



# the **gold standards** framework<sup>®</sup>

**The National Gold Standards Framework (GSF) Charity**



***“Everyone deserves Gold Standard Care  
at the end of their life ”***

**The GSF Centre has been the leading provider of end of life care training for generalist frontline teams for over 25 years, delivering training and accreditation to thousands of teams in every setting across both health and social care.**



**For more information see [www.goldstandardsframework.org.uk](http://www.goldstandardsframework.org.uk)  
[info@gsfcentre.co.uk](mailto:info@gsfcentre.co.uk) Tel: 0207 789 3740**

## **Celebrating 25 years of GSF**

[25 Years Summary of GSF](https://www.goldstandardsframework.org.uk/25-years-of-gsf) see <https://www.goldstandardsframework.org.uk/25-years-of-gsf>

[Or short video summary of GSF 25 years](https://vimeo.com/837596505) <https://vimeo.com/837596505>

[GSF Proactive Identification Guidance \(PIG\) + resources](http://www.goldstandardsframework.org.uk/resources-2)

[www.goldstandardsframework.org.uk/resources-2](http://www.goldstandardsframework.org.uk/resources-2)

[GSF Training Programmes](http://www.goldstandardsframework.org.uk/training-programmes)

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## **GSF Evidence of Impact:**

- [GSF Frontrunners Papers](#) in Primary Care, Hospitals and Care Homes, giving examples of what is possible to achieve

<https://tinyurl.com/58jn76r4>

- [GSF Evidence](#)

<https://tinyurl.com/3a83ujd7>

- [GSF accreditation survey 2023](#)

<https://tinyurl.com/2zb3sc4a>



# The GSF Centre in End of life Care

**Our Core Purpose is to train and support frontline staff to enable a gold standard of care for people in the last years of life**

The GSF Centre team has for over 25 years, helped generalist frontline staff care better for all people in their final years of life, enabling them to live well until they die. Many thousands of doctors, nurses and carers have received training, improving the care of several million people over the years. The GSF Centre was founded by Professor Keri Thomas OBE providing nationally recognised training and accreditation for people with any life limiting condition in the last years of life.

**Our aim is to enable a 'gold standard' of care:**

- for all people
- with any condition
- in any setting
- given by any care provider
- at any time in their last years of life

to help them live well before they die and to die well, in the place and the manner of their choosing.

**GSF – right person, right care, right place, right time, every time.**

## GSF helps to improve:

- **Quality** of care experienced by people
- **Coordination** across boundaries
- **Outcomes** enabling more to live well and die well at home, reducing inappropriate hospital admissions and deaths.

## To achieve this, GSF provides:

- **Training** programmes in all settings
- **Tools** and resources to support change
- **Measures** of progress and attainment
- **Support**, networking and coaching for best practice and accreditation

## What is GSF in practice?

GSF is a practical systematic, evidence-based approach to optimising care for all people nearing the end of life, given by generalist front-line care providers. GSF is all about quality care – *quality improvement* with training, *quality assurance* with standards of care and *quality recognition* with recognised accreditation.

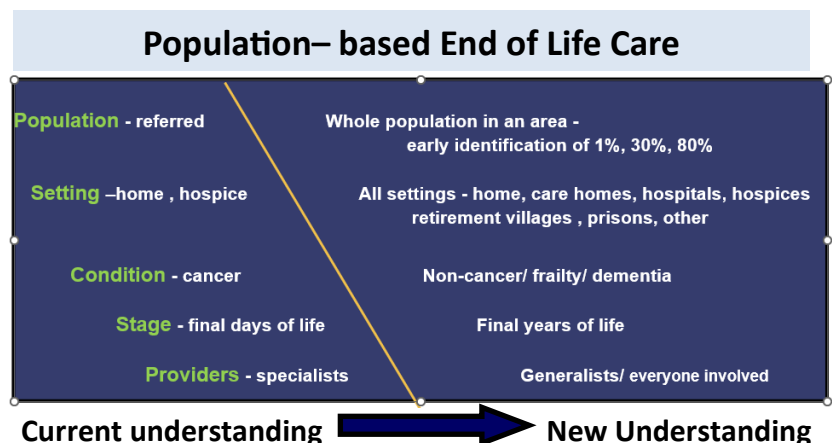
## GSF helps put National Policy into Practice

GSF both influences national policy developments, and helps put policy into practice on the ground supporting grass-roots change in line with NICE Guidance, DH EOLC Strategy, NHSE Ambitions and Care Quality Commission. (CQC) and now the new NHS 10-year Plan.

