End of Life Care – delivering excellence in practice in care homes

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The Care Show, Birmingham

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Learning outcomes

1. Understand recent national policy updates and the increasing recognition of importance of quality care in care homes.

2. Learn of the work of The GSF Centre improving end of life care in care homes and other settings.

3. Learn of the experience and examples of good practice from GSF Accredited care homes.

4. Discuss key areas for improvement and next steps.
Challenges of the Ageing population
more older people, more dying, more in institutions, costing more in 20 years

More ageing
Over 85 yr olds double, over 100 quadruple

Costing more-
a third of NHS budget on EOLC

More people in last year of life – currently
– 1% population
- 30% hospital pts
- 80% care homes,

More dying -
Increased number of deaths by 25% by 2040
Context- National policy in EOLC

- EOLC higher on the agenda
- DH EOLC Strategy + GMC guidance 2008
- Ambitions 2015
- Government Choice Agenda
- 2019 Long Term Plan 2019
- 2019 Universal Personalised care

Long Term Plan Sect 1.42

..., the NHS will personalise care, to improve end of life care. By rolling out training to help staff identify and support relevant patients, we will introduce proactive and personalised care planning for everyone identified as being in their last year of life.

A consequence of better quality care will be a reduction in avoidable emergency admissions and more people being able to die in a place they have chosen.

GPs’ QOF EOLC (37 points)
1. Early identification
2. Personalised, coordinated care
3. Support families and carers

And next year increased working with care homes
Enhance Health in Care Homes (EHCH) since Vanguards + Anticipatory Care

The Ageing Well Programme
Enhanced Health in Care Homes

- National rollout of the Enhanced Health in Care Homes (EHCH) model and supporting full roll out of NHS Mail for Care Home Providers by 2023/24
- Support the full roll out of all the clinical domains of the model being delivered in full in 2020/21 jointly with Primary Care Networks in all residential and nursing homes
- Creation of a national standard specification for community health providers and Primary Care Networks will be developed to start implementation in April 2020
- Upgrade NHS support to all care home residents who would benefit by 2023/24

Working in partnership to deliver Ageing Well

- Primary Care Networks
- General Practice
- Personalisation team
- Long term conditions
- Social Care
- Improvement directorate
- Better care fund
- Chief Nursing world
- ASHP and Medical leadership

NHS England and NHS Improvement

Anticipatory Care
for people living with moderate and severe frailty

- Identify
- Proactive
- Assess
- Holistic & Multidisciplinary
- Support
- Personalised

Anticipatory Care Model?

- to help people with frailty, including those with dementia, to have a more active involvement in choices about their care as long as they wish to do so
-Initially, focus will be on those aged over 65 years who are severely and support can be offered to help to improve well-being as people age.
Increasing recognition of Importance of care homes

- Currently over 20% die in CH – most are elderly with dementia
- By 2040 40% people likely to die in care homes,
- 3x more CH beds than hospital beds
- Care Homes are ‘the hospices of the future’
- NHSE Vanguards/Enhanced Health in Care Homes EHCH
- Recognition of mild moderate and severe frailty
This is about the people you care for ...
2. Overview and Update from the GSF Centre

GSF is the leading Training Provider in End of Life Care in the UK

enabling generalist frontline care providers to give a ‘gold standard’ of care for all people nearing the end of life

Prof Keri Thomas OBE
National Spread over 20 years
developing a national momentum of best practice

1. Spread

12 Quality Improvement training programmes in all settings,

2. Depth

7 GSF Accreditation Quality Hallmark Awards

3. Joined-up

Population-based Integrated Cross-Boundary care

Accredited Programmes
- Primary Care
- Care Homes
- Hospitals
- Domiciliary Care
- Hospices
- Prisons
- Retirement Villages

GSF Principles have been embedded in national NHS strategy and policy

GSF international
GSF used in over 12 countries and now new charity Andrew Rodger Trust working in end of life care in Africa

‘Gold Patients’
Scale - Thousands using GSF

Trained about 3,500 teams, 20,000 staff across the UK, GSF improves the care of about half a million people/year.

