



Overview of the work of the National GSF Centre in End of Life care

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



Gold Standards Framework gives outstanding training to all those providing end of life care, to ensure better lives for people and recognised standards of care.

Overview Autumn 2015

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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 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.

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.

GSF aspires to enable frontline health and social care providers to give the right person, the right care, in the right place, at the 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 ,reducing inappropriate hospitalisation.

To achieve this, GSF provides -

- **Training** programmes in all settings
- **Tools** and resources to support change
- **Measures** of progress and attainment
- **Support** and coaching for local implementation

What is GSF?

GSF is a practical systematic, evidence based approach to optimizing 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 accreditation.



Professor Sir Mike Richards presenting the Quality Hallmark Award to Ward 23, Royal Lancaster Infirmary



GSF and National Policy.

The UK has again been voted top country in the world for End of Life care (Economist 2015) 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, NHSE Ambitions in End of Life Care Care Quality Commission (CQC), Skills for Care and others.

GSF and the regulator CQC



"GSF is a very important tool that I do believe, if people are doing the things that are in GSF, they will find that they come out very well on CQC inspections -" -Prof Sir Mike Richards, CQC Chief Inspector of Hospitals

"What is fantastic about the Gold Standards Framework, is that it is focusing care homes staff minds on how can they make that (end of life care) experience the best it possibly can be" -Andrea Sutcliffe, Chief Inspector Adult Social Care, CQC

What we are known for

Its good to be gold!

What does being a GOLD patient mean to you?



- **G**ood communication
 - Helps everyone communicate better
- **O**n-going assessment of needs
 - Help-line for access to support
 - Better listening – more advance care planning discussion
- **L**iving life to the full
 - Quicker access and response to care
 - Helps people remain at home + out of hospital where possible
- **D**ying with dignity in the place of their choice ,as they would wish
 - 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'.

- 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.
- Influencing national policy and implementing it in practice, contributing to the UK being the leading nation in EOLC
- Enabling and motivating staff – boosting the confidence and competence.
- Spread to all settings – the biggest training provider of End of Life Care 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, BGS, and the Community Hospital Association.
- 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 to GSF for its work in End of life Care



- National Skills Academy – Excellent Providers for Social Care
- BMJ Education Award Finalist for Primary Care Programme
- CQC– the only recognised information source for end of life care for CQC Hospital Inspectors

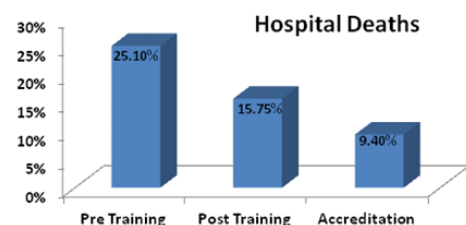
Outcomes include:-

More people recognised early, more ACP discussions held and recorded , more dying where they choose, fewer hospital admissions and deaths and improved staff confidence and carer satisfaction

Spread to **all health and social care settings** with training for staff in all areas and improved cross boundary integration

- **Accreditation** - Quality assurance & quality recognition with hundreds of organisations having received the GSF Quality Hallmark Award
- **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.
- **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 'culture change' more compassionate care
- Better **integrated cross boundary coordination** - better communication with GPs, care homes and hospitals to improve health & social care interpretation.

GSF Accredited care homes showing halving hospital death rate at accreditation 2011-15



Current GSF projects across the UK

North

- Lancashire / Morecombe Bay – 15 practices, 1 whole Hospital Trust with over 30 wards (**XBC**)
- Locala, Kirklees – 5 care homes (**GSF Regional Centre**)
- Tameside and Glossop – 12 GP practices
- Cumbria – 13 community hospitals
- Wrightington Wigan & Leigh Trust - 1 ward
- Durham, 44 Care Homes
- Airedale, Yorkshire – 1 whole hospital, 30 GP practices, **XBC Foundation Site**
- Manchester – 2 acute hospitals 4 wards, 10 Domiciliary care agencies
- Wirral – 6 GP practices
- Merseyside - accredited hospice, 1 whole hospital (Clatterbridge)
- Doncaster CCG - 1 Acute Hospital - 4 wards
- Bury CCG - 33 practices

