

The National Gold Standards Framework Centre in End of Life Care

Re: GSF Going for Gold - helping you achieve your Avoiding Unplanned Admissions DES

Dear Colleague,

The new Direct Enhanced Service focuses on reducing hospitalisation for the 2% of your most vulnerable patients. This is a great opportunity to improve end of life for your most seriously ill patients. WE CAN HELP YOU!

As you know, this will have an impact on your practice income and there are some key deadlines to meet;

- Sign up for DES by end June, identify and notify your patients of the scheme by the end of July
- Develop personalised care plans by end of July, identifying 1.8% of your practice population by Sept 30th
- Review hospital admissions, collaboration with care homes, regularly review care plans by March 2015

Building on basic QOF GSF for End of Life Care-You are probably doing QOF basics of GSF (palliative care register and meeting) but Next Stage GSF Going for Gold helps you move on further to achieve your DES and develop sustainable top quality care for your most seriously ill patients. There is good evidence that the **GSF 3 stages of Identify, Assess and Plan matches the DES** and helps early recognition of these patients, improves collaboration with care homes, develop personalised care plans and avoid unplanned admissions, enabling more to live and die where they choose.

“Doing GSF Going for Gold and the DES can go hand in hand- Going for Gold ensures radical transformation of care for people in the last years of life and the DES ensures payment for attaining the targets. It’s a win-win. I strongly recommend that practices do GSF Going for Gold – it works.” Pete Nightingale, GP, RCGP End of Life Care Lead

Go for the DES and Go for Gold! You could see this as an important opportunity to move on in care for your most seriously ill patients, ensuring long term sustainability and significant improvement for your patients. In addition, the electronic early alerting tool **GSF e-PIG** can help you identify patients for you with minimal effort (see attached).

“It’s a culture change- doing Going for Gold, we couldn’t go back to the way we were..... Building on your GSF work will help achieve the targets needed for the DES. Care planning for those at the end of life supports admission avoidance for many of the 2% most at risk of admission..., practices can provide excellent care for those in the last year of life concurrently achieving the admission avoidance DES.” Dr Karen Chumbley, GP, Essex EOLC Lead

You can do the **distance learning GSF Going for Gold** programme in your practice over about 6 months, in 6 one hour sessions, using a DVD / Virtual learning Zone e-learning, Good Practice Guide, workbook, measures and involving your whole team. **OR** you can attend one of our **GSF-in-a-day workshops or GSF Silver Foundation Level courses** - 2 workshops plus homework at a more basic level, linked to the findings from GSF Accredited practices.

But meanwhile we can help you with 3 key tools freely available on the GSF website to:-

1. **Identify your 2%** - The GSF Prognostic Indicator Guidance (PIG) can be used to identify earlier and RAG code those who in the final year/s of life and if you include blue codes, the 2% who are most likely to be admitted.
2. **Assess personal care with Advance Care Plans** – the GSF ACP Thinking Ahead document for every person on your register clarifies their wishes and preferences and can be a key part of your care planning assessment.
3. **Plan living and dying well and** reduce hospitalisation. Include care homes’ residents on your register, to help reduce unnecessary admissions. If you work with one of the 3,000 GSF care homes this is even easier and GSF Accredited care homes have demonstrated reducing hospital admissions by more than half. It works!

Several practices have progressed to GSF Accreditation and the Quality Hallmark Award - see our website <http://www.goldstandardsframework.org.uk/primary-care-training-programme> or contact us if you would like to discuss this - we are happy to help.

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