Hospice UK National Conference

Example 4: Abstract very likely to be accepted

Title: Future care planning (FCP)

Background: In England the delivery of individualised personalised care is a national priority[1] . A nursing care home, implementing the Gold Standards Framework for Care Homes [GSFCH] programme[2] , approached their local hospice community palliative care team for Advance Care Planning [ACP] support. All the residents had dementia. ACP was a key component of the GSFCH programme they were implementing, but they had limited experience, so sought external assistance.

Aim: To enable all residents living in the nursing care home to have a documented individualised personalised care plan that is acted upon.

Method: The palliative care team reviewed published literature. They formed a working group with the care home staff, the GP, and the local hospital Geriatrician. An audit was cocreated and undertaken. All staff in the care home then attended an education session on audit and ACP which included information on mental capacity and best interest decisions[3] . ACP was role modelled by all working group members[4] . Data was collected monthly, for six months, on ACP documentation, including the residents preferred place of care [PPC] and death [PPD].

Results: Following the literature review as all residents had dementia, Future Care Planning [FCP] was undertaken not ACP[5] . All care home staff attended training. Prior to the ACP training n=2/30 residents had a FCP in process. During the six months this was completed for n=22/30 residents. Throughout the audit admissions to the hospital had occurred [n=15] as had deaths in the hospital [n=10]. Known FCP preferences guided these decisions. The audit showed all preferences regarding PPC and PPD were met. Prior to the audit preferences were unknown.

Conclusion: ACP was not possible in this care setting, but FCP was. Having such plans in place enabled the delivery of personalised care to the residents living here. Achieving was only possible with an integrated approach.

299 words

References:

1. NHS (2019) Universal Personalised Care: Implementing the Comprehensive model https://www.england.nhs.uk/wp-content/uploads/2019/01/universal-personalisedcare.pdf (accessed 21st February 2024).

2. Gold Standards Framework Care Home Training Programme
https://www.goldstandardsframework.org.uk/care-homes-training-programme (accessed 21st February 2024).

3. Froggatt K. (2000) Palliative care education in nursing homes. Macmillan Cancer Relief, London.

4. Stone L. Kinley J. and Hockley J (2013) Advance care planning in care homes: the experience of staff, residents, and family members. International Journal of Palliative Nursing 19 (11) 550-557.

5. Kinley J. Denton L. and Levy J. (2018) Improving the approach to future care planning in care homes. International Journal of Palliative Nursing 24 (12) 576-583.

Hospice UK Conference 2026: Abstract scoring template

All abstracts are assessed and scored under the following headings.	
Reviewer name: A.L.L. Sections	**Abstract title: Future care planning (FCP)**

Is this: Completed Work (x)   Work in progress (   )

You can add further thoughts/notes you wish to highlight to accompany your score in the 'Additional Comment' section below.

Is the work: Audit [A], Quality Improvement [QI], Research [R] or Unclear / Uncertain / Other [U] (please state). *See foot of following page for brief descriptions of these study types.*	Audit
References included (Yes or No)	Yes

Section 1: Abstract content - score each section below
Not at all described= 0   *Not much described = 1*
Well described = 2   *Very well described = 3*

Background *E.g. what is the rationale or gap in knowledge/practice that the work is based upon?*	**3**
Aim(s) *E.g. what does the work/project aim to achieve and for whom?*	**3**
Methods *E.g. what are/were the methods used to deliver or evaluate the work / project?*	**3**
Results *E.g. what are/were the anticipated results and how will they make a difference? Note, for 'Work in progress' abstracts there may be no results to report in which case, score zero.*	**2**
Conclusions *E.g. do the conclusions and recommendations seem logical from the completed or anticipated results? Note; if work is still in progress there may be no conclusion if so, score zero and make a note in the Additional Comment section.*	**3**

Section 2: How innovative or of interest do you think this abstract is? (max 3 points)

Very = 3	*Quite = 2*	*Not much = 1*	*Not at all = 0*	

Comment This is an important subject. Increasing numbers of people are anticipated to die in care homes, and this will therefore be of interest to those attending conference. Upskilling care home staff to do this is key to achieving this well. With the focus on personalised care the authors made a good link to the national agenda.

Total abstract score is Section 1 + Section 2 =	17/18

Your recommendation (please indicate your 1st and 2nd choice)

<u>**1st Choice = Oral presentation**</u>	<u>**2nd Choice = Displayed poster**</u>	Decline

Additional comment: *Please use this section to note anything else that you feel is of importance e.g.*

- o *Abstracts which you want to particularly recommend for oral presentation or poster - or to be declined.*
- o *Abstracts for which you want to explain more about why you have made a recommendation.*
- o *Anything else you want to say about your submitted scores and comments.*

Use this section also to note a score of zero for work in progress which does not have Results / Conclusions content.

Study descriptions

- Audit: A quality improvement cycle where care delivered is measured against a pre-determined standard.
- Quality Improvement: The systematic use of tools to improve safety, effectiveness, and experience of care.
- Research: A systematic approach that uses scientific methods, and results in the creation of new knowledge.
- Unclear/Uncertain/Other: For anything else which is not covered by the categories above.

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