4. Evidence that use of GSF Improves coordination, continuity of care and better communication in different settings.

Thomas K, Armstrong Wilson J A. Foulger, Tom Tanner National GSF Centre. Sept 2016

GSF helps improve coordination, communication and cross boundary care. There is growing evidence that by taking a systematic proactive approach as introduced with the GSF Quality Improvement Programmes, with earlier identification and assessment of needs and preferences, better planning and delivery of coordinated care can ensue for GSF trained and accredited teams in primary care, care homes and hospitals.

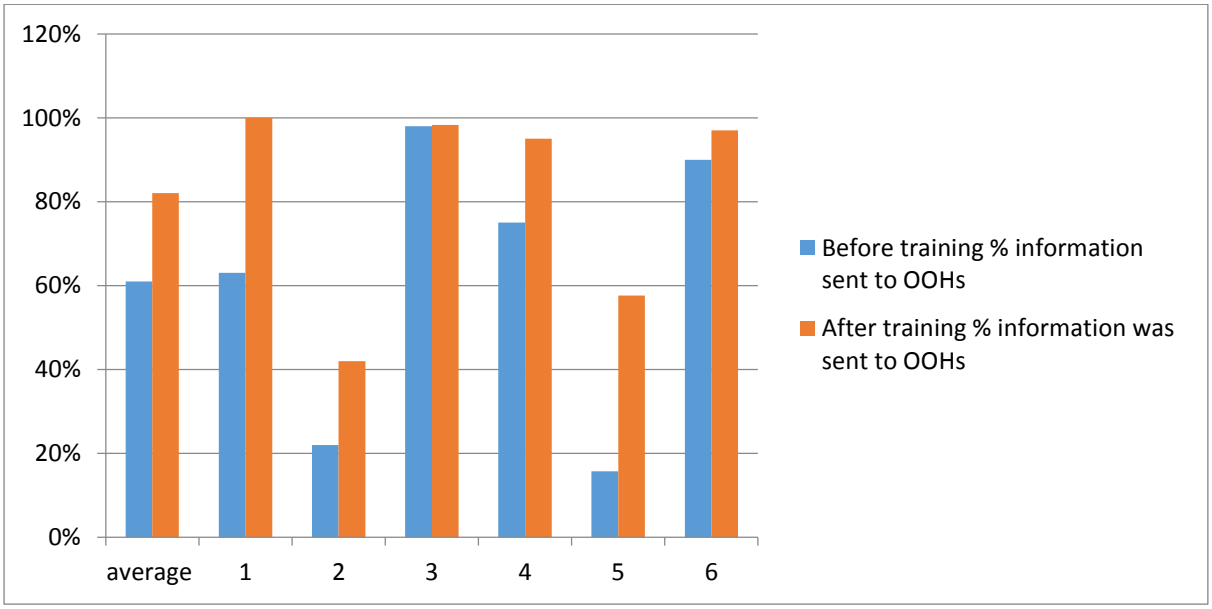
GSF introduced to specific settings can have a beneficial effect and impact in care for people in these settings. But further work is underway in examining the progress and impact on integrated cross boundary care across a whole area such as a CCG, Local Authority or STP footprint, with the work in our 8 GSF Cross Boundary care Sites and development of pilot EOLC metrics , in line with national guidance and policy. Further work is currently ongoing.

Contact GSF team or see http://www.goldstandardsframework.org.uk/evidence

1. Evidence from Intrinsic GSF Evaluation Audit

Primary Care

The graph below demonstrates that GSF has improved communication to OOHs on average by 21% (6 practices from phase 4 & 5)



Acute Hospitals Phase 3 ADA report by GHK demonstrates improved communication, referral for DS1500, rapid discharge home and therefore more enabled to die where they choose (home) .

