



Whole system savings from end-of-life training in care homes with dementia patients

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Structure of Presentation

- **Overview of NHS North West Project**
- **NHS Payment by Results/ Will PCTs save money?**
- **Key Results from Economic Appraisal of Project**
- **Potential Way Forward and Affordability (based on Liverpool PCT work)**
- **Conclusions**

Overview of NHS North West Project

- £12m DoH funding to improve EoL care (2003)
- Implement GSF, LCP and PPC tools
- Gtr Mcr SHA set up education & training initiative for care staff, to improve quality of EoL care for older people with dementia (2004)
- **Priorities:**
 - Older people with dementia in care homes receive high quality EoL care and greater choice where they die
 - Reduce unscheduled hospital admissions for such patients

Overview of NHS North West Project

- 4 Care Homes and NHS MH Ward involved
- **Adopted GSF, LCP and PPC tools**
- SHA EoL Team developed, implemented , and delivered Education & Training sessions
- **Organised external input to homes**
- Members of the Primary Care Team, Palliative Care Team and the Relatives/ carers of persons with dementia were also involved in the local implementation

Conclusions from Project

- **The Evaluation established that Benefits of implementing the GSF, LCP and PPC tools in long-term care settings included:**
 - **Improved communication between nursing, care and medical staff;**
 - **Better symptom management; and**
 - **Better support for family members and carers.**
- **Full report available at:**
http://www.ljmu.ac.uk/BLW/BLW_Facultytopleveldocs/EoL_Report.pdf

NHS Payment by Results (PbR)

- Cause of admission is primarily medical (falls; broken hip or hip replacement; urinary infection; chest infection; stroke)
- “Dementia”, as such, excluded Acute PbR
- PbR tariff allocated according to: diagnosis, procedures, age & if complications
- Standard tariff irrespective of length of stay

NHS Payment by Results (PbR)

- Local tariffs for where no National tariffs
- **Terminally ill patient PbR tariff reflects condition presenting before death**
- **When in hospital – Care Home bed kept open for if/ when they return: so charges still apply**

NHS Payment by Results (PbR)

- **No savings for those who fund Care Home place even if hospital admission**
- **If patient dies in hospital, cost to PCT same even if LCP helped minimise lengths of stay/ need for admission**
- **Reduced lengths of stay help reduce Hospital costs, but hospitals driven to continually reduce lengths of stay through PbR approach**

**Will PCTs save money
in respect of PbR?**



- PCTs only save money from application of GSF, LCP & PPC tools if patient wishes to die in Care Home and does so, without admission to hospital
- **One aim of GSF is to reduce hospital admissions**
- **Therefore, benefits are primarily Quality-based**

Total Costs of NW Project

- **Attributable SHA EoL Team costs = £91,406**
- **Cost of homes releasing staff = £11,080**
- **External input = £28,437**
- **Total (Rounded) = £131,000**

(All costs set at 2007/08 pay & prices)

- **Higher than would apply for PCT – economies of scale and pilot projects have costs ongoing projects would not have**

Percentage of Patients that Died in Care Home/ Setting (Dementia Patients Only)

% Died in Care Home/ Setting	Apr 2005 - March 2006	Oct 2006 - Sept 2007
Project Homes	n = 48	n = 32
A	75%	100%
B	45%	100%
C	83%	100%
D	30%	44%
E	33%	50%
Project Homes Total	48%	63%

(Data for: 2005/06 – “Before”; Oct 2006 – Sept 2007 – “After”)

Preferred Place of Death

- One Care Home did not provide data (two patients)
 - All patients stating “Home” died in their home
(18 – 60%)
 - All patients stating “Hospital” died in hospital
(8 – 27%)
 - Remaining 4 did not record an answer – all died in hospital
- n = 30

Advanced Care Plans

- 15 (50%) of patients had ACPs
 - All patients with ACPs died in their home
 - 3 (10%) had no ACP because of Family Choice
 - 3 (10%) had no ACP because death was “unexpected”
 - Patients with ACPs accounted for 15 (83%) out of the 18 deaths in homes – 2 had “unexpected death”
- n = 30

Liverpool Care Pathway

- **12 (67%) out of the 18 deaths in homes received the LCP**
- **The others included 4 “unexpected deaths” and one GP refusal**
- **None of the 12 patients dying in hospital had the LCP: 4 by Family Choice and 6 “unexpected deaths”**

• **n = 30**

Potential Way Forward for Training

(based on Liverpool PCT work)

Approach:

- **Tailor & stratify training sessions so staff only attend those pertinent to their needs**
- **Sessions accommodate maximum numbers of staff, without compromising the learning experience, i.e. 20 – 30?**
- **Evaluate the opportunities and costs for delivery: trainers, accommodation, materials, refreshments, etc (May involve procurement)**

Potential Way Forward for Training

(based on Liverpool PCT work)

- **Ensure regular and standard advisory input to care homes from existing staff who already engage with them (PCT staff or staff from organisations PCT contracts with)**
- **Local Care Homes demonstrate commitment to initiative(s) and contribute, for example, by releasing staff for training and providing facilities for training.**

Potential Way Forward for Training

(based on Liverpool PCT work)

Illustration:

- **1,000 Care Home staff: 250 Trained;
500 Untrained care staff; 250 Non-care staff**
- **Sessional Requirements: Trained staff - 4 ;
Untrained care staff – 3; Non-care staff – 1.**
- **Resultant: 2,750 attendances**
- **At ave 20 atts per session = 138 sessions**
- **At £250 per session = £34,500 (Exc Admin)**

Affordability of Training

- **The median Payments by Results non-elective spell tariff is £2,294**
- **This suggests that preventing 15 unscheduled admissions from the care homes involved would cover costs for training 1,000 Care Home staff**
- **How many Care Homes and Beds would be involved with 1,000 staff?**

Conclusions

- **Quality benefits of implementing GSF, LCP & PPC tools fully justify comparatively modest investment in such programmes**
- **Introducing EoL Education & Training programme for Care Staff can save money for PCTs if reduced unscheduled hospital admissions**
- **PCTs and Care Homes working together can realise affordable, cost-effective ways forward**

References

- Ashton, S. et al. An End-of-life Care Initiative for People with Dementia, *European Journal of Palliative Care*, 2009 16: 5, 240 – 243.
- Gandy, R. et al. An Economic Appraisal of an End-of-life Care Training Initiative for Care Homes with Dementia Patients, *Journal of Care Services Management*, 2010 4: 4, 320-329

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