

GEANS

'Getting Evidence into Admiral Nursing Services'

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Background

Dementia places significant burden on health and social care systems and commissioners developing models of support for families and carers of people with dementia (PWD). Local evaluation of Admiral Nursing (AN) roles and services has pointed to their positive value; however evidencing the effectiveness of AN services and the added value of this specialist role is imperative. Commissioners and hosts need outcomes data and, as AN grows, it is increasingly important to collect data consistently to identify and promote effective AN models.

In spring 2016, Dementia UK (DUK) launched GEANS: a programme of work to collect evidence on the value and effectiveness of Admiral Nursing led by two expert service evaluators (SR & ZA). GEANS aims to build the skills and capability of ANs to evaluate their practice and services and integrate data collection and service improvement culture into their daily work. The 18month pilot supports seven new AN teams.

Method

The GEANS approach uses the methodology of GEMSS, an evaluation project developed by the MS Trust for MS specialist nurses which was successful in developing the 'evaluation mindset' of participating nurses, and significantly enhanced the evidence base of MS specialist nurses (1)

A co-produced evaluation framework (figure 1) identifies the activities of ANs and defines outcomes in their work with families and in supporting best practice in other professionals. Outcomes reflect the domains of the NHS Outcomes Framework (NHSOF) (2) for England and the Adult Social Care Outcomes Framework (ASCOF) (3) to match key commissioning priorities. Three overarching themes will focus data collection (figure 2). Indicators, metrics and tools within each theme will reflect the specific focus of the AN services so to collect robust evidence.

GEANS support for AN teams:

- **Preparation for participants** - Residential training to provide grounding in evaluation theory and its application in complex health service settings.
- **Workshops** - Teams will be brought together for a workshop at the annual AN forum and for a one day event in Spring 2017. Workshops will include; writing effective case studies and carer and stakeholder surveys as well as supporting teams to analyse emerging data and develop recommendations about their service.
- **Ongoing facilitation and support** - site visits, further cohort training and update sessions, one to one support for each individual team and hands on help for producing a final evaluation report.

References:

1. GEMSS <http://www.mstrust.org.uk/health-professionals/ms-services-nhs/gemss-generating-evidence-multiple-sclerosis-services/gemss-i>
2. NHS Outcomes Framework http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385749/NHS_Outcomes_Framework
3. Adult Social Care Outcomes Framework <http://www.gov.uk/government/publications/adult-social-care-outcomes-framework-ascof-2015-to-2016>

Figure 1: GEANS evaluation framework



Figure 2: NHS and ASCOF outcome frameworks

Quality of Life of carers and pWD – enhanced quality of life for people with care and support needs (ASCOF domain 1, NHSOF domain 2)

- Carers can balance their caring roles and maintain their desired quality of life (ASCOF 1D – carer reported quality of life, NHSOF 2.4)
- Enhancing quality of life for people with dementia (NHSOF 2.6 Estimated diagnosis rate for pWD. Dementia & a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life)

Ensure that people have a positive experience of care and support (ASCOF domain 3, NHSOF domain 4)

- Carers are respected as equal partners (ASCOF 3C carers who report that they have been included or consulted in discussions about the person they care for).
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help (ASCOF 3D ease with which people find information about support)
- Improving people's experience of integrated care (NHSOF 4.9 / ASCOF 3E)

Delaying and reducing the need for care and support (ASCOF domain 2)

- Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services (ASCOF 2B / NHSOF 3.6 at home 91 days after discharge)
- When people develop care needs, support received is in the most appropriate setting and enables them to regain their independence (ASCOF 2F: Dementia – a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life)
- Reducing time spend in hospital by people with long-term conditions (NHSOF 2.3 Unplanned hospitalisation for chronic ambulatory care sensitive conditions)