Central

- Nottingham – 30 Foundation Level, 1 acute hospital - 2 wards, 2 Hospices, 12 GP practices, **XBC Foundation Site**
- Derbyshire - 6 GP practices
- Warwickshire – 36 GP practices, 19 Care Homes
- Northampton – 5 Care Homes (Foundation Level)
- Stoke & North Staffs - 16 GP practices
- Lincolnshire - 19 GP practices
- Shropshire – 26 care homes
- Wolverhampton – 1 acute hospital, 2 wards
- Staffs & Surrounds - 14 GP practices

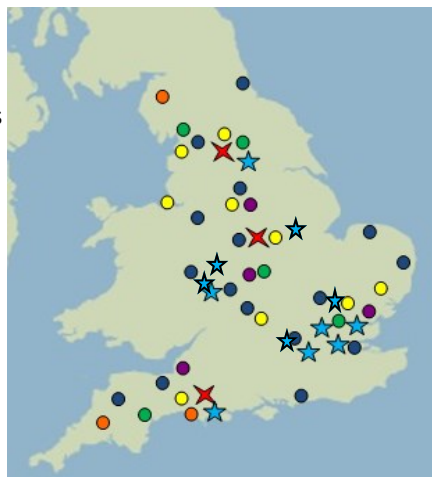
London / South East

- South East London, St Christopher's Hospice - 9 care homes (**Regional Centre**)
- Barking Havering Redbridge – 70 GP practices, 5 hospital wards, 60 care homes (**XBC Site**)
- St Francis Hospice, Romford—8 Care Homes (**Regional Centre**)
- Stanmore Royal National Orthopedic Hospital, 4 wards
- North East Essex – 42 GP practices, 3 care home cohorts
- Chelsea & Westminster Hospital - 6 wards
- North London (**Regional Centre**) – 7 GP practices
- Esher, Princess Alice Hospice 17 care homes (**Regional Centre**)

South West

- Dorset (**Regional Centre**) -14 community hospitals, acute hospitals 3 wards, 11 GP practices, **XBC Foundation Site**
- Cornwall – 14 community hospitals
- Devon – whole Acute hospital
- Cotswolds, Longfields - 11 Care Homes (**Regional Centre**)
- Somerset – 15 GP practices (previously 89 care homes)
- Exeter– Royal Devon and Exeter Hospital—all wards
- East Sussex, St Michaels & St Wilfrid's Hospice - 10 Care Homes (**Regional Centre**)

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



GSF 12 Regional Centres - Delivering training mainly to care homes in their areas:

- Arthur Rank Hospice, Cambridgeshire
- Locala, Huddersfield, Yorkshire
- Longfield Hospice Care for the Cotswolds, Gloucestershire
- North London Hospice
- Princess Alice Hospice, Surrey
- Pilgrims Hospice, Kent
- St Christopher's Hospice, SE London
- St Francis Hospice, Romford
- St Richards Hospice, Worcester
- St Wilfrid's Hospice and St Michael's Hospice, East Sussex
- Weldmar Hospice, Dorset
- St Mary's, Birmingham

6 Cross Boundary care Sites

Dorset, Notts, Airedale/Bradford, Barking Havering Redbridge, Morecombe Bay/ Lancaster, Jersey

Plus international GSF projects & Collaborative Centres:

- Jersey (**XBC site**), 16 Care Homes and 6 Domiciliary Care Agencies, 1 Hospice, 12 GP Practices, 1 hospital
- Ireland, St Johns Hospital , 7 Care Homes
- Australia & New Zealand South Africa , China Hong Kong, Singapore, Japan, Canada , Holland , Belgium

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. Now launched with 2 projects (Stoke & Stafford & Surrounds CCGs), the GSF Silver programme includes 2 workshops, resources and homework to improve numbers on register, advance care planning via VLZ, DVD and workshops.



Care homes

- About 2,509 care homes since 2004 with 356 accredited with Quality Hallmark Award (*partners Care England, NCF, NCA, RNHA*) and 194 re-accredited 3 years on. GSF Care Homes recognised by CQC as examples of best practice. Via VLZ, DVD and workshops.



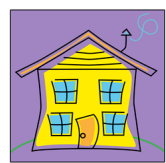
Acute hospitals

- 42 hospitals involving individual wards and 5 whole hospital projects, many attaining Foundation Level and moving to accreditation and the Quality Hallmark Award in 2015 (*partner British Geriatrics Society*). The hospital accreditation process is recognised by CQC as the ONLY Information Source in EOLC in hospitals.



