



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

Angela Springett Practice Educator

St Wilfrid's Hospice, Chichester, West Sussex

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Abstract

This Economic assessment explores the use of the Six Steps+ End of life Care programme for Care Homes as an economic use of resource to meet the increased need for integrated working, increasing health complexities and to reduce avoidable hospital admissions. The assessment focusses on the economic impact of reducing avoidable hospital admissions through the use of education to counter-balance nurses and care workers anxiety around End of Life Care to increase their knowledge, skills and confidence.

The main economic findings are that the cost of providing a Six Steps+ End of Life Care Programme for 10 Care Homes is met by contributing to averting just 6 avoidable admissions in total, or a 6.8% reduction in avoidable admissions. Non quantitative benefits of the Programme are also explored.

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SHORT SUMMARY OF ECONOMIC ASSESSMENT

Key Points for 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

Purpose of the Six Steps+ Economic Evaluation

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.

Identification of the need for more education

Key elements that link integration, increasing complexity and avoidable hospital admissions from care homes are those of staff confidence and competence.

What is the Six Steps+ Programme?

The Six Steps Programme 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 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

Economic Assessment Method: Cost Avoidance with focus on Admission Avoidance

There is challenge in applying monetary values to a project that has a large element of non-monetisable benefits and outcomes. One key element that is monetisable is Admission Avoidance, and this is the aspect that is set out in this Economic Assessment

The Economic Assessment type chosen for this is Cost Avoidance (CA) as an appropriate method of looking at avoided spending using current conditions as a reference for assessing what costs would have been incurred had the intervention (in this case the Six Steps+ Programme) not been implemented.

Benefits / Outcomes

The benefits, or outcomes, of evidence based End of Life Education such as the Six Steps+ Programme for care home and care agency establishments fall into 3 categories:

Patient (resident) outcomes

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 regarding End of Life Care, enabling them to better manage residents with complex needs at the end of their lives, so reducing unnecessary hospital admissions. The case studies presented support this.

With the cost to potential commissioners of the education and support required essentially covered by just six avoided hospital admissions throughout the 1 year duration of the course, or a reduction of 6.8% of avoidable admissions, the Six Steps+ Programme makes an attractive and highly cost effective way of achieving both the cost and quality measures outlined in this economic assessment.

FULL ECONOMIC ASSESSMENT REPORT

Key Points for End of Life Care

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

Purpose of the Six Steps+ Economic Evaluation

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.

Background: End of Life Care – National Key Contexts

1. Integration

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

- Work towards the provision of non-discriminatory care at the End of Life
- Provide an integrated approach to the planning and delivery of end of life care services across health and social care led by Primary Care Trusts and local authorities
- Recognises the importance of people being enabled to live and die in their place of choice.

2. Complexity

The National Audit Office (NAO) ⁽²⁾ reports that:

- The provision of end of life care services has become increasingly complex
- People are living longer with incidence of frailty and multiple conditions in older people increasing
- Deaths in hospital can be reduced with greater advice and support in care homes

3. Emergency hospital admissions

The Care Quality Commission (CQC) ⁽³⁾ report that:

- Emergency hospital admissions from avoidable conditions from care homes were 30 per cent higher for those that had dementia compared to those without in 2013.

End of Life Care – Local Key Contexts

The West Sussex Health and Well Being Board (WSHWBB) ⁽⁴⁾⁽⁵⁾ identifies:

1. Integration:

- Longer term savings can be achieved, whilst improving care, through integration and coordination, and recommend the delivery of End of Life training and awareness to Adults Services ⁽⁴⁾
- Report improved quality of care through workforce planning and care home support as a potential economic outcome⁽⁵⁾

2. Complexity:

- Increasing complexity of need in an ageing population ⁽⁴⁾

3. Emergency hospital admissions:

- There are ‘huge’ cost implications of End of Life Care ⁽⁴⁾
- Research indicates that in the final year of life a patient will spend an average of 30 days on an acute admission ward over 3.5 admissions ⁽⁴⁾
- Of 8587 deaths in West Sussex in 2013, 501, (nearly 6%) of all deaths, happened in hospital within 48 hours of an emergency admittance (compares favourably with areas outside of West Sussex according to further narrow data) ⁽⁴⁾

Identification of the need for more education

Key elements that link integration, increasing complexity and avoidable hospital admissions from care homes are those of staff confidence and competence.

Significantly, Coastal West Sussex Clinical Commissioning Group (CWSCCG) ⁽⁶⁾ cites survey results finding that 72% of nurses said that they their anxiety around end of life care was due to a lack of training. A survey by the NAO ⁽²⁾ found that a survey of 90 care homes revealed that although 74% of them provided End of Life Training, it was compulsory within less than half of that.

CWSCCG recognises that to achieve good End of Life Care, they must build competence and capacity in the generalist workforce, identifying one of their priorities is to build upon work started and agree best practice core education and training with all providers.

A comparison of three education approaches – Action Learning, Gold Standard Framework for care homes, and the Six Steps Programme , to delivering End of Life Care education to care homes in the CWS locality ⁽⁷⁾ found that all these approaches have some evidence to show that End of Life Care

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.

