



Gold Standards Frameworks in End of Life Care –
enabling a gold standard of care for all people nearing the end of life

Information for Commissioners

How the GSF Centre can help you in improving the quality of end of life care and ensuring value for money in your area.

November 2010

For PCT /PBC Commissioners and Consortia, SHA Workforce Directors and other local commissioners

The costs of programmes will vary according to requirements. For more information on specific costs, please contact the GSF Centre directly for relevant costing documents and further information or other enquiries .

“Every organisation involved in providing end of life care will be expected to adopt a coordination process, such as the GSF”

Department of Health End of Life Care Strategy 2008

The Gold Standards Framework (GSF) Training programmes plus supporting tools such as the GSF After Death Analysis (ADA) , can help you achieve systematic improvement in the care for patients nearing the end of life, make progress with your QIPP, CQUINS, Quality standards and other key goals in improving end of life care in your area .

The Gold Standards Framework Centre CIC

Over the last 10 years, the work of the National GSF Centre in improving end of life care has been hosted within the NHS, currently by Walsall tPCT. From 2011, in line with government policy changes, this work is being brought together under one roof as a new not-for-profit Social Enterprise Community Interest Company. Our aim is to improve the quality of end of life care provided by generalist frontline staff, and to support best implementation of GSF in all settings, through running training programmes, accreditation, and other courses across the country. We also provide support to all NHS professionals with a GSF Helpdesk, website, training, and resources, funded by a grant from the Department of Health End of Life Care Programme. More information available shortly.

This Briefing paper for commissioners gives details of what the GSF Centre provides, why do it, how much it costs and details of some of the programmes available.

The Gold Standards Framework Centre CIC

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Please contact the GSF Centre for details on costings

The Gold Standards Framework (GSF) Centre CIC is the national training and coordinating centre for all GSF programmes, enabling generalist frontline staff to provide quality care for people nearing the end of life. GSF improves the quality, coordination and organisation of care leading to better patient outcomes in line with their needs and preferences and greater cost efficiency through reducing hospitalisation.

“Every organisation involved in providing end of life care will be expected to adopt a coordination process such as the GSF”

Dept Health End of Life Care Strategy 2008

“GSF is key to thinking through and implementing high quality patient centred care at the end of life for patients with both cancer and non-cancer diagnoses”

British Medical Association QOF Guidance

Our vision

“It’s about living well until you die”

Our aspiration is to deliver training and support that brings about individual and organisational transformation, enabling a ‘gold standard’ of care for all people nearing the end of life

Aims of GSF

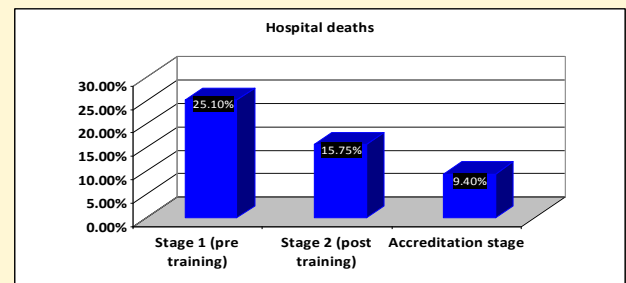
- ↑ Improve quality of care
- ↓ Decrease hospitalisation and costs
- ↑ Improve cross boundary collaboration

Benefits to Patients

- Improved quality of care
- Enabling more to live and die where they choose
- Treated as VIPs — ‘gold patients’
- Earlier identification and recognition of needs
- Empowerment and advance care planning discussions
- Fewer crises and unplanned events
- Better team coordination and cross boundary care

Benefits to Commissioners – QIPP

Improving quality whilst saving money



Cost saving following GSF Care Homes Programme — halving hospital death and crisis admission rates, which translates into savings of about £20-40,000/home or about £1.5 m/ average PCT. Findings from GSF After Death Analysis Audits for the accredited care homes Phases 4-5 2007-9.

What we provide

GSF General Office

Helpdesk
Website
Training
Resources

Funded by the NHS End of Life Care Programme

GSF Training Centre

Programmes
Courses
Other tools
resource developments

Funded directly by commissions, PCTs etc



GSF is about improving the quality of care by:

- Enabling generalist frontline staff in primary care, care homes, hospitals and other areas.
- Including all patients in final year of life with life limiting conditions in all settings, with cancer, organ failure and frail elderly including dementia.
- Improving cost effectiveness + care closer to home
- Improving cross boundary care collaboration with others and with specialists in palliative care
- Improving organisation and systems of coordination
- Focussing on patients’ needs and preferences through advance care planning
- Proactively predicting and pre-planning care

Cross Boundary Care using GSF

GSF Primary Care



GSF Hospitals



GSF Care



"The GSF is one of the most significant developments in the improvement of end of life care since Dame Cicely Saunders founded the hospice movement"

Penny Hansford, Director of Nursing, St Christopher's Hospice

"GSF is the bedrock of generalist palliative care"

DN Norfolk

"GSF has finally given nurses the confidence to keep their patients within the home environment." BLESMA

How we do this


1. GSF Training Programmes

<ul style="list-style-type: none"> Primary Care - new Next Stage QIP Training Programme 	Practice based 6-9 months course, not facilitator dependent + Quality Recognition process
<ul style="list-style-type: none"> Care Homes 	9-12 month programme of interactive workshops leading to Accreditation Regional Centres + train the trainers
<ul style="list-style-type: none"> Acute Hospital 	Ward based training resources + evaluation Pilot Phase 1 underway
<ul style="list-style-type: none"> Domiciliary Care 	In preparation
<ul style="list-style-type: none"> Prisons and others 	In preparation

