



**Enabling a gold standard of care
for all people
in the last years of life**



**The work of the National Gold Standards
Framework Centre in End of Life Care**

GSF Overview Autumn 2014

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Our Core Purpose - training frontline staff to enable a gold standard of care for people in the last years of life

The GSF Centre team has, for over fifteen years helped generalist frontline staff care better for all people in the final years of life, enabling them to live well until they die. Many thousands of doctors, nurses and carers have received training, affecting the care of several million people over the years to ensure 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 nearing the end of life, given by generalist front-line staff. GSF is all about **quality care - quality improvement, quality assurance & quality recognition.**

The GSF Centre, led by its founder and National Clinical Lead Prof. Keri Thomas, 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) at any time in the last years of life.

We aim to improve: -

- the **quality** of care received, by up-skilling the workforce
 - the **coordination** and communication across boundaries of care and
 - the **outcomes**, of care enabling more to live well and die well where they choose, and reducing inappropriate hospitalization
- So that 'gold standard becomes standard care' for all people in any setting nearing the end of life.

We do this by providing **quality improvement training programmes, tools, measures and support** to improve care for all people in the last years of life. The aim is to give the right person the right care, in the right place, at the right time, every time. To do this we combine all three elements of head, hands and heart working together

GSF and National Policy. The GSF Centre both influences national policy developments, and helps put policy into practice, supporting practical grass-roots change in line with NICE Guidance, DH EOLC Strategy, Care Quality Commission (CQC), Skills for Care and all national policy.

Its good to be gold!

What does being a GOLD patient mean to you?

- **G**ood communication
- **O**n-going assessment of needs
- **L**iving life to the full
- **D**ying with dignity in the place of their choice ,as they would wish



- Helps everyone communicate better
- Help-line for access to support
- Better listening – more advance care planning discussion
- Quicker access and response to care
- Helps people remain at home + out of hospital where possible
- Better support for carers and family
- Improved team-working
- Benefits like financial support, open visiting, free parking

Gold patients are special! GSF helps put patients at the heart of care, enabling people in the final years of life to be recognised earlier, listened to and a proactive plan developed to provide care in line with their wishes and preferences. These people should feel special, 'VIPs', and be receiving 'gold standard' care - and in some areas they are known as 'Gold Patients'.

What we are most proud of and well-known for

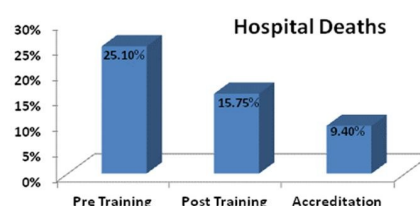
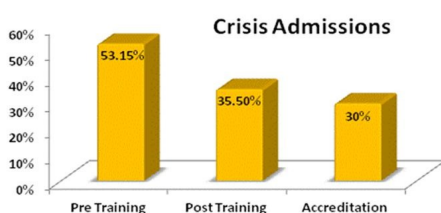
- Making a difference – training that has made a real and practical difference to care for people at grass-roots level – for example more people dying at home, fewer hospital admissions or crises, more receiving better standards of care.
- Influencing national policy, government developments, QOF Department of Health, CQC regulator, amongst others.
- Enabling and motivating staff – boosting the confidence and competence of thousands of health and social care staff to mobilise the workforce and release their talents, passion and commitment.
- One of the UK's longest established end of life care organisations, well known and active for over 15 years, and now a not for profit social enterprise or CIC.
- Spread to all settings – the biggest training centre and the most end of life care programmes used across all settings.
- GSF is internationally recognised with GSF affiliated projects in over 8 countries.
- Transformational change – teams are assessed less by what they know, but more by what they do, leading to long-lasting culture change.
- GSF Accreditation is externally recognised by CQC, NICE, RCGP etc.
- Compassionate care – integrating compassionate care and spiritual awareness in all programmes, affirming their vital importance in all we do.
- Developing integrated cross-boundary care across a wider community through training, strategic planning and support.

