2. Evidence that use of GSF helps improve Advance Care Planning Discussions in different settings

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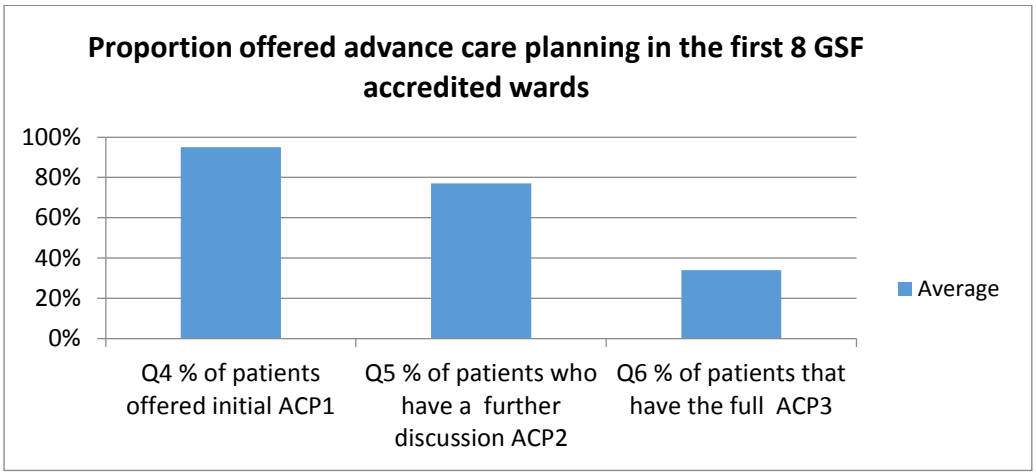
GSF encourages increased advance care planning discussions. A core part of all the GSF programmes in primary care, care homes, hospitals and other settings is the second key step of GSF – assessing their personal and clinical needs and those of carers. Therefore offering all people identified to be in or approaching the last year or so of life the chance to have an open, person-centred advance care planning discussion is intrinsic within GSF programmes, evaluations and accreditation. These discussions, parts of which are communicated to others such as out of hour's providers, enable more people to stay in their preferred place of care and help reduce inappropriate hospital admissions and deaths.
The GSF statement on Advance Care Planning is that:-

> ***"Every appropriate person should be offered the chance to have Advance Care Planning (ACP) discussions, mainly 'Advance Statements' of preferences, by their usual healthcare provider,***
>
> ***which then becomes an action plan against which quality of care is assessed.***

In hospitals three levels of ACP discussions are encouraged, and all are recommended to attain Levels 1 and 2, but not all patients receive Level 3, the full documented ACP discussion, though continue discussion with their GP and communication of progress of this discussion is recommended.
There is therefore extensive evidence within all GSF Evaluations and for accredited teams that high numbers of patients are offered ACP discussions, leading to more voicing their preferences, enabling more to live and die where they choose.

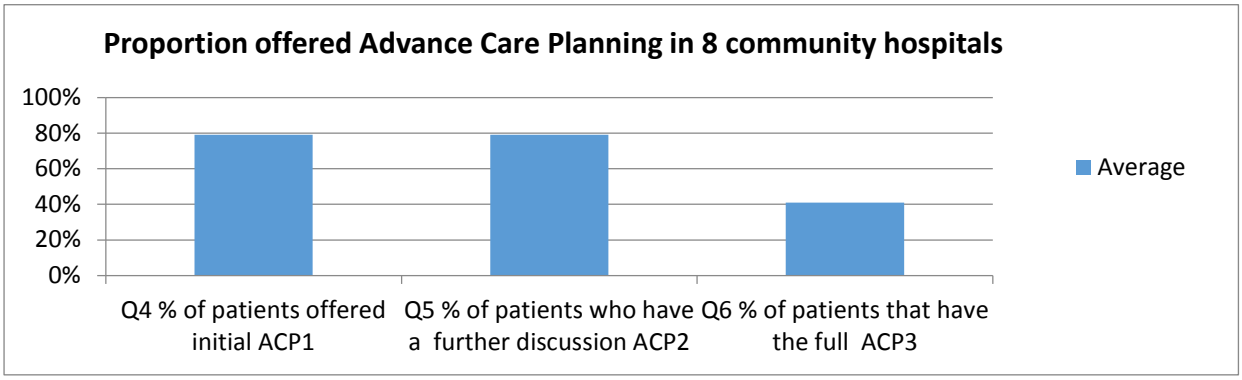
1. Evidence from Intrinsic GSF Evaluation Audit

Acute hospital wards - average 95% offered Levels 1, 75% both Levels 1 and 2 ACP discussions