- **GSF Primary Care**:
  All 8500 GP practices doing basic bronze
  Over 700 doing silver/gold

- **GSF Care Homes**:
  3200 trained – 25% N homes

- **GSF Acute Hospitals**:
  477 wards in 49 hospitals

- **GSF Community Hospitals**:
  62 wards in 50 hospitals

- **GSF Domiciliary care**:
  1200 care workers

- **GSF Hospice Support**:
  8 hospices – 3 accredited

- **GSF Prisons**:
  3 prisons

- **GSF Retirement Village**:
  19 RVs

- **GSF Integrated Cross Boundary Care Sites**:
  10 sites

- **Plus Subjects**:
  - Dementia Care
  - Clinical Skills
  - Spiritual Care/Compassion

GSF improves the care of about half a million people/year.
GSF Care Homes
Training and Accreditation

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

Over 3200 trained (25% NHs)
About 800 accredited
Many now 1/2/3/4<sup>th</sup> accredited
Now updated new GSF Care Home programme
– shorter more affordable
- Outcomes focussed
--Linked to Vanguards
GSF Care Homes

Summary

• Began 2004- first accreditation 2008
• 2 phases / year for 15 years
• Over 3200 care homes trained across UK (GSF website map)
  Many thousands staff trained, hundreds of Ambassadors
• 18 GSF Regional Training Centres
• Many emulators eg 6 Steps but none accredited
• 2018 GSF CH programme revised, updated and shortened

• Strong evidence of impact and sustainability
• Over 800 accredited, now 29 accredited for 4th time (12 years on) + 6 Care home of the Year Award
What do we hope to achieve with GSF?

1. Better quality of care experienced by all people nearing the end of life

2. Better communication, + coordination, systems, teamwork

3. Better outcomes – for people - living well and dying well where they choose

+ Health systems - better use of limited resources, reducing over-hospitalisation.
GSF 1357 Summary

Aim: To enable a gold standard of care for all people in the last years of life, supporting them to live well until they die.

1. IDENTIFY
   Proactive

2. ASSESS
   Person Centred

3. PLAN
   Systematic

5 Standards:
1. Right Person
2. Right Care
3. Right Place
4. Right Time
5. Every Time

7 Key Tasks:
1. Identify Residents Early
2. Offer ACP Discussions
3. Plan Living Well
4. Plan Care of the Dying
5. Support Families and Carers
6. With Compassion
7. With a Systematic approach
Proactive Personalised Systematic care -
GSF helps meet new LTP+ QOF requirements

identify

patients who may be in the last year of life and identify their needs-based code/stage

assess

current and future, clinical and personal needs

Living well and dying well

GSF helps you meet requirements of Long Term Plan

Living and dying well

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Place

Home

Hosp...

1st time accredited
2nd time accredited
3rd time accredited

PERSON CENTRED

Every appropriate person should be offered ACP discussions, mainly Advance Statements, by their usual/chosen care provider, which then becomes an action plan for quality of care.

SYSTEMATIC

Reducing crises and hospital admissions.
Living and dying well in preferred place of care
Enhanced Health in Care Homes (EHCH) care model

<table>
<thead>
<tr>
<th>Care element</th>
<th>Sub-element (Further detail on each sub-element in annex)</th>
<th>How GSF helps</th>
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<tbody>
<tr>
<td>1. Enhanced primary care support for care home residents</td>
<td>Access to consistent, named GP Medicines reviews Hydration and nutrition support Out of hours/emergency support</td>
<td>Better working with GPs Better MDT team meetings (Access to community rehab)</td>
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<td>2. MDT in-reach support</td>
<td>Specialist clinical advice for those with complex needs Navigating the system (single point of access advice)</td>
<td>Quality care for all residents including the final days And those with dementia</td>
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<td>3. Re-ablement and rehabilitation to promote independence</td>
<td>Rehabilitation services Community engagement</td>
<td>Reduced hospitalisation helps joint commissioning Staff empowered, confidence boosted, retention rate increased</td>
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<td>4. High quality end of life care and dementia care</td>
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<td>5. Joined up commissioning between health and social care</td>
<td>Shared contractual mechanisms Co-production with providers and networked care homes Access to appropriate housing</td>
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<td>6. Workforce</td>
<td>Training and development for care staff Co-ordinated workforce planning</td>
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<td>7. Data, IT and technology</td>
<td>Linked health &amp; social care data Access to care record and secure email Better use of technology</td>
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New Updated Care Homes Programme

- Updated in line with NHSE EHCH and new resources
- Shorter
- More affordable
- Simpler
- Outcomes focussed
- Digital ready
- Delivered locally

“The new updated GSF programme represents incredibly good value, builds on 15 years of success involving thousands of care homes, where it has been shown to be transformational, not only for staff, but for relatives and residents. GSF helps demystify dying and encourages everyone to play their part, so staff morale improves and turnover decreases, enabling better quality care, with better outcomes recognised by CQC, this helps differentiate quality homes from others, making them stand out in this vital area of care.”

