Standards Framework for Care Homes and training programme, offers care home staff the tools to provide that high level of end of life care.</p> <p>Figures for a GSF accredited care home in West Yorkshire before and after training show an increase in the number of residents dying in the home from 80 per cent to 100 per cent over the nine to 12-month training period, with hospital deaths falling from 20 per cent to zero. There was a reduction in days spent in hospital and crisis admissions in the last six months of life before and after GSF accreditation – from 55 days to zero for hospital admissions and from three to zero crisis admissions. The number of unplanned hospital admissions in the last six months of life was recorded for each of the residents concerned, but the data do not provide information on the reason for admission – something that evaluations might usefully consider</p> <p>One care home lead nurse in Yorkshire said: 'Doing GSF has been life-changing for me and for us as a care home. It has affected the quality of care we provide in so many ways, from the moment someone first looks round the home to the memorial book following their death. It's been fantastic.'</p> <p>Indeed, Badger et al (2009) said: 'More homes now achieve a consistent standard in ELC, getting the right care at the right time for the right person, with fewer residents slipping through the net. The evaluations have also shown that there is better tracking overall of patients when they are in hospital, enabling a faster discharge.'</p> <p>Case studies 1 and 2 show how GSF has had a positive impact on staff and patients at the care homes involved. Staff at another accredited care home have said they feel the home has become much more of a learning environment, with all staff contributing to the identification and planning of care. Residents are only admitted to hospital for appropriate reasons, fewer crisis admissions occur and out-of-hours calls have been reduced significantly. In the past year, all deaths of residents have occurred in the care home.</p>	STOBART-ROWLANDS, M. and BREWSTER, H., 2010. Gold Standards Framework training for care homes. <i>Primary Health Care</i> , 20 (2), pp. 22-25.	

1b) Published Papers in peer reviewed journals continued.

Date / Research Centre & Lead	Scope of study	Main finding	Reference	Comment
2010	Aim of this research was to evaluate the impact on the quality of end-of-life care of the GSFCH and LCP in care homes with nursing.	<p>Background: The palliative care needs of older people residing in care homes are not always recognised. Approximately two-thirds of people in care homes have dementia. However, people with advanced dementia are not always recognised as having a terminal condition and, consequently, their end-of-life care needs are not well understood. The Gold Standards Framework in Care Homes (GSFCH) and the Liverpool Care Pathway for the Dying Patient (LCP) (care home version) are advocated to improve the quality of end-of-life care in care homes. However, evidence on the efficacy of such tools to improve outcomes or change practice is lacking. Aim: The aim of this research was to evaluate the impact on the quality of end-of-life care of the GSFCH and LCP in care homes with nursing. Methods: Qualitative interviews were conducted with 22 bereaved relatives/friends before, and 14 bereaved relatives/friends and six care home managers after, implementation of the GSFCH and LCP into seven care homes with nursing. Content analysis guided by the 7Cs of the GSFCH was conducted. Results: Care home staff changed their attitudes about dying. This enabled more informed end-of-life decision-making involving families/friends, staff and GPs. Findings suggest that improvements in care of the dying occurred following implementation of both tools. Conclusion: The GSFCH and LCP improve end-of-life care by influencing end-of-life culture, decision-making and practice.</p>	WATSON, J., HOCKLEY, J. and MURRAY, S., 2010. Evaluating effectiveness of the GSFCH and LCP in care homes. <i>End of Life Care Journal</i> , 4(3), pp. 42-49.	

1b) Published Papers in peer reviewed journals continued.

Date / Research Centre & Lead	Scope of study	Main finding	Reference	Comment
2011	A mixed methods design, consisting of two in-depth qualitative case studies of 25 of nursing homes and a postal survey of the managers of 180 nursing homes surrounding the case study sites.	<p>Nursing homes are a common site of death, but older residents receive variable quality of end-of-life care. We used a mixed methods design to identify external influences on the quality of end-of-life care in nursing homes. Two qualitative case studies were conducted and a postal survey of 180 nursing homes surrounding the case study sites. In the case studies, qualitative interviews were held with seven members of nursing home staff and 10 external staff. Problems in accessing support for end-of-life care reported in the survey included variable support by general practitioners (GPs), reluctance among GPs to prescribe appropriate medication, lack of support from other agencies, lack of out of hours support, cost of syringe drivers and lack of access to training. Most care homes were implementing a care pathway. Those that were not rated their end-of-life care as in need of improvement or as average. The case studies suggest that critical factors in improving end-of-life care in nursing homes include developing clinical leadership, developing relationships with GPs, the support of 'key' external advocates and leverage of additional resources by adoption of care pathway tools. [PUBLICATION ABSTRACT]</p> <p>Seventy eight percent of the responding care homes (64) self-rated the quality of their end-of-life care. Of these, one home described it as 'needs improving', three as 'average', 33 as 'good' and 27 as 'excellent'. Ninety-eight percent (80) of the responding care homes responded to a question about use of end-of-life tools. Most (50) reported use of the LCP, with smaller numbers reporting use of the GSF (21) and/or Preferred Priorities of Care (PPC) (4). Sixteen homes were using both the LCP and the GSF. Eight care homes reported they were using their own care pathway or one that had been locally developed. Of the 60 homes rating their end-of-life care as 'good' or excellent', the majority (46) reported use of a care pathway. The four homes rating their care as 'needs improving' or 'average' reported that they were not using a care pathway.</p>	SEYMOUR, J.E., KUMAR, A. and FROGGATT, K., 2011. Do nursing homes for older people have the support they need to provide end-of-life care? A mixed methods enquiry in England. <i>Palliative medicine</i> , 25(2), pp. 125-38.	

1b) Published Papers in peer reviewed journals continued.

Date / Research Centre & Lead	Scope of study	Main finding	Reference	Comment
2011	A case study – Identification of Patsy’s palliative care requirements, assessment of her needs, symptoms and preferences, and plan her care.	The GSF helped us to identify Patsy’s palliative care requirements, assess her needs, symptoms and preferences, and plan her care. The prognostic indicator guide and coding register helped us to plan her care in various stages: the final years, months, weeks and days of life. Finally, an ‘after death’ analysis summarises the quality of end of life care and looks at the provision of specific services and care related to preferences (Thomas 2010). The GSF provides a framework in which to offer best practice in end of life care and provides staff with the tools	WAINWRIGHT, G., 2011. Excellence in end of life care. <i>Learning Disability Practice</i> , 14 (3), pp. 24-25.	
2011	Short case study - eight-bed nursing home for adults with learning disabilities. It has a staff of seven nurses and ten support assistants	Staff at a nursing home used information from the Gold Standards Framework to develop appropriate care for a 62-year-old woman with Down syndrome who developed dementia. They were able to ensure that there was a comfortable environment for the resident and her family to be together during the last weeks of her life.	WAINWRIGHT, G. and TUFFREY-WIJINE, I., 2011. Excellence in end of life care/Commentary. <i>Learning Disability Practice</i> , 14 (3), pp. 30-31.	

