Coalition of Frontline Care Report

Appendix

A. Information from Coalition Member Organisations Nov 24

Coalition Members	Organisation general Information	Coalition member, co-badger of GSF Accreditation Awards and relevance in End of Life Care	Contact Details
The Gold Standards Framework (GSF)	The Gold Standards Framework (GSF) charity is the UK's leading training provider for generalist frontline staff in caring for people in the last years of life for over 25 years. GSF provides quality improvement end of life care training in primary care, hospitals, care homes, retirement villages, domiciliary care agencies, prisons and other settings.	GSF is a practical and evidence-based end of life care service improvement training programme with co-badged accreditation, enabling 'gold standard' of end of life care for people, with any condition, in any setting, given by any care provider. Over the last 25 years, GSF has trained over 5000 teams, over 2000 accredited including over 3,500 care homes. https://www.goldstandardsframework.org.uk/ GSF training involves developing proactive (early identification), personalised (clinical/personal needs offering ACPs) and coordinated systematic care across all health and care settings-thereby reducing over hospitalisation and enabling more to live and die where they choose. GSF was one of the original End of life care models as part of the 2008 NHS End of Life care Strategy, and foundation level GSF was rolled out to 98% GP practices in the UK from 2004-10. See GSF Accredited Organisations.	www.goldstandardsframework.org.uk Prof Keri Thomas OBE, Founder and Chair: keri.thomas@gsfcentre.org.uk Julie Armstrong-Wilson, Chief Operating Officer: juliearmstrongwilson@gsfcentre.co.uk, Coalition webhost https://www.goldstandardsframework.org.uk/coalition-of-frontline-care
British Geriatrics Society (BGS)	The British Geriatrics Society is the professional body of specialists in the healthcare of older people in the UK. It has over 5,200 members from all professions working to improve healthcare for older people in acute, primary and community care settings.	BGS was a founder member of the Coalition of Frontline Care from June 2023 and has co-badged GSF accredited acute and community hospitals for over 12 years. BGS members are multidisciplinary healthcare professionals working in all care settings to deliver better care for older people living with frailty and multiple complex long-term conditions. The BGS has published many resources on delivering high-quality personalised care for older people, including Joining the dots: a blueprint for preventing and managing frailty in older people. Through its End of Life Care guidance and the work of its EOLC Special Interest Group, the BGS advocates person-centred care and shared decision-making right to the end of life, helping to advocate for what matters most to individuals. The BGS recently published its updated position on assisted dying	www.bgs.org.uk/about Sarah Mistry, CEO: s.mistry@bgs.org.uk Sally Greenbrook, Policy Lead: s.greenbrook@bgs.org.uk
National Care Forum (NCF)	NCF is the membership organisation for not-for-profit organisations in the care and support sector. NCF members collectively deliver more than £3.7 billion of social care support to over 268,985 people in 8,238 care and support settings. They employ more than 145,113 colleagues and 20,700 volunteers.	NCF is a founder member of the Coalition of Frontline Care. We have co-badged GSF Accredited care homes for about 16 years since 2008, and are proud supporters of GSF. Read more. Our members are all not for profit organisations. They deliver a diverse range of care and support services, to support adults with care and support needs including home care, residential and nursing care in care home settings, supported living, extra-care and retirement living communities, day care as well as intermediate care, outreach care and support services, homelessness and substance misuse and range of more specialist care and support services for adults with enduring mental health problems, learning disabilities and autistic people. End of life care is an intrinsic part of the care and support they offer.	www.nationalcareforum.org.uk Prof Vic Raynor OBE CEO vic.rayner@nationalcareforum.org.uk Liz Jones, Policy Director Liz.jones@nationalcareforum.org.uk
Homecare Association	The Homecare Association is the UK's membership body for homecare providers, with over 2,200 members nationally. Our mission is to ensure that homecare	The Homecare Association was a founder member of the Coalition and contributes to its work enthusiastically. The Homecare Association's members deliver a wide range of care services to support all those to live well at home. Delivering care to people in the last years of their life,	https://www.homecareassociation.org.uk CEO Dr Jane Townson OBE, jane.townson@homecareassociation.org.uk

