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## SHORT SUMMARY OF

Organisational Outcomes

Student Outcomes

Main economic findings

The cost to potential commissioners of providing a Six Steps+ End of Life Care Programme for 10 Care Homes is met by contributing to averting 6 avoidable admissions in total, or a 6.8% reduction in avoidable admissions. There is potential for higher numbers of avoided hospital admissions; one nursing home avoided 5 in a one year period.

Conclusion

Increasing knowledge, skills and confidence of Care Home Staff in end of life care through the Six Steps+ End of Life Care Programme addresses the anxiety that without education nurses feel  
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## FULL ECONOMIC ASSESSMENT REPORT

There are many areas of End of Life Care that could be examined, however 3 key points are evident:

1. End of Life Care is requiring increasing integration
2. End of Life Care is becoming increasingly complex
3. There are unnecessary hospital admissions for avoidable conditions

This economic assessment identifies and sets out the benefits and costs of the Six Steps+ End of Life Care Programme for Care Homes.

The intention is to demonstrate to Coastal West Sussex Clinical commissioning Group (CWS CCG) and Adult Social Care the value of providing End of Life Care (EoLC) education to 10 care homes, or care agencies, in the St Wilfrid's Hospice catchment area of Chichester, Bognor Regis and the Manhood peninsula.

### 1. Integration

The Department of Health (DH) <sup>(1)</sup> produced the End of Life Care Strategy in 2008 to:

Work towards the provision of non-discriminatory care at the End of Life

The Care Quality

knowledge among care home employees has been improved. Our article built upon a 2012 review of the Six Steps Programme by the National End of Life Care Programme (8) that concluded that the resources were well received and extremely useful in engaging with care home managers, enabling them to understand how critical these are in improving End of Life Care.

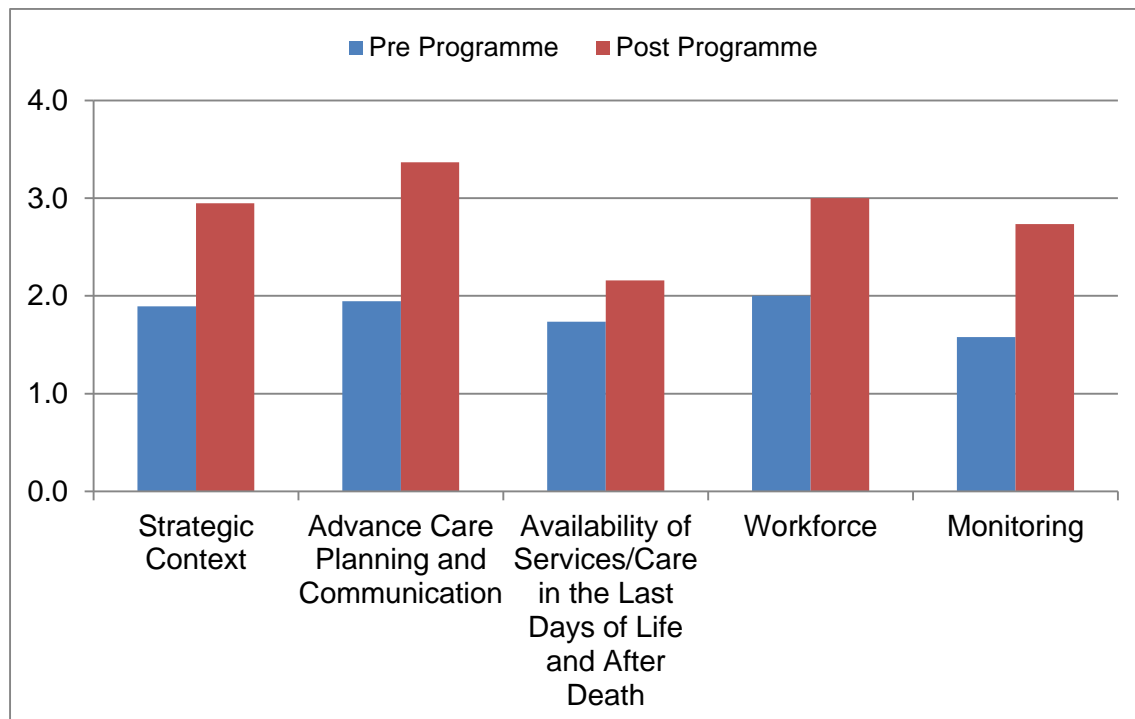
The Gold Standard Framework for Care Homes (GSFCH) (9) is an End of Life education programme also based on the 2008 DH End of life Care Strategy, and works to similar principles. Care homes pay a variable cost, depending on the size of the care home (an 11-30 bedded care home would pay £1200 for the training and £900 for accreditation, plus VAT), implementing similar systems with similar educational input (four whole days plus two half-days =37.5 hours over 6-9 months plus 3 months consolidation, with online in-practice support, compared to 40.5 hours plus practice educator support of at least 15 hours with the Six Steps+ Programme). The GSFCH is not currently commissioned in CWS by the CCG, and no CCG End of Life Facilitators in post to facilitate local programme delivery, although individual care homes are still able to access the national programme independently (nearest centres in Eastbourne or Esher). GP practices use the Gold Standard Framework End of Life Register to record their patients identified as potentially in their last year of life. The Six Steps model uses a similar Register and the two are compatible.