1b) Published Papers in peer reviewed journals continued.

Date / Research Centre & Lead	Scope of study	Main finding	Reference	Comment
2012	A qualitative and quantitative evaluation of the impact of the Gold Standards Framework on collaboration in end-of-life care in nursing homes	<p>In the United Kingdom approaching 20% of people aged 85 years and over live in care homes and most will die there. Improving end-of-life care is a government health priority and homes may work with primary care staff and specialist palliative practitioners to provide comprehensive end-of-life care. Consequently effective collaboration between care home and health service practitioners is vital to ensure high quality end-of-life care. To evaluate the impact of a training programme to improve end-of-life care in nursing homes, on collaboration between nursing home staff and other health practitioners. Evaluation using survey methods and qualitative case studies. All 95 nursing homes in the first national 'Gold Standards Framework in Care Homes' programme in England were invited to participate in the evaluation. A survey of homes' characteristics, the approaches to end-of-life care, and liaison with other services, was completed pre and post programme implementation. Case studies were conducted in a sub-sample of 10 homes to provide important context and depth to the evaluation. Pre and post surveys were returned by 49 (52%) homes. Improved collaborations as a result of the programme were anticipated by 31% of managers. Challenges to collaboration included working with large numbers of general practitioners, out-of-hours services and access to specialist practitioners. Improved collaborations between home staff and health service practitioners were identified by 33% of managers as one of the main programme outcomes. Staff reported increased knowledge of end-of-life care, and enhanced confidence, which in turn resulted in improved communication and collaboration. Post-programme, staff felt more confident initiating contact and discussing residents' end-of-life care with general practitioners and those working in specialist palliative care services. The Gold Standards Framework in Care Homes programme can contribute towards end-of-life care by helping to improve the quality and quantity of communication and collaboration between nursing home staff and primary care and specialist practitioners. Further research is needed to determine why this was not consistent across all homes.</p>	<p>BADGER, F., PLUMRIDGE, G., HEWISON, A., SHAW, K.L., THOMAS, K. and CLIFFORD, C., 2012. An evaluation of the impact of the Gold Standards Framework on collaboration in end-of-life care in nursing homes. A qualitative and quantitative evaluation. <i>International journal of nursing studies</i>, 49(5), pp. 586-595.</p>	

1b) Published Papers in peer reviewed journals continued.

Date / Research Centre & Lead	Scope of study	Main finding	Reference	Comment
2012	The paper draws on the qualitative interviews of 63 care home residents who were interviewed up to three times over a year. This was a sub-sample of the larger data set of 121 care home residents. The residents were recruited from six care homes (providing personal care with no on-site nursing) in the UK.	Aim: This research aimed to explore the views, experiences and expectations of end-of-life care among care home residents to understand if key events or living in a residential environment influenced their views. The research used a prospective design. The paper draws on the qualitative interviews of 63 care home residents who were interviewed up to three times over a year. This was a sub-sample of the larger data set of 121 care home residents. The residents were recruited from six care homes (providing personal care with no on-site nursing) in the UK. Four main themes were identified; Living in the Past, Living in the Present, Thinking about the Future and Actively Engaged with planning the future. Many residents said they had not spoken to the care staff about end-of-life care; many assumed their family or General Practitioner would take responsibility. Core to the older person's ability to discuss end-of-life care is their acceptance of being in a care home, the involvement of family members in making decisions and the extent to which they believed they could influence decision making within their everyday lives. Advance care plans should document ongoing dialogue. These findings can inform how primary health and palliative care services introduce, discuss and tailor existing frameworks and programmes of end-of-life care.	MATHIE, E., GOODMAN, C., CRANG, C., FROGGATT, K., ILIFFE, S., MANTHORPE, J. and BARCLAY, S., 2012. An uncertain future: The unchanging views of care home residents about living and dying. <i>Palliative medicine</i> , 26(5), pp. 734-43.	
2012	The aim of this study was to systematically review the literature on palliative care research in long-term care facilities in Europe with respect to how the palliative care populations were described, and to determine the study designs and patient outcome measures utilized.	The European population is rapidly ageing, resulting in increasing numbers of older people dying in long-term care facilities. There is an urgent need for palliative care in long-term care facilities. Aim: The aim of this study was to systematically review the literature on palliative care research in long-term care facilities in Europe with respect to how the palliative care populations were described, and to determine the study designs and patient outcome measures utilized. We used a systematic literature review. The search strategy included searches of PubMed, Embase and PsychINFO databases from 2000 up to May 2010, using search terms related to 'palliative care' and 'end-of-life care' combined with search terms related to 'long-term care'. We selected articles that reported studies on patient outcome data of palliative care populations residing in a long-term care facility in Europe. This review demonstrated that there are few, and mainly descriptive, European studies on palliative care research in long-term care facilities. Fourteen studies were retained in the review, of which eight were conducted in the Netherlands. None of these studies described their study population specifically as a palliative care or end-of-life care population. Retrospective and prospective designs were applied using many different measurement instruments. Most instruments were proxy ratings. Symptom (management) was the most frequently measured outcome. To improve future research on palliative care in long-term care facilities, agreement on what can be considered as palliative care in long-term care facilities and, the availability of well-developed and tested measurement instruments is needed to provide more evidence, and to make future research more comparable.	ALBERS, G., HARDING, R., PASMANN, H.R.W., ONWUTEAKA-PHILIPSEN, B.D., HALL, S., TOSCANI, F., RIBBE, M.W. and DELIENS, L., 2012. What is the methodological rigour of palliative care research in long-term care facilities in Europe? A systematic review. <i>Palliative medicine</i> , 26(5), pp. 722-33.	

1b) Published Papers in peer reviewed journals continued.

