

**Blog for GP, by Professor Keri Thomas, National Clinical Lead, GSF Centre CIC for End of Life Care
Hon. Professor End of Life Care, University of Birmingham**

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“The importance of the holistic role of the family doctor is poised to come into its own in a way never previously encountered.” These words come not from Jeremy Hunt but the RCGP’s 2009 End of Life Care Strategy. The Health Secretary’s announcement last week about the future co-ordination of care for the vulnerable elderly said: “Fundamental changes mean joined-up care - spanning GPs, social care, and A&E departments - overseen by a named GP.” This echoes the recent Neuberger Report on the Liverpool care Pathway which recommended a named doctor overseeing care of people in the final days of life.

Despite GPs’ good efforts, slipping through the gaps is a fate that befalls too many old and vulnerable people, especially those approaching the end of their lives. As a GP back in 1999 I was aware of the great efforts of colleagues but the often poor outcomes for patients and helped develop a possible solution – the Gold Standards Framework (GSF) .This was rolled out nationally, and basic level GSF has since become mainstream practice for the majority of GPs (through QOF). But, we can, and need to, do more. Hundreds of practices have progressed further with Next Stage GSF, Going for Gold training, helping to provide better coordinated care and more proactive service for the most frail and vulnerable.

As an Essex GP from one of the first GSF accredited practices said: “We’ve changed the culture of how we practice ...we are much more proactive...and when we look back on the way we practiced before, it seems very old fashioned and unsatisfactory.” These practices now works more closely with their surrounding care homes and hospitals, providing integrated coordinated care which means more people can remain at home for longer, in line with their wishes, reducing hospitalisation and costs.

Mr Hunt’s proposals can be achieved for our most frail elderly patients, and GPs are ideally placed to fulfil this important role. With an aging population and the need to make best use of scarce resources, I would urge my GP colleagues to meet this challenge and to ‘go for gold’ for our most vulnerable patients especially those nearing the end of life.

For more information about the GSF Primary Care Programme go to
<http://www.goldstandardsframework.org.uk/primary-care-training-programme>