2. Associated End of Life Care Courses

- Clinical Skills Course for care homes staff
- GSFCH Coordinators Course
- Support Care Skills Course
- Dementia care (in preparation)
- Spiritual care (in preparation)
- Children (for 2011)

3. GSF Resources and Toolkit includes

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> Identification - Prognostic Indicator Guidance (PIG) Needs Based Coding Needs Support Matrices Assessment tools e.g. PEPSICOLA, PACA Distress Thermometer Advance care plans and communication skills DNAR / AND guidance Out of Hours medication - Just in case boxes Factsheets, briefing papers, leaflets for patients ADA audit |  | <ul style="list-style-type: none"> Cross boundary care - passports Carers assessments and support Website GSF IT support Resources Goals of Care GSF interactive website and library Guidance Papers Nurses Pack |
|--|---|---|

Use of the GSF ADA Audit tool

ADA — After Death Analysis is the online clinical audit tool that evaluates progress in end of life care at patient level. It is an improvement tool to support and encourage progress, used either as a comparative (before and after training programmes) or one-off snapshot benchmark. There are currently four types of ADA: for primary care, Care Homes, hospitals (including after discharge), and the SCA — Supportive Care Analysis — for current care

The Online ADA Audit Programme includes a helpdesk IT support and automated feedback. For more information see ADA Briefing Paper

Different Levels of learning and change

GSF Training Programmes are about more than training individuals, and complement clinical and e-learning courses. Through organisational change, GSF enables better team work, leading to more coordinated cross boundary care

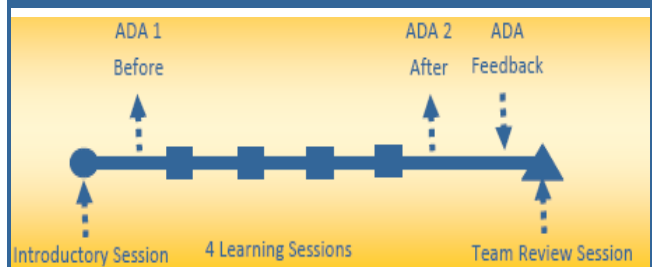
- Individual - staff level of learning and change
- Organisational teamwork, systems, processes GSF
- Community - PCT, LA, hospice, wider area
- National / regional- policy, regulation, populations

<p>Individual: workforce staff</p>  <p>GSF Courses</p>	<p>Organisation: team (primary care, care homes, hospice)</p>  <p>GSF Training Programmes</p>	<p>Community: local area</p>  <p>GSF Community: Cross Boundary Care</p>	<p>National / Regional: policy & regulation</p>  <p>GSF fit with policy and regulation eg QIPP, DH EOLC Strategy & Quality Markers, COC etc</p>
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"I believe GSF is one of the single greatest aids to improving end of life care, drawing together generalists and specialists to address the needs of patients and their families"

Heather Richardson, St Joseph's Hospice, East London

Typical GSF Training Programme



Why do it? – Improving care, meeting targets, saving money

The Gold Standards Framework (GSF) Training programmes can help you achieve systematic improvements in the care for patients nearing the end of life, can help you to meet key goals and targets, plus improve cost savings by reducing hospitalisations and other costs. Goals/ targets include:

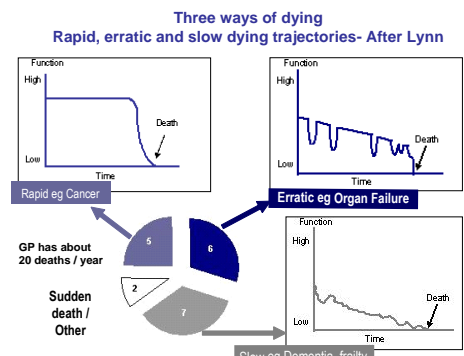
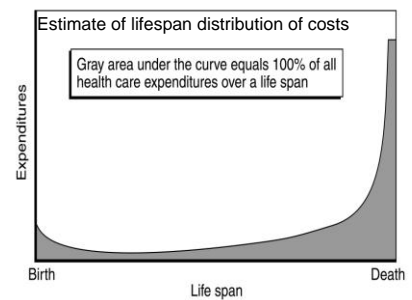
- More people dying where they choose whilst reducing hospitalisation costs – the ‘win-win’
- Support your QIPP agenda, local CQUINS and Locally Enhanced Services (LES)
- Attain over 27 of the DH Quality Markers for End of Life Care (June 2009)
- Meet the DH Common Core Competences for Health and Social care workers (June 2009) to address many of the training needs of your area’s generalist workforce
- Address many recommendations of the new White Paper Equity and Excellence 2010
- Address other current KPIs and Quality Indicators for End of Life Care and QOF
- Reduced hospital admissions, more home deaths, (WCC Quality Metric)
- ADA demonstrate End of Life care improvements, consistency and effectiveness of care (QMs 2.11 + 5.8)
- Improved patient and carer experience of care, improve staff confidence and team-working
- Better use of the register and meetings (QOF PC2 and 3) including more non-cancer patients

