What is the impact of GSF?
GSF leads to better ...
Quality of care
Improvements in staff skills and confidence leading to a better experience of care for patients.
“GSF has made my work simpler, drawn me closer to residents and relatives and given me confidence in discussing end of life care.”
Care Home GSF Lead Nurse

Coordination of care
Better communication, coordination and integrated cross boundary care.
“GSF has provided a common vocabulary between hospitals and the community.”
Dr Karen Groves, Southport Hospital

Outcomes for patients
Enabling more to live and die where they choose, reducing hospitalisation and cost.
“GSF is one of the most significant developments in end of life care since Dame Cicely Saunders founded the hospice movement.”
Penny Handsford, Nursing Director, St. Christopher’s Hospice

Integrated Cross Boundary Care
Added together, GSF programmes used in different settings can help improve integrated cross boundary care between different providers. See the GSF cross boundary care (XBC) programme ‘Joining up the dots’.

GSF provides:

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<tr>
<th>Quality Improvement</th>
<th>Quality Assurance</th>
<th>Quality Recognition</th>
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Outcome measures

GSF Accredited Care Homes (2009-11) – reduced hospital admissions and deaths and increased home deaths

GSF Accredited GP practices(2013) —more on register, more ACP, more dying where they chose, half hospital admissions and deaths
**GSF in Primary Care**

**Why?** The leading quality improvement programme for GP practices building on GSF QOF, leading to next stage Going for Gold and GSF accreditation endorsed by RCGP.

**How?** Practice based learning programme - 6 one hour modules over 6 months plus the popular ‘GSF-in-a-day’ workshops. Individual practices or in groups.

**What GSF Improves** Better quality proactive care, earlier recognition, better coordination in line with patients’ wishes, reduced hospitalisation, more living and dying well.

“GSF has become part of the fabric of improving end of life care in this country and has made a real difference for thousands of patients and their families.”

Prof Sir Mike Richards DH National Director End of Life Care

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**GSF in Care Homes**

**Why?** The leading quality improvement programme in the UK, with over 2,300 care homes trained (almost 50% of nursing homes) a sustainable programme and well recognised GSF Accreditation Quality Hallmark Award.

**How?** A full programme of six workshops over 9 months in your area, plus DVD / VLZ or blended scheme for home-based learning. A new Foundation level is also available.

**What GSF Improves** Better quality of care, proactive planning, working with GPs, staff morale, more advance care planning and reduced (usually halved) hospital deaths.

“It has been life changing for us, improving all aspects of care, not just towards the end of life.”

Manager of a GSF Care Home

**GSF and HOSPICES –** There are 8 GSF Regional Centres in the UK running programmes in their communities and several are hospices. Some hospices are GSF Accredited and we are working with them to develop a new GSF Hospice Support Programme. Contact the GSF Centre for details.

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**GSF in Domiciliary Care**

**How?** Four distance learning modules on a Virtual Learning Zone with evaluation and University credit options

**What GSF improves?** Confidence and awareness, pain management, advance care planning and reduces hospitalisation for people with dementia.

“The GSF Dementia Care Training Programme will help ensure that people with dementia are given the best possible care at end of life.”

Professor Alistair Burns DH National Clinical Lead for Dementia

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**GSF in Community Hospitals**

As with Acute hospitals but adapted for community hospitals, leading to better quality care and cross boundary communication.

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**GSF in Acute Hospitals**

**Why?** Over 54% of deaths occur in hospital, yet half could have died at home (NAO Report 2009). There is a need for culture change and more compassionate care in hospitals (Francis Report, LCP Review 2013).

**How?** Two year step-by-step programme with resources, training workshops, support, coaching and evaluation, leading to Foundation level and Accreditation.

**What GSF Improves** Earlier recognition of patients, inclusion on registers, asking about needs and preferences, improving communication with GPs, reduced hospital stay and death rates leading to more dying where they choose.

“GSF is well thought through, patient focussed and joined up. People can see that the difference GSF is making is quite transformational.”

Mike Connolly, Palliative Care Nurse

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**GSF in Hospices**

There are 8 GSF Regional Centres in the UK running programmes in their communities and several are hospices. Some hospices are GSF Accredited and we are working with them to develop a new GSF Hospice Support Programme. Contact the GSF Centre for details.

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**Commissioning End of Life Care.**

EOLC is important in at least five areas of commissioning

- Long term conditions
- Out of hospital care
- End of Life care
- Elderly frail
- People with Dementia

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**GSF IT Solutions**

Making it easy to do the right thing.

GSF IT Solutions can enhance clinical care by earlier alerting of patients nearing the end of life, ensuring better populating of GP’s GSF/palliative care register, prompting key actions and better cross-boundary communication + locality registers/EPaCCS.

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**GSF in Domiciliary Care**

**Why?** Well trained domiciliary care workers can support people to live longer at home.

**How?** Fully resourced on Virtual Learning Zone for groups of carers. Trainers cascade and evaluate.

“Domiciliary carers who have completed the GSFDC programme have grown in confidence, now working in partnership with district nurses.”

Gillian Moncaster Manchester City Council.