

- A review of the use of the Gold Standards Framework in Primary Care 2009

"The College is pleased to support GSF, as a major component of the new RCGP End of Life Care Strategy. It is clear that end of life care should be part of the core business of general practice, and GSF provides a standard against which we can measure our practice and a means to further improve it."
 Prof Nigel Mathers, Chair CIRC, RCGP

GSF is a systematic common-sense approach to formalising best practice, so that quality end of life care becomes standard for every patient. It helps clinicians identify patients in the last year of life, assess their needs, symptoms and preferences and plan care on that basis, enabling patients to live and die where they choose. GSF embodies an approach that centres on the needs of patients and their families and encourages inter-professional teams to work together.



- GSF is about:**
- Enabling Generalists - improving confidence of staff
 - Organisational system change
 - Patient led - focus on meeting patient and carer needs
 - Care for all people regardless of diagnoses especially non-cancer, frail
 - Pre-planning care in the final year of life - proactive care
 - Cross boundary care - OOH, care home, hospital, hospice
 - Care closer to home - decrease hospitalisation, PPOC

"The RCN fully supports this renewed effort and determination to ensure that the GSF is implemented across the country. Nurses play a significant part in the care of people who are at the end of their life – regardless of the setting in which care is being provided – and we welcome the opportunity to contribute towards achieving a universal gold standard for all."
 Lynn Young, Primary Health Care Adviser, Royal College of Nursing

Aim of GSF in Primary Care – to improve the organisation and quality of care for all people nearing the end of life, delivered by Primary Care Teams

GSF is a framework to deliver a gold standard of care for all people nearing the end of life – it is about living well until you die

Where we were:

After 9 years of using GSF in Primary Care, we undertook a full review and launch of next stage GSF in June 09. We know that GSF is:

- Mainstreamed into policy and practice
- Supported by RCGP, DH, NICE etc
- Foundation level used by over 90% of GP practices (QOF figures)
- Deeper level used by 60% practice - but only about 10% fully using GSF to deeper level
- Adapted GSF Care Homes Training Programme used by over a 1000 care homes in the UK – 100 a year accredited

BUT.....

A full systematic review and one year Review Process indicated that there are still problems with:

- Consistency of use
- Effectiveness
- Equity and non-cancer patients
- Quality of care

The Review Process entailed publication of an overview paper* and 5 working groups

- GPs and other doctors
- Nurses – community, specialist etc
- Researchers – lessons from their research
- Commissioners, DH Policy Advisers and Stakeholders
- Patients and carers – literature and their needs

"The GSF in Primary Care has considerable potential to improve end of life care, but further work is needed to support uptake and consistency of implementation"
 K Shaw, C Clifford et al, A Review of the GSF in Primary Care. In Press

EVIDENCE - University evaluations and local audits show GSF improves:

Attitude, Approach and Awareness

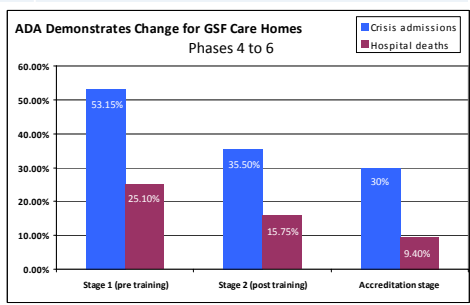
- Increasing confidence of staff about discussing end of life care
- Increasing openness and confidence of staff

Patterns and Processes

- Improved coordination and team working
- Improving practical systems of care

Outcomes for Patients and Carers

- Fewer hospital admissions and deaths, more dying where they choose with considerable cost savings to NHS
- More advance care planning discussions

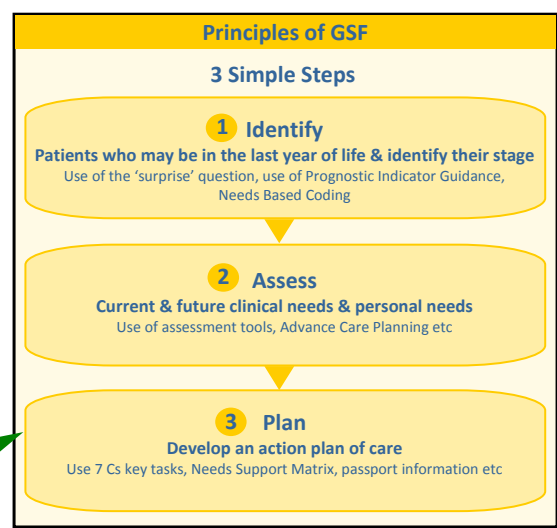


"GSF in Primary Care has become part of the fabric of improving end of life care in this country, and has already made a real difference for thousands of patients and their families. But there is still a way to go, and I welcome this new drive towards greater and deeper use of GSF, and renewed efforts towards excellence in the Going for Gold programme"
 Prof Mike Richards National Director for Cancer and End of Life Care, Department of Health, England

Where we want to be:

Developing a national momentum of best practice

- All practices are using GSF to a deeper level
- All patients in the last year of life are identified and included on the palliative care register for more coordinated care
- More are enabled to live and die well in their place of choice
- More home deaths
- Fewer hospital admission and deaths
- Better job satisfaction for staff
- More support for carers



End of Life Care in Numbers

- 1% of the population dies each year
- 17% increase in deaths from 2012
- 40% of deaths in hospital could have occurred elsewhere (NAO report example)
- 60% people do not die where they choose
- 75% deaths are from non-cancer conditions
- 85% of deaths occur in people over 65
- £19,000 non cancer, £14,000 cancer - average cost/patient in final year of life
- 2.5 million generalist workforce - 5,500 palliative care specialists.
- GSF works - it makes a real difference in improving end of life care but further support is required**

Contact Details for GSF Support Programme

NHS National GSF Centre based at Walsall tPCT
 Park View Centre, Chester Road North, Brownhills, Walsall, WS8 7JB
 HELPLINE: 01922 604524
 EMAIL: kerithomas@walsall.nhs.uk / emma.farquhar@walsall.nhs.uk
 www.goldstandardsframework.nhs.uk
 Clinical Lead: Prof Keri Thomas, National Clinical Lead for GSF
 Hon Professor University of Birmingham End of Life Care
 Royal College of General Practitioners Clinical Champion

How we get there:

Launch of Next Stage GSF Going for Gold

Development of a NEW GSF Primary Care Training Programme 'Going for Gold' with key learning outcomes (see below):

- Work towards Quality Recognition Accreditation
- Use of ADA Audit tool – NRCA
- Focus on nurses as part of Transforming Community Service
- More support for carers



Recommended Next Steps

- Invite practices to take part in new GSF Primary Care Going for Gold Training Programme – 4 monthly sessions + review meeting + audit
- Proceed with quality recognition and accreditation
- Undertake local audits using ADA eg as part of revalidation/ appraisals audits and National Primary care Audits using ADA. Reassess annually
- Contribute to RCGP EOLC Strategy consultation group and UK wide EOLC Working Party
- Become involved in GP collaboration with GSF Care Homes Training Programme
- See GSF website - Next Stage GSF for further tools and resources



"The fact that there is now a Gold Standard for palliative care means not only that everyone now knows what can be achieved, but that patients and families are beginning to know what they should be asking for – and expecting!"
 Baroness Julia Neuberger, DBE House of Lords