## GSF Gold patients in an Integrated Population-based approach

Many areas use the concept of 'Gold' or GSF patients, for those identified people considered to be in their last year of life and needing extra support and care. Many develop real and tangible benefits for their gold patients, with an extra help-line or Gold-line, quick access to GP appointments, prioritised support, free car parking, etc.

In the 10 GSF integrated cross boundary care sites, GSF is used to enhance 'a common vocabulary' improving communication between GPs, hospitals, care homes and others with better use of digital records/EPaCCS, reducing hospital admissions and enabling more to live and die well at home. Key EOLC metrics were developed in 2017.



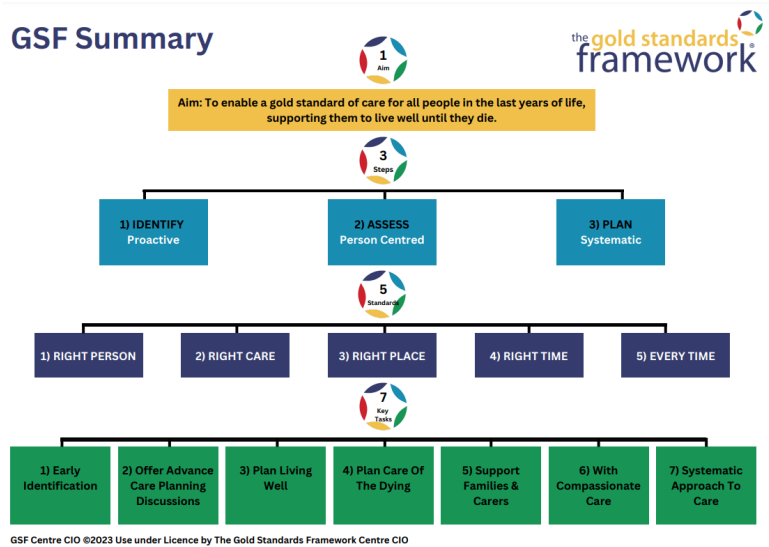


# How is training delivered?

## Our training is delivered through:

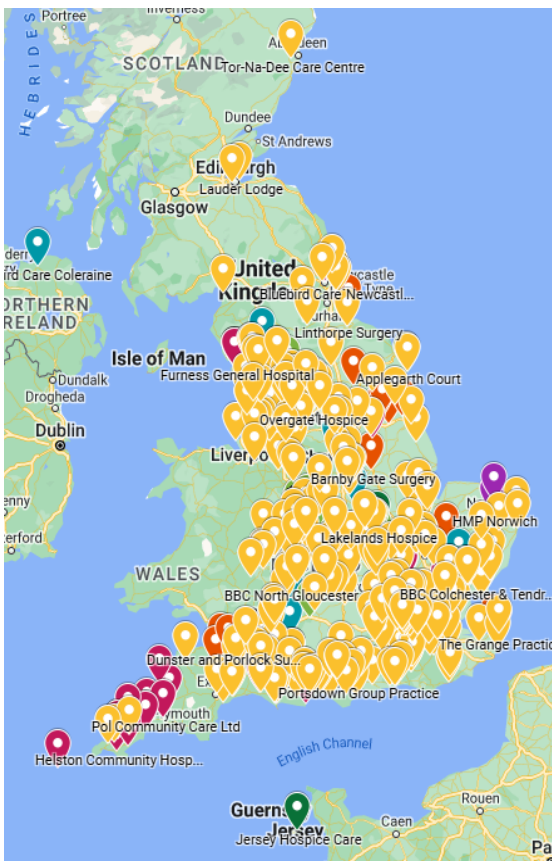
- 8 Interactive live webinars run centrally or via Regional Training Centre (RTC), of about 2.5 hours over 6-12 months
- Reflective practice and goal setting is encouraged at each webinar
- With approximately 150—200 organisations in training per annum
- Distance Learning filmed gold programme for primary care
- Bespoke programmes created meet individual customer needs
- Opportunity to progress to accreditation and receive the Quality Hallmark Award.