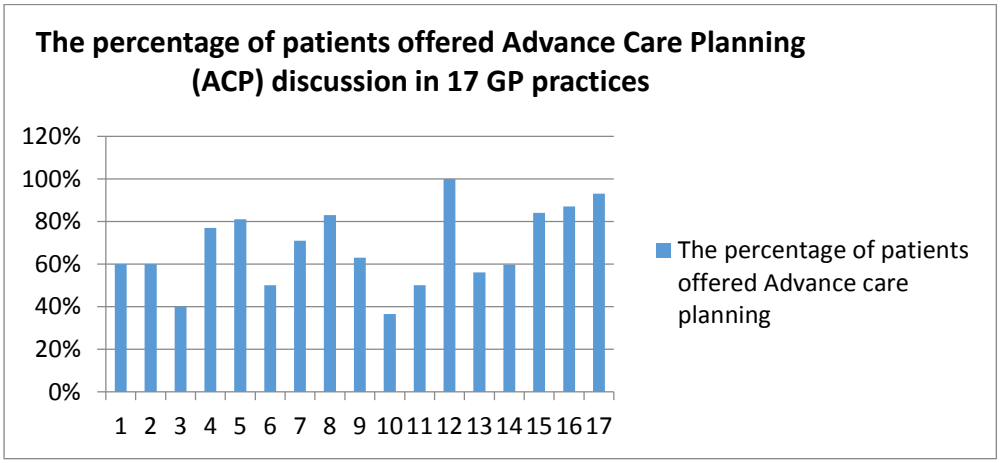
The graph above demonstrates what is achievable on an acute hospital ward- 95% offered an ACP discussion the range was between 62% - 100%.

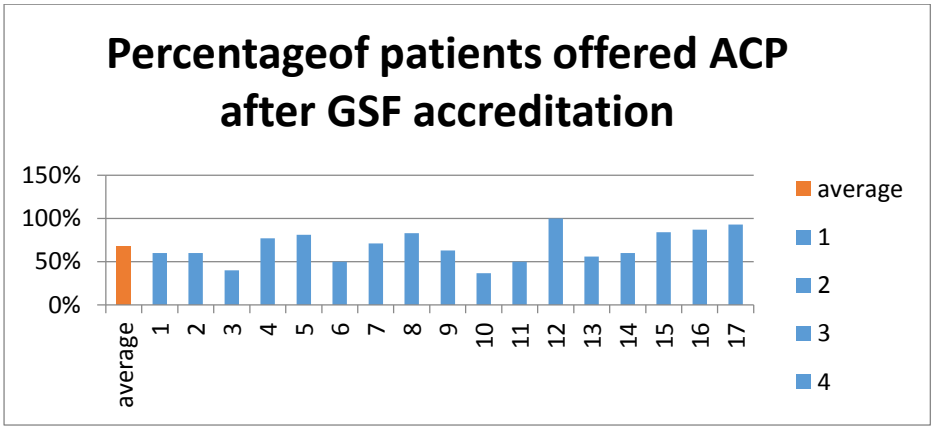
Community Hospitals – average 79% offered ACP discussions (range 38% - 100%).



The graph above demonstrates that community hospitals are achieving high rates of offering ACP discussions to all identified patients (79% of all identified patients offered an ACP discussion)

Primary care – 68% identified patients offered ACP discussions (range 37%-100%).





The graph above demonstrates what is achievable in primary care in 17 different practices. The average would be 68% the range (37%-100%)

Primary Care- increased uptake of ACP discussions following GSF Going for Gold programme.

In practices progressing through the GSF Going for Gold Programme and accreditation, the level of ACP is measured before and after, as in the example below, demonstrating that increased ACP rates were attained by GSF Accredited practices, (selecting one practice per phase).

Care Homes

GSF accreditation for care homes include offering ACP discussions to every resident as one of the key standards to be attained, as demonstrated by evaluations, portfolio and on the assessment visit. Therefore offering a ACP discussion is mainstreamed to every resident of a GSF Accredited home- See Care Homes Summary of Evidence. .

Attainment of GSF Accredited teams in different settings

	1. Identify	2.Assess	3.Plan Living well	4.Plan Dying well
Aims of GSF accredited organisations	Early recognition of patients- aim 1% primary care 30% hospital 80% care homes	Advance Care Planning discussion offered to every person	Decreased hospitalisation + improved carers support	Dying where they choose using personalised care plan in final days
GP practices (Rounds 1-6, 17 practices)	60% average patients identified (range 31-126%)	68% average offered ACP discussion (range 37-100%)	Halving hospital deaths, not sure how you have captured this as there is no data to back it up 71% carers offered support (15-100% -15 practices)	65% die where they choose (15 practices) 64% using 5P plan final days (7 practices)
Acute Hospitals (Round 1-3, 8 wards)	32% average identified early (range 9-58%)	95% average offered ACP discussion (range 62-100%)	Length of stay reduced Carers support improved	More discharged home, 80% 5Ps care final days plan (3 wards)
Community Hospitals (Round 3-5, 8 wards)	59% average identified (range 31-100%)	79% average offered ACP(range 38%-100%)	Carers support improved	More discharged home 100% 5Ps care final days plan (7 wards)
Care Homes accredited	100% identified, 81% identified in dying stages	100% offered 95% uptake	Halving hospital deaths+ admissions 97% carer support	84% dying where choose, 90% using 5Ps care plan