Martin Green OBE, Chief Executive, Care England
# NEW GSF Care Homes 2019 Plan

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Accreditation</th>
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<tbody>
<tr>
<td>Intro-duction + Preparation</td>
<td>2. Assess Advance Care Planning</td>
<td>4. Plan Dying well</td>
<td>7 Systematic care and Progressing to Accreditation</td>
<td></td>
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<tr>
<td>1. Identify</td>
<td>3. Plan Living well</td>
<td>5. Family support</td>
<td>6. Compassionate care</td>
<td>Pre Accreditation webinar</td>
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**Homework Preparation tasks + Baseline evaluations**

**Homework + collecting evidence for portfolio**

**Homework + collecting evidence for portfolio**

**Homework and follow up evaluations, embedding and portfolio completion**
New updated resources

• **Resources**
  – DVD - Animated summary/ Keri intro/ reflection/ACP/Nutshell
  – Updated PIG, Needs based coding, NS Matrices,
  – ACP leaflet+ poster,
  – Posters and Care Home Folders

• **Teaching Guidance**
  – Updated Good Practice Guide + access to VLZ

• **Evaluations**
  – Evaluation tools, KOR Trackers/ App,
Is it Cost effective?

- Costs approx. 1-2 weeks of 1 resident in care home
- Reduction of training 30% av care home about £995
- Reduced total if booked accreditation at same time
- Externally supported as good value to care home

- Reduction in average number hospital admissions pays for 3 care homes training
GSF Domiciliary Care Programme

Over 1300 care workers trained

GSF Dom Care Programme delivered in 3 ways

1. **Certificate** - 3 workshops full day + VLZ on line course Open Prog London or at RTC – certificate

2. **Accreditation** 4 workshops full day + VLZ on line course + accreditation visit

3. **Bespoke** programme as requested for larger numbers + support webinars

See GSFDC Flyer and section on website with video animation
The NEW GSF Retirement Village Programme

19 Extra Care Retirement Villages trained
4 GSF accredited so far
Co-badged by ARCO
3. Frontrunning GSF Accredited teams

Frontrunners in Hospitals

Showcasing examples of best practice in end of life care with findings from recent GSF Accredited Acute and Community Hospital wards, demonstrating earlier identification more patients, more clarifying their wishes and more dying where they choose.

These leading GSF Accredited hospital wards are examples of the best practice in end of life care for years of life. These frontrunners demonstrate what is currently being achieved by such patients, following their completion of the GSF Going for Gold Programme and the British Geriatric Society and the Community Hospital Association. They are an example to others in giving the very best end of life care to their patients – if they can do it, so can everyone.

These are grass-roots practical examples of how some wards are able to provide patient centered care for the end of life care. It is crucial, as we know, that end of life care is key to enabling more to be done to improve end of life care. This is demonstrated by the findings of the NHSE Ambitions, GSF Cross Boundaries Report and the work of the GSF Going for Gold Programme to Improve End of Life Care.

Key areas include:

1. Proactive care
2. Person-centred care
3. Place of care
4. Reducing hospitalisation
5. Providing support

Examples

1. Proactive - Identification
2. Person-centred - ACP discussions
3. Place of death - dying in hospital
4. Reducing hospitalisation
5. Quality of care

Homes

gs from GSF Accredited Care Homes, and more dying where they choose.

of the best that care can be for people and demonstrating what can be achieved

Care Homes have become one of the person-centred care for a large proportion of those with condition. With a significant number 3% of Care Homes residents are considered to be those with advanced care needs. 

A Care Homes trial took place in a care home setting with a small number of residents. The trial aimed to improve end of life care and outcomes for residents. The trial included residents with advanced care needs and those with complex care needs.

The results of the trial showed that care homes were able to improve end of life care for residents.

- Residents had a better quality of life.
- Residents were more comfortable and more relaxed.
- Residents were more able to express their wishes.
- Residents were more able to have their wishes respected.
- Residents were more able to have their wishes respected.

The trial concluded that care homes are able to provide patient centered care for the end of life care. It is crucial, as we know, that end of life care is key to enabling more to be done to improve end of life care. This is demonstrated by the findings of the NHSE Ambitions, GSF Cross Boundaries Report and the work of the GSF Going for Gold Programme to Improve End of Life Care.
GSF and CQC ratings

• GSF Accreditation recognised by CQC
• About 30% CQC outstanding care homes are GSF accredited
• Many moved up CQC ratings since GSF
• GSF Accreditation provides evidence

“In 2019 we received for the second time another Outstanding CQC rating and as a team we believe that achieving GSF accreditation contributed to our Outstanding rating.”

