

GSF International Collaborating Centres Proposal – August 2014

This paper sets out a proposal for the development and formalising of International Collaborating Centres for international use of GSF in other non-UK countries.

Context

The GSF Centre team have for over fifteen years helped generalist frontline staff in the UK care better for all people in the final years of life, enabling them to live well until they die. GSF programmes have been extensively used in the UK in all settings, endorsed by national policy and mainstreamed within many sectors. Many thousands of doctors, nurses and carers have received training, affecting the care of several million people over the years, ensuring they are more likely to live well and die well in the place and the manner of their choosing.

GSF is a systematic, evidence based approach to optimising care for all people approaching the end of life, given by generalist front-line care providers. We provide quality improvement, quality assurance and quality recognition. The GSF Centre provides nationally recognised training and accreditation programmes enabling transformational cultural change that leads to a 'gold standard' care for people nearing the end of life. This includes care for people with any life limiting condition, in any setting (home, care home, hospital and others) pro-actively at any time in the last years of life.

The aim of the Gold Standards Framework programmes is to improve care for all people nearing the end of life- the final years, months weeks and days of life- by providing practical training, tools, measures and support for generalist frontline staff. The focus is to enable quality improvement through population-based system-wide organisational change in end of life care for patients in different settings, and delivery of a 'gold standard of care' for all people in the final years of life.

The 3 aims of GSF programmes are:-

- Improved quality of care for patients and their families in line with their preferences
- Better coordination of care and collaboration with others including specialist palliative care
- Improved outcomes for patients, including more dying where they choose and reducing hospitalisation, improved cost-effectiveness, making best use of scarce resources

Training, tools, measures and support packages have been developed to supplement the GSF programmes. They have been adapted for each setting and area, but share the same principles of more proactive care to meet people's needs with early identification, assessment and planning of care.

Some GSF programmes and tools have been used by others internationally, or adapted for local needs, but most of the programmes and tools require support and guidance from our teams in UK to ensure most effective speedy implementation. Some individual tools available on the website have been poorly used, with sub-optimal and ineffective results. So we wish to work more closely with partner organisations to maximise effectiveness whilst also maintaining the integrity of the work, building on our years of experience in the UK. This includes localising and adapting our existing materials to the country's needs, and help them achieve their goals of better quality end of life care more quickly and sustainably.

To ensure the integrity and appropriate implementation of GSF programmes and materials in this sensitive area of care, the intellectual property in all materials and training tools and support packages has been carefully structured and protected, so we are able to create licences for use which are tailored to the implementation which is best for each country. Quality and integrity is further assured by making accreditation or certification a condition for all GSF training programmes, following attainment of specific defined standards that form part of the GSF Programmes - just as an educational course for an individual might be completed with an exam and presentation of an award. Most GSF Programmes relate to organisational change, so the organisation not the individual is assessed and given the award, which might align with or exceed current national regulatory standards of the country concerned. Further work can be undertaken to align such standards where required.

International Collaborating Centres Summary.

1. Aims:

- To improve care for people nearing the end of their life beyond the UK.
- To educate and enable generalist providers of care to deliver better end of life care in their country, context and location.
- To partner interested organisations in different countries to implement GSF most effectively, supported by training, tools, measures and support packages for maximal effectiveness.
- To maintain the integrity and quality of the work of GSF in different contexts.
- To develop an income source that will enable long-term sustainability and further development of the work, and contribute to the work of the new GSF International charity ie with developed countries enabling less well developed countries to improve end of life care in their populations.

