LEADERSHIP ALLIANCE FOR THE CARE OF DYING PEOPLE: GUIDANCE, EDUCATION AND TRAINING GROUP
Case Study Example: Palliative Care Education, Training and Resources (Last Days of Life) v1

This template is designed to illustrate palliative care education, training or resource activity that you have put into practice that maybe of interest or help to others designing, delivering and evaluating similar activities in their setting.

Name of Education, Training or Resource Activity:
GSF Domiciliary Care Programme

Did you charge for this activity?
Yes

Name and Address of Organisation that delivered the activity:	**Contact Name, Role and Email:**
Gold Standards Framework Centre St Austin Friars Shrewsbury SY1 1RY **Organisation Website Address:** www.goldstandardsframework.org.uk	Lucy Giles Deputy Lead Nurse lucy.giles@gsfcentre.co.uk

How would you categorise your Education, Training or Resource Activity *(please tick all that are relevant)*

All GSF Programmes focus on improving care for all people with any condition, in any setting, who may be considered to be in the final year of life (using the GMC definition of End of Life care to include patients in the final year of life). This includes training in care for people in the final days of life also, but by instigating earlier proactive needs-based care, and earlier advance care planning and communication, more are able to live and die where they choose, with fewer unanticipated crises. Therefore GSF Programmes teach comprehensive care in the final years, months, and weeks of life that also enables better care in the final days of life. GSF is well evidenced and extensively used over the last 15 years as one of the original NHS End of Life Care Programme best practice models/tools, and its important role in delivering comprehensive care for all people nearing the last stage of life was confirmed in the Neuberger Report 2013.

Assessment and Care Planning	√	Symptom Control	√
Communication, Bereavement, Psychological Skills	√	Advance Care Planning	√
Family and Informal Carer Support	√	Teaching or Train the Trainer	√
Staff Supervision, Wellbeing or Resilience	√	Clinical Leadership	√

Other *(please state what) Communication, cross boundary care, dignity in dying, care of the dying person with dementia, continued learning & reflective practice, audit*

Who Was Your Target Audience – Setting?	**Who Was Your Target Audience – Role?**
(E.g. hospital, community, care homes, social care etc.) Domiciliary Care Agencies	*(E.g. Consultant, District Nurse, Ward Nurse, Physiotherapist, Clerical Staff etc.)* Health Care workers

Aims and Objectives of Activity:
GSF is a systematic approach to optimising the care for all people thought to be in the last year/s, months, weeks or days of life. It provides organisational and systems change enabling more to live and die in the place and manner of their choosing. Along with teaching some aspects of earlier recognition and care, the main focus is on introducing new skills and processes to ensure a change of practice that is long-lasting and sustainable. Specifically GSF aims to.

1. Improve the quality of care provided for people.
2. Improve coordination & collaboration within and between teams, notably improving cross boundary care
3. Improve outcomes by enabling more to live and die where they choose and decreasing inappropriate hospitalisation

Reflective practice is used at the start of each session to identify progress and gaps.

What is the content of the Activity? **Please give details** (100 words max)
The programme covers the above aims, working through the processes in a step by step approach within the three key areas

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1. Identify
2. Assess
3. Plan

Implement changes in a step by step approach.

What was the reason for this activity? **Please give details** (100 words max)
(E.g. local, regional, national policy, learning needs analysis, professional body requirements, critical incident etc.)

- Improving local, regional & national policy outcomes for all people nearing the end of life – focus on frail elderly and people with dementia
- Reducing inappropriate hospitalisation – hospital deaths and length of stay
- Enabling earlier identification of later stages of life, thereby enabling a more dignified death in usual place of residence
- Improving integration with primary care and other providers – providing better cross boundary care ,

What is the staffing, financial or infrastructure needs of this activity? **Please give details:** (100 words max)
(E.g. educator or admin, resources, capacity, planning and timing etc.)

Trainers from care agencies attend 2 half day and 2 full day 'train the trainer' workshops. The trainers then teach groups of up to 10 HCWs. Each group attends 6, 2 hour workshops over a 9 month period
Computer & internet access for the coordinators
Printing of online resources
Programme takes approximately 9-12 months to complete
Average cost to organisation is £750 per trainer and £40 per care worker

What did you do including dates you delivered it: **Please give details:** (100 words max)
(E.g. workshop, eLearning, mentorship, work based learning, practice placements, blended learning, curriculum, guidance, resource etc.)

Workshops
Support
Work based action planning & implementation
Full curriculum
Fully resourced with Good Practice Guide, templates & tools, on line evaluation & audit tools, templates, clinical guidance
Interactive workshops
Audit and evaluation
Website support and resources
The programme has been delivered to over 40 care agencies since 2013

How did you evaluate the activity? **Please give details:** (100 words max)
(E.g. attendance, satisfaction, confidence, competence, formative or summative assessment, impact on care, change in guidance or policy etc.)

Attendance records
Feedback for each workshop
Overall programme feedback
Confidence assessment
Competence assessments
Organisational questionnaires
Supportive care analysis
HCW feedback of trainer
Observation of trainer

What evidence is there of the difference that this activity made? **Please give details:** (100 words max)
(E.g. to patient, family, health or social care professional, organisation etc.)

Improved confidence of HCWs
Improved multidisciplinary team working especially with district nurse teams
Better identification of stage of life of service users
Health care workers involvement in advance care planning discussions
Introduction of bereavement follow ups visits

What is the weight of your evidence of the difference that this activity made? **Please give details:** (100 words max)
(E.g. attendance evaluation, anecdotal comments, case study, small/medium research study, cohort study, randomised controlled trial etc. – please give details of relevant publications)

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Extremely strong evidence base of GSF usage over the last 15 years including

- Strong level of research evidence published in peer review journals, some GSF Centre generated some independent, well accepted and endorsed by NICE etc.
- full systematic reviews available, and summaries of evaluations, audits and independent research studies on website
- international studies on use of GSF and various tools e.g. PIG
- qualitative feedback on benefits for staff , patients and families
- demonstrable changes seen in accreditation portfolios
- submitted for independent research, expert opinion on the value of improvements shown.
- Cohort studies of large project areas show comparative benefits.
- Finalists at the BMJ awards 2014

HCWs state that they feel that they have 'come out of the shadows' and that district nurses, in particular, are listening to them and valuing their knowledge and relationships with the people they care for. They feel more confident caring for people at end of life in their own homes and will help them achieve their preferred place of care/death

What would you advice to others delivering this activity in the future? **Please give details:** (100 words max)

(*E.g. do's and don'ts etc.)*

In order to achieve long term, sustainable benefits and improvements the programme needs to be delivered over a year, in a step by step approach.

It is not a quick fix and requires commitment and ownership from the organisation.

It should not be seen as a 'one of' training programme but ongoing, to encapsulate the changeable workforce often experienced in care agencies

What do you see as the future of this activity? **Please give details:** (100 words max)

(E.g. how it could be used elsewhere or scaled up, next steps for building its evidence base)

There is a vast amount of evidence to show the success of all GSF programmes. It is already nationally recognised, and delivered across the UK. Including domiciliary care agencies in GSF helps people achieve their preferred place of care
There is evidence to show that this is adaptable across all settings and internationally.

Completed by (Name and Role):	**Date:**
Lucy Giles, Deputy Lead Nurse	**3.6.14**

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Thank you