	Quality Targets + Goals	How GSF & ADA can help PCTs achieve targets
1. Department of Health End of Life Care Strategy	The DH has specified that PCTs, working with local authorities, will wish to “ensure that general practices have systems in place to identify, assess and plan for the care of people approaching the end of life. The GSF is an example of such a system.” (4.25) Also, “PCTs, working with local authorities, will wish to give high priority to development of the local workforce through initiatives such as GSF, PPC and LCP and ensure that differing funding processes are not a barrier to integrated workforce developments.”(6.56)	<ul style="list-style-type: none"> ▪ The GSF Primary Care programme will support you with a systematic approach to the care for people nearing the end of life in the community ▪ Principles of GSF are used in all settings as suggested in the EOLC Strategy. The specific GSF Care Homes Training programme now in its fifth year, enables best implementation of GSF in care homes, plus accreditation ▪ ADA helps to assess the effectiveness of primary care systems in your PCT, and will enable you to adopt the best approach in future to secure the most significant improvements in care. The ADA analysis benchmarks against national figures, will indicate areas for improvement and make constructive suggestions, acting as an improvement tool. ADA is the only such national audit tool of its kind.
2. Addressing EOLC Quality Markers DoH June 2009 (NOTE at least 27 linked to GSF and all the primary care and care homes sections attained through GSF)	Evidence for progress against many can be attained using GSF and its tools including the ADA audit tool ie Part 1. PCTS, 1.8-1.16 Part 2. Primary care 2.1-2.11 — all can be attained through GSF and mentioned as best practice in many Part 5. Care Homes — 5.1-5.12 all can be attained using GSF Care Homes Part 8. Community nursing 8.4-8.6 , Part 10. Out of Hours 10.2 and 10.5 plus involvement in other areas	<ul style="list-style-type: none"> ▪ GSF Primary Care and ADA are recommended best practice examples that support several markers ▪ By doing the GSF Care Homes Programme all care homes markers are attained 5.1-5.12 ▪ ADA is the only recommended audit tool fit for purpose to monitor effectiveness and progress in primary care and care homes for your PCT. ADA indicates areas for improvement and makes suggestions for improvement. ▪ Other tools include Prognostic Indicator Guidance (PIG) to support identification, Advance Care Planning ▪ Community nurses are key to spread of GSF in primary care and new targets for them will be achievable by those using GSF ▪ Working with Out of hours is integral to GSF Primary care
3. World Class Commissioning outcome measures	Palliative care prevalence (measure 53) and percentage home deaths (measure 54)	<ul style="list-style-type: none"> ▪ ADA and PIG can help you know how many appropriate patients are identified, and ADA can provide data on the percentage of home deaths, at individual patient level. ADA examines preferred place of care and actual place of death, and reasons for admission to hospital to identify opportunities for improvement ▪ Implementing anticipatory care suggestions through the effective introduction of elements of GSF in primary care and the GSF Care Home Training Programme will contribute to increasing the percentage of patients dying in their place of choice
4. Addressing Practice Based Commissioning concerns	Unscheduled care and avoidable admissions for potential cost savings	<ul style="list-style-type: none"> ▪ A key feature of GSF is pre-planning of care, and reducing avoidable admissions in the final months of life. ADA provides information on these issues and explores cost effectiveness ▪ Helps PBC groups to consider the most appropriate local action ▪ Use of GSF Care Homes programme reduces crisis admissions and hospital deaths by about half and a third respectively. (see Clifford 2007, Hockley 2008)
5. Addressing Baseline Review areas	Patient choice, quality of care, care homes, locality registers and so on, according to your own Baseline Review	<ul style="list-style-type: none"> ▪ According to your local areas eg GSF Prognostic Indicators Guide for early identification, implementing advance care planning, the GSF Care Homes Training Programme etc

Current Context of End of Life Care

Preventative – anticipating needs and proactively planning

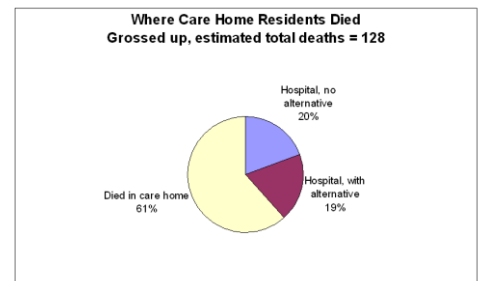
- Aging population – more living longer and dying older with multiple morbidities and long term conditions
- Multi-morbidity, Dementia and Frailty are the biggest killers now
- Predictions that we have a 3 year plateau and that numbers dying will rise by 17% from 2012
- Preventable admissions- majority from frail elderly from care homes .Need to think preventively by planning ahead with proactive care – better identification of people nearing final year of life, risk assessment and crisis prevention
- Greater public awareness of end of life care issues, vulnerable areas or changes of settings
- Need better cross boundary care eg GSF in Primary Care, Care Homes and Hospitals



People Centred – aligning with peoples wishes:

- About 1% of the population dies/year
- Over half of all people do not die where they wish
- Almost two thirds die in hospital – most of whom do not wish to die there
- Experience of care: half of all complaints related to end of life care and many do not experience good quality care
- Family and Carers: are often not well supported in final stage
- Many not involved in decision making through advance care planning discussions
- Advance Care Planning (ACP): need greater alignment with patient and families – wishes are expressed in ACP discussion

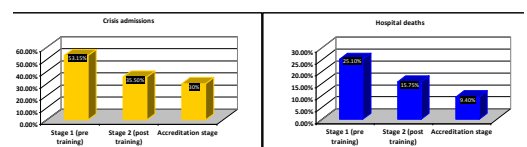
50% of frail care homes residents could have died at home



Productive- cost effectiveness

- Making best use of limited resources
- National Audit Office Report indicated that about 40% of all hospital deaths could have been in an alternative setting ie home and care home, and that 50% of hospital deaths of residents of care homes could have been prevented
- GSF has demonstrated a halving of hospital deaths – admission following the GSF Training in Care Homes
- With ACP discussion less risk of inappropriate over medicalisation through hospital admissions, intervention, drugs or treatment

Decreased hospital admissions and deaths with GSFCH Training programme as measured by ADA phases 4-6



1. GSF Primary Care

– new updated ‘Going for Gold’ practice based training programme

“Most GP practices are at Foundation Level GSF but are not fully using GSF for all the right patients - now is the chance to build on this to go forward with Next Stage GSF using the new Going for Gold programme”