Brief comparison with Gold Standards Framework (see Table 1)

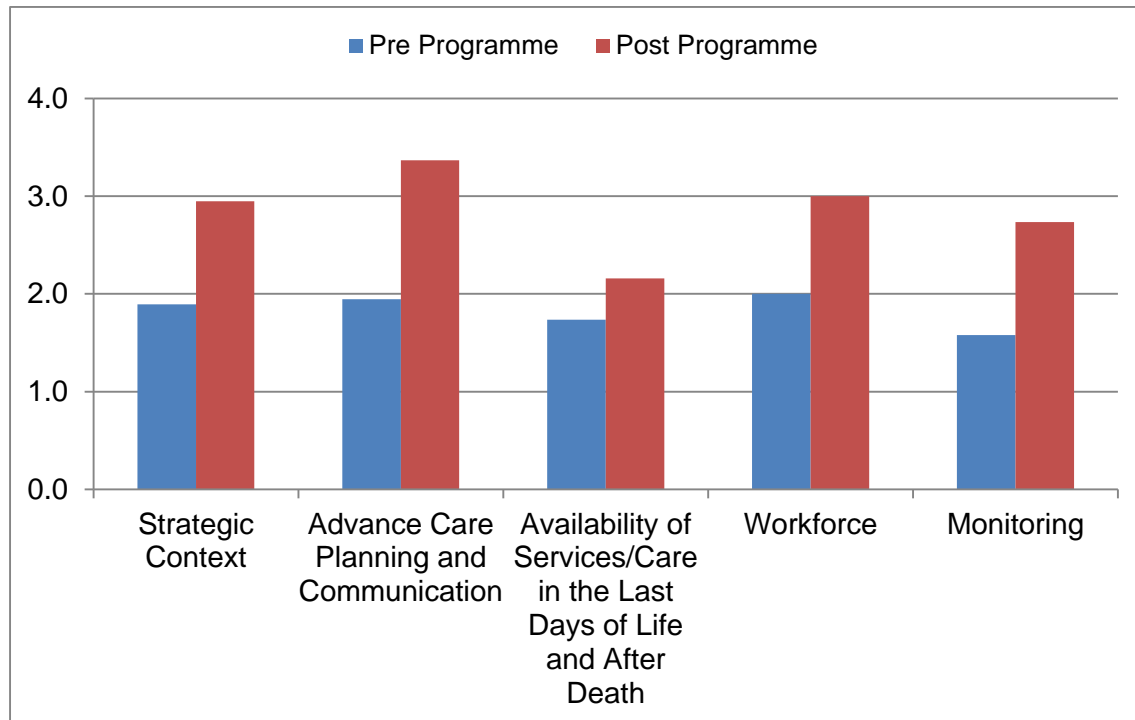
The Gold Standard Framework for Care Homes (GSFCH) (9) is an End of Life education programme also based on the 2008 DH End of life Care Strategy, and works to similar principles. Care homes pay a variable cost, depending on the size of the care home (an 11-30 bedded care home would pay £1200 for the 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
<ul style="list-style-type: none"> Based on DH 2008 End of Life Care Strategy 	<ul style="list-style-type: none"> Based on DH 2008 End of Life Care Strategy
<ul style="list-style-type: none"> Nine 4.5 hour sessions (40.5 hours) 	<ul style="list-style-type: none"> Four whole and two half-day sessions (37.5 hours)
<ul style="list-style-type: none"> Tutor support face to face (approx 15 hours) 	<ul style="list-style-type: none"> Online support
<ul style="list-style-type: none"> Assessed through portfolios of evidence 	<ul style="list-style-type: none"> Assessed through portfolio of evidence
<ul style="list-style-type: none"> Local delivery 	<ul style="list-style-type: none"> Regional delivery (nearest Eastbourne or Esher)
<ul style="list-style-type: none"> Re-accredited annually 	<ul style="list-style-type: none"> Re-accredited 3 yearly at additional cost
<ul style="list-style-type: none"> Cost £1,500 per establishment (£15,000 for a cohort of 10 establishments) 	<ul style="list-style-type: none"> Cost £2,100 per average establishment (£21,000 for 10 establishments)
<p>Based on the assumption that as both programmes are of comparable type they will produce similar levels of outcomes:</p> <p>Six Steps+ Programme is</p> <ul style="list-style-type: none"> More cost effective by £6,000 per 10 establishments More support for care homes during and post programme 	

Coastal West Sussex Clinical Commissioning Group (as primary stakeholder) and Six Steps+

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)



Six Steps+ Programme and St Wilfrid’s Hospice; connection with the key contexts

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 ⁽¹⁰⁾ ‘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)

What is the Six Steps+ Programme?

The Six Steps Programme ⁽¹¹⁾ 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 (1) 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 ⁽¹²⁾.

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 ⁽¹⁾ and CQC End of Life Fundamental Standards ⁽¹³⁾ and NICE Guidelines ⁽¹⁴⁾ 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 certification with the Hospice Logo, two senior staff per care home are expected to attend all nine sessions, implement the Six Step+ principles within the care setting with managerial support, educate the rest of the care home staff, and produce evidence to support this in the form of organisational and individual portfolios. Annual re-accreditation is possible on provision of evidence to demonstrate continued working to Six Steps+ principles and having 2 Six Steps+ End of Life Care Champions in post. If one has left, another must be undertaking the next Six Steps+ Programme. This is to ensure continuing and consistent high quality of End of Life Care within the care home / agency. Educator support is provided during and following the Programme as required.