Homecare Association	receives the investment it deserves, so all of us can live well at home and flourish within our communities. The Homecare Association acts as a trusted voice, taking a lead in shaping homecare, in collaboration with partners across the care sector.	including at the end of their life, is a key part of the services our members deliver.	Daisy Cooney, Policy, Practice and Innovation: policy@homecareassociation.org.uk
Care England CARE ENGLAND	Care England, a registered charity, is the largest and most diverse representative body for independent providers of adult social care in England. We speak with a unified voice for our members and the care sector. We are committed to supporting a united, quality-conscious, independent sector that offers real choice and value for money.	Care England was a founder member of the Coalition of Frontline Care for People Nearing the End of Life since June 23 and a strong supporter of its political campaigning. Read more. Care England has been a long term supporter of GSF and has co-badged its social care accreditation, in care homes, for over 16 years.	www.careengland.org.uk CEO Prof Martin Green OBE, MGreen@careengland.org.uk Cai Parry, Policy Lead: cparry@careengland.org.uk
Community Hospital Association (CHA) CHA COMMUNITY HOSPITALS ASSOCIATION	We are the national voice of community hospitals. There are 500 plus community hospitals in the UK. We promote best practice and innovation within community hospitals. We have 20 organisational members. We have 400 Personal members who are largely NHS staff and Volunteers working in community hospitals	The Community Hospital Association, a member of the coalition, has co-badged GSF Accreditation for Community Hospitals for over a decade over 10 years. End-of-life care is crucial to the CHA. Many of our patients are in their final stages of life, and we are committed to ensuring that this time is spent in a supportive, familiar environment. Community hospitals are uniquely positioned to offer this level of care closer to home, reducing the strain on families and allowing patients to remain in a setting that feels less clinical than large acute hospitals. We highlight the value of community hospitals in bridging the gap between acute hospital care and home care, for older adults with complex health needs.	www.communityhospitals.org.uk Dr Kirsten Protherough, Chair: kirstenprotherough@communityhospitals.net Sue Greenwood: suegreenwood1@nhs.net
The Associated Retirement Community Operators (ARCO) ARCO Setting Standards for Retirement Communities	ARCO is the national membership body for charitable and private sector operators of Integrated Retirement Communities (IRCs), known as modern housing-with-care schemes. ARCO has 30 members, whose IRCs are home to around 30,000 residents who live independently, with care delivered to their own front door if needed. The total frontline workforce in ARCO Member IRCs is around 7,500.	ARCO joined as a member of the Coalition July 23. It has for over 6 years endorsed and co-badged GSF Accreditation Awards for Integrated Retirement Villages through its GSF RV programme. IRCs are for older people aged 65 and over. However, the average age of residents upon moving into ARCO Member schemes is 80 years old. Many residents are moving towards the end of their lives, and the move to an IRC is very likely the last move that they make. It is therefore important to have high-quality end of life care in IRCs, to support residents who are in the last stage of their life. Residents stay for an average of eight years in our Member IRCs, with most passing away during their time living there. A small percentage move into a specialist care homes, and very few move out to live elsewhere.	www.arcouk.org General email: info@arcouk.org Michael Voges, CEO michaelvoges@arcouk.org Sarina Kiayani, Policy and External Affairs Manager: policy@arcouk.org

