



Enabling a gold standard of care for all people nearing the end of life



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

GSF Overview

info@goldstandardsframework.co.uk
www.goldstandardsframework.org.uk

Victoria Mews, 8-9 St Austin's Friars, Shrewsbury, Shropshire, SY1 1RY
Telephone: 01743 291 891

Our Core Purpose - training frontline staff to enable a gold standard of care for people nearing the end of life

The GSF Centre team have 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, 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.

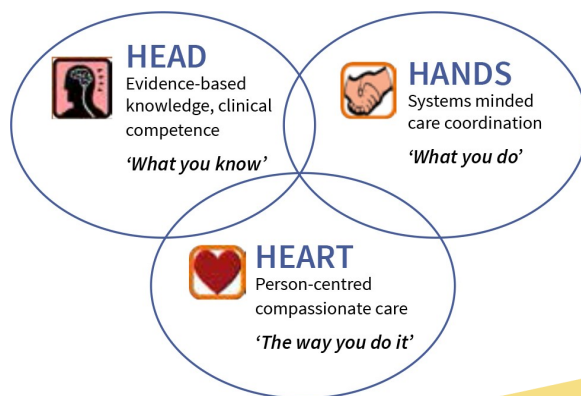
We aim to improve:-

- the quality of care received, by up-skilling the workforce
- the coordination and communication across boundaries of care and
- patient outcomes, enabling more to live well and die well where they choose, and reducing inappropriate hospitalisation

We do this by providing training programmes, tools, measures and support to improve care for all people in the last years of life.

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. The focus is on directing special 'VIP' 'gold standard' care to anyone whose life may be limited so that the right person receives the right care, at the right time, in the right place, every time.

To do this we combine all three elements of head, hands and heart working together...



What we are most proud of and well-known for

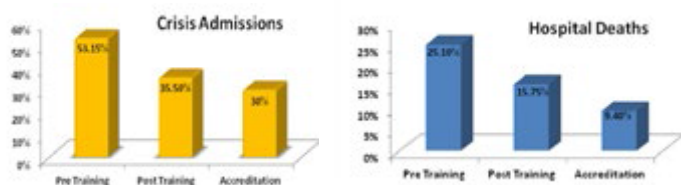
- Making a difference – training that has made a real and practical difference to care for people at grassroots level – for example more dying at home, fewer hospital admissions or crises, better care.
- Influencing national policy, government developments, QOF Department of Health, CQC regulator, amongst 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.
- 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 some GSF affiliated centres 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

- Skills Academy – Excellent Providers
- BMJ Education Award Finalist for Primary Care Programme
- Recognition by Royal College of GP's, British Medical Association, British Geriatric Society, NCPC, English Community Care Association, Community Hospital Association, National Care Forum, Registered Nursing Home Association

The outcomes of our programmes include

- Halving hospital admissions and hospital deaths in care homes.
- Greater staff confidence, job satisfaction, boosted morale, staff retention.
- Spread to all settings adapting training to suit needs of staff in all areas.
- Earlier identification of patients declining or in the final year of life.
- Earlier and better listening to patients' wishes through advance care planning discussions and providing care to meet their needs.
- Improved proactive care for those with life limiting conditions.
- Better integrated cross boundary coordination - improved communication with GPs, care homes and hospitals.
- Formalised measured outcomes and evaluation and well-recognised accreditation process, plus strong evidence base.



Halving crisis admissions and hospital deaths after GSF care homes programmes 2007

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.



Care homes

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



Community hospitals

- 41 hospitals so far in 3 areas- Cornwall, Dorset, Cumbria, 14 currently being accredited with Quality Hallmark Award 2014 (*partner National Community Hospitals Association*).



Domiciliary care

- 5 large project groups involving several hundred carers through train the trainers cascade programme. Certificate course - radical changes demonstrated plus improved confidence of staff and collaboration with primary care.



Dementia care

- Pilot phase 1 (50) and now Phase 2 under way through distance learning, focusing on end of 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 primary care, care homes, hospital, domiciliary care and strategic cross boundary working.



Hospice Support

- Launch May 2014 – 6 hospices - mainly home care/day care units supporting use of GSF for patients at home, and improving cross boundary care and collaboration.



Acute hospitals

- 40 hospitals involving individual wards or whole hospital projects, many attaining Foundation Level and moving to accreditation due 2015 (*partner British Geriatrics Society*).



Clinical Skills Course

- Re-launched Autumn 2014 – on VLZ for nurses, healthcare assistants and later for GPs, improving clinical skills in caring for residents in care homes.



Spiritual Care Course

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

Current GSF projects across the UK

North

- Lancashire – 15 GP practices, 1 large Hospital Trust (5 sites) 37 accredited care homes with 11 re-accredited
- Airedale, Yorkshire – all wards in acute hospital, 22 care homes, 30 GP practices, XBC 'Foundation Site'
- Kirklees, West Yorkshire – 76 care homes, 22 accredited with 11 re-accredited (GSF Regional Centre, Locala) now in this area
- Manchester – 85 care homes, 2 acute hospitals 4 wards, 10 Domiciliary care agencies, 100's of Domiciliary carers
- North Teesside – 73 care homes
- Tameside and Glossop – 12 GP practices
- Wirral – 6 GP practices, 5 accredited care homes
- Cumbria – 13 community hospitals

Central

- Nottingham – 34 care homes, 6 accredited, 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
- Peterborough, Bedford, Luton, Herts – 60 care homes
- Shropshire – 28 care homes
- Warwickshire – 36 GP practices, 29 care homes
- Wolverhampton – 1 acute hospital, 2 wards, 3 accredited care homes
- Northampton – 2 hospices

South West

- Dorset (Regional Centre) 76 care homes, 34 accredited, 14 community hospitals, acute hospitals 3 wards, 2 GP practices, 1 accredited practice, XBC 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

London / South East

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

Plus international projects and GSF affiliations in:

- Australia – GSF Care Homes + Living and dying well project Tasmania Adelaide etc
- Holland – Amsterdam Primary Care TADZ study
- Belgium Flanders GSF Primary Care
- South Africa – Abundant Life in Cape Town hospitals
- China, Hong Kong, Singapore, Taiwan and Japan

GSF strong areas and 8 GSF regional centres

- Dorset
- Locala
- North London Hospice
- St Francis Hospice, Romford
- St Christopher's
- Princess Alice Hospice, Surrey
- South Coast
- St Richards Hospice, Worcester



GSF strong areas and regional centres

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 measures showing impact of change before and after.
- Comparative audits – patient level (online After Death Analysis - ADA), staff confidence, organisation questionnaire, patient/carer views.
- Portfolio – 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
- Lucy Giles – Deputy Lead Nurse
- Julie Armstrong-Wilson - Clinical Nurse Advisor
- Barbara Walker – Nurse Trainer
- Chris Elgar – Clinical Nurse Advisor
- 32 Clinical Associates and GPs Karen Chumbley, Chris Absolom
- Pam Poole – Office Manager
- Aggie Caesar-Homden – Operations Manager
- Mark Thomas – Development Director
- Robyn Handford – PA, Programme Coordinator Primary Care, Hospitals
- Lauren Ford - Programme Coordinator Audit & Evaluation, Acute Hospitals
- Jane Pitchford-Newman – Programme Coordinator for Accreditation
- Alli Sangster-Wall – Training Programme Coordinator
- Sue Richards – Programme Coordinator for Dementia, VLZ, ADA
- Becci Malone – Administrator