

# GSF and Improving End of Life Care



***GSF Centre - the leading Training Provider  
in End of Life Care in the UK***



**Prof Keri Thomas OBE**

**Founder of GSF**

**Chair of The GSF Centre in End of Life Care**

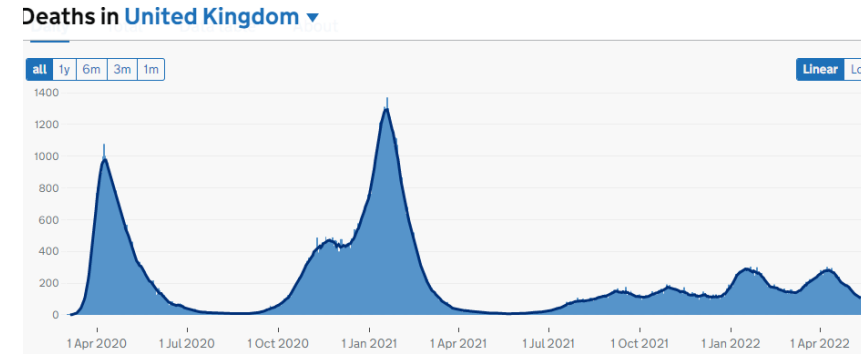
# GSF and Improving End of Life Care

1. Where are we now?
  - In the UK
  - and GSF
2. Where do we want to be?
3. What can we do to get there ?
4. How you can help us !



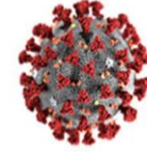
# 1. Where are we now in the UK ?

- **Covid - 207,000 people died from Covid**
- **600,000 deaths /year (2020) in UK**  
in a population of 67 m = **1%**
- **Where do they die?**
  - Just under half in hospital -about 48%,
  - Just over a quarter at home -25-30%
  - Just under a quarter in care home -20-25%
  - Some in hospices -5%
- **Primary Care GPs** – 30,000 GPs in 6,500 practices -
- *All have GSF/ PC registers and meetings to discuss since 2004 (the role of GSF in first 10 years)*



- **Specialist Palliative Care**
  - about 10,000 clinical specialists , community and hospital teams and in 220 hospices
  - Nos receiving specialist palliative care ? Estimated 11%

# Increased home deaths during Covid – but are more dying badly at home



Almost 90 more people died at home every day than expected in past year

Figures for Great Britain show almost 22,500 people more than usual died in private homes, prompting questions about end-of-life care



WHO WE ARE WHAT WE DO COUNTRIES GET IN

SHARE

< PRESS RELEASE

October 4, 2020



## UK: Older people in care homes abandoned to die amid government failures during COVID-19 pandemic

- Key failings included decisions to discharge thousands of untested hospital patients into care homes and imposition of blanket DNARs
- Care home managers and staff say they were left without guidance, PPE or access to testing
- Amnesty calls for a full independent public inquiry to commence immediately, and for the revision of current restrictive visiting guidelines

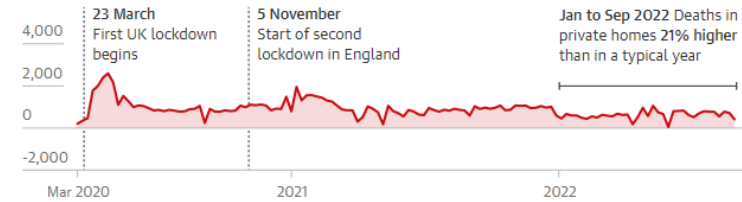
A series of “shockingly irresponsible” Government decisions put tens of thousands of older people’s lives at risk and led to multiple violations of care home residents’ human rights, said Amnesty International today, following an investigation by the human rights group’s Crisis Response team.

Amnesty’s 50-page report – *As If Expendable: The UK Government’s Failure to Protect Older People in Care Homes during the COVID-19 Pandemic* – shows that care home residents were effectively abandoned in the

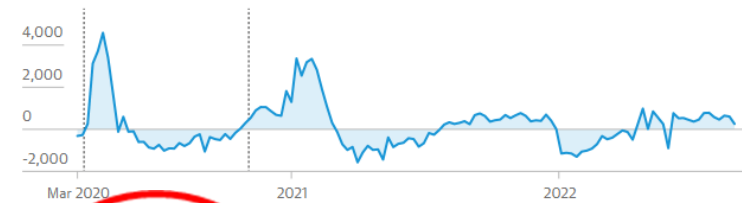
Deaths at home have averaged nearly 900 a week more than expected since the beginning of the pandemic

Excess weekly registered deaths in England, Wales and Scotland

Homes



Hospitals



Care homes





# Are we getting it right for most people?



## The Queen's death...

brought home the reality of death and dying to many millions, in our collective shock and grief.

## But is it a Lottery ?

Are we getting it right for some  
....but not for others ?

Are the ones who get it right  
.....just lucky?

Can we do anything to decrease  
that element of luck?

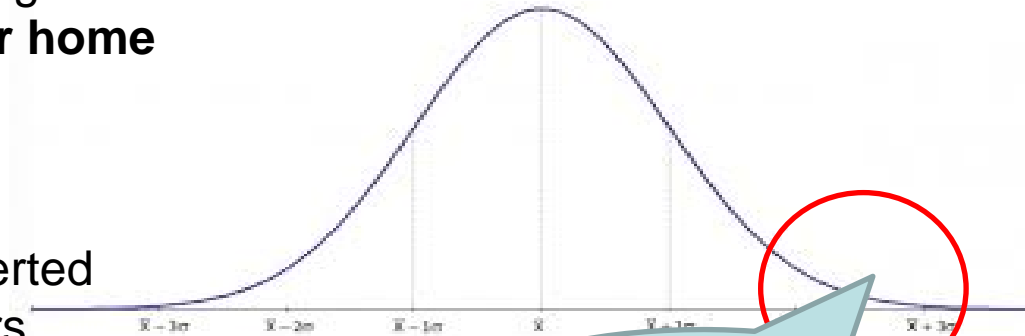
So...can we give the right care,  
for the right person, in right place,  
at right time – every time ???.



**This is where GSF comes in !**

# Great progress - but more still to do!

- Still hear often of **'bad deaths'** including at home
- Half die in hospital though **most prefer home**
- **1%** population,
- **30%** hospital patients,
- **80%** care homes residents
- **Half hospital** admissions could be averted
- **25% increased** deaths in next 20 years
- Costs estimated **third** NHS budget



**The final  
phase of life**

Everyone should  
receive gold standard care

**600,000  
deaths**

**SPC**

**Are we giving Gold Standard  
end of life care for all?**

- all people, with any condition , in any setting, given by anyone , at any time,
- working with palliative care specialists and hospices?

# Where are we now - at GSF ?

## Three stages

### 1. 2000-2010 Early days-NHS

- GP pilot -NHS funded -from that, GSF spread and mainstreamed to every UK GP practice
- NHS EOLC Strategy+ Programme, National Clinical Lead Pall Care – GSF in Policy
- GSF in care homes, hospitals, dom care etc

### 2. 2010-2020 – Voluntary sector CIC

- National spread of GSF 12 programmes
- Influenced and implemented national policy
- Continued to grow in UK and internationally

### 3. Next Stage GSF 2020 onwards

- Tough times in pandemic
- Fantastic GSF team led by Julie as COO
- New Board , new strategy ...and new plans !





# GSF - the UK's leading Training Provider in End of Life Care for over 20 years

Enabling generalist frontline teams give 'gold standard care' to all in final years of life



GSF Principles embedded in national NHS strategy and policy in England

## GSF International



**GSF international**  
GSF used in over 12 countries and now working in end of life care in Africa through the Andrew Rodger Charitable Trust

## 1. Spread



Quality Improvement training in every setting

## Frameworks for Gold Standard Care

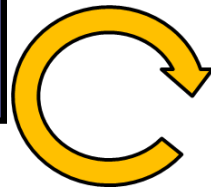
- ✓ Primary Care/community
- ✓ Hospitals
- ✓ Care Homes
- ✓ Domiciliary Care
- ✓ Hospices
- ✓ Prisons
- ✓ Retirement Villages etc



## 2. Depth Accreditation awards

## 3. Joined-up

Trained thousands of teams, improving care for millions  
Many re-accredited 5 times -15+ yrs



Integrated Cross Boundary Care  
- NHS ICSs  
'Gold Patients'

*"GSF is the most effective framework for primary secondary-tertiary integration"*



# National policy in EOLC

EOLC grown higher on the national agenda both in policy + CQC

ICS includes Palliative care Mandate

NHS Long Term Plan Sect 1.42 2019

...the NHS will personalise care, to improve end of life care. ...to help staff identify and support **proactive and personalised care planning** for everyone identified as being in their last year of life.