Community hospitals

- 41 hospitals in 3 areas- Cornwall, Dorset, Cumbria, 17 currently accredited.



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

- Phase 3 with 49 registered candidates is now 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)

- Six current sites involving training in all different settings, strategic cross boundary working: Dorset, Airedale, Nottingham, Barking Havering and Redbridge, Morecambe Bay and Jersey.



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

- Re-launched Summer 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.

- Workshops and in-line 4 modular course, emphasizing spiritual assessment and care, self-care or resilience and compassionate care. Launch Summer 2015 - on VLZ plus tailored workshops//roadshow for all health and social care providers, including enhancing compassionate care.

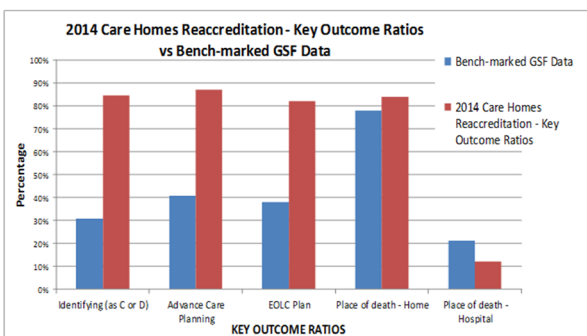
How is training delivered?

Our training is delivered through:-

- Interactive workshops .
- One of our GSF Regional Centres.
- Distance Learning filmed programmes on the GSF Virtual Learning Zone.
- Blended learning (combination of the above)
- Fast track programmes.
- Foundation Level, (Silver) Enhanced level, leading to Accreditation and the GSF Quality Hallmark Award.



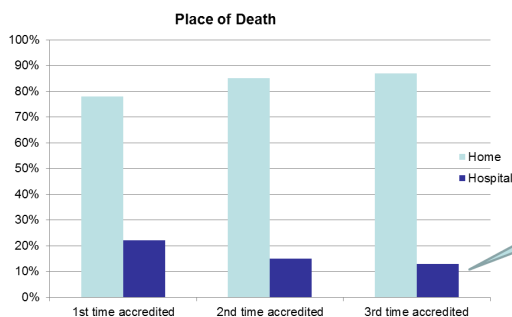
How is impact evaluated?



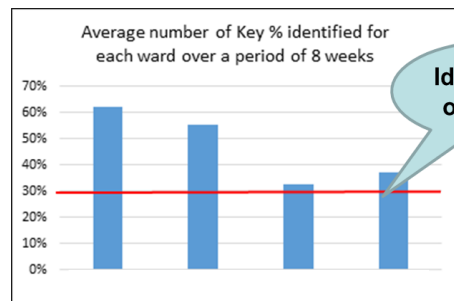
Quantitative and qualitative assessments in all programmes

1. **Key outcome ratios** showing impact of change before and after GSF against key metrics.
2. **Comparative audits** – patient level (online After Death Analysis - ADA), staff confidence, organisational questionnaire, patient/carer views.
3. **Portfolios** for accreditation – evidence of best practice.
4. **Visit/interview** for quality assessment.

Reports of cumulated evidence published in journals.



Hospital deaths decreasing



Identifying over 30%

Progress achieved—examples from GSF accredited teams

Measures of attainment from GSF Key Outcomes Ratios in different settings

Setting	Identify	2.Assess	3.Plan Living well	4.Plan Dying well
	<i>Early recognition of patients- aim 1% primary care 30% hospital 80% care homes</i>	<i>Advance Care Planning discussion offered to every person</i>	<i>Decreased hospitalisation + improved carers support</i>	<i>Dying where they choose using personalised care plan in final days</i>
GP practices	70% patients identified (0.7%)	75% offered ACP discussion	Halving hospital deaths , 65% carers support	63% die where they choose ,75% using 5P plan final days
Acute Hospitals	35% identified early for hospital register	85%-100% offered ACP discussion	Length of stay reduced , carers support improved	More discharged home, 80% 5Ps care final days plan
Community Hospitals	45% identified	98% offered ACP	improved carers support	More discharged home 97% 5Ps care final days plan
Care Homes accredited	100% identified, 81% identified in dying stages	All offered 95% uptake	Halving hospital deaths+ admissions 97% carer support	84% dying where choose, 90% using 5Ps care plan