

# GSF: Ten Years On

By Professor Keri Thomas, National Clinical Lead for the GSF Centre



The original Gold Standards Framework (GSF) Programme was developed from within primary care in England at the start of the new millennium. It was born in response to the fact that, despite best intentions and great effort from hard-working clinicians, too often the care for people approaching the end of their life remained sub-optimal. There was a need to focus on improving the organisation and quality of care provided by generalists in the community for all people nearing the end of life, whatever their diagnosis and, 'whatever bed they are in', to enable more to die where they choose and reduce inappropriate admissions and expenditure.

So GSF began - initially piloted with 12 Yorkshire GP practices in 2000 - with the aim of being more about what we do and how we do it and less about what we know - more about coordination and organisational learning as a team to bring about the right care at the right time for the right patient and to assess whether this systems approach was acceptable, whether it changed practice and whether we could attain this 'win-win' effect<sup>1</sup>.

That was ten years ago. Much progress has been made over the decade, GSF is mainstreamed within standard policy and practice across the UK<sup>2,3</sup> recommended by Governments<sup>4</sup> and has been shown to be effective in improving care for people nearing the end of life<sup>5</sup>. But, although this is a good start, there is still much more to do to achieve the consistency of care that we would all wish for ourselves.

The three aims of all GSF programmes remain the same - to improve the quality of care for

all people nearing the end of life and their carers irrespective of diagnosis or setting, to reduce hospitalisation and costs (enabling more people to die where they choose), and to improve collaboration and teamwork across boundaries of care.

The basis of GSF is still the simple three step process of *identifying* those in the final year or so of life and their stage of illness, *assessing* what they need and what they want and *planning* well-coordinated effective cross-boundary care with good communication to achieve those goals.

## GSF 3 Simple Steps

### 1. Identify

Patients who may be in the last year of life and identify their stage

*Use of the surprise question + prognostic guidance + needs-based coding*

### 2. Assess

Current and future clinical and personal needs

*Using assessment tools, Advance Care Planning etc*

### 3. Plan

Develop a plan of care for cross boundary care

*Plan carer support, cross-boundary communication, care in the final days*



## Staff at Oakfield Nursing Home receive their GSF Quality Hallmark Award

Now, ten years on, the National GSF Centre has recently become a not-for-profit Social Enterprise company, commissioned and supported by the NHS, but independent of it. We have also established a separate charity Omega to support carers - [www.omega.uk.net](http://www.omega.uk.net) The GSF Central Team supports local areas across the country in four ways:

1. Running experiential training programmes leading to accreditation in specific settings to improve the way people work together through system organisational change
2. Providing a toolkit of resources
3. Specific courses for individuals, such as the Clinical Skills Course for care homes staff
4. Bespoke support and strategic guidance for local areas on a commissioned basis.

### GSF Primary Care

At grass roots level significant changes have occurred. More than 90% of GP practices have a QOF palliative care register and planning meeting, equating to Foundation Level GSF, 60% of UK practices have adopted deeper levels of GSF<sup>6</sup> but only 10-15% of practices are fully integrating GSF. A Next Stage GSF Review in 2008-9 focussed on the four areas of consistency, effectiveness, equity for non-cancer patients and quality care, and led to the launch of the new GSF Primary Care Training Programme, an updated practice-based programme that is supported by, but not

dependent upon, local facilitators. About 15 practices progress through the fully supported six-month programme at a time, involving monthly one hour team meetings leading to improved use of GSF, quality recognition and improved cross-boundary working (see GSF website or [info@gsfcentre.co.uk](mailto:info@gsfcentre.co.uk)). With the RCGP End of Life Care Strategy launched in June 2009, new support for GPs is also in development<sup>1,6</sup>.

