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'GOING FOR GOLD': ACHIEVING TOP QUALITY END OF LIFE CARE IN GP PRACTICES AND MAINSTREAMING ADVANCE CARE PLANNING (ACP) DISCUSSIONS: FINDINGS FROM THE FIRST GP PRACTICES TO BE GSF ACCREDITED

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Background Primary care is pivotal to good end-of-life care and the routine introduction of ACP discussions, though uptake is variable. In the UK most GP practices use Foundation Level GSF that is, have a Palliative Care Register and meetings, but only 25% were included on the register and ACP use was low (NPCA 2011). Further training (GSF Going for Gold) in over 300 practices showed early improvements, but further evaluation was required.

Aim To evaluate the progress of the first seven GP practices to undertake GSF Going for Gold training and GSF Accreditation with the Quality Hallmark Award, endorsed by the Royal College of GPs.

Methods Accreditation included 10 key metrics, a portfolio with good practice examples, After Death Analysis Audit and a follow up conference call. Comparative benchmarked analysis was undertaken with the data and the Accreditation panel assessed the findings.

Results There was significant improvement in numbers included on the register, non-cancer and care home patients, increase in uptake of ACP and DNAR discussions, development of practice protocol for sustainability and other benefits following the Going for Gold training.

Discussion By earlier identification, use of registers and routinely offering ACP discussions, more were enabled to communicate their views and preferences and early results indicated more dying at home.

Conclusion Through whole-team involvement, culture change and routine systemisation of end-of-life care, significant improvements were made in these practices, with uptake of ACP discussion increasing. Additional benefits included improved confidence and development of a sustainable plan.

Summary of collective findings from all GSF Accredited practices

Questions	Average change	Range of results at follow up
1. Register/deaths – the proportion of patients on the PC register over the number of deaths in the practice population – (actual/estimated 1%)	14% to 47%	31% to 69.5% of all pt deaths included on register
2. The proportion of patients who died with cancer or non-cancer on the register	Cancer 84% to 55%	Cancer 25% to 83%
	Non Cancer 16% to 44%	Non Cancer 17% to 75%
3. Care homes/deaths – the proportion of patients on the register from a care home (nursing/residential)	15% to 44%	17% to 62.5%
4. Numbers who died in their usual place of residence	38% to 50%	20% to 80%
5. Percentage of patients on the register who were offered an ACP discussion	15% to 62%	40% to 81%
6. Percentage of patients who have DNACPR recorded	21% to 60%	14% to 100%
7. Percentage of identified carers offered carers assessment	3% to 60%	15% to 100%
8. Percentage of carers offered bereavement information and support	23% to 68%	40% to 100%

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