Economic Assessment Method: Cost Avoidance with focus on Admission Avoidance

There is challenge in applying monetary values to a project that has a large element of non-monetisable benefits and outcomes. One key element that is monetisable is Admission Avoidance, and this is the aspect that is set out in this Economic Assessment. The National Council for Palliative Care (NCPC) ⁽¹⁵⁾ identify three key areas that offer opportunities in keeping people who approaching the end of their lives out of hospital, all of which are key components of the Six Steps+ Programme. They are: Improving identification of people who are approaching the end of life; improving planning and co-ordination for people who are approaching the end of life; and increasing care and support in community settings.

The Economic Assessment type chosen for this is Cost Avoidance (CA) as an appropriate method of looking at avoided spending using current conditions as a reference for assessing what costs would have been incurred had the intervention (in this case the Six Steps+ Programme) not been implemented.

Benefits / Outcomes

The benefits, or outcomes, of evidence based End of Life Education for care home and care agency establishments fall into 3 categories:

- 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 for Providers

St Wilfrid's Hospice:

- Increased expression & delivery of hospice vision to provide high quality education for care home staff
- Reduced reputational risk in comparison with un-assessed courses as Programme requires implementation with supporting evidence and on-going Practice Educator support

CWS CCG and Adult social Care:

- EoLC Education delivered as need identified in CWS CCG documents
- Cost avoidance through reduced unnecessary hospital admissions
- Pro-active rather than reactive care delivery
- Increase in keeping residents with dementia out of hospital

Community based care teams:

- Additionality of increased effectiveness in working relationships between professional disciplines through enhanced working practices

Organisational outcomes for Participants

Care Homes/Agencies:

- Enhanced reputation through recognised End of Life Care Certification through reputable source (St Wilfrid's Hospice)
- Potential recognition by Social Care and Acute Hospital Trust as having undertaken comprehensive EoLC education and working to Six Steps standards
- Potential increase in bed occupancy & income through other health professionals confidence in care home standards of care

- 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 ⁽¹⁶⁾ 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 ⁽¹⁷⁾ 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 ⁽¹⁸⁾

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

Data Use

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

Hospital End of Life Care costs

The Nuffield Trust ⁽¹⁹⁾ 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 was the most expensive per person at £4,600 in the final 90 days.

Six Steps+ costs and benefits

All financial values are expressed in 2015 financial year values, except where identified otherwise. This Economic Assessment finds the anticipated costs of running a Six Steps+ End of Life Care Programme to potential commissioners for a cohort of 10 care homes / agencies (2 participants per organisation) to be **£14,851.99** (See cost to potential commissioners breakdown summary Table 2 and full cost analysis Appendix 2).

Educator time (teaching, visits, travel, Portfolio assessment x 30) 404 hours	£9,397.04
Administrator time 80 hours	£883.60
Stationery & printing costs	£249.39
Premises costs	Provided Free of charge by Hospice
Volunteer admin costs	Provided Free of charge
Other Health Professionals time	Provided Free of charge to date
Mileage 900 miles	£405.00
Palliative Link Group time 16 hours	£372.16
Catering	£900.00
Re-accreditation time 105 hours / mileage 450 miles	£2,442.30 £202.50
Total	£14,851.99

Benefits are challenging to assess as they are not always monetisable, especially where they are quality related. This includes the personal benefits to programme participants. Therefore the Economic Assessment type chosen for this is Cost Avoidance (CA) as a method of looking at avoided spending using current conditions as a reference for assessing what costs would have been incurred had the intervention (in this case the Six Steps+ Programme) not been implemented.

Cost Avoidance

While cost avoidance is difficult to quantify, other areas of the UK have made some estimations, or assumptions, relating to Six Steps programmes that they have facilitated. These assumptions, varying in their reporting methods, contribute some potential costing information to this economic assessment:

Vale Royal CCG (2014) ⁽²⁰⁾ report spending £9,036 for a cohort of 6 care homes, with cost avoidance assumption of £22,681 over 6 months through avoidance of deaths in hospital. Adjustment of + 2.5% to align with inflation for 2015 ⁽²¹⁾ would be £9,261.90 spend and cost avoidance of £23,248.

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

St Luke's Hospice in Plymouth (2014) ⁽¹²⁾ estimates avoided costs of £1,147,364 over a period of 2 years, with several programmes having been facilitated during that time period. In adjusted 2015 figures ⁽²¹⁾ this would be equivalent to £588,024.10 per year.

Projected Cost Avoidance for the Six Steps+ Programme in CWS CCG locality for this Economic Assessment

- 2015 Cost of Six Steps+ = £14,851.99 for a cohort of 10 Care Homes / Agencies (prospectively CWS CCG, St Wilfrid's Hospice, Care Home / Agency joint funded) (see Appendix 2)
- Average cost of hospital admission at / near EoL= £2,500 in 2014 ⁽²³⁾ (CWS CCG, for frail elderly persons, CWS CCG funded). Adjusted for 2015 ⁽²¹⁾ this figure would be 2,562.50.
- Alternative costing ⁽²⁴⁾ = £2,767 (Thye Leow, Epidemiologist, WCCC, 2015 tariff, for 136 admissions with 4 conditions with potentially avoidable admission rates – Heart Failure, COPD, Urinary disorders, Pneumonia. CWS CCG funded)
- Although additional costs for those with dementia are not available for West Sussex ⁽²⁵⁾, hospital stays for those with dementia are generally longer and therefore incur higher cost.
- Using the above figures, contributing to averting 6 avoided admissions ⁽²³⁾, or a 6.8% reduction in avoidable hospital admissions ⁽²⁴⁾ would cover the cost of the Six Steps Programme making it cost neutral to potential commissioners. Any further reduction in admissions would result in cost avoidance ⁽²⁴⁾
- Public Health England acknowledges that reducing hospital costs would increase community care costs. Analysis was not carried out as accurate cost data were not available ⁽²⁶⁾ and have not been possible to quantify in this economic assessment
- Additional costs for care homes may include additional staffing to facilitate complex or time intensive care. It should also be noted that where hospital admission does occur, the time no longer needed for care of that resident can release time to care for other residents.