Date / Research Centre & Lead	Scope of study	Main finding	Reference	Comment
2013	We conducted interviews and group discussions in 12 homes, involving 73 residents, 97 members of staff and 16 relatives.	<p>More than 70,000 people die each year in nursing and residential care homes, yet comparatively little attention has been paid to end-of-life care practice and its challenges in this setting.</p> <p>We conducted interviews and group discussions in 12 homes, involving 73 residents, 97 members of staff and 16 relatives. These revealed that personalised care, dignity and respect, making time, talking about death, relatives' roles, and staff support were priorities for all concerned. Training is vital in helping staff to engage sensitively, respectfully and creatively with dying residents. Staffing levels must be sufficient so staff can sit with residents and care in a way that is attuned to their personality, life history and wishes. Supportive relationships between staff and relatives help to ensure a "civilised death".</p> <p>In England, the End of Life Care Strategy (DH, 2008a) established the NHS National End of Life Care Programme. Three initiatives that subsequently emerged are the Liverpool Care Pathway (LCP), the Gold Standards Framework (GSF) and Preferred Priorities for Care (PPC)</p>	PERCIVAL, J. and JOHNSON, M., 2013. End-of-life care in nursing and care homes. <i>Nursing Times</i> , 109 (1/2), pp. 20-2.	
2013	A local service review	<p>Admission to hospital can be a frightening experience for care home residents, and is often unnecessary. In east Surrey a number of care home residents were being transferred to the acute hospital inappropriately. To reduce avoidable attendance/admissions, a community matron for care homes role was developed. The matrons used an advisory, supportive and facilitative approach to assist care home staff in developing their competence and confidence in managing their residents' care. The service has significantly reduced avoidable attendance/admissions and has improved care quality.</p> <p>[PUBLICATION ABSTRACT]</p> <p>In order to enable more residents to die in their care homes rather than in hospital, staff were given education, advice and support on the Gold Standards Framework in Care Homes, which is a national system-focused approach that enables care homes to provide quality care for all residents nearing the end of life (National Gold Standards Framework Centre, 2010).</p> <p>Advanced care planning and "thinking ahead", where a voluntary discussion about an individual's future care and wishes takes place, are key aspects of the Gold Standards Framework to enable services to provide high-quality end-of-life care. A local audit was completed to compare local and national figures to review the transfer of residents at the end of life from care homes to the acute hospital within this locality.</p>	BURNS, C. and HURMAN, C., 2013. Reducing hospital admissions from care homes. <i>Nursing Times</i> , 109 (1/2), pp. 23-5.	

1b) Published Papers in peer reviewed journals continued.

Date / Research Centre & Lead	Scope of study	Main finding	Reference	Comment
2013	Description of 1 care home	The Gold Standards Framework programme for care homes aims to ensure quality end-of-life care. One home shares its experience of implementing the programme and achieving Beacon status	COVINGTON, M., 2013. End-of-life care: implementing the Gold Standards Framework. <i>Nursing & Residential Care</i> , 15(3), pp. 146-149.	
2013	Two palliative care nurse specialists each spent one day per week providing support and training to seven care homes in Scotland, United Kingdom; after death audit data were collected each month and analysed.	<p>Abstract</p> <p>Background: Internationally, policy calls for care homes to provide reliably good end-of-life care. We undertook a 20-month project to sustain palliative care improvements achieved by a previous intervention.</p> <p>Aim: To sustain a high standard of palliative care in seven UK nursing care homes using a lower level of support than employed during the original project and to evaluate the effectiveness of this intervention.</p> <p>Design: Two palliative care nurse specialists each spent one day per week providing support and training to seven care homes in Scotland, United Kingdom; after death audit data were collected each month and analysed.</p> <p>Results: During the sustainability project, 132 residents died. In comparison with the initial intervention, there were increases in (a) the proportion of deceased residents with an anticipatory care plan in place (b) the proportion of those with Do Not Attempt Cardiopulmonary Resuscitation documentation in place and (c) the proportion of those who were on the Liverpool Care Pathway when they died. Furthermore, there was a reduction in inappropriate hospital deaths of frail and elderly residents with dementia. However, overall hospital deaths increased.</p> <p>Conclusions: A lower level of nursing support managed to sustain and build on the initial outcomes. However, despite increased adoption of key end-of-life care tools, hospital deaths were higher during the sustainability project. While good support from palliative care nurse specialists and GPs can help ensure that key processes remain in place, stable management and key champions are vital to ensure that a palliative care approach becomes embedded within the culture of the care home.</p>	FINUCANE A, STEVENSON B, MOYES R, OXENHAM D, MURRAY S. 2013 Improving end-of-life care in nursing homes: Implementation and evaluation of an intervention to sustain quality of care published online 23 April 2013 <i>Palliat Med</i>	

1b) Published Papers in peer reviewed journals continued.

Date / Research Centre & Lead	Scope of study	Main finding	Reference	Comment
2013	To identify the impact of implementing end of life care policy with regard to the use of the Gold Standards Framework in Care Homes programme	<p>The number of older people in the UK is increasing. A significant proportion of end of life care for this population is currently provided and will increasingly be provided within nursing care homes. To identify the impact of implementing end of life care policy with regard to the use of the Gold Standards Framework in Care Homes programme, the Liverpool Care Pathway (or an Integrated Care Pathway) and educational/training interventions to support the provision of end of life care within nursing care homes within the UK. Systematic literature review of published literature and reports. An electronic search was undertaken of five databases-Medline, CINAHL, EMBASE, Web of Science and the Cochrane library and websites of government and palliative care organisations for papers and reports published between 2000 to June 2010. The reference lists of studies that were retrieved for the detailed evaluation were hand-searched for any additional relevant citations.. Only studies that included comparative outcome data were eligible for inclusion. Eight papers/reports, incorporating information from three studies were identified. Two studies reported on the implementation of the Gold Standards Framework in Care Homes programme and one the implementation of an Integrated Care Pathway for the last days of life. Improvements occurred in resident outcomes and in relation to staff recognising, managing and meeting residents needs for end of life care. The studies provided limited evidence on improved outcomes following the implementation of these interventions. Further research is needed, both within the UK and internationally, that measures the process and impact of implementing these initiatives.</p>	<p>KINLEY, J., FROGGATT, K. and BENNETT, M.I., 2013. The effect of policy on end-of-life care practice within nursing care homes: A systematic review. <i>Palliative medicine</i>, 27 (3), pp. 209-20.</p>	
2013	This article discusses an interprofessional pilot workshop for direct care providers held in a care home in British Columbia, Canada.	<p>Dementia is a progressive, life-limiting illness. People with the condition who move into a care home deserve palliative care. This article discusses an interprofessional pilot workshop for direct care providers held in a care home in British Columbia, Canada. The workshop aimed to incorporate a palliative approach into dementia care for residents. Workshop development, teaching strategies, evaluation and outcomes are shared. The four-hour workshop was structured to promote critical reflection and challenge participants to consider that people with dementia and their families need palliative care much earlier than during the last days of life. Commitment to change statements gathered as part of the workshop indicated that participation increased knowledge, skill and confidence to incorporate a palliative approach into care for people with advanced dementia and their families.</p> <p>A number of national and international organisations advocate that palliative care for older people should be integrated in health systems including care homes (Australian Government National Health and Medical Research Council (NHMRC) 2006, World Health Organization (WHO) Europe 2011, National Gold Standards Framework (GSF) Centre 2012).</p> <p>Implementation of the UK GSF in care homes (National GSF Centre 2012), a quality assurance programme for all residents near the end of life, has shown significant increases in the number of residents who remained in their care home to die and decreases in unnecessary hospital admissions (Badger et al 2009).</p>	<p>ROBERTS, D. and GASPARD, G., 2013. A palliative approach to care of residents with dementia. <i>Nursing Older People</i>, 25(2), pp. 32-36.</p>	

1b) Published Papers in peer reviewed journals continued.