“ GSF has become part of the fabric of improving end of life care in this country, and has already made a real difference for thousands of patients and their families. But we know there is still a long way to go, and I welcome this new drive towards greater and deeper use of GSF, and renewed efforts towards excellence in the Going for Gold Programme“

Prof Sir Mike Richards, National Director for Cancer and End of Life Care Department of Health England

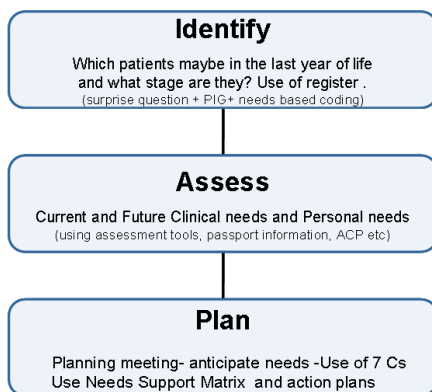
Moving on to the Next Stage of GSF

Building on 10 years of widespread use of GSF within primary care, mainstreamed into national policy (NICE, QOF, EOLC Strategy etc) there was a need to refresh and update GSF in primary care, to seek ways to enable it to best meet the challenge of the future. A 2008 survey revealed that 98% of practices claim QOF palliative care points, over 60% were using GSF, but only about 10% using it very effectively. A systematic review was undertaken,¹ affirming the considerable success of GSF but highlighting specific gaps. In addition in 2009 the Department of Health National Primary Care Snapshot Audit sampled 502 GP practices in 15 PCTs with data from



4,500 patients.² We concluded that although a good start had been made in introducing the principles of GSF to primary care teams and there was wide spread recognition of the value of using GSF in improving end of life care for patients, much further work was needed to be done in four main areas ie:

3 simple Steps



- **Consistency** of practice e.g. within teams and practices- only a quarter of patients who died had been included on the palliative care register , so earlier identification was important and systematic consistent use.
- **Effectiveness** e.g., more dying at home, reducing hospitalisation, more advance care planning etc.
- **Equity for non-cancer patients** – only 25% patients on

the palliative care register had non-cancer conditions

- **Quality of care** - using various methods of assessment of quality of care

Therefore, there was a need to update and improve the GSF Primary Care Programme to meet these very real challenges, and in 2008/09 we undertook a full review of GSF in Primary Care, with five working groups and production of a report to the Department of Health End of Life Care Programme. In response **‘Next Stage GSF’** was launched in June 2009, with this **new Going for Gold practice based GSF training programme** leading to quality recognition/accreditation, plus updated tools , Good Practice guide, resources and developments.

The new ‘Going for Gold’ GSF Training Programme is designed to give a new impetus to delivering high quality end of life care in primary care. It helps you attain local policy targets, in line with the national strategies of the DH, the RCGP, RCN and Transforming Community Services. It encourages cross boundary working, linked to GSF programmes in care homes, hospitals and other areas. Effective use of GSF enables more to live and die where they choose, and reduce hospital stays, thereby demonstrating considerable value for money and cost effectiveness to the NHS.

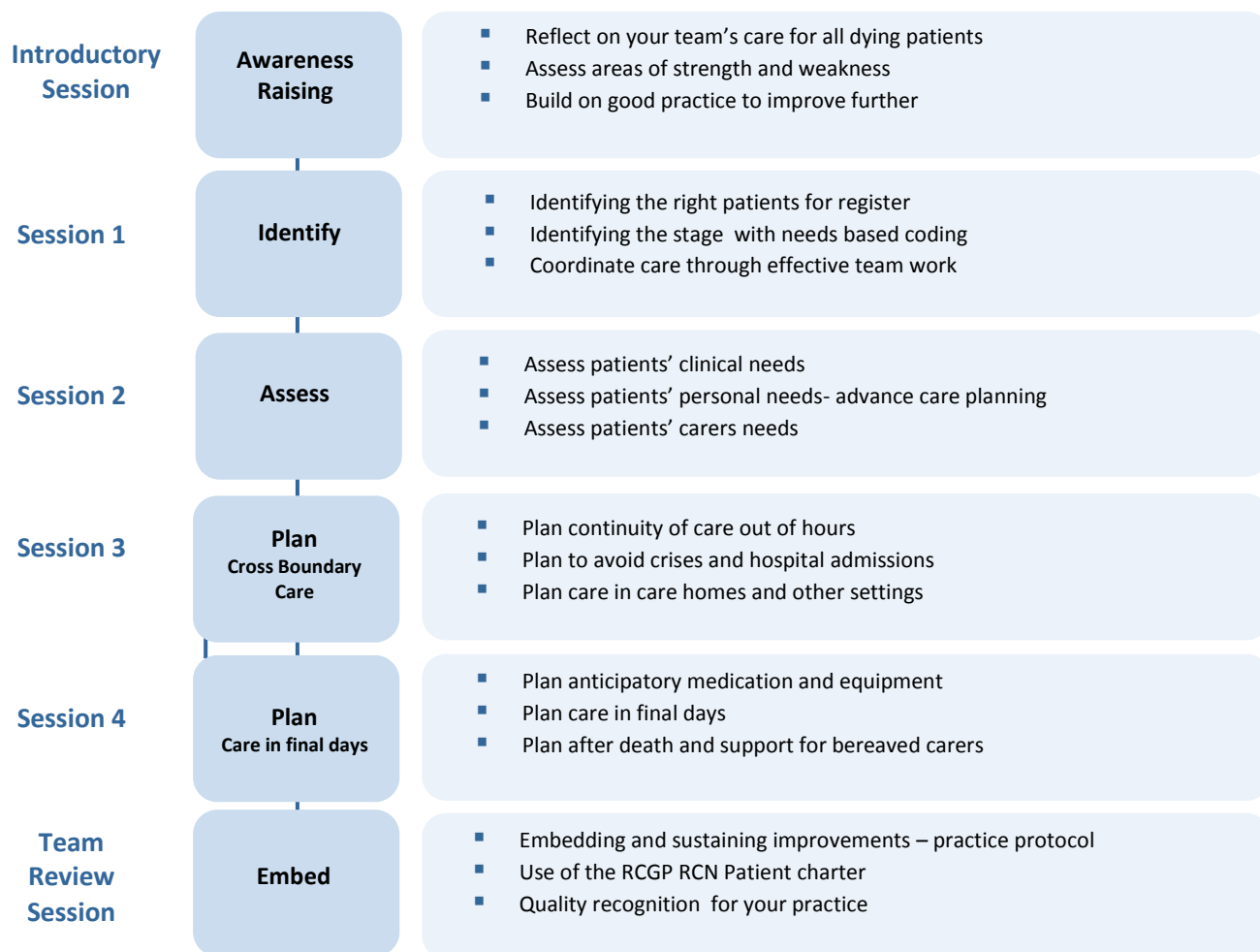
¹ K L Shaw, C Clifford, K Thomas, H Meehan Palliative Medicine, Vol. 24, No. 3, 317-329 (2010) *Improving end-of-life care: A critical review of the Gold Standards Framework in primary care*