2. Evidence that use of the GSF increases ACP discussions and enables more to stay in their preferred place of care

Primary care. End of Life care for GSF Accredited GP practices the first ten practices that undertook GSF Going for Gold training in primary care and progressed to GSF RCGP Accreditation showed significant improvement in key processes in End of Life Care as recognised by NICE Guidance and best practice. This trend has been continued three years on following annual appraisal. Evaluations demonstrate

- Earlier identification rates of patients in the last year of life, (average 0.54%) (with a range of 30-60%) ie half of all those who died included on the register, which is well above the national average of a quarter of all patients identified
- increased non-cancer patients on their register (18%-47%), increased numbers of care homes residents (22%- 40%)
- efforts to increase the numbers offering and recording advance care planning discussions showed significant increases with an average of 46% (range 26%- 62%) ie about half of all patients on the register offered ACP discussions
- greatly improved systematic carer support offered (17%- 72%)

- more dying in their preferred place of care(44%- 59%), with some halving hospital deaths

Source: http://www.goldstandardsframework.org.uk/accredited-gp-practicesspecific
http://tinyurl.com/zcnac55 http://www.goldstandardsframework.org.uk/evidence

Hospitals- Increasing home deaths, reducing hospital deaths and improving advance care planning

a) Reductions in hospital deaths and emergency admissions enabling people to live and die in their care home are sustained long term following use of the GSF Care Homes Training program. 75% of first time GSF accredited homes achieved over 80% home death rate. This level is sustained over time with care homes who have undergone a third round of GSF Accreditation demonstrating continued improvements in home death rate, with 89.63% of residents remaining in their care home until the end of their life, and 100% of residents in these care homes being offered ACP discussion. On the third round GSF accreditation 64.28% (n=14) of these care homes achieved between 90 and 100% home death rate and 21% of those had a 100% home death rate. (Data from Round 15 GSF accreditation & reaccreditation report August 2015).
b) Crisis admissions and length of stay in hospital Crisis admissions in the last six months of life in 45 care homes were evaluated prior to and following participation in the Gold Standards Framework Care Home Programme. Outcome measurement showed a significant reduction from 44.4% of care home resident admissions to hospital in the last six months of life to 12% admissions. Hospital bed days fell from 87 to 36 (58%).
c) Advance Care Planning Following GSF Accreditation, homes reported offering 100% of residents an advance care plan discussion GSF data shows that 96% (n=441) of those residents who died, had an Advance Care Plan in place (Barking the Havering & Redbridge project, Phase 10 data from 45 care homes. 2014/15). 2014).

Source: Ref http://www.goldstandardsframework.org.uk/accredited-care-homes

EAPC May 2015 Conference Copenhagen Reaccredited Care Homes Accepted Abstract – Thomas K Stobbart-Rowlands M et al. **http://tinyurl.com/jlqsa3a**

Care Homes GSF training programme improves staff confidence to manage the challenges in end of life care including symptom management, discussions around death and dying and working collaboratively with other multi-professional teams. GSF Care home programmes measure confidence across ten areas pre and post participation in the GSF programme. The largest increases in confidence were evident in the areas of planning cross boundary care, having and recording ACP discussions with residents and assessing their clinical needs although increases in confidence were seen across all ten areas measured. Overall confidence levels increased by 24% - 28% across three cohorts. In addition qualitative feedback was sought and staff reported being more confident in their role and that the GSF tools enable them to make the most of what they do (BHR GSF Data 2014-2015 across 45 care homes.Source:
http://tinyurl.com/j9acdpt http://www.goldstandardsframework.org.uk/evidence

2. Grey literature/ qualitative feedback

Dr HR GP from GSF Accredited practice said: In terms of quantitative results, we've increased the number of patients on the register almost sixfold and upped the non-cancer patients from 10% to 70%. And of those on the register, we've had advance care planning discussions with over two thirds. This has played a big part in reducing the hospital admissions (a major priority for the CCG) and enabled us to support more than 50% of patients to die in their preferred place – their home. So we're providing better quality cost-effective care.