Date / Research Centre & Lead	Scope of study	Main finding	Reference	Comment
2013	This study explored experiences of initiating and completing these discussions in homes undertaking the GSFCH. A qualitative descriptive study was carried out in three nursing care homes implementing the GSFCH programme.	<p>Abstract</p> <p>BACKGROUND: In the UK, implementation of the Gold Standards Framework in Care Homes (GSFCH) programme is being promoted to develop the quality of end-of-life care for frail older people living and dying in care homes. Advance care planning (ACP) discussions are an integral part of this. This study explored experiences of initiating and completing these discussions in homes undertaking the GSFCH. METHODS: A qualitative descriptive study was carried out in three nursing care homes implementing the GSFCH programme. Following an ACP discussion, 28 semi-structured interviews were conducted with the resident, a family member, and the staff member who undertook the ACP. Content analysis was then conducted. FINDINGS: Three main categories of findings emerged: understanding ACP, undertaking ACP discussions, and impact of and reactions to ACP discussions. Staff understanding of ACP varied, affecting the depth of their discussions. Documentation was either a useful prompt or limited the discussion, blocking opportunistic cues and encouraging a 'tick-box' exercise. Residents were open to ACP, although the way it was introduced could affect the results. Families were comforted that the resident's future care had been considered. Education was identified as being important, and role modelling ACP enabled a member of staff to develop their skills and confidence in it. CONCLUSIONS: Care home staff need to develop the knowledge, skills, and confidence to engage in discussions around end-of-life care. The assistance of a trained facilitator who role-models this process should be explored.</p>	<p>Stone L¹, Kinley J, Hockley J, 2013. Advance care planning in care homes: the experience of staff, residents, and family members.</p>	

1b) Published Papers in peer reviewed journals continued.

Date / Research Centre & Lead	Scope of study	Main finding	Reference	Comment
<p>18th June, 2014, ⁴Lancaster University, ²Care Home Project Team, St Christopher's Hospice, ³Health Service and Population Research, Institute of Psychiatry</p>	<p>A cluster randomised controlled trial where 24 nursing homes received high facilitation to enable them to implement the Gold Standards Framework for Care Homes programme.</p>	<p>Abstract</p> <p>BACKGROUND: The provision of quality end-of-life care is increasingly on the national agenda in many countries. In the United Kingdom, the Gold Standards Framework for Care Homes programme has been promoted as a national framework for improving end-of-life care. While its implementation is recommended, there are no national guidelines for facilitators to follow to undertake this role. AIM: It was hypothesised that action learning alongside high facilitation when implementing the Gold Standards Framework for Care Homes programme will result in a reduced proportion of hospital deaths for residents and improvement in the care home staff ability to facilitate good end-of-life care. DESIGN: A cluster randomised controlled trial where 24 nursing homes received high facilitation to enable them to implement the Gold Standards Framework for Care Homes programme. The managers of 12 nursing homes additionally took part in action learning sets. A third group (14 nursing homes) received the 'standard' Gold Standards Framework for Care Homes facilitation available in their locality. SETTING/PARTICIPANTS: In total, 38 nursing homes providing care for frail older people, their deceased residents and their nurse managers. RESULTS: A greater proportion of residents died in those nursing homes receiving high facilitation and action learning but not significantly so. There was a significant association between the level of facilitation and nursing homes completing the Gold Standards Framework for Care Homes programme through to accreditation. Year-on-year change occurred across all outcome measures. CONCLUSION: There is a danger that without national guidelines, facilitation of the Gold Standards Framework for Care Homes programme will vary and consequently so will its implementation. The nurse manager of a care home must be actively engaged when implementing the Gold Standards Framework for Care Homes programme.</p>	<p>Kinley J¹, Stone L², Dewey M³, Levy J⁴, Stewart R³, McCrone P³, Sykes N², Hansford P², Begum A³, Hockley J, 2014. The effect of using high facilitation when implementing the Gold Standards Framework in CareHomes programme: A cluster randomised controlled trial.</p>	

1b) Published Papers in peer reviewed journals continued.

Date / Research Centre & Lead	Scope of study	Main finding	Reference	Comment
<p>9th June, 2014, ¹School of Nursing, Midwifery and Social Work, University of Salford</p>	<p>Study reports complexities facing relatives, residents and nursing home staff in the awareness, diagnosis and prediction of the dying</p>	<p>Abstract</p> <p>BACKGROUND: In Western society and increasingly elsewhere, death has become medicalised and 'hospitalised' even when people are enduring deteriorating terminal conditions such as dementia and heart failure. In an attempt to rationalise and dignify the place and manner of death, evidence is emerging that the adoption of end-of-life care pathways and models can improve the experience of the end-of-life care across a range of care settings. Each of these demands skills and knowledge in the assessment and prediction of the dying trajectory.AIM: In this study, we report complexities facing relatives, residents and nursing home staff in the awareness, diagnosis and prediction of the dying trajectory.METHODS: Data were collected and analysed within a broadly qualitative methodology. The contexts were two nursing homes in the Greater Manchester area, each at different stages of implementing 'Gold Standards Framework' approaches to planning end-of-life care with residents and their relatives. From 2008 to 2011 and with appropriate consent, data were collected by a mixture of interviews and participant observation with residents, relatives and staff. Appropriate ethics approvals were sought and given.RESULTS: Key emerging themes were diagnosis and awareness of dying in which there is no substitute for experience. Significant resource is needed to engage staff, residents and relatives/carers with the idea of advance care planning.CONCLUSIONS: Talking to residents and relatives about their feelings and wishes for care at the end of life remains especially difficult, but education and training in key skills and knowledge can engender confidence. Challenges include diagnosing and predicting dying trajectories.IMPLICATIONS FOR PRACTICE: Advance care planning can reduce the distress from and number of inappropriate hospital admissions, but requires determination and consistent application of the approach. This can be very challenging in the face of staff rotation and the unpredictability both of the dying trajectory and the decision-making of some out of hours medical staff.</p>	<p>Johnson M¹, Attree M, Jones J, Al Gamal E, Garbutt D., 2014. Diagnosis, prognosis and awareness of dying in nursing homes: towards the Gold Standard? – Care homes.</p>	

1b) Published Papers in peer reviewed journals continued.