² see DH National Primary care Snapshot Audit Report on the GSF website resources section).

The GSF Going for Gold Quality Improvement Programme aims to encourage adult learning, real change and effective implementation of all aspects of GSF by practice teams. It includes an introductory DVD, 4 one hour modules on DVD with 3 learning outcomes each, leading to a practice action plan (with homework between sessions), followed by a final reflective session and development of a practice protocol and affirmation of the RCGP RCN Patient Charter. On either side of the programme, the teams undertake an After Death Analysis (ADA) Audit of 10 patient deaths before and after the programme, so that use is firmly rooted in practical patient care. needs of patients and carers and improve outcomes in end of life care in all settings.

Example of a GSF Training Programme - Primary Care Going for Gold : What do the sessions cover?

There are 3 learning outcomes for each session, linked to the Quality Markers, with practical illustrations and exercises to help self reflection and action planning.



What people say about the programme

“All GPs understand this is a must if we are to improve the quality and outcomes for individuals and have responded positively,” says Peter Ebenezer, head of continuing care and end of life lead at NHS Kensington and Chelsea, where they are rolling out the GSF Primary Care Training Quality Improvement Programme to all GP practices. He adds: *“GSF is really helping professionals with their communication skills – an area that historically they’ve found difficult. So now they are tackling difficult subjects with patients with greater confidence.”*

“The new GSF Going for Gold has already made a huge difference to us – great things are happening “ GSF Facilitator



2. GSF Care Homes Training Programme

Over 1500 care homes (nursing, residential, disability, EMI etc) have undertaken the GSF care Homes Training Programme with about 50/twice a year

Enabling people to live well until the end of their lives is important for all areas but especially for care homes. About a fifth of the population die in care homes in the UK. For most this is their final home and many receive a high standard of care. However, standards can be inconsistent, and in some cases this leads to over-use of emergency and hospital services.

The GSFCH Training Programme offers a way forward. It has now been developed into a three-stage programme, which includes an accreditation process, supported by Age UK and all major care homes organisations, , to ensure high quality services for the most vulnerable people in our communities.

GSF Care Homes Training and Accreditation

“the biggest, most comprehensive end of life care training programme in the UK” RNHA

Training- Quality improvement

Over 1500 care homes trained programme

- Structured curriculum + workshops
- Learning outcomes linked to standards
- Work based changes – action plans

Accreditation- Quality assurance

Up to 100/year accredited

- Rigorous standardised process
- Consistency of practice across UK
- Independent panel supported by Age UK
- Awards presentation twice a year



What is the GSF in Care Homes Programme?

The GSFCH programme is one of the biggest, most comprehensive programmes ever undertaken to enhance end of life care in care homes. It has been running for six years, with about 1,500 homes having taken the training and around 100 a year being accredited.

It aims to improve patient outcomes and cost effectiveness by:

- 1) Improving the **quality** of care for people nearing the end of life
- 2) Improving **collaboration** between care homes and GPs/primary care teams and specialist palliative care teams
- 3) Reducing **hospitalisation** in the last stages of life, enabling more residents to die in their care homes.

‘it’s about living well until you die’

“Implementing GSF in my Home has, for residents, relatives and staff, been one of the most positive, rewarding experiences we have had over the past 5 years”.

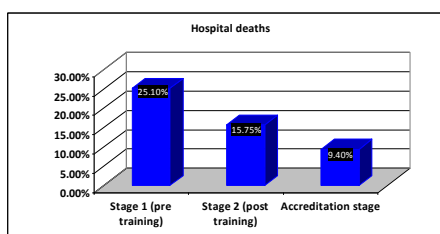
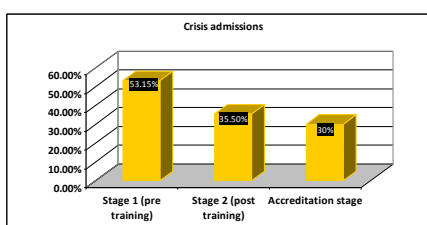
(Helen Brewster, Care Home Manager, Lincoln, 2009)

“GSF has made my work SIMPLE to care for my residents, it has drawn me CLOSER to my residents and relatives, and given me CONFIDENCE in discussing end of life care”

(Care Home Nurse Portfolio Accreditation June 09)

Halving hospital deaths and decreasing admissions with GSFCH Training programme as measured by ADA phases 4-6

Potential Estimated Cost Savings – estimated £30-40k/ care home/ year - £1-2 m / PCT area



Overall summary

- There is a need to develop end of life care in care homes to improve the quality of living and dying and to improve cost effectiveness.
- The GSFCH Programme is ambitious, challenging and exciting and is one of the biggest initiatives in end of life care ever attempted in this sector.
- It is a unique quality assurance programme using expertise and experience acquired over the last eight years, developed by clinicians from the GSF Central Team based on care homes' real-life experiences.
- The scope of the programme varies depending on local requirements but **investment in this programme is likely to benefit the whole health community**. Commissioning this unique nationally recognised programme can save the NHS an estimated 30 times the investment cost as well as improving residents' quality of life and staff satisfaction.
- **Some estimates suggest savings of £40-80,000 per care home per year, dependent on size, turnover and tariffs.**
We invite you to contact us if you are interested in undertaking this training programme in your area.