B. GSF Exemplars – demonstrating fulfilment of national policy

Improving the Experience of Care	**Care UK:** Care UK Care homes are committed to delivering the highest possible standard of well-coordinated quality End of Life Care. Seventeen of the homes received the GSF Quality Hallmark Award in Sept 24 for demonstrating Gold Standard Care. https://www.careuk.com/news/2024/10/windsor-care-home-receives-gold-standards-framework-accolade **Cornmill nursing home** Accredited by GSF for 15 years since the GSF initial training demonstrated long term sustainability, reduced unnecessary hospital admissions and deaths in hospital. "*The world needs to know there are good places like this".* Friend of a resident. **Nightingale House Hammersmith GSF 6th time accredited home and member of NCF:** *"Our goal is to enhance the evidence base around EOLC and facilitate a National Care Home Research Forum."* Director of Research and Innovation. • 83% of residents died in the care home (residents preferred place) • 17% of residents died in hospital during 2023/24 • 100% of the residents that died had an advance care plan in place • 97% of families/carers were offered bereavement support **Queens Hospital Romford:** "Identifying patients as a GSF patient, helps because a lot of these patients are either struggling already and just having that open conversation alone is reassuring them." Ward doctor. The ward was accredited in 2016 • Identification of patients was 42% • Offering of ACP discussions was 62% *"When we get it right our gold patients really do get the care they deserve"* GSF facilitator, Queens Hospital. Read more.
Community - Care Closer to Home	**Domiciliary care After completing the GSF training and accreditation process** *"Staff feel more confident at work, are more able to engage with families and community nursing teams and feel more respected by them."* Supporting people to remain in their preferred place of care. GSF survey response. **Chase Meadow Health Centre:** Implementation and adherence to the GSF infrastructure has led to a robust and sustained impact on improving the quality of end-of-life care we provide. We have increasingly achieved adherence to patient's preferred place of death wishes. This increased from 43% of deaths occurred in the patient's preferred place of death in 2014 to 74% in 2022. Having a systematic approach to our care for those on our GSF register ensures quality measures far exceed national standards and are reproducible year on year. Read more. **Cape Hill Medical Practice Sandwell -** Awarded GSF Practice of the Year 2021. GP Dr Laura Pugh and her practice team, increased their identification rate to 101%, 87% offered ACP, 64% dying in their preferred place of care - home. Working closely with local nursing homes using GSF they radically reduced hospitals deaths and admissions by about 70% over 4 years, *"GSF has given us the structure and tools to deliver **better, more coordinated care**, not just well intentioned care. By putting in the work "up-front" we have all noticed a **significant** decrease in the number of crises and hospital admissions. GSF has provided the busy inner city practice with the means to improve care for this vulnerable patient group'.*
Prevention of hospital admissions	**Coastal Medical Group Lancaster** Dr Andrew Foster and his team have increase identification rate to 45% , more offered ACP and halved the hospital death rate from 35 to 16% **"***GSF has had a transformative effect on the way the Morecambe practice cares for patients…with a shift in the focus…of earlier identification, forward planning and anticipatory care. We are dealing with more and more people at home satisfactorily, with better cross team working.* **Aroma Care** (domiciliary care) "Advance Care Planning has improved significantly and our understanding of the importance of ACP has increased. Communication is now easier and comfortable whilst assessing with the knowledge the GSF has given by both the training and the ability to network with other providers to prevent unnecessary admission to hospital." **Mallard House** (Neurological Care Centre) GSF has helped us provide high quality of care in the home and the confidence to advocate for our residents to prevent unnecessary admission to hospital. https://www.goldstandardsframework.org.uk/accreditation