Date / Research Centre & Lead	Scope of study	Main finding	Reference	Comment
20th Jan, 2014	This article looks at three recent initiatives in West Sussex in south east England and appraises the advantages and disadvantages of each. The three initiatives were an action learning project, a Six Steps to Success care home programme, and a Gold Standards Framework for Care Home programme.	<p>Abstract</p> <p>There has been considerable investment in end-of-life care education for the care home sector in recent years. This article looks at three recent initiatives in West Sussex in south east England and appraises the advantages and disadvantages of each. The three initiatives were an action learning project, a Six Steps to Success care home programme, and a Gold Standards Framework for Care Home programme. The details of how each approach was operationalised and the initial results and evaluations are discussed. It is essential that end-of-life educators working in the same geographical area communicate and build on one another's contributions, and this article is an instance of such collaboration.</p>	<p>Booth M¹, Nash S², Banks C³, Springett A, 2014. Three approaches to delivering end-of-life education to care homes in a region of south east England</p>	
May 2014	A study to identify the care currently provided to residents dying in U.K. nursing care	<p>Abstract</p> <p>OBJECTIVES: To identify the care currently provided to residents dying in U.K. nursing care homes.METHOD: Study participants were residents who had died within 38 nursing care homes in southeast England over a 3-year period. The nursing care homes had been recruited to take part in a cluster randomised controlled trial looking at different models of facilitation while implementing the Gold Standards Framework in Care Homes (GSFCH) programme. Two researchers examined the notes and daily records of all residents who died in each of these homes between the 1 June 2008 and the 31 May 2011.RESULTS: A total of 2,444 residents died during the 3-year period. Fifty-six percent of these residents died within a year of admission. The support from specialist healthcare services to residents during their last 6 months of life was variable.CONCLUSIONS: Nursing care homes have established links with some external healthcare providers. These links included the GP, palliative care nurses and physiotherapy. As dependency of resident increase with 56% residents dying within a year of admission these links need to be expanded. The provision of health care that meets the needs of future nursing care home residents needs to be 'proactively' obtained rather than left to chance.</p>	<p>Kinley J¹, Hockley J, Stone L, Dewey M, Hansford P, Stewart R, McCrone P, Begum A, Sykes N., 2014. The provision of care for residents dying in U.K. nursing care homes.</p>	

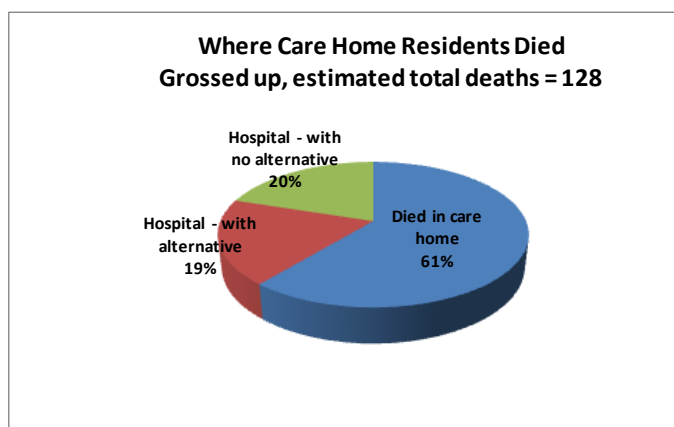
2. Published in other journals - grey literature

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 GP's and care home staff to work together to prevent medication mistake	Co-ordination and communication - key GSF Strands enable GP's to prescribe effectively	December 11 2009
2009	Primary Health Care Magazine - Nikki Sawkins and Sue Griffin	How GSF works from the point of view of district	How well planned has enabled patients to choose where they want to die	November 2009

3. Audit - national, regional and local examples

Aim to halve hospital deaths – as in recommendation from National Audit Office Report 2008

Figure 1 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



Aim

A) National audit

Decreased hospital deaths and admission - 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.

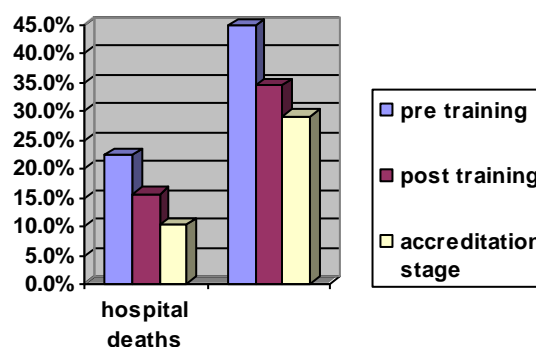
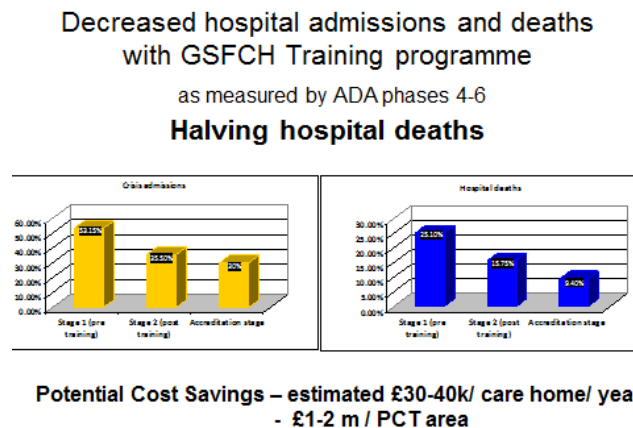


Fig. 1 Findings from GSF After Death Analysis Audits of Phase 4-5 care homes hospital and crisis admission

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

Fig. 1 Findings from GSF After Death Analysis Audits of Phase 3-5 care homes showing reduction on hospital deaths and crisis admissions - Audit of 5 deaths before, 5 after training and 5 at accreditation.



Triggers Project - West Midlands SHA 2011-12

Use of GSF Needs Based Coding and Needs Support Matrices- qualitative interviews and survey feedback

An independent survey conducted by Imagine Results, supported by the West Midlands SHA, examined the uptake and impact of some of the key tools within the GSF Programmes i.e. the use of Needs Based Coding (colour coding based on anticipated trajectories and stages of illness)and Needs Support Matrix (suggested needs at various stages and triggered key tasks). The study concluded that these tools are successfully introduced and used within GSF Care homes as an intrinsic part of the change management programme and they have helped the care home workforce feel much more confident dealing with their residents, right up until the end of their life. Some have made some local additions/ adaptations.

The qualitative research of 25 care homes, conducted by Imagine Results found that these two key plans of the Gold Standards Framework Care Homes Training Programme (GSFCH) had helped homes improve the identification, coordination and consistency of care for people nearing the end of life. Care home staff from the 25 homes interviewed, said they believed that these tools helped reduce inappropriate hospital admissions, reduce costs as well as improve morale.

More than 80% of homes said they found triggers helpful and, in interviews with Imagine, managers, matrons and other care homes staff reported that these “triggers” helped them talk more openly about death and dying and work more proactively.

The evaluation revealed that the Triggers helped develop a common understanding between health and social care professionals, enabling everyone engaged in care to be involved in the assessment and care planning of patients. Several homes reported that Triggers had helped with their CQC inspection too.

