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CRD summary
The review concluded that the Gold Standards Framework had considerable potential to improve end-of-life care. Further work was required to support uptake and consistency of implementation. The authors' cautious conclusion appears reliable, but a lack of reported review process and a risk that relevant evidence was missed should be borne in mind.

Authors' objectives
To evaluate the impact of the Gold Standards Framework since its introduction in 2001 on end-of-life care within primary care.

Searching
MEDLINE, CINAHL and Social Sciences Citation Index were searched for articles published in English. Search dates and detailed search terms were not reported. References were searched from relevant identified articles. Grey literature was sought from internet resources and through contact with the National Gold Standards Framework Team and subject area specialists.

Study selection
All study designs that provided outcome data on implementation of the Gold Standards Framework in primary care were eligible for inclusion.

Included study designs included prospective 12-month comparative studies, semi-structured telephone interviews, 12-month repeated measure audits and case studies. All studies were conducted in UK.

The authors did not state how studies were selected for inclusion.

Assessment of study quality
Included studies were evaluated using a framework proposed by Evans (2003) based on a hierarchy of evidence according to study design. The framework proposed four categories of evidence: excellent, good, fair and poor.

The authors did not state how many reviewers performed validity assessment.

Data extraction
The authors did not state how many reviewers performed data extraction.

Methods of synthesis
Studies were combined in a narrative synthesis grouped by the key questions (level of impact on general practice and procedures, providers, patient and carers).

Results of the review
Twenty-seven articles were included in the review: seven peer-review studies, eight data reports and 12 conference abstracts. A consistent pattern of themes was found and the overall quality of the evidence was deemed to be fair (studies provided valid information that allowed identification of beneficial interventions and assisted in prioritising the research agenda, but employed research methods that may have some degree of error). Most of the studies focused on effectiveness rather than feasibility and appropriateness.

Impact on patients and carers: Based on one study (self-report audit), those who used the Gold Standards Framework indicated improved end-of-life care for patients (and to a lesser degree carers). Improvements included increased equity of care, greater access to specialist support and more responsive care, and potential improvements in patient choice.
**Impact on general practice systems and procedures:** The greatest benefits appeared to be for co-ordination and communication. Most practices achieved the foundation level of the Gold Standards Framework. More modest improvements were reported for control of symptoms, continuity, continued learning, carer support and care in the dying phase. The Gold Standards Framework was accessible to most practices, but the level of adoption was variable. Most practices were able to implement foundation level, but adoption of the higher levels was more variable. Three studies indicated that the Gold Standards Framework could be maintained past its initial phase of adoption, but not all practices were able to consolidate their initial gains (two studies).

**Impact on providers:** Practitioners were more aware of end-of-life issues (two studies) and reported improved quality in their practice's ability to manage symptoms, support carers and staff, work as an effective team and communicate with specialist palliative care workers (eight studies). Practitioners indicated that the Gold Standards Framework facilitated multidisciplinary working and communication (seven studies), but that this can be undermined by lack of shared commitment. Several studies highlighted workload issues, generally associated with co-ordination of the framework (four studies).

**Authors' conclusions**
The Gold Standards Framework had considerable potential to improve end-of-life care. Further work was required to support uptake and consistency of implementation.

**CRD commentary**
The review question was supported by rather broad inclusion criteria. Three electronic databases were searched. An attempt was made to identify unpublished studies. The literature search was limited to articles published in English, which may have caused relevant studies to be missed and risked publication bias. Details of the review process were not reported and so it was not possible to determine whether appropriate steps were taken to minimise bias and errors. Study quality was evaluated and considered in the interpretation of the results, but hierarchical levels of evidence are not generally recommended. Study details were not fully reported. Given differences between the studies, particularly in terms of study design, population and outcomes, a narrative synthesis was appropriate.

The authors' cautious conclusion appears reliable, but a lack of reported review process and a risk that relevant evidence was missed should be borne in mind.

**Implications of the review for practice and research**
**Practice:** The authors noted that the Next Stage Review (Going for Gold) set out ongoing enhancement of the models for primary care and included a new training programme leading to possible quality recognition and accreditation. The authors also stated that evaluation would continue to be a key aspect of the Gold Standards Framework and introduction of online evaluation tools such as the After Death Analysis tool should reduce the response burden highlighted as an area of dissatisfaction in earlier phases of the Gold Standards Framework.

**Research:** The authors stated that further evaluation may benefit from following evaluative frameworks such as that developed by the Medical Research Council which suggested a non-linear approach to evaluation and a greater focus on patient outcome, economic evaluation, equity and sustainability.

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