"The Gold Standards Framework is leading the way in End of Life Care in care homes. This shows that GSF is having a significant impact on the experiences of residents and families as well as giving staff the confidence to fulfil resident's wishes" (Martin Green, Chief Executive of the English Community Care Association (ECCA))>

"...GSF has finally given nurses in these establishments the confidence to keep their patients within the home environment instead of suffering along with the families the trauma of having to admit to hospital somebody they have cared for many years for the last days of their life..."
Manager, BLESMA

Why use GSF and the GSF Care Homes Programme?

- **It is widely used.** GSF is already widely used across the UK. Over 90% of GP practices use some elements of GSF and over 60% employ it more fully. Over 1500 care homes have undertaken the GSFCH training.
- **It saves money and improves quality.** Research demonstrates an improvement in quality outcomes for patients, families and staff and cost savings through decreased hospital admissions and deaths.
- **GSF is evidence-based** - both in its development and within the evaluation of the ongoing work, with in-built measurement tools.
- **GSF is supported by policy.** GSF is referred to in the NICE Supportive and Palliative Care Guidance, endorsed by the Royal Colleges of General Practitioners and Nursing, the House of Commons Health Select Committee, many National Service Frameworks, the End of Life Care Programme and DH End of Life Care Strategy (July 08) and Quality Markers. GSFCH is supported also by all major care homes organisations.
- **It is more than just education.** Research suggests that education alone in care homes will not change practice. There also needs to be a change in systems and processes. This is the most comprehensive programme of service improvement for care homes currently available; bringing together many skills, tools and resources into one comprehensive approach that produces great lasting results.



How it works

The GSFCH Programme is a three-stage quality assurance programme, with full accreditation following attainment of standards. The separate parts build on each other and are most effective when taken together as a composite whole.

The programme was based on contributions from the National Council for Palliative Care, the NHS End of Life Care Programme, the Liverpool Care Pathway and the Swedish and USA IHI Palliative Care Collaborative for Care Homes.

It uses continuous quality improvement methodology with small scale tested improvements, interactive workshops, local facilitation and measurement of key outcomes. Further phases of the programme can be commissioned for local areas.

20 Key standards - Accreditation checklist

- | | |
|----------------------------------|--------------------------------|
| 1. Leadership + support | 11. Anticipatory prescribing |
| 2. Team-working | 12. Reflective practice+ audit |
| 3. Documentation | 13. Education + training |
| 4. Planning meetings | 14. Relatives |
| 5. GP Collaboration | 15. Care in final days |
| 6. Advance Care Planning | 16. Bereavement |
| 7. Symptom control | 17. Dignity |
| 8. Reduce hospitalisation | 18. Dementia |
| 9. DNAR + VoD policies | 19. Spiritual care |
| 10. Out of hours continuity | 20. Sustainability |



3. GSF in Acute Hospitals

A comprehensive nine month training programme to implement the GSF in Acute Hospitals Programme (Phase2). It includes a supported 3 month preparation phase, 6 month implementation, Train the Trainers Day and ongoing support and evaluation, with several optional additions. The aim is also to help improve cross boundary care using GSF in the community - in primary care and care homes, to develop a more integrated and cost effective whole system of care for people nearing the end of life .

Aims of the GSF Acute Hospital Programme:

1. To improve the **quality** of care for all people in the final year of life receiving hospital care.
2. To improve the **cross boundary coordination of care** for these patients, before, during and after hospital admissions.
3. To **reduce hospitalisation** by reducing length of stay, rapid discharge and admission avoidance.

Phase 1 of GSFAH began in September 09 with training from February 2010. There are 15 sites participating in this phase which will be ending Dec 2010 with a final project report in Jan 2011.

Key early findings include so far

- Earlier identification of patients in final stages of life and key activities
- Improved awareness of staff of end of life care issues and earlier recognition of needs
- More understanding of advance care planning issues
- Greater collaboration with others in the community eg care homes, primary care etc
- Unintended benefits eg more accessing benefits, greater
- More using rapid response discharges, more included ion LCP

We are now ready to accept applications for Phase 2 – Deadline for applications end Feb 2011.