Managers, matrons and other care home staff reported that Triggers helped them talk more openly about death and dying and work more proactively.

More than 97% of the homes surveyed used Needs Based Coding, 82% of who, found it extremely helpful. 23% had adapted the coding to suit the particular requirements of the home.

Quotations: -

“Enables excellent quality care to be provided”

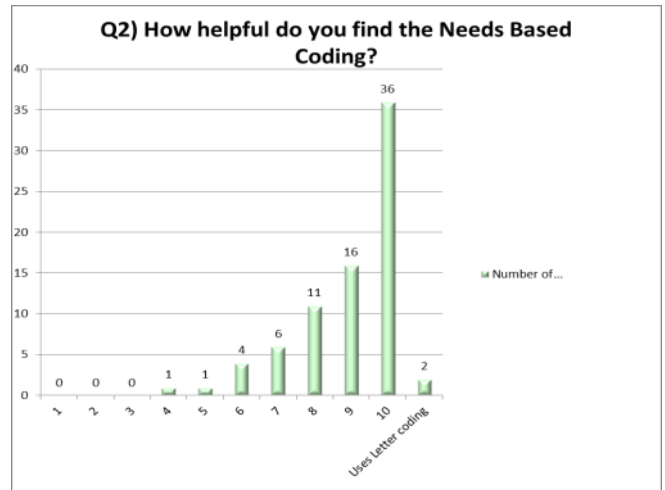
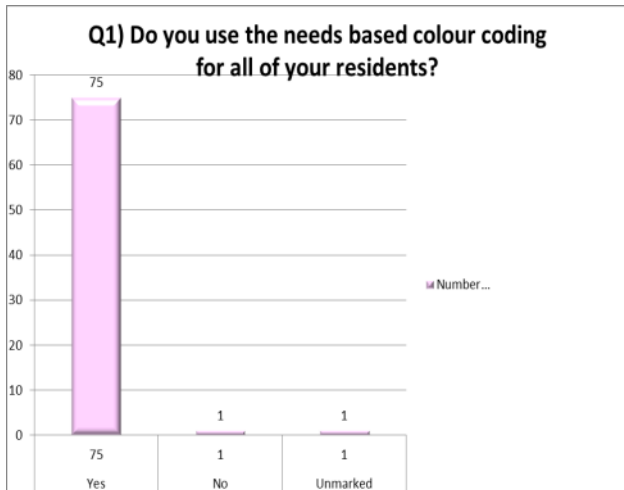
“Helps to prompt actions to take at various stages of coding”

“Residents receive the correct level of care”

“ Early identification of needs of resident, to ensure that these can be met”

“Communication is better; care home staff, relatives, friends and the resident benefit from clear understanding and communication”

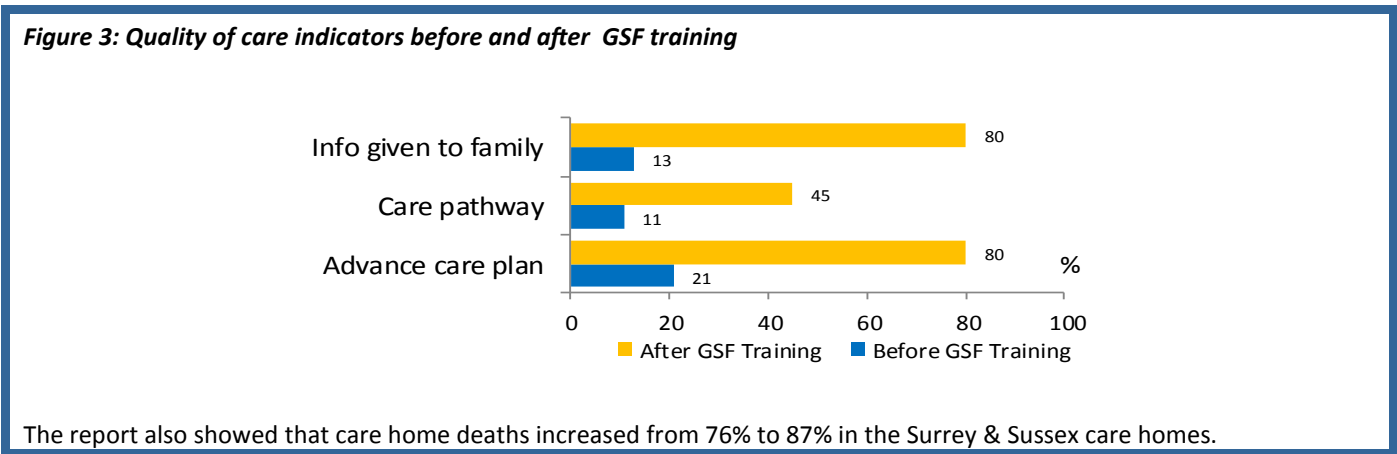
Jude Goddard of Imagine Results said: “I was really struck by the overwhelming positive response from staff working in such a stretched sector. I have never had such a positive response - more than 85% of the people interviewed said that being part of the GSF had increased staff morale and team performance and the process had created a sense of a notional identity to



1a. Surrey and Sussex SHA area

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

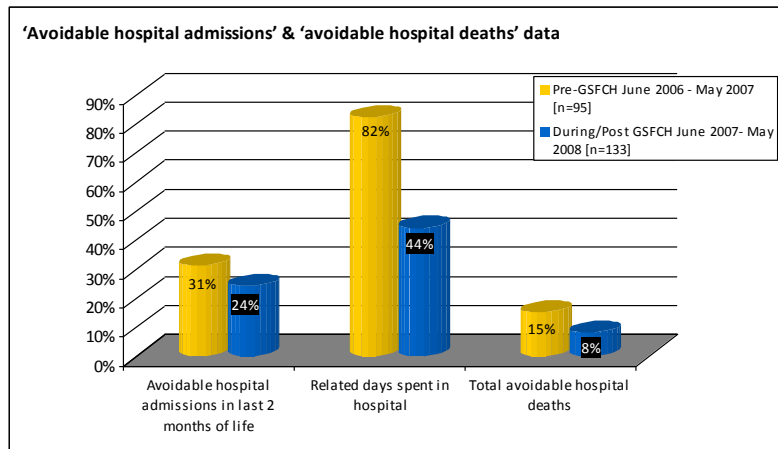
Extract from 'Improving end of life care in Surrey and Sussex care homes' (D De Silva 2009)



1b. Local Audit

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

2. Local Audit—example from 7 homes in Scotland



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)

Fig 4. (above) Hockley J, Watson J, Oxenham D & Murray SA. The integrated implementation of two end-of-life care tools in nursing care homes in the UK: an in-depth evaluation. *Palliat Med*, 2010;24:828-38. <http://pmj.sagepub.com/content/24/8/828.long>

3. St Christopher's Hospice

Comparison of data on deaths in nursing homes – 2007 to 2010

The above table highlights that over the last 2 years we have:

- Influenced the care in 53 nursing care homes across the 5 PCTs with over 1,000 residents
- Increased the percentage of residents dying in nursing care homes by 15%

It is appropriate for some residents to die in hospital – but the aim of the Care Home Project Team is to attain to having around 85% of nursing care home deaths occurring in the nursing home.