Table 3: Cost Scenarios using common causes of avoidable hospital admissions

Admission reason	No of admissions	Cost – patient Discharged	No of admissions	Cost – patient died in hospital
Disorders Urinary system	45	@ £2,491	6	£2,724
Pneumonia	35	@ 3,132	2	@ £3,437
Heart Failure	10	@ £3,344	5	@ £1,536
COPD	10	@ £2,511	2	@ £3,437

These figures show the number of admissions for 2012, using 2015 tariffs, for the four most prevalent, often avoidable, hospital admissions in West Sussex. Costs for discharged patients, and those who died in hospital, are shown per patient.

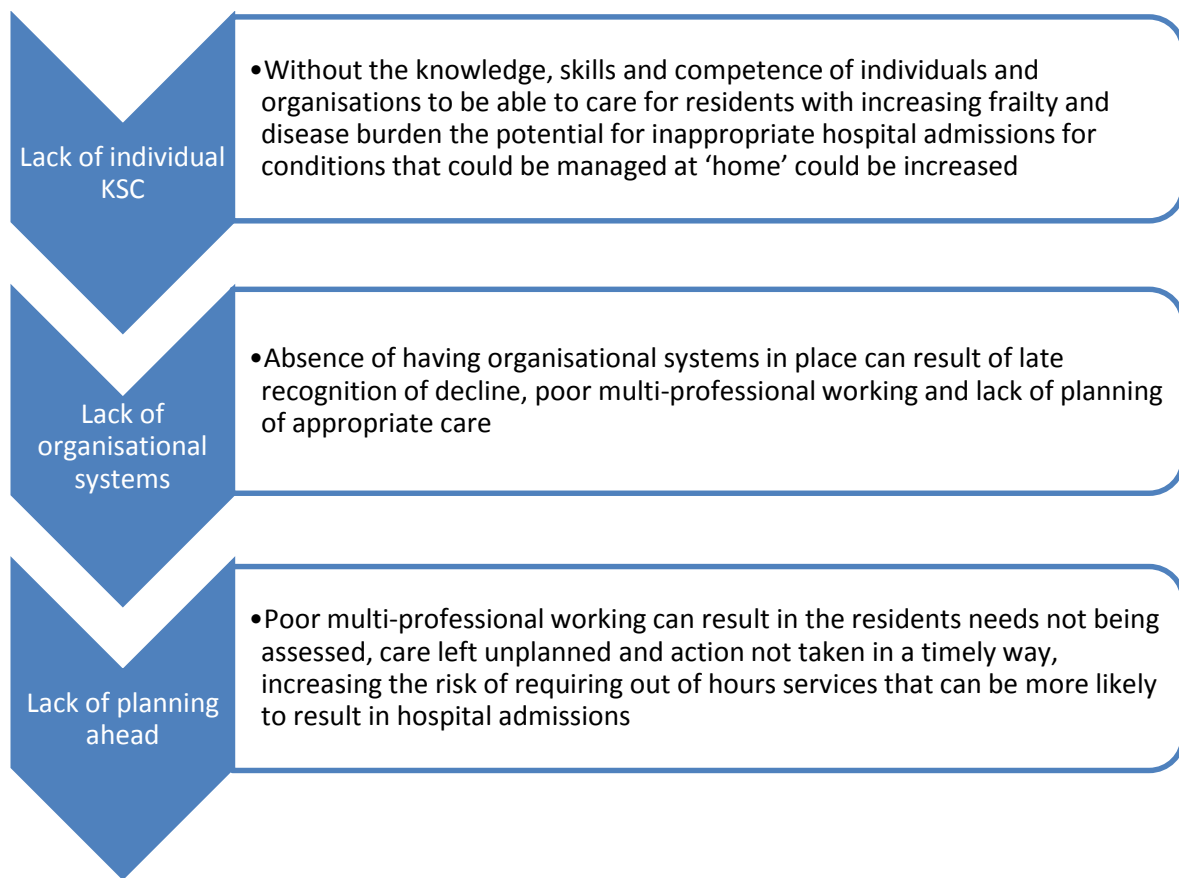
Additional costs and Dementia

It should be noted that there are currently estimated to be over 13,000 people living with dementia in West Sussex, with around 1,700 of these estimated to have severe dementia. Of 4404 admissions to acute hospitals in 2012/13, 93% of these were unplanned, with dementia patients in most NHS Trusts having longer hospital stays than those without dementia, and mostly relating urinary tract infections, dehydration and fractures ⁽²⁶⁾; the former two are avoidable. Although the additional costs were not able to be extrapolated for West Sussex ⁽²⁴⁾, the figures and graphs above showing cost of hospital admissions would be greater still for those with dementia.

