

Mobilising the workforce in end of life care

By Professor Keri Thomas, National Clinical Lead,
GSF Centre CIC for End of Life Care,

the gold standards framework

End of life care is considered a 'litmus test' for the rest of NHS care (Jeremy Hunt 2013 and NHS End of Life Care Strategy 2008). Last year was a tough one for many in the NHS, in end of life care and especially for hospitals with the Francis Report on the Mid Staffordshire NHS Trust and the Neuberger review of the Liverpool Care Pathway (LCP). Headlines on rising hospitalisation and poor care of the elderly affects the morale and confidence of staff who continue on despite the tough reality of reduced NHS resources, radical reorganisation and job losses.

Some feel aggrieved that the emphasis on the few well-publicised examples of poor care, infers that this is common-place, undermining the hard work of the vast majority of staff who care profoundly for their patients and work valiantly to provide high quality care. We cannot ignore the increasing needs and declining morale of our workforce, but we can work to enable them to express their caring ambitions and core purpose more systematically by enabling them, building their confidence and capacity and recognising their worth.

In my recent experience as a hospital patient, I was struck by the care and compassion

of all staff, from domestics and healthcare assistants, to nurses and senior doctors. And from our experience in running the Gold Standards Framework (GSF) training programmes in end of life care and working with a wide variety of clinicians from different settings, across the UK over the last 14 years, our sense is that people are committed to providing the best care, but often external factors create barriers which reduce their time, their confidence and their propensity to care. In workshops across the country and internationally we find we are pushing at an open door and that by encouraging, mobilising and enabling generalist frontline staff, releasing their talents and recognising their value, we can help them reach even greater levels of success than they ever thought possible.

So is this apparent 'crisis' in fact an opportunity for us to rethink the way we in which we care for this most vulnerable patient group? And, if so, how do we grasp it and ensure that patients, their families and carers, receive the best care? One way is to mobilise the fantastic caring workforce we have and one way of doing this, is by using GSF programmes, the leading end of life programmes for generalist frontline staff.



GSF programmes involve thousands of frontline staff in care homes, hospitals, primary care and beyond

GSF was one of the three key end of life care 'tools' or models of best practice, supported by the NHS End of Life Care Programme 2005-8. The principles of GSF are widely used, and specific GSF training programmes (delivered in workshops or through distance learning) are now complemented by accreditation, as a form of quality assurance recognised by CQC, RCGP, commissioners, major care home groups and others. There are currently nine GSF programmes involving many thousands of frontline staff and affecting the care of millions of people – 'Going for Gold' Next Stage GSF for Primary Care teams, GSF Care Homes (with the new distance learning / blended approach and Foundation Level), GSF for acute and community hospitals, domiciliary care, dementia care, the new Spiritual Care and Hospice Support programmes beginning later this year, and other programme in the pipeline.

Proactive care and better communication lie at the very heart of the GSF programmes. Establishing what the patient wants, communicating it to everyone concerned in their care and then mapping out their care on that basis; these are the building blocks on

which GSF is established. Put simply, identify, plan and assess. By engaging the workforce and the patient in the process at the earliest possible opportunity leads to improved quality of care, coordination and communication, resulting in better outcomes, and more people being cared for in their chosen place, fewer avoidable hospital admissions and more people dying where they choose.

The structured systematic approach of GSF provides a step-by-step framework that leads to progress, supported by the overarching 'umbrella' of tried-and-tested tools, measures and resources. This nurtures a more synergistic way of working leading to more confident, empowered staff who feel and able to provide 'gold standard' patient care.

The GSF programmes are built on the principles of head, hands and heart, placing compassionate care at the centre of everything, which means that while quantitative outcomes remain a key driver, the qualitative element is intrinsic too. GPs say that although they are busy, they feel re-engaged with the reason they came into healthcare. At recent Going for Gold events in



GSF empowers staff to talk about dying, death and bereavement

Essex, representatives from 70 GP practices were enthusiastically prioritising end of life care. Likewise, care homes staff celebrating their success at one of the twice yearly awards ceremonies, jubilantly hold aloft their GSF Quality Hallmark Award as if it's the FA Cup. With more than 2300 care homes trained and many hundreds accredited, GSF is becoming the standard to aspire to, as recognised by CQC. Domiciliary care workers undertaking GSF distance learning training across the country feel empowered to work better with primary care teams and feel better recognised for their invaluable work in people's homes.

At recent visits to community hospitals seeking accreditation in Cornwall, we were struck by the increased openness of ward staff in discussing death and dying, leading to greater patient-focussed care through better needs assessments and advance care planning discussions. The encouraging findings from the GSF Acute Hospitals programmes, though one of the toughest settings in our experience, show slow but steady improvements in earlier recognition, open discussions, more proactive care and better communication with GPs. Staff at all levels, including ward clerks and bed managers are encouraged to play a fuller role in supporting such patients, and everyone feels they know what to do and how they can contribute.

But the programme that offers perhaps the greatest potential opportunities for

transforming patient care is the new Integrated Cross Boundary Care Programme. The GSF Centre is currently working with three Foundation sites and already there is evidence of exciting, tangible changes.

At Airedale, the hospital works closely with primary care and care homes and gives Gold cards to patients on the centralised GSF Register/EPaCCS. They can access a dedicated 'Gold phone line' for advice and support. In Dorset, GSF coding and care planning helps bring clinicians from many sectors together – a GP practice in Shaftesbury holds monthly meetings with GSF trained care homes and community hospitals. In Nottinghamshire, Foundation level GSF care homes meet with GSF trained GPs at 'Better Together' events.

By working across boundaries of care the number of hospital admissions has decreased and for the first time in years, some hospitals are reporting that deaths in usual place of residence outnumber those dying in hospital. We believe it is these sites, and those that follow, that will lead to genuine integrated end of life care on the ground.

We await the guidance on what will follow LCP, but we find good practice in many areas, especially where teams had used GSF to anticipate patients' care earlier. We need good news stories in hospitals, and this year sees the development of GSF accreditation for acute and community hospitals, giving them the recognition they deserve.

GSF-trained teams are taking a broader approach to end of life care and are tackling the challenges highlighted by Francis, Neuberger and the CQC. This is enabling generalist frontline providers to recognise decline earlier, to listen harder and to plan proactively, working closely across boundaries, overcoming the problems created by poor communication, raised in each of these damaging reports. There are genuine grounds for optimism for the future for the valiant workforce and their patients and carers.

For more information visit
www.goldstandardsframework.org.uk
call 01743 291 891 or email
info@gsfcentre.co.uk