	The GSF 5th and 6th time accredited care homes demonstrated a reduction of hospital admissions /deaths in 2023/24, average between 7% and 12% of residents admitted and dying in the acute hospital from the care home. The majority of residents remained in the care home average between 88%-93% achieving their preferred place of care. **Princess Christian Centre Care Home** in 2023/24 demonstrated reduced hospital admission/ deaths, only 9% of their residents died in hospital, 91% died in the care home**.** All residents had an advance care plan in place**.** **Royal Star and Garter Care Home** in 2023/24 demonstrated a reduction in acute hospital admissions with 83 % of residents dying in their preferred place of care and only 17% dying in hospital. All of the residents that died and a ACP in place. **82 Care Homes were accredited in 2022/23** the percentage of residents that were admitted to hospital and died was on average 14% demonstrating that care homes identify when a residents is dying and provide the care and support to facilitate residents preferred place of death in the care home. **109 Care Homes were accredited in 2023/24** the percentage of residents that were admitted to hospital and died was on average 13% demonstrating that care homes are recognizing dying and facilitating residents preferred place of care and reducing unnecessary hospital admissions. **Rapid Response Service Dudley** The service was set up to facilitate patients transfer of care from the acute hospital to the patients home which was identified as their preferred place of care, reducing hospital beds and preventing readmission.
Digital examples	**Whipps Cross University Hospital** "*We didn't realize the impact of having Advance Care Planning and we didn't identify where our patients were on their disease trajectory. We are now more confident to have these discussions and create ACPs as a digital handover to community colleagues who can continue to align care with patient wishes*." Improves cross boundary communication. Read more. **St Helenas Hospice**: My Care Choices empowering people to plan ahead, share their choices and achieve their wishes; enabling them to die well with dignity and choice in their preferred place of care. https://sthelena.org.uk/what-we-offer/for-patients-and-families/my-care-choices **The Dorset Care Plan:** a detailed template which can allow recording of a comprehensive management plan and background history for any patient (although it is particularly relevant to frail or complex patients). https://www.dorsethealthcare.nhs.uk/
Workforce Morale	**GSF survey responses from 109 accredited teams in 2023 demonstrates how staff morale has improved with GSF** • **95% agree** The use of GSF has improved staff morale and teamwork • **93% agree** The use of GSF has had a positive impact on job satisfaction Read more.
Reducing inequalities	**Maudsley Hospital** support people with the most severe needs relating to dementia and other psychiatric conditions. They successfully identify 59% of patients in the final year of life and 88% patient wishes "*Ethos of kindness, respect and care pervades everything at the ward and the focus on the people in their care is very clear. The ward has ensured that not only my mother's life but the life of all of those that love her is clam and contented as possible whilst living with such a terrible illness."* Comments from carer in written letter of support of the team. https://www.goldstandardsframework.org.uk/celebrating-success-at-the-gsf-awards-2024 **Bure Prison** *"GSF has given us a structured framework to work with building connections to help support our prisoners through their end of life care and the choices available to them with a whole prison approach."* **Isaac Robinson Court Residential Home** (supporting people with a learning disability) *"A lot of our staff are younger and frightened they don't understand end of life, it's something you don't talk about, GSF empowers our staff to talk about death and dying, it gives them confidence to talk about it and makes what we do more meaningful".*
Integration	**Mid Nottinghamshire ICB**: Building on GSF use across the ICS setting *"Getting the GSF culture embedded within all frontline services can't be emphasised enough"* EOL care lead:

	• Increasing numbers identified, increasing uptake with Advanced Care Planning • increasing numbers dying where they choose to almost 80% • Decreasing ED attendance and hospital admissions (almost halved). **Jersey: Nurse Champion from Jersey Hospice Care describes how GSF has helped Jersey integrate whole-island EOL care** https://www.goldstandardsframework.org.uk/cross-boundary-care-training Other cross boundary examples from Dorset, Lancaster, Barking, Havering and Redbridge, Southport and Ormskirk https://www.goldstandardsframework.org.uk/cross-boundary-care-training

Overall Impact - examples from GSF Accredited teams across health and social care

Overall Impact - examples from GSF Accredited teams across health and care settings

GSF Accredited teams or GSF pilot areas	1.Proactive: Patient early identification rates	2.Person-centred: ACP discussions offered	2.Place: Dying in preferred place of care	4.Preventing: over hospitalisation	5.Provision of quality care: Experience of care and carers support
GP Practices	58% of those that died were identified on register ↑	62% offered ACPs ↑	Over 55% dying where chose ↑	43% died in hospital ↓	Improved experience of care ↑
Hospitals	44% Identified ↑	68%Offered ACPs ↑	More dying where they choose ↑	Fewer people dying in hospital ↓	Improved support for family and carers ↑
Care Homes	About 95% residents identified early ↑	80% - 89% residents had ACP s ↑	85% - 87% residents died in the care home ↑	14%- 13% residents that died in hospital ↓	100% offered bereavement support ↑
Domiciliary care	Improved identification ↑	Increase in offering ACP ↑	56% died in preferred place ↑	28%died in hospital ↓	86% offered bereavement support ↑
GSF Cross Boundary Care Metrics (Notts ICB)	47% Identified ↑	Increase in offering of ACP 47% ↑	53%-79% died in place of choice ↑	Halving hospital admissions, reducing ED attendance ↓	Positive feedback from relatives /carers ↑