## GSF Summary



## GSF Achievements

Currently we have over 500 accredited organisations in the UK, with about 200 applying / year. Accreditation lasts 3 years with some 6th time re-accredited 20 years since first training.



### Some of our achievements include :-

- **Long pedigree** - GSF is one of the UK's longest established end of life care organisations, well known and active for over the last 25 years, originally funded by NHS DH, then for 10 years as a CIC and now a registered Charity.
- **GSF is internationally recognised** with principles, tools and resources used across many countries. The GSF PIG (Proactive Identification Guidance) has been translated into numerous languages and used widely in research. For GSF international work see website <https://www.gsfindernational.org.uk/>
- **GSF includes all settings, disciplines and conditions** - Spread to all health and social care settings, enabling doctors, nurses, care assistants, social workers and others caring for people with any life-limiting condition.
- **Mainstreamed in UK Primary Care from 2004** - all GPs use GSF minimum 'bronze' Level (GSF/palliative care register and MDT meeting) with hundreds more doing Silver or Gold.
- **Influencing national policy** - GSF principles helped influence national policy and were mainstreamed in policy contributing to the UK being the leading nation in PEOLC.
- **Integrated care** - use of GSF as a common vocabulary to improve coordination of care across wider areas, leading to better integrated Cross-Boundary Care across ICS systems.
- **Well-recognised** - The GSF Accreditation Quality Hallmark Awards are recognised by CQC, NICE, and co-badged by RCGP, BGS, CHA, ARCO, CE, NCA, NCF.



## GSF Evaluations- Quantitative and qualitative

- **Key outcome ratios** before and after GSF training
- **Before and After audits** – patients (After Death Analysis), staff confidence, organisational questionnaire
- **Tracker Run charts**—monitor progress over time
- **Accreditation Process** – portfolio evidence of best practice
- **Visit/interview/panel process** for quality assurance.
- **GSF Quality Hallmark Award** and 3 yearly reaccreditation

## GSF Impact

### improvements at different levels

- **Person level-** patient ,family
- **Team , Workforce**
- **ICB Community , Place-based care**
- **National Level , whole population**

## GSF Impact

### 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 ↑

### GSF Impact across wider communities in Integrated Care Systems /ICs

KPI	Trend
<b>IDENTIFY-</b> Increase no of patients identified on register	- 0.7% - Aim for 2% population ↑
<b>ASSESS-OFFER ACP</b> no of patients with ACP recorded or offered	- Approx 60% - aim 90% ↑
<b>PLAN</b> % of deaths in preferred place of care	-almost 80% -5% increase/ year - ↑
Reduced unnecessary ED attendance and hospital admissions for patients last year of life	-almost halved - ED attendance 2.08- 1.21 /pp ↓ -Hosp admissions 1.4-0.7 pp ↓

### Key Message- It is possible to-

- identify more people early
- offer more people advance care planning (ACP) discussions
- enable more to die where they choose
- reduce hospital ED attendance, admissions ,and deaths
- Across ALL HEALTH and CARE settings

### ICS impact of GSF

GSF has been the 'common language 'used across parts of the Integrated Care System, with a tangible positive impact on End of Life Care for the wider population in Nottinghamshire

*"Getting the GSF culture embedded within all frontline services cant be emphasised enough"* Dr Julie Barker

Notts EOLC Lead