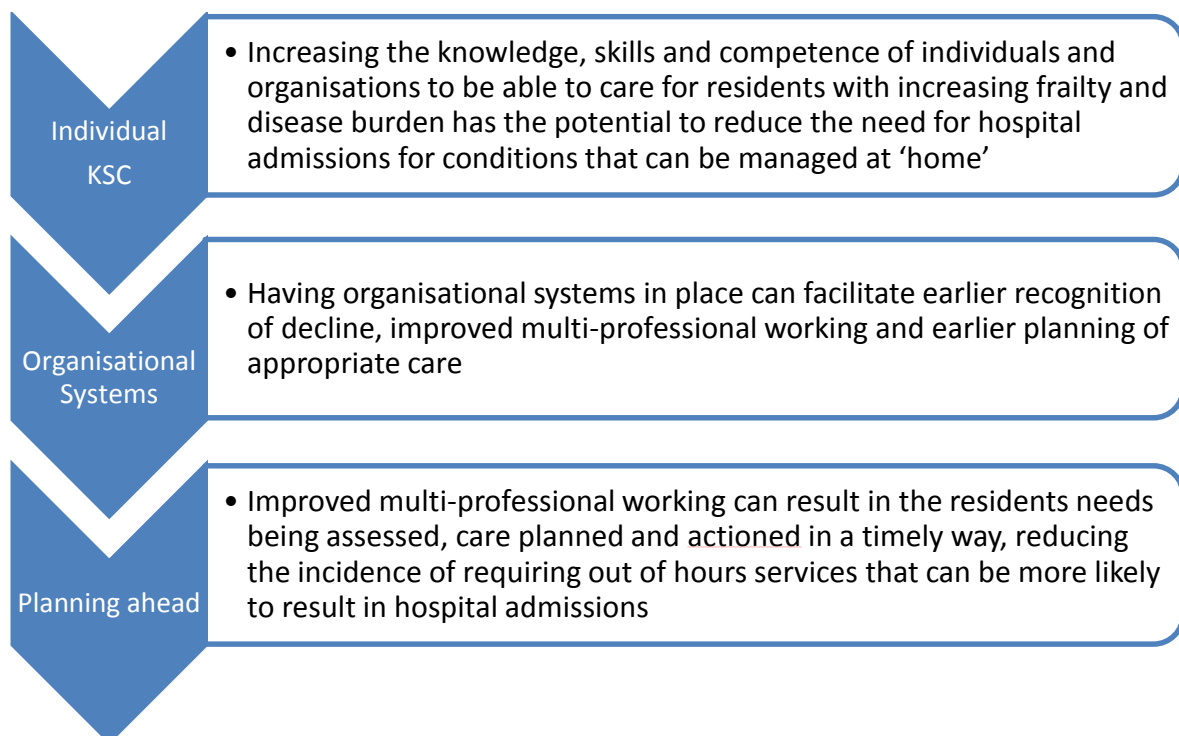
How organisational end of life education can affect hospital admissions

In addition to identifying the key areas of improving identification of those who are approaching end of life, the importance of improving planning and co-ordination for them, and increasing community care and support outlined in the Economic Assessment Method section, the NCPC ⁽¹⁴⁾ also recognises that providing out of hospital care, improving care and quality, and prevention, are key priorities. Education that is organisationally as well as individually focussed, such as the Six Steps Programme, contributes to the knowledge, skills and confidence that individuals can gain and pass on to the organisation, implementing systems of working that support improving care. The following two diagrams indicate some of the ways in which organisational end of life education can increase, or reduce, avoidable hospital admissions. The following case studies (tables 4-7) give examples from practice.

How lack of organisational end of life education can increase hospital admissions



How Six Steps Programmes can reduce hospital admissions



Cases from Practice as a result of a Six Steps Programme (2013)

Table 4: Knowledge, skills and confidence: examples of general changes in practice in care	
Care Home 1:	'Our number of hospital admissions has fallen with us managing to refrain from 3 recent admissions with more support in the care home from GP. Fall back plans put in place with anticipatory medication available to refrain from delay of treatment resulting in no hospital admission'
Care Home 2:	'Having received the Six Steps training we are now able to structure End of life for a person. Get support and services put in place. It's made us more confident. We actually received 2 awards in February and having the foundations from Six steps it made us a better business model'
Care Home 3:	'Although we had a basic knowledge of End of Life which we had picked up from the training meetings at the hospice without the Six Steps programme we would not be in the position we are now. We are more confident in our approach to the subject and when I carry out pre entry assessments I feel confident in telling people my staff can support them or their loved ones through to the end of their lives as we have the knowledge and support to do this'
Care Home 4:	'We have planned End of life and final days of life care meetings which the residents and their loved ones have found comforting as there are hopefully no surprises and the families can spend quality time for the time their loved one has left. Families know that their loved one doesn't need to move out of their home away from the staff they have become used too for support'
Care Home 5:	<p>'All staff both in our care home and domiciliary care have to attend End of Life Training delivered by myself and our Six Steps co-ordinator, It has made every one more confident in talking about and delivering End of life care. Dom care staff previously had no knowledge about Message in a bottle and DNA/CPR'</p> <p>'New experiences working with Hospice staff for support when needed and Hospital avoidance matron has given us so much support and advice and built our confidence. We are also working with a Dr the Medical practice putting in place Hospital avoidance care plans'</p> <p>'Constantly reviewing practice use of SEAs analysis (we also use this for new service users moving in to find out what went right or what we could do better a useful learning tool) feedback from families after loss of loved ones to see how they felt things went'</p>

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. During his several visits over the last few days of his Mum's life he had seen that one of the staff were always sitting with her even though she was slumbering, that her hair was always combed and make-up - which she was never without - applied</p> <p>These are all things we picked up from the Six Steps programme and I thank xxxxxx for seeing us through it'</p>	<p>Good, effective working relationship with other agencies</p> <p>Personalised care, adhering to wishes and preferences, reduced hospital stay – key components of the Six Steps+ Programme</p>

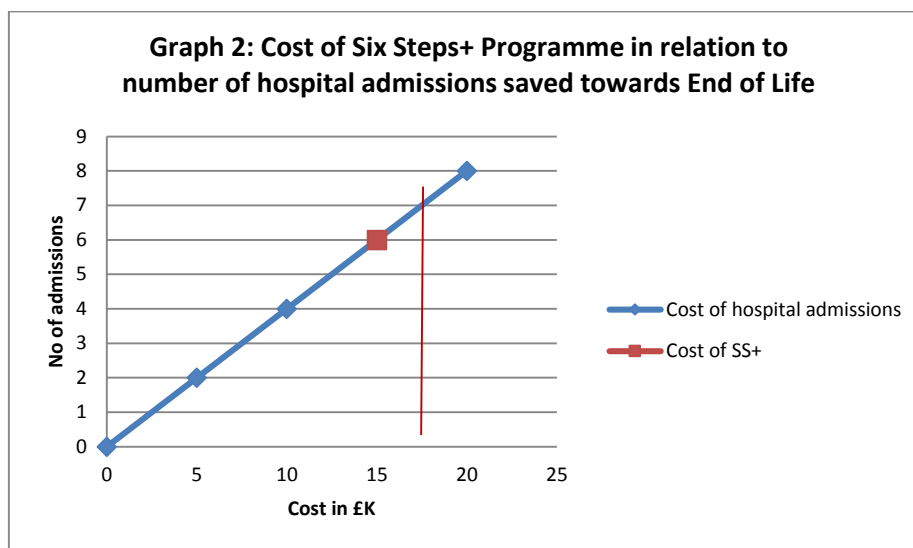
Table 7: Avoided admissions	
Nursing Home reports 5 avoided admissions in a 1 year period; 3 examples given	Impact of Six Steps Programme in this example
<p>Example a) Mr A avoided an unnecessary out of hours hospital admission for antibiotics to treat cellulitis due to staff having learnt to complete 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) 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>
<p>Example c) Mrs C was identified as being close to the end of her life, agreed by her GP, and anticipatory medication was prescribed. Mrs C's condition was unstable (GP aware) and on day she developed a suspected seizure. Having completed a wishes and preferences document where Mrs C had stated she didn't want to go into hospital if avoidable, and in full discussion with the GP, Mrs C and her family, it was decided to keep her at the care home, where anticipatory medication was commenced, keeping her comfortable. After a few days Mrs C's condition improved, and she was re-assessed as per Six Steps principles, and her condition moved from 'last days of life' to 'declining health' on the end of life register</p>	<p>Effective use of the Six Steps principles enabled Mrs C to be cared for appropriately at the care home in what would otherwise potentially have resulted in an unwanted hospital admission triggered by an unexpected event</p>
<p>NB Potential costs avoided using 2015 CWS CCG figures just for these 3 examples: £7,500.00</p>	

Cost of Programme Versus Potential Cost Avoidance

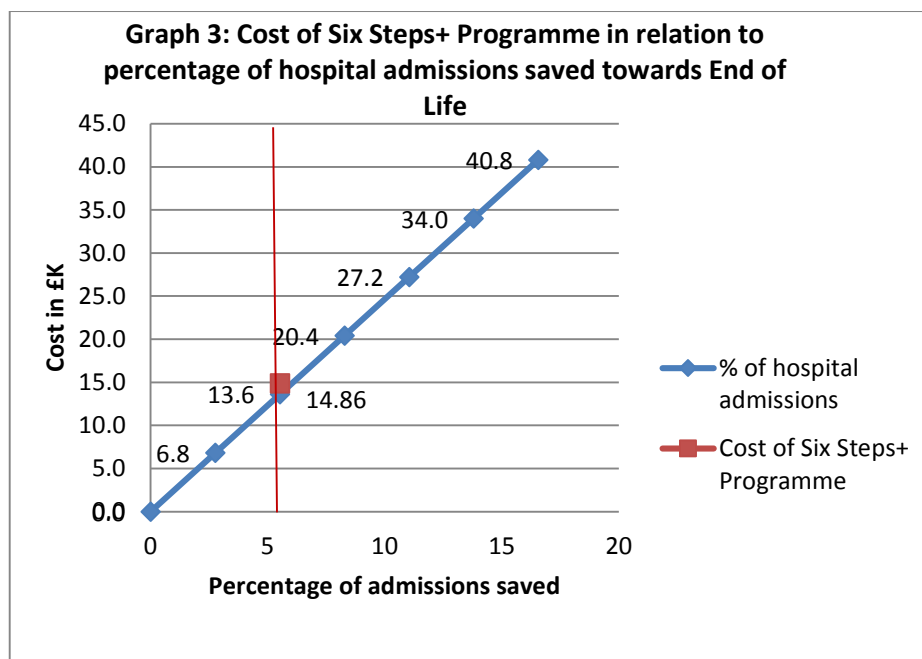
- The cost of **£14,851.99** to provide the Programme for 10 Care Homes is neutralised by contributing to averting just 6 avoided admissions ⁽²³⁾, or an overall reduction in hospital admissions of 6.8% ⁽²⁴⁾ (see graphs)
- Increasing knowledge, skills and confidence of Care Home Staff in end of life care through the Six Steps+ End of Life Care Programme addresses the anxiety that without education nurses feel regarding End of Life Care. The case studies presented support this.