	2007 / 2008	2008 / 2009	2009 / 2010
	Percentage of deaths occurring in NHs (number of deaths)	Percentage of deaths occurring in NHs (number of deaths)	Percentage of deaths occurring in NHs (number of deaths)
TOTALS	57% (184 / 324 deaths - across 19 NHs)	67% (663 / 989 deaths - across 52 NHs)	72% (769 / 1071 deaths - across 53 NHs)

4. Somerset - Dr Chris Abolom

Decreased hospital admission, deaths and emergency admissions in Somerset's GSF trained care homes compared with others.

"The GSFCH Somerset project has met nearly all its planned outcomes, the most impressive being the reduction in hospital admissions²

Review of 67 Somerset care homes over a 2 year programme of GSFCH Training compared with those that had not as yet completed GSFCH Training.

Summary of findings

- ⇒ Deaths in acute hospitals for residents of GSF homes fell by **30% compared with 12%** from non GSF homes
- ⇒ GSF homes in Somerset **reduced hospital admissions by an average of 20.2%** compared with 10.5% for non GSF homes
- ⇒ Following the GSF programme 15% more residents were dying in the care homes (**87%** compared with 72% non GSF homes residents)
- ⇒ Emergency admission rates significantly reduced

Key Outcomes included...

Planned Outcomes of Project	Actual Outcomes
1. Improve the quality of care for all residents during their stay in the care home	This has been demonstrated through the qualitative satisfaction survey
2. Improve collaboration with GP's PHCT's and specialists	This has not been evaluated, but anecdotal reports suggest that this has been very successful
3. Reduce avoidable hospital admissions	During and after the project, there has been a reduction in acute hospital admissions in GSF homes of 20.6% when compared to the level of admission before the project started. In the non GSF homes there has been a reduction in acute hospital admissions of 7.4% over the same time
4. Enable every care home with nursing in Somerset to use GSFCH	Of the 67 Care Homes with Nursing in Somerset, 51 have taken part in the GSFCH programme
5. Improve the quality of the end of life in care homes	This has been demonstrated through the qualitative satisfaction survey
6. Enable more people to die with dignity in their care home	From the start of the project to the last quarter for which data is available, the percentage of people dying in the care home rose by 5.8% from 81.1% to 86.9% in the GSF homes, and by 4.5% from 67.4% to 71.9% in the non GSF homes.
7. Reduce the number of acute hospital admission from care homes	See 3
8. Reduce the number of people dying in acute hospitals following admission from a care home	From the start of the project to the last quarter available, deaths in acute hospitals for patients from GSF homes reduced by 5.8% from 18.8% to 13.1%, and those from non GSF homes by 3.9% from 32% to 28.1%

Figure 5.

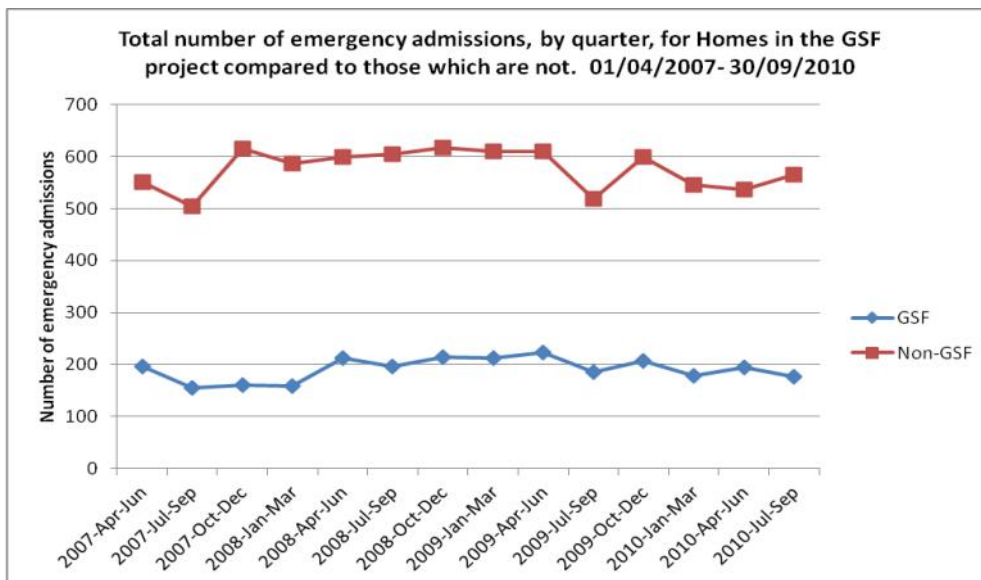
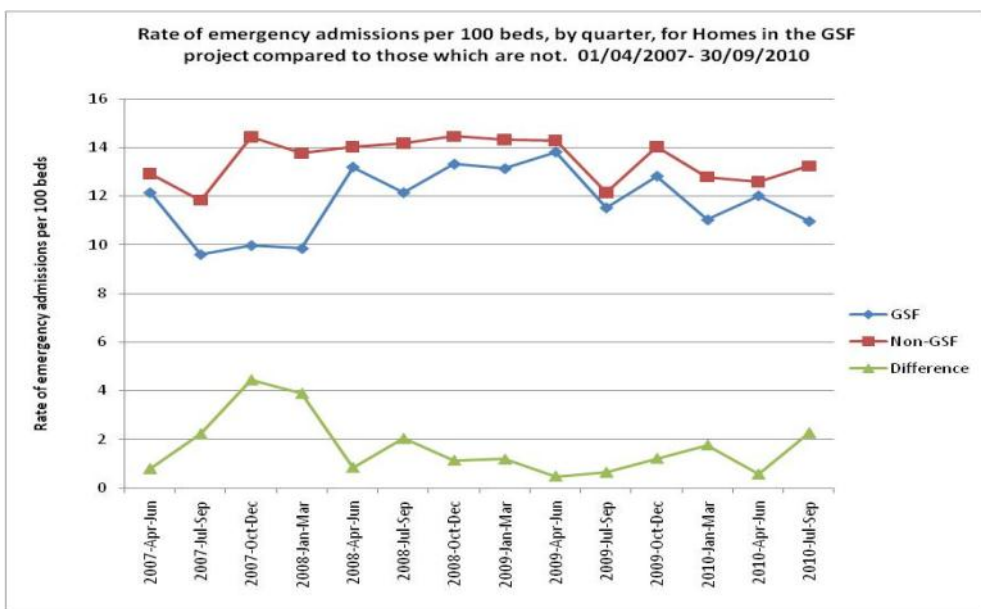
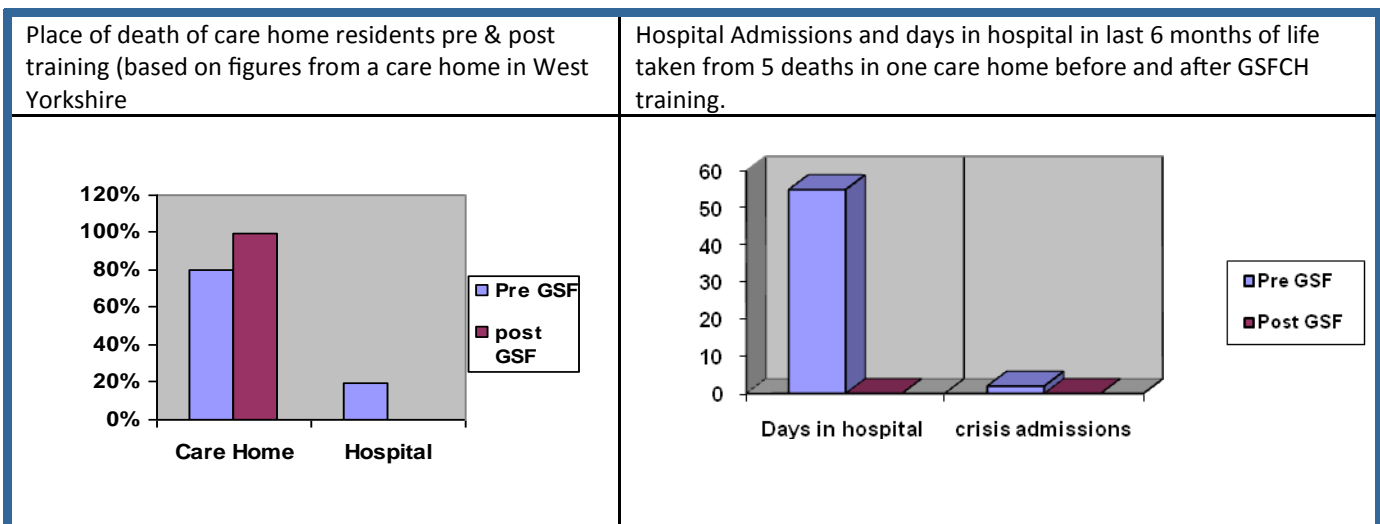


