

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. GSF Primary care Foundation 'Silver' Level Programme			
Did you charge for this activity?			
Yes, usually funded by CCGs for a number of practices so not usually charged to individual practices			
Name and Address of Organisation that delivered the activity:		Contact Name, Role and Email:	
Gold Standards Framework Centre Victoria Mews 8-9 St Austin Friars Shrewsbury SY1 1RY		Keri Thomas Founder and National Clinical Lead Julie Armstrong-Wilson Clinical Nurse Advisor	
Organisation Website Address:		Robyn Handford Programme coordinator Primarycare@gsfcentre.co.uk	
www.goldstandardsframework.org.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.			
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)			
More basic than full GSF Primary care Going for Gold, but more than QOF Foundation Level- so Foundation Plus/ Silver Level for practices that wish to move on but not ready for full GFG programme that leads to accreditation. It includes similar elements but at reduced level e.g. Earlier identification of people in the final year of life, more advance care planning discussions, reducing hospitalisation, more dying in their preferred place of care and care of the dying in the final days (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.) Primary Care Teams, CCGs		(E.g. Consultant, District Nurse, Ward Nurse, Physiotherapist, Clerical Staff etc.) 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.			

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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.

This briefer introductory programme, **GSF Silver Foundations Programme** is available over 6-9 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. It is in addition to the Going for Gold, but many will progress more easily through GFG to accreditation having undertaken this first step

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

The **GSF Silver Foundations Programme** involves two interactive launch workshop, about 6-9 months apart with homework and progress mapping in-between. The programme helps practices make the first steps towards full accredited GSF in the Going for Gold programme in a manageable step by step approach within the three key areas

1. Identify
2. Assess
3. Plan

Once embedded, practices progress to the practice based Going for Gold programme leading to 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 6-9 month programme with 2 workshops and the rest practice based work 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 2 GSF workshops plus a **practice lead** who helps organise the practice and return evaluations, usually leading to Going for Gold programme and accreditation. It also benefits from a ‘champion’ GP/DN for end-of-life care. The 2 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.)

We have run over 20 GSF Going for Gold projects since 2009 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. The GSF Silver Foundation Level is based on these 2 workshops plus a DVD of advance care planning (ACP) and staged progress undertaken by the practice ready for the follow up workshop 6-9 months later.

It is fully resourced with

- Delegates pack with resources at workshop
- Silver Level Guidance,
- Toolkit of resources + website
- Reduced Evaluation (not including online ADA audits-After Death Analysis) with only key outcomes measures
- Support and helpdesk.
- Guidance towards next steps, Going for Gold, 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,

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- b) Comparative
- a. Organisational questionnaires-
 - b. Knowledge and confidence levels

As said previously with Going for Gold , fuller evaluation included as well as accreditation preparation that involves submission of portfolio, including case history and qualitative assessment , and a telephone interview/ visit plus 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 basics of GSF evaluation from the Going for Gold cohorts and those that undertook earlier GSF programmes. These include:

- Increasing numbers on palliative care register
- Significant increasing of non-cancer patients recognised early and those from care homes
- Increasing advance care planning discussions,
- Reducing hospital deaths, increasing numbers enabled to die where they choose
- 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 overall for 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.

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 had good uptake from 2000 (98% practices claim QOF PC points), the benefits were limited. The full GSF Going for Gold and intermediate Silver Foundation Level 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 help implementation of national EOLC policy into practice. Evidence shows the success of GSF programmes, building on early more superficial use of GSF a decade ago. Use of GSF Intermediate 'Silver' Foundation Level encourages the next steps towards full GSF-many CCGs are aiming for all of their practices to become GSF accredited and receive the Quality Hallmark Award and this is the next step for many not yet wishing to do the full Going for Gold in all practices . CQC already recognise GSF Accredited care homes as examples of best practice and their information is publically available.

Completed by (Name and Role):

Date:

Julie Armstrong-Wilson, GSF Clinical Nurse Advisor

3.6.14

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Thank you