Awards

- National Skills Academy – Excellent Providers
- BMJ Education Award Finalist for Primary Care Programme
- GSF Accreditation and Quality Hallmark Awards endorsed and recognised for different sectors by Royal College of GPs (Primary Care) Care England, National Care Forum, National Care Association, Registered Nursing Home Association, (Care Homes) Community Hospital Association (Community Hospitals) and British Geriatric Society (Acute Hospitals)

The outcomes of our programmes include:-

- **Accreditation** - Quality assurance & quality recognition with hundreds of organisations having received the GSF Quality Hallmark Award
- **Halving hospital admissions** and hospital deaths – more dying where they choose and fewer dying in hospital (see below).
- Greater **staff confidence**, job satisfaction, boosted morale, staff retention.
- Spread to **all health and social care settings** with training for staff in all areas.
- **Earlier identification** of patients declining or in the final year of life, leading to more proactive care for those with life limiting conditions.
- **Earlier assessment** and better **listening to patients' wishes** through advance care planning discussions and providing care to meet their needs.
- Better **integrated cross boundary coordination** - better communication with GPs, care homes and hospitals to improve health & social care interpretation.



GSF Care Homes Programme—Decreasing crisis admissions & hospital deaths Dec 2008

Current GSF projects across the UK

North

- Lancashire – 15 practices, 1 whole Hospital Trust 38 care homes
- Airedale, Yorkshire – 1 whole hospital, 22 care homes, 30 GP practices, **XBC Foundation Site**
- Kirklees, West Yorkshire – 76 care homes, (**GSF Regional Centre-Locala**)
- Manchester – 85 care homes, 2 acute hospitals 4 wards, 10 Domiciliary care agencies,
- North Teesside – 73 care homes
- Tameside and Glossop – 12 GP practices
- Wirral – 6 GP practices,
- Cumbria – 13 community hospitals
- Merseyside - care homes, accredited hospice, 1 whole hospital (Clatterbridge)

Central

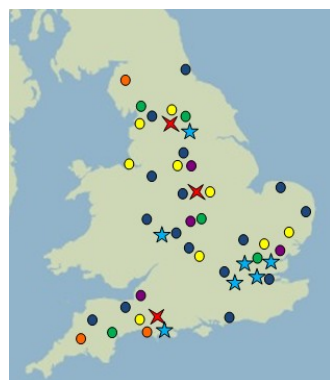
- Nottingham – 34 care homes, 30 Foundation Level, 1 acute hospital - 2 wards, 2 Hospices, 12 GP practices, **XBC Foundation Site**
- Worcester – 63 care homes (**Regional Centre**)
- Norfolk – 64 care homes
- Suffolk – 41 care homes
- Shropshire – 28 care homes
- Warwickshire – 36 GP practices, 29 care homes
- Wolverhampton – 1 acute hospital, 2 wards
- Northampton – 2 hospices

London / South East

- South East London, St Christopher's Hospice (**Regional Centre**) - 64 care homes
- Barking Havering Redbridge – 90 care homes, 70 GP practices, 76 domiciliary care agencies, 3 hospital wards
- St Francis' Hospice, Romford (**Regional Centre**)
- North London (**Regional Centre**) – 90 care homes
- North East Essex – 42 GP practices
- Esher, Princess Alice (**Regional Centre**), 26 care homes

South West

- Dorset (Regional Centre) 76 care homes, 14 community hospitals, acute hospitals 3 wards, 2 GP practices, **XBC Foundation Site**
- Cornwall – All 62 nursing homes and all 14 community hospitals
- Somerset – 90 care homes - 15 GP practices, 12 domiciliary care agencies
- Devon – whole hospital Exeter



- ★ GSF Regional Centres
- ★ Cross Boundary Care Pilot Sites
- Care Homes Projects
- Domiciliary Care Projects
- Primary Care Projects
- Community Hospital Projects
- Acute Hospital Projects

GSF 7 Regional Centres

- St Francis Hospice, Romford
- Dorset
- Locala, Huddersfield, Yorkshire
- North London Hospice
- St Christopher's Hospice, SE London
- Princess Alice Hospice, Surrey
- St. Richards Hospice, Worcester

Plus international GSF projects & Collaborative Centres:

- Australia & New Zealand – GSF Care Homes & Tasmania Adelaide etc
- Canada—British Columbia, Ontario
- Holland – Amsterdam Primary Care PATZ
- Belgium Flanders GSF Primary Care
- South Africa – Cape Town hospitals
- China, Hong Kong, Singapore, Japan

10 Current GSF Training Programmes



Primary care

- Since 2000, 98% GP practices use Foundation Level basic GSF principles (palliative care registers and meetings) – now next stage GSF Going for Gold programme undertaken by over 500 practices, with many going for Accreditation Quality Hallmark Award (*partner RCGP*) – BMJ Award Finalist. Launch of the GSF Silver programme autumn 2014. Including 2 workshops, resources and homework to improve numbers on register, advance care planning via VLZ, DVD and workshops.



