**LEADERSHIP ALLIANCE FOR THE CARE OF DYING PEOPLE: GUIDANCE, EDUCATION AND TRAINING GROUP**

**Case Study Example: Palliative Care Education, Training and Resources (Last Days of Life) v1**

*This template is designed to illustrate palliative care education, training or resource activity that you have put into practice that maybe of interest or help to others designing, delivering and evaluating similar activities in their setting.*

**Name of Education, Training or Resource Activity:**

1. Full GSF "Going For Gold" Primary Care training programme

**Did you charge for this activity?**

Yes, usually funded by CCGs for a number of practices so not usually charged to individual practices although some individual practices have funded it themselves

| **Name and Address of Organisation that delivered the activity:** | **Contact Name, Role and Email:** |
|---|---|
| Gold Standards Framework Centre<br>Victoria Mews<br>8-9 St Austin Friars<br>Shrewsbury<br>SY1 1RY<br><br>**Organisation Website Address:**<br>www.goldstandardsframework.org.uk | Keri Thomas<br>Founder and National Clinical Lead<br><br>Julie Armstrong-Wilson<br>Clinical Nurse Advisor<br><br>Robyn Handford<br>Programme coordinator<br>Primarycare@gsfcentre.co.uk |

**How would you categorise your Education, Training or Resource Activity** *( please tick all that are relevant)*

**All GSF Programmes focus on improving care for all people with any condition, in any setting, who may be considered to be in the final year of life (using the GMC definition of End of Life care to include patients in the final year of life). This includes training in care for people in the final days of life also, but by instigating earlier proactive needs-based care, and earlier advance care planning and communication, more are able to live and die where they choose, with fewer unanticipated crises. Therefore GSF Programmes teach comprehensive care in the final years, months, and weeks of life that also enables better care in the final days of life. GSF is well evidenced and extensively used over the last 15 years as one of the original NHS End of Life Care Programme best practice models/tools, and its important role in delivering comprehensive care for all people nearing the last stage of life was confirmed in the Neuberger Report 2013.**

| Category | | Category | |
|---|---|---|---|
| Assessment and Care Planning | √ | Symptom Control | √ |
| Communication, Bereavement, Psychological Skills | √ | Advance Care Planning | √ |
| Family and Informal Carer Support | √ | Teaching or Train the Trainer | √ |
| Staff Supervision, Wellbeing or Resilience | √ | Clinical Leadership | √ |

Other *(please state what)*

Earlier identification of people in the final year of life, coordination and team working, advance care planning, communication and cross boundary care, care of the dying in the final days, continued learning audit, and culture change leading to long term sustainability in practice for care for all people in their final year of life (including frail elderly, those with dementia and long-term conditions).

| **Who Was Your Target Audience – Setting?** | **Who Was Your Target Audience – Role?** |
|---|---|
| *(E.g. hospital, community, care homes, social care etc.)*<br>Primary Care Teams, CCGs | *(E.g. Consultant, District Nurse, Ward Nurse, Physiotherapist, Clerical Staff etc.)*<br>All staff with the GP practice – GPs, district nurses, Macmillan nurses, receptionists, admin staff, community matrons, specialist palliative care etc. |

**Aims and Objectives of Activity:**

GSF is a systematic approach to optimising the care for all people considered to be in the final year, months, weeks and days of life within a GP practice population, and once cumulated for a number of practices, an area-wide/CCG population. It provides organisational and systems change enabling more to live and die in the place and manner of their choosing. Along with teaching some aspects of earlier recognition and care, the main focus is on introducing new skills and processes to ensure a change of practice that is long-lasting and sustainable. Specifically GSF aims to.

1. Improve the quality of care provided for people.
2. Improve coordination & collaboration within and between teams, notably improving cross boundary care
3. Improve outcomes by enabling more to live and die where they choose and decreasing inappropriate hospitalisation

There is assessment of progress made at the beginning of each session, to gradually build a step-by-step approach to building radically improved proactive care for people with any life limiting condition.

NB A briefer introductory programme, **GSF Silver Foundations Programme** is also available over 4-6 months (see later) , as a means of moving practices from basic QOF level towards the full Going for Gold programme, undertaken at a later stage. This is in line with other GSF Programmes to support practices that find the whole Going for Gold programme hard to start initially and want an intermediate next steps support.

**What is the content of the Activity?** **Please give details** (100 words max)

The full GSF distance-learning Going for Gold programme, plus interactive launch half-day workshop, is a practice-based programme involving the multi-disciplinary team at team meetings over about 6-12 months. It involved 6 one hour sessions at 4-6 week intervals, with important action plans/ homework in-between. The programme covers the above aims, working through the processes in a step by step approach within the three key areas

1. Identify
2. Assess
3. Plan

Once embedded, practices apply for GSF accreditation endorsed by RCGP and receive the Quality Hallmark Award demonstrating full implementation and recognised quality Improvement

**What was the reason for this activity?** **Please give details** (100 words max)

*(E.g. local, regional, national policy, learning needs analysis, professional body requirements, critical incident etc.)*

- Improving local, and national policy outcomes for all people nearing the end of life- focus on frail elderly and dementia
- Reducing hospitalisation- hospital; deaths and length of stay , enabling more to die where they choose
- Enabling earlier patient identification and include them on their GSF/Palliative Care register ( QOF Foundation GSF )
- Improving integration with social care and other providers – providing better cross boundary care ,
- Enables practices to meet NICE targets, EOLC Strategy, Find the 1% campaign, RCGP Patient Charter, plus local CCG targets -reducing hospitalisation, introduction of EPaCCS and increasing advance care planning discussions etc.