There will be 2 options available for Phase 2 – detailed below:

A. GSFAH package: Standard Provision

- 1 Train the Trainers Day for each project site lead
- 2 **Supported** three month preparation phase Support Email / helpdesk / Monthly conference calls (compulsory), Finale meeting
- 3 **All resources:** Good Practice Guide resource folder – to include GSF tools / guidance on using the teaching tools etc., Presentation / Teaching Power Point , Project management and timeline, Access to protected part of the website
- 4 **Evaluation** – to be agreed with each site – could include audit / research; progress reports ,Report – standard

B. GSFAH Optional Package

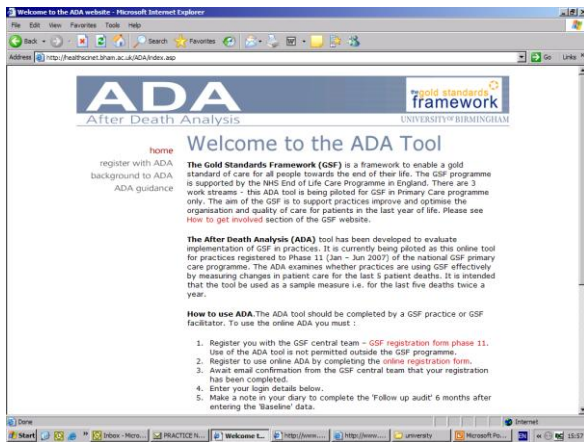
1. All elements of Standard Package A above
2. **Additional Support** Visit from GSF team member to hospital, Coaching meeting – several sites Consultation visit for next stage / further rollout
3. **Resources** Laminated display / teaching pack Poster, Other tools
4. **Evaluation** eg ADA Comparative / SS / PAS / sequential ADA's, Accreditation / Quality Recognition, Annual Audit for sustainability, Report more detailed
5. Annual Acute Hospital Workshop

COST for Optional Package (B): TBC according to requirements

To register your interest / apply please email your contact details to: info@gsfcentre.co.uk, or emma.farquhar@walsall.nhs.uk. Or to discuss the project further Helen Corner at Helen.corner@gsfcentre.co.uk

4. After Death Analysis (ADA) Audit Tool

Demonstrating improvements - focussing on gaps in care- supporting best practice in real patient care



The After Death Analysis (ADA) is a web-based audit and improvement tool based on the Gold Standards Framework (GSF) and in alignment with the Department of Health Quality Markers. It measures key factors such as:

- Numbers dying in their usual place/preferred place of care
- Numbers of hospital bed days used
- Numbers of unscheduled hospital admissions
- Recording of advance care planning discussions
- Place of death, diagnoses, use of local services
- Practical issues such as use of handover form, anticipatory medication etc
- Gaps in care highlighted for improvement

ADA is recommended in the National End of Life Care Strategy (July 2008) as a useful measurement tool and is endorsed for use in primary care by the Royal College of General Practitioners. Developed seven years ago as part of the GSF Programmes in collaboration with the University of Birmingham, and supported previously by Omega, ADA has been refined and improved following in-depth evaluation. It can now be used in a wide range of settings to assess and improve care provided for patients nearing the end of life.

It can be used:-

- as a comparative (before and after) measure eg following GSF Training programme
- as a snapshot audit
- There are separate ADAs for primary care, care homes and acute hospitals

Key points

- ADA is a user-friendly, simple to complete, web-based audit tool
- ADA is outcome-based, focusing on actual patient activity
- ADA can be used for one-off benchmarking or to compare before and after an intervention such as a training programme, local enhanced service or reward scheme
- ADA enables practices, care homes and Hospitals to review their own end of life care and make changes to help future patients or residents
- ADA allows PCTs to identify gaps in service provision and show improvements once these have been addressed
- Team reflection is encouraged through a qualitative Significant Event Analysis section
- Online feedback is available through simple bar charts. Progress is benchmarked against a unique store of national data
- The ADA website is currently being amended- more details from the GSF Centre

5. Other Programmes and courses

GSF Clinical Skills Course Details

Improving clinical skills and reducing avoidable hospitalisation

- Pre & post course assessments
- Workbook covering day to day clinical issues, with easy to read guidance and reflections related to best clinical care
- Subjects include frailty, pain, immobility, strokes, acute confusion, hydration etc.
- Approx 4hrs study per week
- Courses run twice a year
- Support and facilitation available
- Next course due to begin Spring 2011
- Contact info@gsfcentre.co.uk for details



Additional courses / programmes include

- Guidance on advance care planning and developing a local integrated strategy
- GSF Community Hospitals Training Programme
- GSF Prisons Training Programme
- Spiritual care / supportive care skills
- Dementia care DVD and workbook

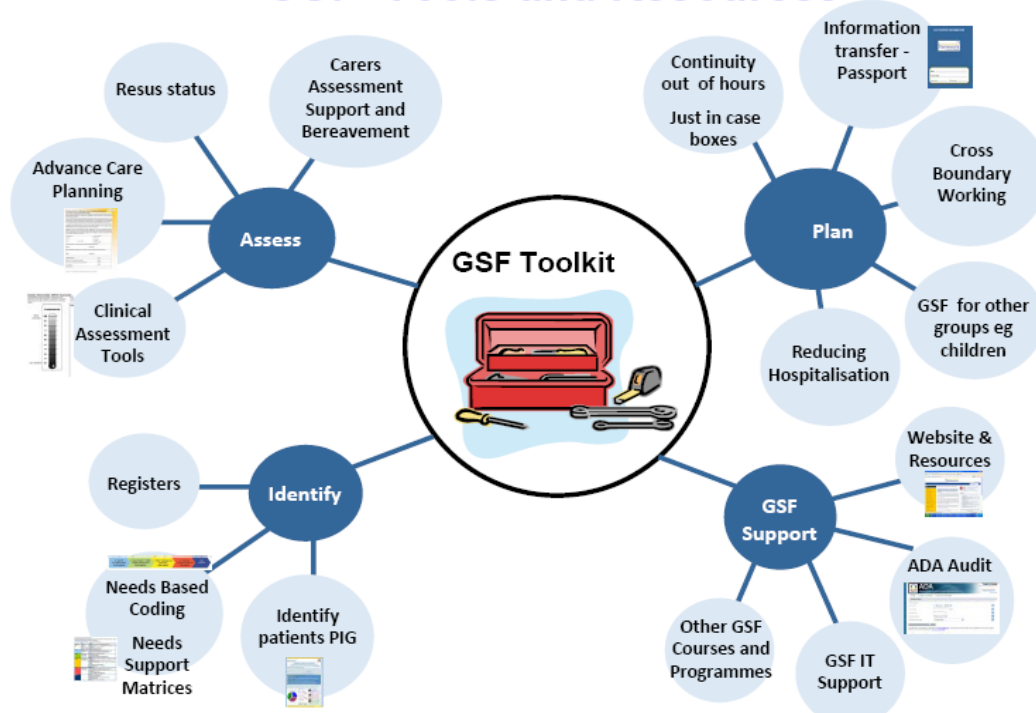
GSF Domiciliary care Training programme

A pilot 6 month training programme based on the 3 areas of Head Hands and Heart, to enable better identification, assessment and planning of care.