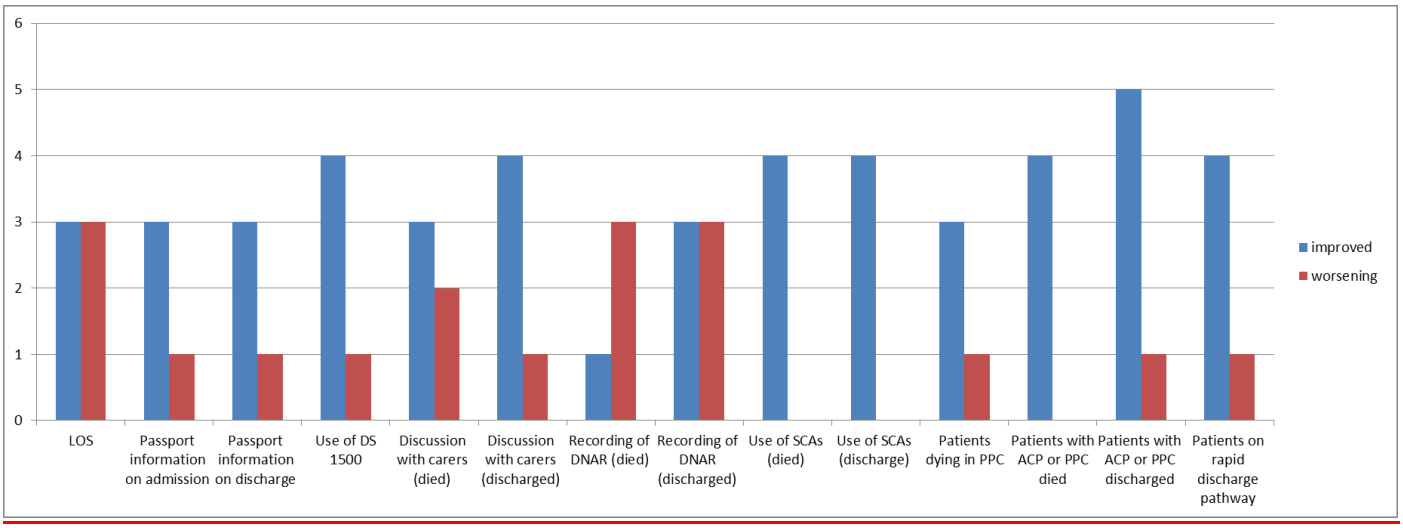


Table 6.1 Summary results of ADA by hospital- green improving, grey no change, red worsening , white no data

		Hospital 2	Hospital 4	Hospital 5	Hospital 6	Hospital 8	Hospital 9	All
Length of stay								
Passport info - admission								
Passport info – discharge								
Use of DS1500								
Discussion with carers	Died							
	Discharge							
Recording of DNAR/NCR/ AND	Died							
	Discharge							
Use of SCAs	Died							
	Discharge							
Patients dying in PPC								
Patients with ACP or PPC	Died							
	Discharge							
Patients on RDP								
Patients on LCP/ other ICP								

Care Homes

One of the essential 'must do' standards to be attained by GSF Accredited care homes is improved communication and coordination with GPs and with Out of Hours providers. Care Homes must demonstrate significant improvement in this area both quantitatively, in the portfolio and at the GSF assessment visit. There are many examples of good practice demonstrating improved and effective communication and coordination – (more details in Summary of Evidence and available directly)

2. Additional published/ Grey literature/ independent qualitative feedback

CH Accredited GP practice Before they started the training there were 41 patients on the register, now there more than three times that – 125. And the vast majority of those (110) have had advance care planning discussions, five out of six have a care plan in place and 118 have had their clinical symptoms assessed. More than two thirds of the patients on the list die in their preferred place now and that figure rises to 88% for those that have expressed a preference, compared with just over half (56%) prior to the training.

Dr LP, GP Partner at Cape Hill: *"A lot of EoLC is about wanting to do it well. What GSF has helped us do is actually deliver better more coordinated care, not just well intentioned care. We're more skilled at symptom management and while delivering better end of life care can take more time, the rewards are great."*

Dr HR GSF accredited practice Yorkshire ***"****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.*

But for me, the greatest results have been qualitative. We've seen a significant culture change in the practice. The administrative staff have gained the confidence to identify patients they think are approaching the end of life – they can be better placed to do this than the doctors most of the time as they often see subtle changes in patients sooner than the GP team do!

"We have reduced by 50% hospital admissions for this patient group, and with the help of GSF are providing better, cheaper care for our patients and their carers. As a family doctor whose job it is to see people through to the end it is much more satisfying to care for your patients in a calm, planned way."

GSF accreted practice Derbyshire Macklin Street Surgery
Following our most recent audit of palliative care patients who have subsequently died between 2014-15.
95% of our palliative patients had their PPOC documented.

95% of our palliative patients had a documented resuscitation discussion
96.4% of our palliative patients had their ACP communicated to the OOH service
The above Advanced Planning led to **62.5% of our patients achieving a comfortable death at home.**
We were unable to complete the above discussion with all of our patients [2-3 patients missing] due to circumstances beyond our control, excluding these patients would give figures of towards 100%.

Dr SG, GP said: "*I've been here for 15 years, and seen a number of my patients through to the end of their life. It is a humbling and incredibly rewarding experience and is also one of the most important aspects of care that we provide as GPs. We are passionate about providing the best care we can for our patients, particularly in the final months of their life. Ensuring our patients have a 'good' death is really important to their families.*

LB Practice Nurse at Grosvenor Medical Centre

"*The biggest benefit of doing GSF has been the continuity of care. Whereas in the past we would tend to hand over responsibility to the district nursing team, now a named GP and the nursing team at the practice is involved throughout and the patients feel much better cared for. Now the DNs enter our team not the other way round."*

When the practice started GSF there were only 13 patients on the register. There are now 51 and the proportion of non-cancer patients has risen from 25% to 53%.

Care Homes- Belong Group

JB Practice Development Facilitator (PDF) at the Wigan site says: *"GSF has undoubtedly helped us reduce the amount of hospital admissions and more people are dying in their preferred place – here," says Julie. "And because we are better at planning and are more proactive, their needs are better catered for and the care and support is quicker and more effective."*

Improving confidence in planning cross boundary care in care homes using GSF

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**

Hospital

University Hospitals of Morecambe Bay NHS Foundation Trust GSF Accredited ward

Stroke Consultant Dr PK says overcoming these challenges was hugely rewarding. *"I think the biggest change has been the culture change. It's about getting patients and their families to take ownership of their care. GSF is the framework that allows us to make that happen. The best bit is making sure that patients receive the care they want, where they want it, when and how they want it and the satisfaction they and we get from that."*