

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

GSF Overview Summer 2015

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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
- 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?

- Good communication
- On-going assessment of needs
- Living life to the full
- Dying with dignity in the place of their choice ,as they would wish Improved team-working





- Helps everyone communicate bette 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
- 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

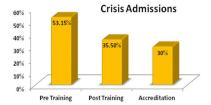
- Making a difference training that has made a real and practical difference to care for people at grassroots level – for example more people dying at home, fewer hospital admissions or crises, more receiving better standards of care.
- Influencing national policy, government developments, QOF Department 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.
- **Key patient** outcomes evaluated, well recognized accreditation process, with strong evidence of quantitative and qualitative improvements





Current GSF projects across the UK

North

- Lancashire 15 practices, 1 whole Hospital Trust
- Airedale, Yorkshire I whole hospital, 30 GP practices, XBC Foundation Site
- Locala, Kirklees 5 care homes, (GSF Regional Centre)
- Manchester 2 acute hospitals 4 wards
- Tameside and Glossop 12 GP practices
- Wirral 6 GP practices
- Cumbria 13 community hospitals
- Merseyside accredited hospice, 1 whole hospital (Clatterbridge)
- •Wrightington Wigan & Leigh NHS Foundation trust, 1 ward
- •Doncaster CCG 1 Acute Hospital 4 wards,
- •Durham, 44 Care Homes,

Central

- Nottingham 30 Foundation Level, 1 acute hospital 2 wards, 2 Hospices, 12 GP practices, XBC Foundation Site
- Lincolnshire 19 GP practices
- Derbyshire 6 GP practices)
- Shropshire 26 care homes
- Warwickshire 36 GP practices, 19 Care Homes
- Wolverhampton 1 acute hospital, 2 wards
- Northampton 5 Care Homes (Foundation Level)
- Staffs & Surrounds 14 GP practices
- Stoke & North Staffs 16 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
- St Francis Hospice, Romford—8 Care Homes (Regional Centre)
- Chelsea & Westminster Hospital 6 wards
- Stanmore Royal National Orthopedic Hospital, 4 wards
- North London (Regional Centre) 7 GP practices
- North East Essex 42 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
- Somerset 15 GP practices,
- Devon whole hospital Exeter
- Gloustershire, Longfields 11 Care Homes (Regional Centre)
- 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 11 Regional Centres

- 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

Plus international GSF projects & Collaborative Centres:

- South Africa Cape Town hospitals
- ◆China, Hong Kong, Singapore, Japan
- Jersey (XBC site), 16 Care Homes and 6 Domiciliary Care Agencies, 1 Hospice,
- Ireland, St Johns Hospital, 7 Care Homes

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 reaccredited 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). Many are going for Round 2 Accreditation and Quality Hallmark Award in September 2015.

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), and another 6 to go for Accreditation and Quality Hallmark Award in September 2015.

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 & 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

 Launch Summer 2015 – 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 (11 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, organisational
 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
- Abbie Barker PA/Executive Assistant to Professor Keri Thomas
- Lauren Ford Programme Coordinator Acute Hospitals, Community Hospitals and Primary Care
- Jane Pitchford-Newman Programme Coordinator for Accreditation
- Sophie Caine Programme Coordinator for Care Homes, Domiciliary Care and Hospice Support
- Sue Richards Admin Team Lead Coordinator, Programme Support for GSF Website, Virtual Learning Zone (VLZ) and After Death Analysis (ADA).
- Katie Lazell—Apprentice