Therefore it is not unreasonable to make the assumption that reducing hospital admissions by at least this amount is very achievable.

Graphs 2 and 3 demonstrating the cost of the Six Steps+ Programme in relation to cost neutrality to a commissioning CCG and potential cost avoidance



6 avoided admissions ⁽²³⁾ would cover the cost of the Six Steps Programme making it cost neutral to potential commissioners. Any further reduction in admissions would result in further cost avoidance and potentially financial savings ⁽²⁴⁾



A 6.8% reduction in avoidable hospital admissions ⁽²⁴⁾ would cover the cost of the Six Steps Programme making it cost neutral to potential commissioners. Any further reduction in admissions would result in further cost avoidance and potentially financial savings ⁽²⁴⁾

It should be noted that releasing staff for training, and implementation time with any backfill, of approximately 300 hours per care home, plus any additional care costs in relation to increased resident dependency, will incur direct costs to the care homes; these costs will differ greatly due to individual establishment financial arrangements. However, commissioned funding such as the Better Care Fund and Integrated Personal Commissioning ⁽¹⁵⁾ may be available for qualifying residents, which may ameliorate costs of care to the care home.

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 regarding End of Life Care, enabling them to better manage residents with complex needs at the end of their lives, so reducing unnecessary hospital admissions. The case studies presented support this.

With the cost of the education and support required essentially covered by just six avoided hospital admissions throughout the 1 year duration of the course, or a reduction of 6.8% of avoidable admissions, the Six Steps+ Programme makes an attractive and highly cost effective way of achieving both the cost and quality measures outlined in this economic assessment.

A recommendation of this Economic Assessment is that systems and processes should be put in place to measure the actual impact of hospital admission avoidance on community care costs, in order for CCGs can ensure that the care home sector have the resources they need to ensure that the ability to deliver Six Steps+ quality of care can be assured.

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*This case study was completed by **Angela Springett**, Practice Educator, St Wilfrid's Hospice, West Sussex in **December 2015**.*

Angela successfully completed a collaborative learning programme designed to empower nurses to understand, generate and use economic evidence to continuously transform care. The programme was delivered by the Royal College of Nursing and the Office for Public Management, funded by the Burdett Trust for Nursing and endorsed by the Institute of Leadership and Management.

You can contact Angela by email angela.springett@stwh.co.uk

Appendices

Appendix 1: St Wilfrid's Hospice

(www.stwh.co.uk)

Purpose

Our purpose is to provide high quality specialist palliative and end of life care in our community, in collaboration with the NHS and other local services

Values

- ☑ People focused – *meeting needs with tailored care and support*
- ☑ Excellence – *striving for quality and innovation in all that we do*
- ☑ Compassion – *responding to others with understanding and a desire to help*
- ☑ Accountability – *acting with responsibility and transparency to those we serve*
- ☑ Collaboration – *working in partnership and cooperation with others*

Strategic Priorities

1. Develop and enhance the provision of high quality specialist palliative and end of life care services.

Key Objectives

- ☑ Provide and maintain the facilities to deliver our services
- ☑ Extend the reach of our services to more people in our community
- ☑ Provide more care to people in their own homes
- ☑ Increase flexibility and capacity of services to meet people's changing and growing needs
- ☑ Continue to improve the quality and availability of our services
- ☑ Work in collaboration with commissioners and other providers
- ☑ Promote good communication and enable patients and their loved ones to take an active role in decisions about their care

2. Share our knowledge and expertise to increase impact, awareness and understanding of our work.

Key Objectives

- ☑ Raise and enhance our positive public image
- ☑ Implement a communications programme, using our key messages and identity
- ☑ Make it easier for people to engage with us
- ☑ Increase the awareness, range and quantity of education and training opportunities
- ☑ Increase the skills and confidence of those delivering end of life care in all settings
- ☑ Help people talk more openly about dying, death and bereavement

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
- ☒ Broaden the scope and role of our volunteers across the organisation
- ☒ Support, inspire and recognise our 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 strategy recognises the need to work in partnership with other local and national organisations’
(AN EDUCATION STRATEGY 2015 – 2020, St Wilfrid’s Hospice)

‘Our Education Centre provides a space for all healthcare professionals to learn from each other, reflect together, and find new ways of working to help realise our ideal of equitable and first rate care for all persons with long-term conditions and life-threatening illness. We also offer a wide range of courses to care home staff and complimentary therapists’.

