



# National audit of end of life care

Piloting the Gold Standards Framework  
After Death Analysis Audit Tool in primary care



Omega

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## Key points

Between October 2008 and September 2009 Omega, the National Association for End of Life Care and the University of Birmingham will work with the Department of Health to audit the quality of primary care as people near the end of life. This is the first ever national audit of primary care towards the end of life.

The Gold Standards Framework highlights quality standards that health services are expected to achieve as people near the end of their lives. Based on the Gold Standards Framework, an After Death Analysis tool has been developed to provide a snapshot of the quality of care and allow comparisons over time.

The audit will illustrate the feasibility of using an online After Death Analysis tool in primary care. It will also provide data to help assess current quality and identify gaps and areas for improvement.

The audit will collect data from practices within one PCT area in each of six SHA regions. The benefits of participating for SHAs, PCTs and individual practices include:

- opportunity to trial an innovative tool
- demonstration of progressing with the Next Stage Review and national End of Life Care Strategy goals
- national recognition for participating
- feedback on data submitted to help improve quality
- the potential to reduce service costs and days in hospital
- regular support through a network

The outputs of the audit will include:

- a brief overview highlighting processes in April 2009
- a report providing a national snapshot in September 2009
- a paper in a peer reviewed journal submitted by December 2009



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## Background

Improving end of life care is at the forefront of government health policy. The NHS Next Stage Review and the National Strategy for End of Life Care both acknowledge that supporting people nearing the end of life is just as important as promoting good health throughout life.

The Department of Health has commissioned Omega: the National Association for End of Life Care and the University of Birmingham to conduct a pilot of the Gold Standards Framework's Analysis After Death (ADA) audit tool.

ADA is a web-based audit tool that monitors end of life care provision using data drawn from real patient experience.

Using data entered by clinicians or administrators online, ADA examines whether GP practices or care homes are using the Gold Standards Framework effectively, where patients die, whether they die in their place of choice and what services and resources they use. It is simple and easy to use, enables PCTs and primary care teams to monitor change in practice and supports benchmarking against national trends in end of life care. ADA can also highlight potential gaps that might lead to improved services on an individual practice, regional or national basis.

Previous versions of ADA have been tested successfully within a PCT and within care homes. Omega and the University of Birmingham are now piloting the effectiveness of ADA for benchmarking in primary care.



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## Objectives

The findings from the audit will have immediate practical implications for quality improvement and influence protocols for assessing end of life care for many years to come.

There are two core objectives of the audit:

### 1. National snapshot of quality

- Providing the first ever baseline 'snapshot' assessment of end of life indicators in primary care, including place of death, the proportion of people dying where they choose, hospital bed days, and level of adoption of the Gold Standards Framework.
- Building experience of using ADA for benchmarking in primary care.
- Outlining the current situation and areas for improvement.

### 2. Evaluate ADA

- Demonstrating how ADA can be a useful tool for assessing and improving the quality of end of life care.
- Assessing how to refine and develop ADA further to meet the needs of primary care.
- Raising awareness of ADA for SHAs, PCTs and practices.
- Building the evidence base by publishing findings.

The three core outputs from this work will be an interim outline of progress in April 2009, a full national snapshot report in September 2009 and a peer reviewed journal article following the end of the audit.



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## Methods

To provide an indication of national trends we will invite one PCT from each of six SHA area to work with us. We will request that SHAs nominate an appropriate PCT in their area. We will then invite all practices within that PCT area to take part, working closely with a local PCT facilitator. We hope that at least 30% of practices from each PCT will participate. This will provide a good geographic spread, as well as ensuring that the project is manageable and feasible.

Our aim is to generate as large a sample as possible from within each PCT area, but we are *not* attempting to be representative or generalisable so random sampling is not appropriate within the budget available.

Practices will be invited to submit data online for every death between January and February 2009 (the data can be submitted online retrospectively). The audit will cover all deaths, including sudden deaths.

### Benefits

Practices that volunteer to participate will receive regular telephone support and e-newsletters. They will also be able to access data specific to their practice which can be used to monitor trends in end of life care.

The benefit for participating practices is that they are able to trial a new tool, generate data that can help them improve their services and save money, and join a virtual network to gain additional training and support.

PCTs and SHAs will be able to use the collated information from all participating practices in their regions to help celebrate and promote aspects of good practice, identify gaps in service provision, make comparisons with national trends and demonstrate progress on Next Stage Review priorities.



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## Milestones

The key milestones are:

October 2008	Send invitations to steering group Design programme invitations and other material Send invitations to SHAs
November 2008	Allocate administrative team Send invitations to selected PCTs Follow up calls with PCTs First steering group teleconference
December 2008	Begin recruiting practices in PCT areas Place ADA primary care tool online and test
January 2009	Begin data collation with practices Follow up calls with PCTs, SHAs and practices Second steering group teleconference
February 2009	Brief e-newsletter for practices Continue data collection and support of practices
March – June 2009	Follow up practices for buy in and support e-newsletters for practices Provide individualised feedback to practices Third steering group teleconference
July-August 2009	Compile and analyse data Provide feedback to practices and PCTs
September 2009	Draft final report Final virtual steering group meeting Finalise report, incorporating feedback Presentations as required
October 2009	Begin drafting article for peer review journal
December 2009	Submission of journal article



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