Marie Curie
Care and support through terminal illness

Marie Curie Research Grants Scheme

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4ACP: Implementation and evaluation of an integrated care planning and care coordination intervention in primary care for people living at home or in a care home at risk of deteriorating or dying: mixed-method study across Scotland.

Abstract

Aim: To evaluate implementation of an integrated care planning and coordination intervention consisting of four, linked actions in primary care across Scotland with people living at home and in care homes at risk of deteriorating or dying, relevant to UK health and care during and after COVID-19.

Background: Advance/anticipatory care planning (ACP) encourages people to think ahead and plan for deterioration in their health, death and dying. Before COVID-19, public engagement with ACP was low, even in people with declining health. The UK pandemic required identification of people for 'shielding' and rapid care planning in the community. Poor communication and a focus on admission avoidance or resuscitation status led to public complaints and professional concern. A more person-centred, structured approach targeting people at risk of poor outcomes is needed. Implementation of effective, publicly acceptable care planning during and after COVID-19 benefits people with existing health inequalities and disabilities due to multiple advanced health conditions, social disadvantage, older age, and from BAME communities, throughout the UK.

Design and methods: Mixed-method, implementation study of an integrated care planning and coordination intervention using 4-month case studies in a sample of 24-36 GP practices (estimated population 120,000 including care homes) from four diverse Scottish Health Boards; consisting of four work packages, and linked public consultations with patient/carer representatives and community groups to explore ways to improve public engagement in care planning and develop new patient-public information for evaluation in the case study GP practices.

WP1: Screening: Primary care records searched monthly at a national, regional and practice level for people with deteriorating health using validated electronic search tools (AnticiPal); patient lists available for review at team meetings in the case study GP practices, Health Board data available for analysis/monitoring.
WP2: Identification: Primary care clinicians prioritise listed patients at highest risk for care planning during team meetings.
WP3: Care planning discussions: Supported by nationally endorsed communication model/resources, and public/patient information developed from the study public consultation.
WP4: Electronic care coordination: Personalised care plans shared via Scotland's Key Information Summary system.

Participatory research and integrated quantitative (WP1, 4) and qualitative data (WP2-4) analysis evaluate the four care planning actions and their implementation using: search data at Board/practice level; case study interviews with primary care clinicians, care home staff, patients and families; analysis of uploaded electronic care plans; feedback from practices and primary care organisations, and end-of-study regional public meetings for key professional/public stakeholders. Sharing evaluated patient-public care planning information resources; UK webinar for consensus recommendations supports national implementation. (StaRI guidelines)

Study Outcome: A publicly acceptable, integrated process for person-centred, care planning in primary care will increase the number and quality of personalised care plans agreed with patients and available to health and care professionals via the Scottish electronic care coordination system.