Care homes

- About 2,500 care homes since 2004 with over 500 accredited with Quality Hallmark Award (*partners Care England, NCF, NCA, RNHA*) and over 100 re-accredited 3 years on. GSF Care Homes recognised by CQC as examples of best practice. Via VLZ, DVD and workshops.



Acute hospitals

- 42 hospitals involving individual wards and 5 whole hospital projects, many attaining Foundation Level and moving to accreditation and the Quality Hallmark Award March 2015 (*partner British Geriatrics Society*).



Community hospitals

- 41 hospitals so far in 3 areas- Cornwall, Dorset, Cumbria, 12 currently accredited with Quality Hallmark Award September 2014 (*partner Community Hospitals Association*).



Domiciliary care

- Train the trainers cascade programme. Via VLZ. Currently 42 agencies in training with over 650 care workers achieving certificates so far and another 1100 care workers to be trained. Radical organisational changes demonstrated plus improved confidence of staff and better collaboration with primary care.



Dementia care

- Pilot phase 1 (50) and now Phase 2 under way through VLZ distance learning, focusing on end life care, improving pain assessment, care planning and reducing hospitalisation.



Integrated cross boundary care (XBC Foundation sites)

- Three current sites plus others developing involving training in all different settings, strategic cross boundary working. Call for Phase 2 sites currently open.



Hospice Support

- 6 hospices - mainly home care/day care units supporting use of GSF for patients at home, and improving cross boundary care. First hospice accredited September 2014.



Clinical Skills Course

- To be re-launched Spring 2015 – via VLZ for nurses, healthcare assistants and later for GPs, improving clinical skills in caring for residents in care homes and at home.



Spiritual Care Course

- Launch Autumn 2014 – on VLZ plus tailored workshops/roadshow for all health and social care providers, includes enhancing compassionate care.

How is training delivered?

Our training leading to accreditation or certificates is either through:-

- Delivered Workshops plus homework and coaching, local areas or through one of our GSF Regional Centres (8 in UK).
- Distance Learning filmed programmes on GSF Virtual Learning Zone.
- Blended learning (combination of the above).
- Foundation Level, (Silver) Enhanced level, leading to Accreditation and the GSF Quality Hallmark Award.
- International partnerships - working with other countries to use and adapt GSF Programmes for their needs and context.

How is impact evaluated?

- Quantitative and qualitative assessments intrinsic in all programmes.
- Key outcome ratios showing impact of change before and after GSF.
- Comparative audits – patient level (online After Death Analysis - ADA), staff confidence, organizational questionnaire, patient/carer views.
- Portfolios for accreditation – evidence of best practice.
- Quality assessment visit/interview.
- Reports and cumulated evidence published in peer reviewed journals.

How you might like to be involved?

- Contact GSF team for a discussion, commission a programme.
- Register on GSF database for the GSF newsletter and other information.
- Feedback on your experience or see patient section of website.
- Let your GP/care home/hospital know about this and ask if they are using GSF/Going for Gold or if they are GSF Accredited.
- Volunteer your services e.g., as a lay visitor.
- Let us know if you think you can help us in any way.

Meet the GSF team

- Prof. Keri Thomas – Founder, CEO, National Clinical Lead
- Maggie Stobbart-Rowlands – GSF Lead Nurse, Social Care
- Lucy Giles – Deputy Lead Nurse, Social Care
- Julie Armstrong-Wilson - Nurse Lead for Healthcare
- Barbara Walker – Nurse Trainer, Social Care
- Chris Elgar – Clinical Nurse Trainer, Healthcare
- 32 Clinical Associates and GPs
- Pam Poole - Office Manager
- Mark Thomas - Development Director
- Julie Parker - Finance Officer
- Robyn Handford/Lindsay Hind - PA, Programme Coordinator Primary Care
- Lauren Ford - Programme Coordinator for Audit & Evaluation, Acute Hospitals
- Jane Pitchford-Newman - Programme Coordinator for Accreditation
- Allie Sangster-Wall/Charlotte Williams - Programme Coordinator for Care Homes, Domiciliary Care, Community Hospitals, Hospice Support
- Sue Richards - Programme Coordinator for Dementia, VLZ, ADA
- Rebecca Malone - Administrator
- Katie Lazell—Apprentice