**What is the staffing, financial or infrastructure needs of this activity?** **Please give details:** (100 words max)

*(E.g. educator or admin, resources, capacity, planning and timing etc.)*

This is designed as a practice-run programme that can be run independent of any **external facilitation**, though with large numbers of practices external facilitator and support can be extremely helpful. This involves 6, one hour meetings over 6-12 months plus workshop. It requires a **practice lead** who helps organise the modular sessions in the practice (DVDs or Virtual Learning Zone) plus action plans, evaluation and bringing it together for the practice protocol, usually leading to accreditation. It also benefits from a ‘ champion’ GP/DN for end-of-life care

The interactive launch/“GSF-in-a-Day” **workshops** for 30-50 practices require suitable accommodation.

**What did you do including dates you delivered it:** **Please give details:** (100 words max)

*(E.g. workshop, eLearning, mentorship, work based learning, practice placements, blended learning, curriculum, guidance, resource etc.)*

GSF Going for Gold has since 2009 involved groups of approx. 15-50 practices in CCGs/PCTs plus some individual practices. We have run over 20 projects involving over 400 practice teams, several progressing to accreditation. The workshops involving 15-200 people at a time raise awareness and launching the programme , though some request the workshop initially, then the full programme later. It is fully resourced with

- DVD/ access to GSF Virtual Learning Zone
- Good Practice Guide,
- Toolkit of all resources + website
- Evaluation including online ADA audits (After Death Analysis)
- Support and helpdesk.
- Guidance towards accreditation and the Quality Hallmark Award

**How did you evaluate the activity?** **Please give details:** (100 words max)

*(E.g. attendance, satisfaction, confidence, competence, formative or summative assessment, impact on care, change in guidance or policy etc.)*

1. Impact on care is the main focus of evaluation :-
    a) Key Outcomes Ratios - changes in key measurable e.g. patients identification, ACP, home deaths,

b) Comparative
    a. Staff Confidence assessment
    b. Organisational questionnaires-
    c. Patient level data- sample of 30 patients' On-line ADA (After Death Analysis) audit
    d. Carers / bereavement feedback
c) If progress to accreditation, submission of portfolio, including case history and qualitative assessment
d) A telephone interview/ visit
   Independent panel assessment endorsed by RCGP

2. In addition routine programme feedback evaluation sheets analysed following GSF workshops, and programmes.

**What evidence is there of the difference that this activity made?** **Please give details:** (100 words max)
*(E.g. to patient, family, health or social care professional, organisation etc.)*

Significant improvements demonstrated by those completing the evaluation and progressing to accreditation. These include:

- Halving of hospital deaths, doubling numbers enabled to die where they choose
- Trebling of numbers on palliative care register
- Significant increasing of non-cancer patients recognised early and those from care homes (increased x3-4 fold)
- Trebling of advance care planning discussions, carers support and bereavement protocols
- Consistent systems established to enable sustainability and development of a practice protocol
- Improved collaboration with others such as care homes, specialist palliative care etc.
- Qualitative culture change in the way practices care for frail older people

**What is the weight of your evidence of the difference that this activity made?** **Please give details:** (100 words max)
*(E.g. attendance evaluation, anecdotal comments, case study, small/medium research study, cohort study, randomised controlled trial etc. – please give details of relevant publications)*

Extremely strong evidence base of GSF usage over the last 15 years including

- Strong level of research evidence published in peer review journals, some GSF Centre generated some independent, well accepted and endorsed by NICE etc.
- full systematic reviews available, and summaries of evaluations, audits and independent research studies on website
- international studies on use of GSF and various tools e.g. PIG
- qualitative feedback on benefits for staff , patients and families
- demonstrable changes seen in accreditation portfolios
- submitted for independent research, expert opinion on the value of improvements shown.
- Cohort studies of large project areas show comparative benefits.
- Finalists at the BMJ awards 2014

**What would you advice to others delivering this activity in the future?** **Please give details:** (100 words max)
(*E.g. do's and don'ts etc.)*

Although QOF Foundation GSF has good uptake from 2000 (98% practices claim QOF PC points), the benefits were limited. GSF Going for Gold now deepens GSF to more sustainable, inclusive level, less dependent on external facilitation and building on practice team's motivation.
It's a fully resourced, comprehensive stand-alone programme though can be complemented by local support, facilitation and incentivising e.g. LES, part of end of life care policy.
It is not a quick fix and requires commitment and ownership. Some will not achieve this so The Silver Foundation Programme may be the better option for some.

**What do you see as the future of this activity?** **Please give details:** (100 words max)
*(E.g. how it could be used elsewhere or scaled up, next steps for building its evidence base)*

We aim to contribute to the implementation of national policy in practice and that this becomes the 'industry standard' for end of life care in primary care, just as it is becoming in care homes, hospitals, domiciliary care etc. There is a considerable evidence to show the success of GSF programmes, building on early more superficial use of GSF a decade ago. Use of GSF GFG encourages 'culture change' so less likely to return to previous way of working. It is already nationally recognised and delivered across the UK, and many CCGs are aiming for all of their practices to become GSF accredited and receive the Quality Hallmark Award. CQC already recognise GSF Accredited care homes as examples of best practice and their information is publically available
There is evidence to show that this is adaptable across all settings and internationally.

| **Completed by (Name and Role):**<br><br>**Maggie Stobbart-Rowlands, GSF Lead Nurse** | **Date:**<br>**3.6.14** |
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| **Please now return to the**<br>**LEADERSHIP ALLIANCE FOR THE CARE OF DYING PEOPLE: GUIDANCE, EDUCATION AND TRAINING GROUP**<br>**Thank you** | |