Paula du Rand, Kineton Manor manager

”GSF is the foundation of our care which means it is the foundation of our CQC rating.”

Simon Pedzisi, Director of Care and Services from Nightingale House
Contribution of GSF - part of the solution

Putting policy into practice on the ground to help

• **Identify** - proactive
• **Assess** – person centred
• **Plan** – coordinated care
3. Experiences of GSF
Quotations from GSF Accredited teams

• Liz Seymour, Manager of Melrose Nursing Home, Worthing:
  “GSF has influenced everything we do and it’s now part of the make-up of who we are. It’s the backdrop of everything.

• Helen Brewster, The Cedars, Bourne:
  “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.”

• Denise McPhee, Manager, Church View:
  “GSF has improved what we do immensely and we’ve noticed a major reduction in hospital admissions. In fact, hospitals and hospices are now referring patients to us to look after at the end of their lives.”
Quotations Sept 2019

• Rekha Govindan, Manager of Chegworth Nursing Homes, said:
  “GSF has opened our eyes and those of healthcare practitioners generally to exactly what we should be doing and when, providing a simple step-by-step guide ensuring no one falls through the cracks. It has helped us look at the patient as a whole and assess all of their needs and wishes.”

• Liz Jones, Policy Director of National Care Forum, said:
  “Care home residents and their families want and should be able to receive compassionate, personalised and proactive care. The Gold Standards Framework is a fantastic resource to help the care home workforce provide this.”
Achievements of GSF Care Homes
Improved team morale and retention

“It’s been life-changing for us, improving all aspects of care, not just towards the end of life.”
CD Manager of GSF accredited care home

“GSF has made my work simpler, drawn me closer to my residents and relatives and given me confidence in discussing end of life care.”
GSF CH Lead Nurse
West Yorkshire

Improved confidence of staff
Qualitative feedback shows staff are more confident in their role, have more job satisfaction, and that the GSF tools enable them to make the most of what they do (GSF Data 2014-2015 across 45 care homes).
“Now since GSF we have a better relationship with our care homes, include their residents on our register and have reduced our hospital bed days from 488 to 222 – reduction of 266 bed days”

- Dr Laura Pugh GP Smethwick
- GSF Practice of the Year 2019
Person-centred
Offering advance care planning discussions

- Increased offering ACP discussions

Graph: Reduction in hospital bed days after embedding GSF

Advance Care Plan Questions

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<thead>
<tr>
<th>Q.9 Advance care plan discussion offered to the resident</th>
<th>Baseline</th>
<th>follow up</th>
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<th>Baseline</th>
<th>follow up</th>
<th>Baseline</th>
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<th>Baseline</th>
<th>follow up</th>
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Well Coordinated / systematic
Reducing hospitalisation

In the GSF Accredited Care Homes, 89% residents are dying in their preferred place of care, (care home), and significantly fewer 11% dying in hospital.
Reducing hospitalisation

Reduced number of emergency admissions in GSF homes

TIPPING POINT
More dying at home than hospital

Comparison of admissions for GSF homes and non-GSF homes

Reduced avoidable hospital admissions:
- Reduction in acute hospital admissions in GSF homes of 20.6% compared to before the project started.
- In non-GSF homes, there has been a reduction in acute hospital admissions of 7.4%.

Source: Primary Care Mortality Database, Public Health, Lancashire County Council
*Provisional data, does not include patients outside LCC boundary
Everyone has an important role to play

“End of Life care is everybody’s business”

Sir Bruce Keogh
CMO NHSE
4. Key areas for improvement and Next Steps

**Integrated cross boundary care**

- **NHS policy recognition of care homes** – Vanguards, EHCH, Ageing Well Programme, Long term Plan, contract GPs, QOF, NICE Guidance, Kings Fund etc

- **GPs improved collaboration** with Care Homes + domiciliary care

- **Proactive** early identification

- **Person-centred**- offering ACP

- **Well-coordinated**, integrated care reduced hospitalisation

- **GSF Accreditation** highly regarded as a kitemark for quality 20 years on
Gold Standard End of Life Care
-GSF is part of the solution

Tried and tested for 20 years

Putting policy into practice on the ground to help
- **Identify** - proactive
- **Assess** – personalised
- **Planning** – coordinated care

Contact us for more details [www.goldstandardsframework.org.uk](http://www.goldstandardsframework.org.uk)
info@gsfcentre.co.uk

– see leaflets at back