Six Steps+ End of Life Care Programme	Gold Standards Framework for Care Homes
Based on DH 2008 End of Life Care Strategy	Based on DH 2008 End of Life Care Strategy
Nine 4.5 hour sessions (40.5 hours)	Four whole and two half-day sessions (37.5 hours)
Tutor support face to face (approx 15 hours)	Online support
Assessed through portfolios of evidence	Assessed through portfolio of evidence
Local delivery	Regional delivery (nearest Eastbourne or Esher)



The Six Steps Programme was first commissioned by CWSCCG in 2013 to enhance End of Life Care in care homes with a cohort of 18 care homes and one care agency. Of these 17 successfully completed the programme with evidence to demonstrate improved knowledge, skills and competence across 5 domains as shown in graph 1 below.

Graph 1: Summary of elf-assessed Quality Markers and Measures from the 2013 Chichester/Bognor Regis cohort of Care Homes as a summary of the 5 Key Markers before and after the Six Steps Programme (2013 Six Steps Programme Audit)



St Wilfrid's Hospice mission, as a charity, is to provide high quality specialist palliative and end of life care to adults in our community, complementing NHS and other services

St Wilfrid's Hospice aspires to a time when all services work together to provide high quality palliative and end of life care to meet the needs of the community

Their Education Strategy 2015-2020 <sup>(10)</sup> 'encourages and endorses the delivery of high quality cost effective palliative and end of life services to patients and their carers in West Sussex and beyond

It aims to equip health and social care professionals with the evidence base, skills set and qualifications they need to deliver excellent care and develop future leaders for the palliative care workforce

St Wilfrid's Hospice recognises the need to work in partnership with other local and national organisations (see Appendix 1)

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The Six Steps Programme <sup>(11)</sup> was originally created by the Cumbria and Lancashire End of Life Care Network, based on the Six Steps outlined in the 2008 DH End of Life Care document <sup>(1)</sup> of: Discussions as the end of life approaches, Holistic Assessment, Co-ordination of Care, Delivery of high quality care, Care in the last days of life and Care after death.

It was further developed into the Six Steps+ Programme, to include addressing dementia, by St Luke's Hospice in Plymouth <sup>(12)</sup>.

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It is delivered in a series of nine half-day workshops designed to provide care homes, domiciliary and supported living agencies with a toolkit that is consistent with the DH End of Life Care Strategy <sup>(1)</sup> and COC End of Life Fundamental Standards <sup>(13)</sup> and NICE Guidelines <sup>(14)</sup> to identify and provide high quality care to residents in their last year of life. There is strong emphasis on holistic assessment, multi-professional working, and avoiding unwanted and unnecessary hospital admissions by providing care for care home residents at home (care home) where that is their wish and it is safe and appropriate to do so.

In order to successfully complete the Programme, become End of Life Champions and receive

Patient (resident) outcomes

Organisational Outcomes

Student Outcomes

Patient (resident) outcomes

Receipt of:

high quality care

in place of choice

by skilled carers

Less avoidable hospital admissions & Out of Hours calls

There may be better co-ordination between care services (eg Specialist / District Nursing)

Wishes and preferences for end of life care assessed, documented and met

Good death facilitated by high quality care & fulfilment of wishes & preferences

Organisational outcomes

Portfolios can be used to provide evidence of End of Life Care for CQC inspections

Skilled & valued workforce & Staff investment; potentially greater staff satisfaction, with potential return of less compassion fatigue and staff turnover (monetary value difficult to ascertain)

Evidence for revalidation requirements for nurses on the Nursing & Midwifery Council Register. Royal College of Nursing Guidance <sup>(16)</sup> states that training undertaken that updates skills and helps nurses to remain fit for practice can count towards continuing professional development hours. Although costs to participating care homes has not been included in this economic assessment, the NMC <sup>(17)</sup> suggest that for employers of regulated professionals, good practice requires them to support the nurses and midwives you employ in providing safe and effective care, and that support towards re-validation provides an opportunity for employers and organisations to undertake a wider assessment of the quality and assurance systems that they have in place

There are wide variances in care homes policies regarding charges for room retention should a resident be admitted to hospital, therefore unable to quantify monetary consequence <sup>(18)</sup>

These benefits could be defined through reference to CQC End of Life Care Standards and the potential possibility of West Sussex County Council being willing to list Six Steps+ Care Homes / agencies on their website. These benefits have some potential monetary value in terms of potential referrals from other health professionals. The cost to the care home of £200 charge per establishment and release of staff (with backfill) to attend the course and educate staff and implement the programme principles, could save recruitment and retention costs (unable to apply monetary value as will be individual to the establishment based on their individual financial arrangements).

Student outcomes:

Increased Knowledge, skills and confidence to deliver high quality End of Life Care  
Personal & professional satisfaction through enhanced skills for complex needs (previous evaluation collection)  
Certificate to add to Personal Portfolio

While comparable data with which to compare the effectiveness of the Six Steps+ Programme against another education programme specifically is not available, how many hospital admissions would need to be avoided to cover the costs of the Programme are explored in this Economic Assessment.

However, monetary values do not demonstrate personal value to patients; for this reason case studies are included from a previous Six Steps Programme to give examples of actual patient experiences

The Nuffield Trust <sup>(19)</sup> found a general absence of person-level data for health and social care services to assess costs of care for individuals at the End of Life and has drawn together data from many sources to build a picture. They found that for people in the last few months of life, hospital care

A 2013 report about the North West End of Life Care Programme (Six Steps) <sup>(22)</sup> suggested that the 'essential' (not defined) cost of running the programme would be offset by 3 or 4 hospital admissions saved.









Table 5: Systems improvement	
Care Agency	Impact of Six Steps Programme in this example
Report that in addition to improving their management and staff education in End of Life Care it has helped them to create more effective systems and methods of communication and documentation in the End of Life Care that they offer	Improved efficiency in communication and documentation resulting in less administrative time needed, facilitating increased time available for direct patient care