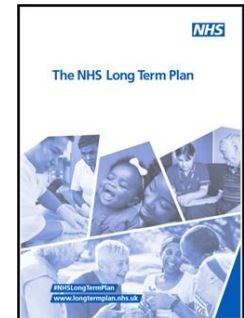
A consequence of better quality care will be a **reduction in avoidable emergency admissions** and more people able to die in a place they have chosen



Key Palliative Care Services	
Every Setting	Palliative Care to be available in every setting where people are dying
24/7 Bed Availability	24/7 Bed Availability for palliative care units to be available 24/7
Professional Palliative Medicine Advice	An advice service to support all professionals involved in caring for people with palliative care needs
Carer Advice	A carer support service to support families looking after people with palliative care needs at home
Ease of Access	Processes which reduce barriers to access
Information Systems	Information Systems to support palliative care
Records	Records of palliative care
Quality Improvement	Quality Improvement Systems to support palliative care
Support for the clinical team	Support for the clinical team
Children's Palliative Care	Children's Palliative Care
Bereavement Care	Bereavement Care
Compassionate Communities	Compassionate Communities

GSF helps Palliative Care in every setting where people are dying

## NICE EOLC Standards and Service Delivery 2019



NICE National Institute for Health and Care Excellence

Search NICE... Sign In

NICE Pathways NICE guidance Standards and indicators Evidence search BNF BNFC CKS Journals and databases

Read about our approach to COVID-19

Home > NICE Guidance > Health and social care delivery > Adult's social care

### End of life care for adults: service delivery

NICE guideline [NG142] Published date: 16 October 2019

Guidance Tools and resources Information for the public Evidence History

Overview

Context Recommendations Recommendations for research Rationale and impact Finding more information and resources

Guidance

Download guidance (PDF)

NICE Interactive flowchart - End of life care for people with life-limiting conditions

This guideline covers organising and delivering end of life care services, which provide care and support in the final weeks and months of life (or for some conditions, years), and the planning and preparation for this. It aims to ensure that people

### Every Setting

Palliative Care to be available in every setting where people are dying

#### Enabling Gold Standard Palliative/End of Life care for all the people in every setting with GSF

We believe quality palliative/end-of-life (EOLC) care is a human right. Everyone has the right to gold standard end-of-life care, and access to specialist support, where needed, in every setting.

End-of-life care is everyone's business. Most hands-on care is given by generalist frontline health/social care staff, often voluntary. Since we have 80% with trained generalists and referral access to specialists, effective whole population EOLC will not happen.

The GSF Centre is the leading EOLC training provider for health/care generalists for every setting, with Training and Accreditation for GP/Primary Care, care homes, hospitals, domiciliary care, retirement villages, private integrated Care Boundary Care/ICS sites. We've been upskilling generalist teams for 22 years, training thousands, improving care for millions.

GSF enables Gold Standard End-of-life care for everyone with any condition, enabling palliative care referral as needed in any setting.

### Celebrating over Twenty Years of the Gold Standards Framework

GSF Overview

GSF Summary

### How GSF helps ICS' give integrated care examples in this short video

1 Spread

2 Training to enable generalist

3 Resources for Gold Standard Care

# There is great progress , well done!



- **GSF has been going for over 22 years!!**
- **GSF was one of the original EOLC models and is still going strong.**
- **We have trained thousands of teams, improving the care of millions!!**
- **GSF principles+ practice mainstreamed in policy in UK**
- **Working with Palliative /EOL Care colleagues**, national policy, structures, specialist teams and hospices
- **GPs, Primary care and care homes** are recognised as key providers **Generalist frontline** palliative /EOLC is recognised as vital
- **ICS-** Now developing Integrated Care Systems - England health and social care
- **NHS mandated to include pall/EOLC in all settings**

**Congratulations to all GSF Accredited teams !**



## But there's more to do ....

- There are still bad deaths
- More people die in hospital than want to
- Lottery of inconsistent care
- Lack of funding social care and in community
- Over medicalisation, over hospitalisation, 'diagnostic apartheid'
- **We can do better – and everyone has a part to play**

## 2. Where do we want to be?



### **GOLD STANDARD CARE ..**

.....for our parents , those we love and ourselves .

For everyone in last years of life



### **TRAINING FRAMEWORKS TO HELP DELIVER GOLD STANDARD CARE .. ....**

.....for all of us caring for people in the final years of life in evry setting across the UK

## GSF Core Beliefs



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

- No one should die badly
- Gold Standard Care should be the standard of care for everyone, everywhere.
- End of life Care is everyone’s business
- Everyone should be specifically trained (GSF)

**Do you believe this too?**





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

- **Everyone** caring for people in their final years of life ***receives training (GSF)*** to deliver a gold standard of care
- leading to ***Gold Standard Care*** for patients , families and carers for everyone in any setting, any condition, any care provider , every time