Figure 6.



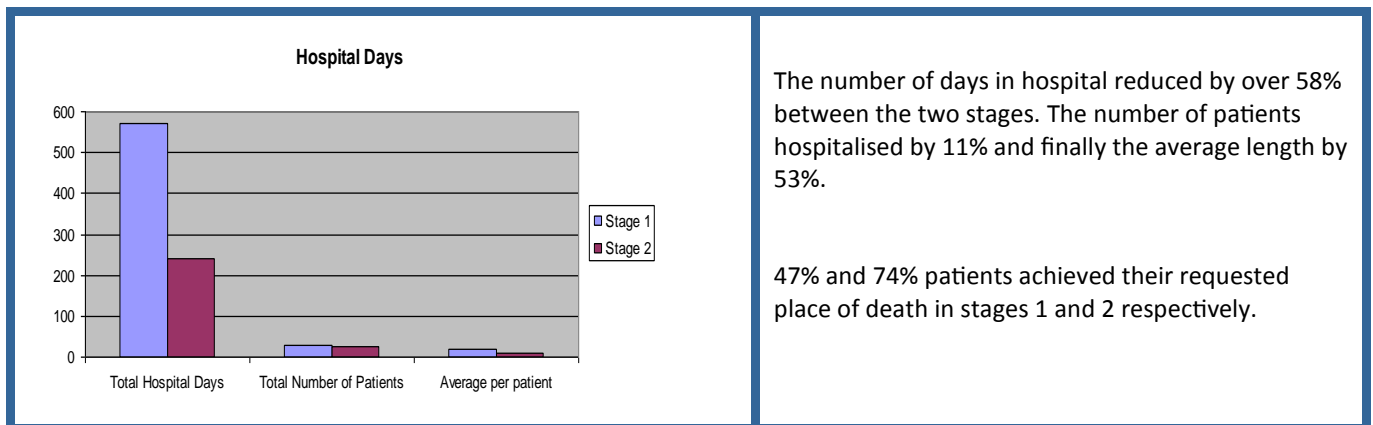
5. Yorkshire – Rosaleen Bawn 2009 (care homes audit)



6. Manchester GSF Care Homes Training Programme Analysis 2008—2009

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.



Survey of Advance Care Planning use in GSF Care Homes. 2011

The GSF Centre carried out a questionnaire survey of GSF accredited care homes in 2011. We also looked at the ADA data from 440 deaths in Accredited care homes (over 300 to date)

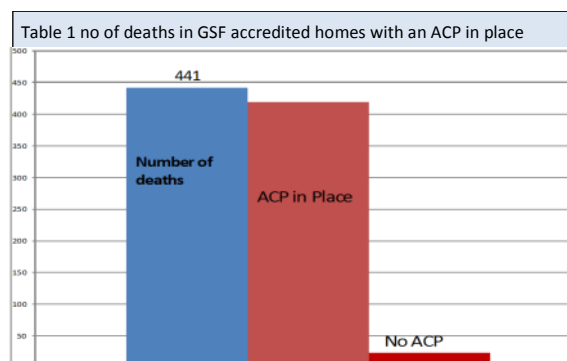
The aims of the survey were to identify:

1. The extent to which ACP is undertaken in homes that have completed the GSF training programme & progressed to Accreditation
2. Which ACP 'tools' or processes are in use
3. Who is involved in ACP discussions in care homes

What difference does it make?

1. Over 90% of the residents in the surveyed homes had an updated Advance Care Plan
2. Of the 300 homes being successfully accredited it is 90 to 100%
3. One of the standards that must be achieved in order to gain Accreditation is that ACP discussion is offered to **ALL** residents as standard practice.

*"Completely changed the way we deliver care"
"to increase our home deaths from 68% to 98%"*



"We in Residential homes are now more able to care for people to the end of their life"

What difference does it make:

"The resident knows they are the focus"

"It has provided a culture of openness and realisation"

"It enables us to meet the social, spiritual and emotional needs of our residents"

Benefits of ACP in care homes

Natural transition on admission to home- acceptable

Longer term relationships- can review often

Discussion with families - some gave information to prospective residents and families before

Improves planning -helps prevent crises + admissions

Systematic plan with GP helped formalise discussion-

ACP with patients with dementia