2. Three possible models for development of GSF International Collaborating Centres.

1. **GSF Centres-as** for existing GSF regional centres in UK
 - Horizon (see below) contracts with host organisations in the same manner as in UK Regional Centres for full train-the trainers model, full use of programmes for roll out of specific training programmes, tools, measures and support packages
2. **Research collaborations-** As GSF research centres
 - Collaboration between Horizon and host organisation as in research study with application for external funding , often to evaluate implementation of GSF pilots
3. **Collaborative Partnership model-** Use and adoption of GSF by host organisation, being tailored to local needs and adapted to meet local culture and needs
 - Use of GSF programmes to enable effective generalist training in EOLC in specified settings eg primary care, hospitals etc with agreed support packages, scope, remit and timescales
 - Confirmation of strategic plan and agreement before national extension
 - Remain in contact for further shared guidance and development

3. Clarification of The GSF Centre, Horizon and the GSF International charity

The policy for the Gold Standards Framework has always been that it should be used in countries other than just the UK to improve care for people nearing the end of life. However, in order to maintain the quality and integrity of the work, and to support ongoing development of this work in

other areas, use of the Gold Standards Framework and the materials and programmes is only be permitted under certain contractual terms.

Horizon Life Care was formed to undertake work internationally, beyond the limited remit of the UK, and to license out the Intellectual Property Rights (IPR) for the Gold Standards Framework and certain materials and programmes developed under the work of the National Gold Standards Framework Centre

The relationship between these bodies is as follows:-

- The GSF Centre CIC is a not-for-profit social enterprise, registered as a Voluntary Sector Community Interest Company whose community is defined as the UK only.
- International collaboration with developed, first world or high income countries will be with Horizon Life Care (procuring resources from the GSF Centre CIC). A proportion of incoming funding to the GSF Centre and Horizon will be paid to the intended charity (see below)
- International collaboration with developing, low/medium income or resource poor countries will be through the GSF international charity (to be registered), to provide ongoing financial support to this work.

4. Legal and financial requirements

Contractual arrangements between Horizon and the host organisation for the International Collaborating Centre will include

- A licence to use specified tangible products
 - GSF materials and resources – specified programmes, tools,
 - Use of GSF measures
 - To translate into languages / cultures
 - To adapt for use locally
 - all with appropriate acknowledgement
- Commissioning of specified training and support for best implementation , and associated accreditation
 - GSF services, training plus accreditation and support
 - Local facilitation cascade and ongoing support / visits
- Agreement about national spread
- Charges will be related to requirements, scale and at a rate to ensure financial sustainability and on-going work

5. Process – possible next steps

- Clarify required areas of interest – (see form below)
- Give overview of what is provided plus further information related to each programme as required (see additional paper)
- Discuss which of the three models is preferred
- Discuss and undertake a baseline needs assessment if required
- Confirm scope, requirements, timescale
- Discuss contractual agreement and appropriate charges
- Plan focussed strategic implementation plan with specific scope
- Undertake a pilot with evaluation and scalable plan for further strategic roll out

- Discuss train the trainers model, visits, workshops and a training and facilitator support cascade plan as in example below

6. Example of Suggested draft cascade plan for GSF Implementation

Stage 1- Preparation

- Confirmation of host organisation to act as GSF International Collaborating Centre, key leads, areas of interest, scope timescale etc
- Local involvement and collaboration with health service, specialist palliative care, hospice hospitals, academic unit, regulator, national policy leads etc
- Strategic plan for implementation developed and evaluation agreed
- Contracts confirmed with both parties with agreed payment schedule
- Preparatory visits in either country
- Plan of ongoing support eg monthly skype calls and agenda'd meetings Recruitment of host country leads/ facilitators, enrolment of specified number of organisations for pilot
- Awareness raising, agreement of documentation, baseline evaluation, appropriate adaptation/ translation if required (mainly use of original UK resources at this stage)

