Economic Assessment for the Six Steps+ End of Life Care Programme

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End of Life Care

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

4. Many nurses report feeling a lack of confidence in end of life care due to lack of knowledge and skills
Six Steps+ End of Life Care Programme

Originally created by the Cumbria and Lancashire End of Life Care Network; further developed by St Luke’s Hospice, Plymouth into the Six Steps+ Programme

Based on the Six Steps outlined in the 2008 DH End of Life Care document: 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.
• Uses a whole organisation systematic approach of developing staff knowledge, skills and confidence

• Inappropriate hospital admissions can be reduced

• Individual and Organisation Portfolios

• Annual re-validation possible
Participating in the RCN / OPM /Burdett Trust Economic Assessment programme
On balance...

Importance of education

High motivation

Nervous
On a personal note....

Empower or Dismiss
Doing the Economic Assessment Programme

• Programme clear, very well led and support available

• Significantly more work and time needed than originally outlined

• Realisation that there are significantly more costs in service provision, often not immediately obvious, including to those receiving the service
Personal impact

• Greater awareness of the work and role specifics of others involved in health care provision

• Development of skills in economic assessment

• Confidence in my own abilities
Key stages of the Economic Assessment

• Area of focus: a cost / benefit analysis of the cost of providing the education programme with avoided hospital admission spend

• Most appropriate Economic Assessment type identified for the project: Cost Avoidance

• Data accessed from National and Local databases and epidemiologist

• Local CCG End of Life Care provision reports identified

• Existing reporting of Six Steps delivery outcomes in the UK identified
Six Steps+ Benefits and Outcomes

Three main categories:

1. Patient /resident

2. Organisational
   Commissioners
   Care homes/ care agencies

3. Participating Students
Key findings in the Economic Assessment

Data from previous local Six Steps Cohort: self-reported knowledge, skills and confidence improvement across 5 domains
Cost neutrality to potential commissioners

**Graph 1**: Cost of Six Steps+ Programme in relation to number of hospital admissions saved towards End of Life

- **Cost of hospital admissions**
- **Cost of SS+**

**Graph 2**: Cost of Six Steps+ Programme in relation to percentage of hospital admissions saved towards End of Life

- **Cost in £K**
- **% of hospital admissions**

6 avoided admissions would be cost neutral to potential commissioners

A 6.8% reduction in avoidable hospital admissions would be cost neutral to potential commissioners
Is Six Steps effective?

Saved unnecessary hospital admissions

Systems improvements

High quality care
Concluding thoughts

Has completing the Economic Assessment Programme been a worthwhile exercise?

The project assessed

The Economic Assessment programme itself

Personal development

Information about this Economic Assessment can be found at:

• (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)
• (7) Booth, Michele; Nash Sue; Banks, Chris; Springett, Angela: Three approaches to delivering end-of-life education to care homes in a region of south east England, International Journal of Palliative Nursing, 2014 Vol 20, No1
• (10) An Education Strategy 2015-2020, St Wilfrid’s Hospice (www.stwh.co.uk) accessed 30/4/15
• (12) St Luke’s Hospice Plymouth End of Life Care Link Forum (2014) (sent by request)
• (13) CQC End of Life Fundamental Standards http://www.cqc.org.uk/content/fundamental-standards (accessed 28/4/15)
• (17) http://www.nmc.org.uk/standards/revalidation/revalidation-for-employers/ (accessed 16/11/15)
• (18) This is Money http://www.thisismoney.co.uk/money/news/article-2144870/Care-home-providers-pocket-millions-continue-charge-sick-residents-700-week-hospital.html (accessed 14/10/15)
• (19) Nuffield Trust (2014) Exploring the cost of care at the end of life
• (20) Vale Royal CCG Care Home Project (2104) (sent by request)
• (22) North West End of Life Care Programme for Care Homes Evaluation, Executive Summary (2014)
• (23) Personal email communication with Sarah Pearce, Senior Programme Lead End of Life Care, CWS CCG, on 12/5/15 relating to the cost of an average admission for a frail elderly person as provided by the performance team at CWS CCG in 2014.
• (24) Personal email communication with Thye Leow, Epidemiologist, Public Health & Wellbeing Directorate, West Sussex County Council, on 21/5/15
• (25) Dementia Framework West Sussex 2014 – 2019 (Version 14)