

Abstract 3 Primary Care

Title: GSF improving end of life care in Primary care

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Background: Most UK GP practices adopted the principles of Foundation Level GSF (bronze) i.e. a GSF/Palliative Care Register and a meeting to discuss them. The 2010 National Primary Care Audit confirmed that only 25% of people who died were included on the register, most were cancer patients, but importantly, those on the register received better coordinated care. Therefore, Next Stage GSF was developed, with 'Silver' and 'Gold' quality improvement programmes, plus Accreditation and the RCGP endorsed Quality Hallmark Award.

Aim: To improve the early identification of patients to ensure equity of access, improve assessment both clinical and personal through Advance Care Planning (ACP) discussions and improve collaboration and coordination of care reducing unnecessary hospital admissions and the associated costs.

Method: The GSF 'Going for Gold' quality improvement programme is a 6 modular practice-based training programme with a robust evaluation process. Evaluation includes:

- Key outcome ratios – evidence of measurable change before and after training intervention
- Audit
 - a) Patient level – After Death Analysis sample
 - b) Staff confidence
 - c) Organisational changes
 - d) Qualitative Patient/carer/staff feedback

Practices can then progress to accreditation with a portfolio of evidence and assessment visit/ phone call.

Results: The results following accreditation of the first 10 practices showed significant improvements including more

- identified early and included on the register, from care homes and with non-cancer
- having advance care planning and DNACPR discussions,
- carer assessment and support
- reducing hospitalization.

Conclusion: Significant improvements were seen in all accredited practices. Particular improvements included earlier identification for the register leading to better systematic care of patients. Additional benefits were improved confidence of staff and pride in this area of work and 'cultural change in care, especially for the frail elderly.