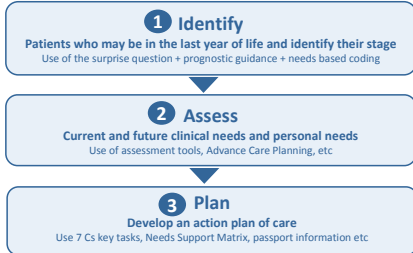


What is GSF?

GSF in Summary

1 Aim	A framework to deliver a 'gold standard of care' for all people approaching the end of their lives
3 Processes	Identify, assess, plan
5 Goals	Patients are enabled to live well and die well in the place and in the manner of their choosing

The 3 Simple Steps of GSF



7 Key Tasks - the 7 Cs



Needs Based Coding

using the 'surprise question' to predict main areas of need and support required



How do specialists and hospices work with GSF?

Good Examples

- St Christopher's Hospice, London**
First GSF Care Homes Regional Centre - giving GSFCH training to about 60 care homes/year
- Kirkwood Hospice, Huddersfield St Catherine's Hospice, Crawley**
Local base for GSF Care Homes training - has also increased uptake of other training by 40%
- Other hospices eg Wirral, Southport and Northern Ireland Hospice, Belfast**
GSF training in hospices, support by CNS teams, cross boundary working for GSF programmes



Goal of this Project

To improve the team working of specialists with generalists using GSF

To affirm the importance of good collaboration between generalist staff and hospices / specialists, build on areas of good practice and explore ways of improving cross boundary care to support local developments in end of life care for all people

Your invitation to be part of this work in future

Cross Boundary Care Using GSF

GSF in Primary Care



GSF Acute Hospitals



GSF in Care Homes



GSF Primary Care

Foundation level GSF used by 90% Practices (QOF), but not yet fully embedded to deeper levels. Next Stage GSF Launched June 09 and new practice based primary care training course developed - often supported by CNS / hospice teams.

GSF in Care Homes

Over 1000 care homes trained and 100/year are accredited in a 3 stage comprehensive training programme leading to the Quality Hallmark Award. Homes must show improving collaboration with specialists and many sessions are hospice based.

GSF Acute Hospitals

New Pilot involving 17 hospitals in specific GSAFH Training programme to improve cross boundary care, based on the principles of GSF and audit.

GSF Prisons and Domiciliary care

Pilot work in development

End of Life Care in Numbers

- 1% of the population dies each year
- 17% increase in deaths from 2012
- 60-70% people do not die where they choose
- 35% home death rate - 18% home, 17% care home 4% in hospices
- 40% of deaths in hospital could have occurred elsewhere
- 75% deaths are from non-cancer conditions
- 85% of deaths occur in people over 65
- £19k non cancer, £14k cancer - av.cost/pt/final year
- 2.5 million generalist workforce-5,500 Pall.Care specialists

GSF and SPC Project Plan

Aim:

- To develop a toolkit of resources and practical experience to enable hospices and specialist palliative care teams to work most effectively with primary care teams and care homes using the Gold Standards Framework (GSFPC) in primary care and in Care Homes (GSFCH).

Method:

- To collate examples of best practice and develop a toolkit of resources and examples of use to hospices and SPC teams in working with GSF in primary care and care homes in their communities.
- To explore means of more formal collaboration to build on good practice to support and sustain GSF in their local communities across the UK and to undertake further research into effectiveness. Other areas will be identified for further improvement or development.



Outcomes:

- To develop a GSF toolkit for hospices / SPC, with guidance on how to work best with GSF practices and GSF Care Homes,
- to develop a DVD and further training for hospice and SPC staff
- to develop a SPC / hospice section of the GSF website, with information, resources and examples of good practice,
- To plan for future evaluation and research into ways in which GSF has improved co-working between hospices / SPC and generalists and suggest future developments to best support patients with palliative care needs.

Context:

GSF is regarded as 'the bedrock of generalist palliative care'. One of the key aims of the GSF is to improve collaboration with specialists and hospices, to better dovetail generalist and specialist care. There is good evidence that GPs and primary care teams can deliver good palliative care, but best care is provided by working effectively with specialists.

Currently some hospices/SPC teams are still unsure how best to support GSF practices and GSF care homes. For most effective working there needs to be strong collaboration and partnership working with SPC/hospices and GSF. There is a need to develop guidance and share experiences of best practice in using GSF within a community.

In the context of the End of Life Strategy and the recommendation that GSF should be used in every setting, there are many examples of such collaboration. Means of best supporting practices and care homes. Also some hospices are exploring means of adapting GSF for their own settings. This highlights the need to develop such a toolkit to enable best team working between specialists and generalist services, in line with the DH End of Life Care, Quality Markers and the Royal College of GPs End of Life Care Strategy

Contact Information

Contact

GSF Team for more information

National Gold Standards Framework Centre

Madeline Bass at madeline.bass@stnh.org.uk

National GSF Centre ▪ Park View Centre ▪ Brownhills
▪ Walsall ▪ WS8 7JB

T: 01922 604666 ▪ F: 01922 604671 ▪

E: info@goldstandardsframework.nhs.uk