To include Bands 1-4 / domiciliary care / homecare teams

Contact GSF Centre for details

GSF Tools and Resources



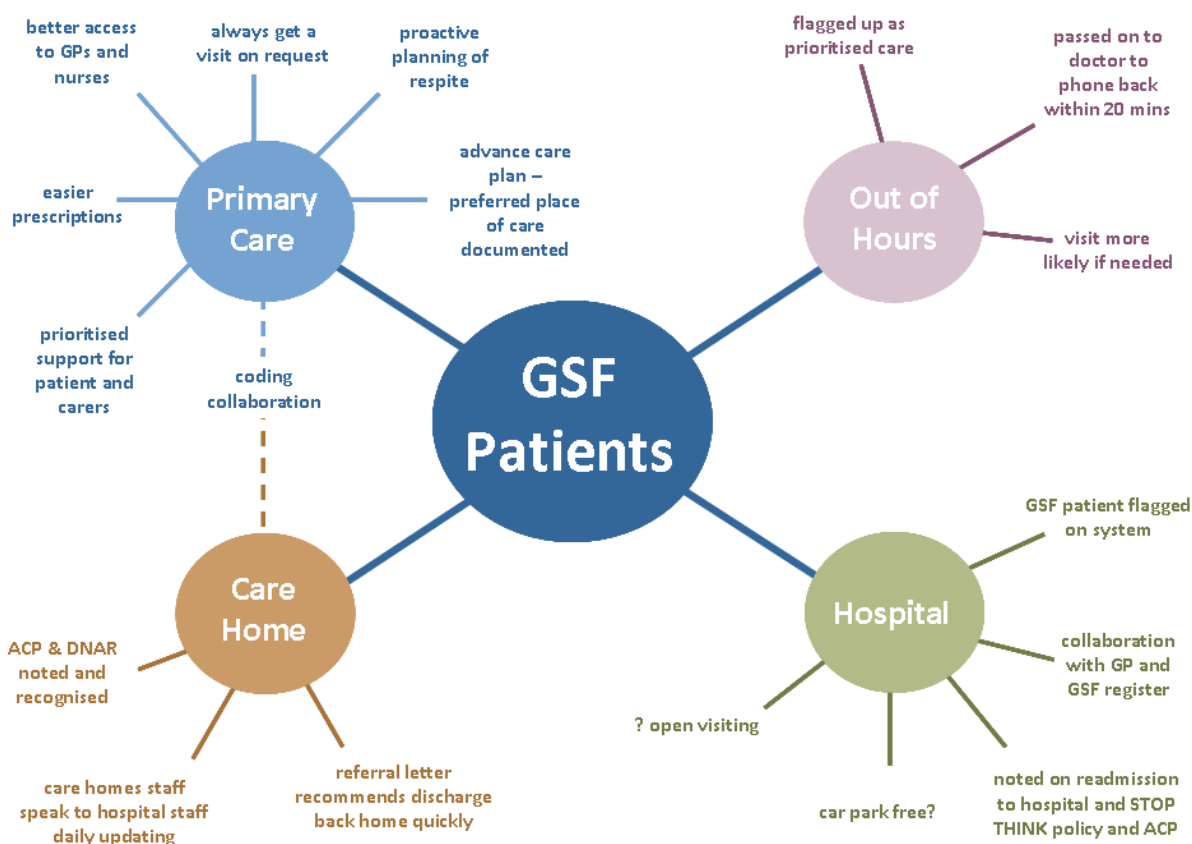
Integrated Cross-Boundary Care

- improving cross-boundary care using GSF

One of the most exciting developments is the use of GSF in different settings to improve integrated cross-boundary care. This includes building on the work of GP practices, using Next Stage GSF tools and training, linking in closely with accredited GSF Care Homes and including the use of GSF in Acute Hospitals. Added to this are the out-of-hours providers, domiciliary care teams, community hospitals and in some areas, local hospices, IT systems and locality registers using GSF as their common language- *'all singing from the same hymn sheet'*.

Various examples are developing across the country - if you would like more advice or suggestions as to how this can support end of life care in your area, do contact Keri Thomas at the GSF Team. We are looking for more pilot areas to develop this and we are keen to hear from you.

Benefits to Patients of using Cross Boundary GSF



The Gold Standards Framework Centre CIC

Working with partner organisations Walsall PCT, University of Birmingham, Omega, St Christopher's Hospice London as GSF Regional Centre and others

- | | |
|--|--|
| ▪ National Clinical Lead | Prof Keri Thomas |
| ▪ Care Homes | Maggie Stobbart-Rowlands
Nikki Sawkins , Becky Oxley,
Megan Thomas (accreditation) |
| ▪ Primary Care/ Hospitals | Keri Thomas, Helen Corner |
| ▪ ADA | Megan Greenhalgh, Bryan Archer |
| ▪ Admin + Project Support | Pam Poole, Emma Farquhar |
| ▪ Plus Clinical Associates and GSF Ambassadors | |

Contact Details for the GSF Centre

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