**Will you join us to help this happen?**

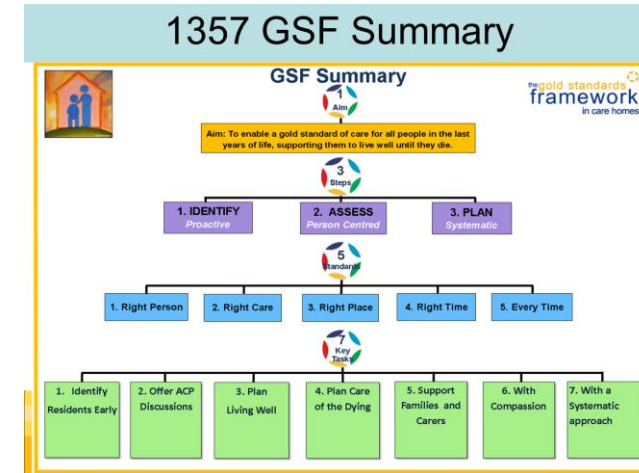
# So what are our key goals ....

**We want Gold Standard Care** for everyone in the last years of life , supporting them to live well until they die

**We want more teams better trained (GSF)** to care for more people in the last years of life

**We want national policy** and funding to support this , to plan for the ageing population and more dying people

**We want GSF to continue** to be supported to help even more people for at many more years to come ...



# Great GSF Exemplars !

## GP Dr Laura Pugh Cape Hill Medical Centre 3rd time accredited – 8 years Study



- ***GSF helps improve systematic proactive care and collaboration between GP practice and nursing home .***
- Studied impact of the GSF training on nursing home (63 beds) before and after GSF over 8-years 2010-2018
- shows substantial improvements in care of their residents following introduction of GSF to the practice and care home.

## Results- Measurable outcomes

- **Admission rates: almost halved (60-38)**
- **Hospital bed days more than halved (488-222)**
- **Died in chosen place of death: almost trebled (11-31)**
- **Residents who died in hospital: dropped 6-fold from 19 to 3**
- **Unscheduled GP home visit requests: dropped 14-fold from 5.04 to 0.35 per resident per year.**
- **Unscheduled GP telephone call requests: Dropped 16-fold from 7.47 to 0.45 per resident per year.**



# Great GSF Exemplars !

## **Chegworth Nursing Home 5<sup>th</sup> time GSF accredited**



“We are grateful to GSF for the structured framework, which has enabled us to be able to provide high quality palliative care to our residents. .... **We truly believe that GSF has made a big difference in the entire palliative care society.**”

## ***Sutton Court Care Home -3<sup>rd</sup> time accredited***

“Caring for residents with Covid 19 did pose a unique challenge to implement GSF effectively -transition from amber to red and death may be a few days -hours only. ....”



## ***Derbyshire House Residential Home (4<sup>th</sup> time accredited)***

***(GSF means) everyone in their golden years here, can live well until they die.*** Thank you to all the team at GSF -the difference it makes is remarkable”.



# Great GSF Exemplars !

## COMMUNITY HOSPITAL CORNWALL

Helston Ward, Cornwall Partnership NHS  
Foundation Trust



GSF is **embedded within our ward's everyday practice** since we originally accredited (2012) –

...reminds us why **recognising those approaching the end of their lives** is so important.

....The **needs- supportive matrix** allows us to focus on what's important and helps to ensure patients get the care they would like

## DOMICILARY CARE

*The Peaches Healthcare Domiciliary care team, Southall*

“We are thrilled and honoured to have received the GSF accreditation. .... We are happy and confident that our care is **more structured**. Thanks to the whole GSF team who have supported us in all possible ways



# 3. So- what can we do ?



# What's next for GSF ?

**We have a great GSF team** , fantastic clinical associates and wonderful new Board and strategy

....and we are ambitious!

## **We are planning**

- Big events and relaunch next spring
- Raise awareness of gold standard care for all
- Focus on new ICS integrated care , and population based EOLC
- Other new developments
  
- Progress to become a charity
- Seek donations and more help



# 4. How can you help us ?



- **Share our vision of gold standard end of life care for everyone**
- Tell us your stories
- Tell your local area , your ICS, CCG, LA, local media what you have done
- Help us spread the word
- Become an Ambassador for GSF in your area
- Start a ripple in your pond!



# 1. Thankyou !!

- for all your hard work and dedication and commitment
- You are all stars!!
- Your work is important- and greatly appreciated !



## 2. Please help us by...



Improving

*Keep on improving, embedding and re-accrediting!*



Spread

*Spread the word in your networks, colleagues, ICS, other areas*



Tell

*Tell us and others stories of impact and ways GSF helps*



Help

*Join us to campaign to help everyone receive gold standard care*

# 3. And now its time to celebrate !

**CELEBRATE!**