Overall Impact - example from Nottinghamshire Place-Based Partnership

KPI	Trend
IDENTIFY- Increase no of patients identified on register	- 0.9% - Aim for 2% population ↑
ASSESS-OFFER ACP No of patients with ACP recorded or offered	- Approx 75% - aim 90% ↑
PLAN % of deaths in preferred place of care	-almost 80% -5% increase/ year ↑
OUTCOMES Reduced unnecessary ED attendance and hospital admissions for patients last year of life	- ED attendance 2.08- 1.21 /pp - Hosp admissions 1.4-0.7 pp - Care Home Trend increasing ↓

Further examples of GSF Frontrunner Teams in different settings and Examples of Good Practice are https://www.goldstandardsframework.org.uk/examples-of-good-practice
Publications and evidence here https://www.goldstandardsframework.org.uk/evidence

C. Coalition's Open Letter to Minister Sept 23, Aug 24

Original letter to Rt Hon Steve Barclay MP Sept 23, resent Aug 24 to Rt Hon Stephen Kinnock MP

Stephen Kinnock MP
Minister of State for Care
Department of Health and Social Care
Email: stephen.kinnock.mp@parliament.uk

7 August 2024

Dear Minister,

Ensuring high quality care for people in the final years of life, across health and social care.

Congratulations on taking up your new role as Minister of State for Care. We are pleased to see your brief includes end of life and palliative care and many aspects of community health and social care. As the new Government begins its task of reform of health and care services, we urge you to consider a radical new whole-system approach for our ageing population in the final years of life, by upskilling the 3 million frontline generalist health and care professionals in the UK. We believe this fits well with the priority to bring care closer to home, set out recently by the new Secretary of State for Health and Social Care.

We are calling for a radical transformational shift in the care for older people nearing the end of their lives, through support and investment at service, system and national levels. This includes (1) enhanced core training in proactive, personalised end of life care (EOLC) for the three million generalist frontline professionals delivering health and social care, (2) system changes for Integrated Care Boards (ICBs) enhancing inter-sector collaboration, community care and preventing over-hospitalisation, and (3) nationally, a shift in policy and CQC regulation. EOLC is everyone's business. Care for people nearing the end of their life is a major part of delivering good health and care services and many parts of the system are involved. Funding should be prioritised from new sources and by redeployment of existing resources. With the demographic reality of an increasingly ageing population, acting on this unrecognised opportunity could reap benefits at multiple levels, leading to a step-change in care to meet the needs of older people in their final years of life.

We write to you as a **Coalition of leading organisations from across health and social care**, united by a desire to promote best practice in care for older people in their final years of life, by empowering the frontline workforce. Together we represent most of the health and social care workforce who care for most people in their last years of life - in hospitals, community, care homes, domiciliary care, retirement villages - and the leading provider of EOLC training, the Gold Standards Framework (GSF) charity. The coalition is therefore unique in that we speak with one voice in focussing on (1) care for *older people nearing the end of life*, (2) given by the current *3 million* generalist frontline workforce (3) across *both health and social care*.

We believe everyone deserves top quality care as they near the end of life. Most hands-on care for older people in their final years is given by the frontline health and care workforce. It makes sense, therefore, to ensure that those giving *most* care to *most* people in their final years, in any setting, are well trained in proactive, personalised EOLC, and supported by wider Integrated Care Systems (ICSs), policies, and CQC regulation.

The case for change is strong. **The current system is not working and is failing those most in need, notably older people in their final years.** As the population ages, with death rates predicted to increase by 25% by 2040 and numbers aged over 85 set to double[i], the issue of the fractured interdependence of health and care is likely to escalate. Health and care systems must shift towards care for people with age-related conditions such as frailty, multimorbidity and dementia, now the UK's leading cause of death. Professor Chris Whitty's 2023 CMO Report highlights the prevalence of multiple long-term conditions with age, requiring generalist medical

skills rather than over-specialisation. He advocates advance care plans to help address the risk of over-treatment towards the end of life and recognise personal preferences for quality of life rather than quantity[ii].

Many more could be cared for and die at home with better staff training and stronger support[iii] in accordance with the wishes of the voting public[iv]. In a recent survey, two thirds of UK adults backed a call for the government to provide more resources and training for EOLC as a national priority[v]. We believe there is a strong case to shift resources to an issue that is so fundamental to the delivery of high-quality integrated care, for the benefit of the most vulnerable people in our society. Whist recognising the important role of colleagues in specialist palliative care and hospices for some people, the vast majority of hands-on care for people dying each year (over 650,000 a year in the UK, or 2 million who are in their final 3 years) is given by frontline health and care generalists, with specialist geriatrician or palliative care input when needed and available. Training of generalist frontline teams in end of life care can therefore free up and enable better use of specialist services [vi].

Investing in EOLC in this way would lead to four key areas of benefit: (1) humanitarian; (2) economic and practical; (3) workforce; and (4) helping attain current national strategic policy aspirations - as outlined below:

1. **Humanitarian - more could live well and die well at home with better staff training and support.**
   One of the few certainties in life is that we will all die. Despite this, many people in their final years have a poor experience of care. Repeated surveys confirm that most would prefer to die at home or in their care home[vii] supported by their familiar care providers. Yet almost half die in hospital, with repeated emergency hospital admissions in their final year[viii]. Sadly, many do not have their EOLC needs recognised or met. Too often we hear of older people enduring poor quality care and the distress of families navigating a system not fit for purpose. We believe things could be different and that we must strive to ensure quality care at the end of life for all.

2. **Economic and practical - minimal investment results in major rewards through preventative care.**
   It is estimated that about one third of the NHS budget is spent caring for people in the last year of their lives, much of which could be better spent with proactive, personalised planning and crisis prevention**.** People in their last year of life constitute about 1% of the population, 30% of hospital patients at any time[ix] and about 80% of care home residents. They also represent 25% hospital bed days and almost a tenth of hospital admissions[x]. About 40% of emergency hospital admissions of care home residents are considered preventable[xi]. These avoidable admissions both distress patients and families and further stretch NHS capacity, reducing access for acutely ill patients and increasing waiting times. Without intervention, we risk a rise in over-hospitalisation and inadequate home care[xii]. However, a small investment reaps considerable reward, taking a proactive, preventative approach. For example, for the cost of 2 nights in hospital or 1-2 weeks in a care home, a whole team could be GSF trained and accredited, fulfilling people's choices, reducing hospitalisation and freeing capacity.

3. **Workforce - a better trained workforce delivers more and boosts recruitment and retention.**
   Our workforce is our strength. The vast majority of care for people in their final years is given by the three million frontline generalist staff across the NHS and social care. Hospices and palliative care specialists (the specialist workforce numbers about 10,000 people) are highly valued, though in practice they account for only a fraction of the care provided to people in the last years of life, with about 5% of deaths taking place in hospices. We need *both* enabled, well-trained, up-skilled generalists *and* support from specialists, working together. It is therefore essential that we invest in training and support for the generalist workforce, notably those in social care who are often omitted from NHS plans. Recognition through investment, enabling the workforce to provide high-quality care, will boost staff retention, morale[xiii], and, if scaled up, improve cross-boundary collaboration in ICBs.

4. **National policy – this would help deliver Government policy objectives.**
   The NHS Long Term Plan[xiv] affirmed the importance of proactive, personalised care for people in the last year of life. The 2022 Health and Care Act[xv] builds on the interdependence of health and care through ICSs and population-based thinking. Statutory Guidance to ICBs on this subject highlights the need for workforce skill mix, access to specialist palliative care and quality care across all settings[xvi]. Extending this mandate to

generalist EOLC training would complement and bolster existing government policy and lead to improved collaboration with system-wide benefits. The NHS Long Term Workforce Plan[xvii] highlights the need for improved recruitment, retention and reform, but excludes the social care workforce. Levels of staff satisfaction, morale and retention are enhanced by confidence-boosting EOLC training such as GSF[xviii]. Inclusion by the regulators of generalist EOLC training in ICBs and care providers is vital to the success of this reform.