Table 6: High quality care	
Case Study from Care Home 5 (manager's narrative)	Impact of Six Steps Programme in this example
<p>'One of our residents became very unwell suddenly on 7th Dec (her Birthday. On call GP diagnosed UTI after excluding bowel problems. The lady's condition did not improve resulting in several more GP visits.</p> <p>Then a GP from the medical practice who we have a great rapport with visited our resident and involved the care home staff in the discussion, where we were able to express our concerns that there may be more than a UTI as she had stopped urinating.</p> <p>The GP listened and decided it was appropriate to send the resident through 999 to hospital.</p> <p>Resident diagnosed with bladder cancer and renal failure</p> <p>Her son was told she had just a few days to live</p> <p>Son and staff felt devastated</p> <p>Son thought it best not to move her so plan was to remain in hospital for her final days'</p> <p>After 2 days the son informed the care home saying his Mum wanted to go home. On reminding her that her bungalow had been sold and that she lived in a care home, she replied, " I know that's my home that's where I want to be"</p> <p>Without delay the resident was returned to the care home, with appropriate equipment, District Nurse, GP and Hospice Clinical Nurse Specialist support</p> <p>The resident died peacefully at the care home</p> <p>At the end of her funeral, the son stopped the exit music to express how grateful he was for how the care home had supported his mum</p>	

Table 7: Avoided admissions	
Nursing Home reports 5 avoided admissions in a 1 year period; 3 examples given	Impact of Six Steps Programme in this example
<p>Example a)</p> <p>Mr A avoided an unnecessary out of hours hospital admission for antibiotics to treat cellulitis due to staff having learnt to complete wishes and preferences documents with their residents, and Mr A having been able to discuss with the staff his wish to avoid hospital at all costs. Admission avoided through appropriate instigation of treatment at the care home</p>	<p>Avoided hospital admission due to implementation of learning on Six Steps Programme</p>
<p>Example b)</p> <p>Mrs B was recognised as being in her last days of life due to learning on the Six Steps Programme; she had been visited by the GP and anticipatory medication had been prescribed and the drugs were held ready in the care home. Mrs B developed abdominal pain during an out of hours period, and was able to be treated immediately and successfully, making her comfortable 'at home' and avoiding the risk of hospital admission by out of hours GP for symptom management</p>	<p>Mrs B died peacefully and pain-free, with family and carers present, in the home she had lived in for 12 years</p>

Example c)  
Mrs C was identified as being close to the end of her life, agreed

The cost of £14,851.99 to provide the Programme for 10 Care Homes is neutralised by contributing to averting just 6 avoided admissions <sup>(23)</sup>, or an overall reduction in hospital admissions of 6.8% <sup>(24)</sup> (see graphs)

Increasing knowledge, skills and confidence of Care Home Staff in end of life care through

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- (1) Department of Health (2008) End of Life Care Strategy
- (2) National Audit Office (2008) End of Life Care. Report by the comptroller and Auditor General
- (3) CQC The fourth state care report 2013 <http://www.cqc.org.uk/content/cqc-publishes-fourth-state-care-report> accessed 20/5/15
- (4) West Sussex Health & Well Being Board, End of Life Care and Pathways in West Sussex – What we Know Now (April 2015) Report by Director Public Health and Social Care Commissioner, Agenda Item No 6, ([www.westsussex.gov.uk](http://www.westsussex.gov.uk))







3. Raise funds and use our resources (human, financial and physical) to fulfil our purpose.

*Key Objectives*

Generate the funds required to achieve our purpose by:

- ☑ Growing retail and fundraising activities and profitability
- ☑ Seeking to increase the amount of statutory income received
- ☑ **Improve efficiency and best use of the money we receive by careful financial management**
- ☑ Develop a workforce plan to meet growing needs and changing nature of workforce
- ☑ ~~Expand~~ Define the scope and role of our volunteers across the organisation
- ☑ ~~Support training and development of staff and volunteers~~
- ☑ ~~Use technology to support efficiency in all areas~~

Our Education Department

The educational strategy encourages and endorses the delivery of high quality cost effective palliative and end of life services to patients and their carers in West Sussex and beyond. It aims to equip health and social care professionals with the evidence base and skills set and qualifications they need to deliver excellent care and develop future leaders for the palliative care workforce. This



Indirect costs				
Premises (St Wilfrid's Hospice)	Yes	No charge, provided by charitable organisation	No	No
Non-charged printed Resources	Yes	No charge	No	No





Indirect costs (Add rows as required, and indicate year)

Premises (St Wilfrid's)	Yes	No Charge
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# AS Six Steps+ Evidence-Based Life Care Program Strategies to Outcomes