Stage 2 - Training

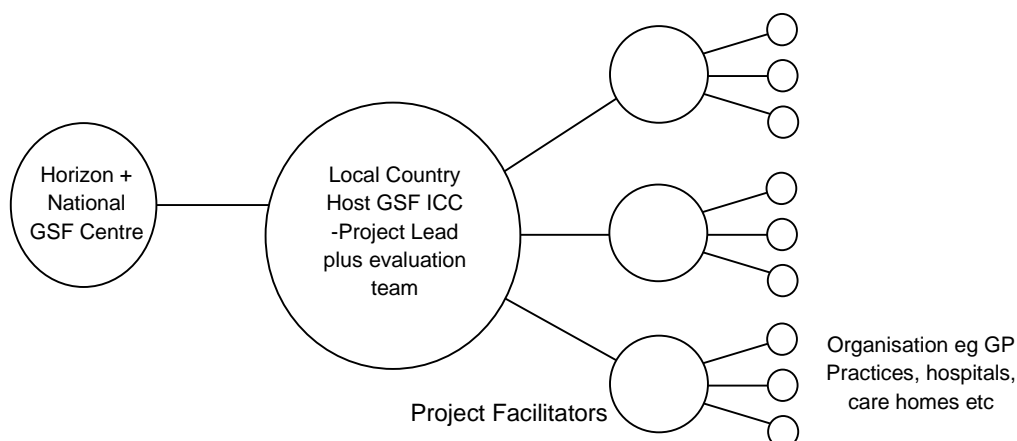
- Suggested plan of workshops building up stage by stage
- Use suggested templates for workshops with experiential learning plus GSF resources, Good Practice Guide, Workbook, Virtual Learning Zone /DVDs, conferences
- Visits as appropriate plus use of webinars, online teaching etc

Stage 3- Accreditation / recognition / partnering of national organisation or regulator

- Accreditation process- Benefits of accreditation clarified and aligned with regulatory body
- Award ceremony and national awareness of quality assurance and quality recognition

Stage 4 – Consolidation and Reflection

- Follow up evaluation, feedback from participants and analysis of findings-
- Report on evaluations, impact, lessons learnt, recommended next steps
- Analysis of benefit eg cost effectiveness
- Discussion of formalised alignment with national regulatory standards, accreditation awards locally acknowledged, regulatory body etc
- Discussion of means of embedding and sustainability of current projects
- Discussion of further spread and next stage



Expressions of Interest for GSF International Collaborating Centre

GSF International Section- Return to lauren.ford@gsfcentre.co.uk

Name of Lead	
Country	
Job Title	
Organisation	
Contact details Address	
Phone	
Email	

Please if possible state main aims and requirements in End of Life care in line with your national policy

Which of the 3 models of ICC are you interested in?

1.GSF Regional Centre	
2.Research Collaboration	
3.Collaborative Partnership (flexible)	

A. Which GSF programme and materials are you interested in? Note this includes accreditation, or certification which could be locally aligned with national standards of host country

1.Primary Care (on VLZ + organisation accredited-)	
2. Acute Hospital (organisation accredited- usually wards then whole hospital)	
3.Community Hospital (organisation accredited whole hospital)	
4.Care Home / Long term care facility/ nursing homes/disability/ dementia LTC etc (on VLZ -organisation accredited- care home though can be divided into units)	
5.Home Health Care (Domiciliary care) - (on VLZ -individual certificate plus trainers certified as part of train-the-trainers 10x10 model)	
6.Hospice Support- (organisation accredited)	

7. Dementia Care for end of life– (on VLZ on-line course - individual certificate-)	
8. Spiritual Care - (on VLZ on-line course individual certificate ready Oct 2014)	
9. Clinical Skills online course- (on VLZ on-line course individual certificate- Dec 2014)	
10. Integrated Cross Boundary Care – strategic planning of models of integration and workshops to include all sectors, usually using GSF ‘ as a common vocabulary’	
11. Population based end of life care for national planners, strategic policy makers etc	
12. Other GSF programmes	

B. Which GSF tools are you interested in? (Usually included as part of the programme)

• GSF IT Solutions and e- PIG	
• Advance Care Planning training	
• Clinical and Holistic Assessment tools	
• Rapid discharge or hospital to home plan	
• Other	

C. Which GSF measures are you interested in? (Usually part of the training programme)

• Use of all GSF measurement tools	
• Use of online AD Audit (After Death Analysis / After Discharge Analysis)	
• Accreditation guidance and implementation – the 5 rights and accreditation assessment process, panel and award (locally adapted)	

D. What level of GSF support are you envisaging?

• Strategic Overview planning plus evaluation- remote – eg initial then regular eg 2 monthly skype	
• Train the trainers workshops /local team workshops / conferences- Host country visit	
• UK visit /attendance and presentation at conferences	
• Individual Coaching plan (Skype/conference call)	
• Other	

Other comments:
