

<p>Improving the Experience of Care</p>	<p>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</p> <p>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. <i>“The world needs to know there are good places like this”.</i> Friend of a resident.</p> <p>Nightingale House Hammersmith GSF 6th time accredited home and member of NCF: <i>“Our goal is to enhance the evidence base around EOLC and facilitate a National Care Home Research Forum.”</i> Director of Research and Innovation.</p> <ul style="list-style-type: none"> • 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 <p>Queens Hospital Romford: <i>“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.”</i> Ward doctor. The ward was accredited in 2016</p> <ul style="list-style-type: none"> • Identification of patients was 42% • Offering of ACP discussions was 62% <p><i>“When we get it right our gold patients really do get the care they deserve”</i> GSF facilitator, Queens Hospital. Read more.</p>
<p>Community - Care Closer to Home</p>	<p>Domiciliary care After completing the GSF training and accreditation process <i>“Staff feel more confident at work, are more able to engage with families and community nursing teams and feel more respected by them.”</i> Supporting people to remain in their preferred place of care. GSF survey response.</p> <p>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.</p> <p>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, <i>“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’.</i></p>
<p>Prevention of hospital admissions</p>	<p>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% <i>“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.</i></p> <p>Aroma Care (domiciliary care) <i>“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.”</i></p> <p>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</p>

	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>Digital examples</p>	<p>Whipps Cross University Hospital <i>“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.”</i> Improves cross boundary communication. Read more.</p> <p>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</p> <p>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/</p>
<p>Workforce Morale</p>	<p>GSF survey responses from 109 accredited teams in 2023 demonstrates how staff morale has improved with GSF</p> <ul style="list-style-type: none"> • 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 <p>Read more.</p>
<p>Reducing inequalities</p>	<p>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 <i>“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.”</i> Comments from carer in written letter of support of the team. https://www.goldstandardsframework.org.uk/celebrating-success-at-the-gsf-awards-2024</p> <p>Bure Prison <i>“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.”</i></p> <p>Isaac Robinson Court Residential Home (supporting people with a learning disability) <i>“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”.</i></p>
<p>Integration</p>	<p>Mid Nottinghamshire ICB: Building on GSF use across the ICS setting <i>“Getting the GSF culture embedded within all frontline services can’t be emphasised enough”</i> EOL care lead:</p>

<ul style="list-style-type: none"> 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). <p>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</p> <p>Other cross boundary examples from Dorset, Lancaster, Barking, Havering and Redbridge, Southport and Ormskirk https://www.goldstandardsframework.org.uk/cross-boundary-care-training</p>
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Overall Impact - examples from GSF Accredited teams across health and social care

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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>