### GSF Care Homes

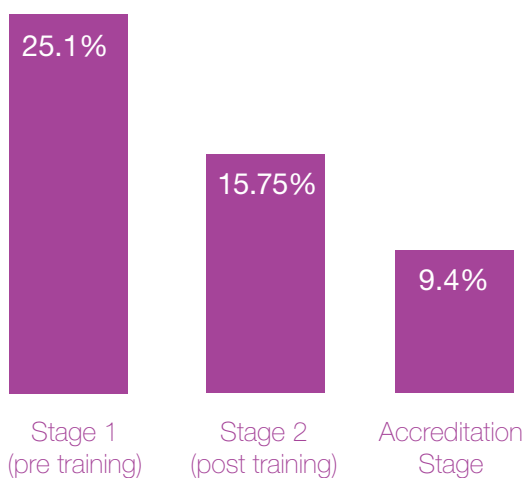
With about a fifth of people dying in care homes, decreasing lengths of stay (average stay now in nursing homes is now about a year) and an estimated half of hospital admissions and deaths from care homes thought to be preventable<sup>7</sup>, there is a growing need to improve care for all residents, not just the dying. The National GSF Care Homes Training and Accreditation Programme has become the biggest end of life care training programme used across the country, with more than 1500 homes having completed the training, and the Quality Hallmark award given to accredited care homes is greatly prized by the 100 or so that apply each year.

There is growing evidence<sup>8</sup> that the cornerstones of the training programme - identifying residents' stage of decline, planning their care with Advance Care Planning discussions and planning cross-boundary care, are enabling more residents to be cared for and die in their care home, including the halving of hospital admissions and deaths

by accredited care homes (see below) More confident care home staff feel at ease communicating with GPs and district nurses, with growing morale and job satisfaction. The programme is designed to become embedded in the ethos of the home, outliving changes in personnel and overcoming the intrinsic high staff turnover.

## Reducing hospitalisation and costs

### Hospital Deaths



Cost saving with GSF Care Homes - more than halving hospital death rate from 25.1% to 9.4%

(Findings using GSF After Death Analysis Audits for accredited care homes Phases 4-5 2007-9)

## GSF Acute Hospitals Programme

Since 2008 we have been developing a specific GSF Acute Hospitals Training programme based on the same common GSF principles, toolkit and resources, to help improve cross-boundary care for patients estimated to be in the final year of life. The pilot involves 16 hospitals (including three outpatient units) and the early signs are very encouraging, with a report due end 2010. When rolled out more widely we hope this will improve cost-effectiveness by providing genuine cross-boundary care across the health community, ensuring patients receive high quality care wherever they are.

Other training programmes and courses are available or are developing, including domiciliary care, prisons and children, plus new courses and additional resources.

While good progress has been made over the past decade, much more needs to be done to prepare for the predicted surge in deaths in the coming years, especially in the over 85s. "Whatever provision we have will have to increase significantly over the next 10-20 years" according to the latest report by the National End of Life Care Intelligence Network<sup>8</sup>.

So, on reflection, much progress over the last decade but a long way to go in the next! Thank you to all of you who have supported us on this journey – do stay in touch.

Contact Professor Keri Thomas and the team at the National GSF Centre CIC.



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1 Thomas K and Noble B, Improving the delivery of palliative care in general practice: an evaluation of the first phase of the Gold Standards Framework; Palliative Medicine 2007; 21: 49-53

2 NICE Guidance in Supportive and Palliative care 2003

3 DH NHS End of Life Care Strategy July 08

4 Conservative manifesto Jan 2010 "Your patient will see you now"

5 Improving end-of-life care: A critical review of the Gold Standards Framework in primary care. Palliative Medicine, Vol. 24, No. 3, 317-329 (2010)

6 [http://www.rcgp.org.uk/clinical\\_and\\_research/circ/clinical\\_priorities\\_and\\_ccs/end\\_of\\_life\\_care.aspx](http://www.rcgp.org.uk/clinical_and_research/circ/clinical_priorities_and_ccs/end_of_life_care.aspx)

7 National Audit Office report on End of Life Care Nov 08

8 Ref Julia Verne Director of South West Public Health Observatory Ref NHS EOLC Intelligence Unit report