These benefits are attainable. Everyone dies, yet each person only dies once. It is within our power to ensure that more are supported to live and die well. For over 25 years, GSF has been training and accrediting thousands of generalist frontline teams in health and social care[xix]. These GSF Accreditation Awards are endorsed and co-badged by these Coalition of Frontline Care co-signatories in their respective areas, and the exemplar GSF-accredited teams show what it is possible to achieve. There are other providers of EOLC training, serving the same goal of equipping the workforce to ensure more people have the right support as they near the end of life.

We, as the Coalition of Frontline Care for People Nearing the End of Life, urge you to improve EOLC:

1. **<u>At workforce service level</u> - to support all frontline generalist staff in health and social care to receive enhanced training to provide quality, proactive, compassionate care for people nearing the end of life;**
2. **<u>ICB System level</u> – to support this frontline training of generalists to be scaled up via ICBs for whole-system approaches to integrated joined-up care; and**
3. **<u>Nationally</u> – to develop policy and CQC regulation to support better care for older people nearing the end of life.**

We would be grateful to hear your response to the points outlined in this letter and would welcome the opportunity to meet with you to discuss them in more detail.

Yours sincerely,

Prof Keri Thomas OBE
Founder & Chair GSF Centre UK
& Director GSF International

Prof Martin Green OBE
Chief Executive
Care England

Sarah Mistry
Chief Executive
British Geriatrics Society

Prof Vic Rayner OBE,
Chief Executive
National Care Forum

Dr Kirsty Protherough
Director and Chair

Michael Voges
Chief Executive

Dr Jane Townson OBE
Chief Executive

Letter References

[i] ONS Jan 12 2022 Population and Projections End of Life care report

[ii] Whitty CMO report Nov 23 https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2023-health-in-an-ageing-society/executive-summary-and-recommendations

[iii] NAO End of Life Care Report https://www.nao.org.uk/reports/end of life-care/

[iv] Government Choice in End of Life Care Report (2015) https://www.gov.uk/government/publications/choice-in-end-of-life-care

[v] June 2023 Survation Poll –Gold Standards Framework 25th Event (Blue Lozenge) https://www.goldstandardsframework.org.uk/25-years-of-gsf

[vi] https://www.goldstandardsframework.org.uk/cd-content/uploads/files/Acute%20Hospitals/GSF%20Hospital%20IJPN%20Clifford%20et%20al%20006_IJPN_28_4_172_177.pdf

[vii] National Survey of Bereaved People (2015) https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/bulletins/nationalsurveyofbereavedpeoplevoices/england2015#main-points

[viii] Public Health England Report 2020 https://www.gov.uk/government/publications/older-peoples-hospital-admissions-in-the-last-year-of-life/

[ix] Clark et al Imminence of death among hospital inpatients: Prevalent cohort study Palliative Med DOI: 10.1177/0269216314526443

[x] https://www.gov.uk/government/publications/older-peoples-hospital-admissions-in-the-last-year-of-life/

[xi] Health Foundation (2019) https://www.health.org.uk/publications/reports/emergency-admissions-to-hospital-from-care-homes

[xii] Bone Higginson et al. *What is the impact of population ageing on the future of end of life care?* Palliative. Med (2017) https://journals.sagepub.com/doi/10.1177/0269216317734435

[xiii] GSF Accredited Care Homes Survey (2023)

[xiv] NHSE Long Term Plan (2019) https://www.england.nhs.uk/publication/the-nhs-long-term-plan/

[xv] Health and Care Act 2022 https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted

[xvi] Palliative and End of Life Care Guidance to ICBs 2022 https://www.england.nhs.uk/wp-content/uploads/2022/07/Palliative-and-End-of-Life-Care-Statutory-Guidance-for-Integrated-Care-Boards-ICBs-September-2022.pdf

[xvii] NHS Long Term Plan 2023 https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/

[xviii] Sept 2023 Survey of GSF Accredited teams assessing impact GSF Impact Survey

[xix] https://www.goldstandardsframework.org.uk/25-years-of-gsf