Appendix 2: Cost Analyses

Cost Analysis - Set Up Costs:				
Direct costs (figures accessed via St Wilfrid's Hospice April 2015)				
Identify	Additionality	Apportion	Full costs	Real terms
Simply name the cost type / category	Is this 'over and above' for the purpose of your EA?	Should 100% of this cost type / category be included?	Do you need to adjust figure to reflect full costs (e.g. on-costs)?	Do you need to adjust figure to express it 'in today's money'?
Educator Cost: 162 hours (education production / refinement / learner portfolio development) 2 hours promotion session	Yes	Yes Hourly cost Band 7 £19.12 164 hours = £3,135.68	Yes Hourly cost including on-costs £23.26 164 hours = £3,814.64	No, current figures used
Administrator Cost: 60 hours (promotion material development, distribution, administration of programme)	Yes	Yes Hourly cost Band 3 £10.05 Band 2 £8.87 (Band 3 x 40) £402.00 (Band 2 x 20) £177.40 60 hours = £579.40	Yes Hourly cost including On-costs Band 3 £11.62 Band 2 £9.32 (Band 3 x 40) £464.80 (Band 2 x 20) £186.40 60 hours = £651.20	No, current figures used
Printed Resource from other organisations (charged for) Cost:	Yes	Yes Portfolios £8.13 each 3 per Care Home / Agency =£24.39 10 CH / Agencies Total: £249.39	No Total: £249.39	No, current costs

Indirect costs				
Premis (St Wilfrid's Hospice)	Yes	No charge, provided by charitable organisation	No	No
Non-charged printed Resources	Yes	No charge	No	No
Volunteers – resource copying for programme	Yes	No Charge – Opportunity costs of volunteering are not included but equate to approximately 20 hours	No	No
Overhead costs	Yes	No charge, charitable donation St Wilfrid's Hospice	No	No
Total set-up costs for cohort of 10 Care Homes / Agencies:		£3,964.47	£4,715.23	Total = £4,715.23

Cost Analysis - Running costs:

Direct costs (figures accessed via St Wilfrid's Hospice April 2015)				
Identify	Additionality	Apportion	Full costs	Real terms
Simply name the cost type / category	Is this 'over and above' for the purpose of your EA?	Should 100% of this cost type / category be included?	Do you need to adjust figure to reflect full costs (e.g. on-costs)?	Do you need to adjust figure to express it 'in today's money'?
<p>Educator Costs:</p> <p>Education sessions 5 hrs x 9 =45 hours</p> <p>Field Visit time 6 visits of 1.5 hrs + average 30 min travel hours each for 10 Care Homes = 120 hours</p> <p>Portfolio Assessment 2.5 hours each (3 Portfolios per Care Home = 30)</p>	Yes	<p>Yes</p> <p>Hourly cost Band 7 £19.12</p> <p>45 hours = £860.40</p> <p>120 hours= £2,294.40</p> <p>2.5 hours x 30 = 75 £1,434.00</p> <p>Total: £4,588.8</p>	<p>Yes</p> <p>Hourly cost including on-costs £23.26</p> <p>45 hours = £1046.70</p> <p>120 hours= £2,791.20</p> <p>2.5 hours x 30 = £1,744.50</p> <p>Total: £5,582.40</p>	No, current rates
Administrator Costs:	Yes	<p>Yes</p> <p>2 hours per month x 10 months (Band 3) at £10.03 per hour = £200.60</p>	<p>Yes</p> <p>2 hours per month x 10 months (Band 3) at £11.62 per hour = £232.40</p>	No, current rates
Mileage: approx 15 miles return	Yes	900 miles at £0.45 per mile = £405.00	No	No, current rates

journey x 60 journeys =			£405.00	
Re- accreditation (average 3x 2.5 hour visits for 10 Care Homes per year (plus 1 hour travel per visit = 30 hours)	Yes	7.5 hours annually minimum 10 Care Homes x 7.5 hours = 75 hours + 30 hours travel: £2,007.60 10 Care homes x 1 visit of 15 miles x3= 450 miles at £0.45 = £202.50 Total: £2,210.1	7.5 hours annually minimum 10 Care Homes x 7.5 hours = 75 hours + 30 hours travel: £2,442.30 £202.50 Total: £2,644.80	Yes, calculate per ongoing year
Catering / Refreshments	Yes	£5 per student per Education session 20 students x 9 sessions = £900	No £900	No, current rates
Palliative Link Group (4 per year) 2 hours plus preparation 2 hours each	Yes	16 hours = £305.92	16 hours = £372.16	No, current rates

Indirect costs (Add rows as required, and indicate year)				
Premises (St Wilfrid's)	Yes	No Charge	No	No
Care Home Staff time	Yes	Release for study / training rest of staff, implementation by Care Home, (or use of Own Time) per attendee: 45 hours tuition, 12 hours Field Support, approx. 60 hours implementation time plus travel (cost will vary according to grade, wage, size of home, on-costs and management support required, distance)	No	No
Care Home Management Time - ongoing	Yes	Commitment from Care Home to support attendees and implementation in the care home (see above)	No	No
Input from other health professionals	Yes	Negotiate as required – may be no charge as mainly NHS Services	No	No
Volunteers – any additional resource copying for programme	Yes	No Charge – Opportunity costs of volunteering are not included but equate to approximately 20 hours	No	No
Overhead costs	Yes	No charge, charitable contribution St Wilfrid's Hospice	No	No
Total running costs for cohort of 10 Care Homes / Agencies:		£8,610.42	£10,136.76	Total (including set-up costs of £4,715.23) = £14,851.99

