Overview of the work of the National GSF Centre in End of Life care

enabling a gold standard of care for all people in the last years of life

Gold Standards Framework gives outstanding training to all those providing end of life care, to ensure better lives for people and recognised standards of care.

Overview Spring 2017

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The GSF Centre in End of Life Care

Our Core Purpose is to train and support frontline staff to enable a gold standard of care for people in the last years of life

The GSF Centre team has for over sixteen years, helped generalist frontline staff care better for all people in the final years of life, enabling them to live well until they die. Thousands of doctors, nurses and carers have received training, affecting the care of several million people over the years to ensure they are more likely to live well and die well in the place and the manner of their choosing.

The GSF Centre, led by its founder and National Clinical Lead Prof. Keri Thomas OBE, provides nationally recognised training and accreditation programmes enabling transformational cultural change that leads to a ‘gold standard’ care for people nearing the end of life. This includes care for people with any life limiting condition (including frailty, multi-morbidities, dementia and other non cancer conditions), in any setting (home, care home, hospital and others) at any time in the last years of life.

GSF aspires to enable frontline health and social care providers to give the right person, the right care, in the right place, at the right time, every time.

GSF helps to improve -
- Quality of care experienced by people
- Coordination across boundaries
- Outcomes, enabling more to live well and die well, reducing inappropriate hospitalisation.

To achieve this, GSF provides -
- Training programmes in all settings
- Tools and resources to support change
- Measures of progress and attainment
- Support and coaching for local implementation

What is GSF in practice?

GSF is a practical systematic, evidence based approach to optimizing care for all people nearing the end of life, given by generalist front-line care providers.

GSF is all about quality care—quality improvement

GSF helps put National Policy into practice

The UK has again been voted top country in the world for End of Life care (Economist 2015) The GSF Centre both influences national policy developments, and helps put policy into practice, supporting practical grass-roots change in line with National Guidance, NICE Guidance, DH EOLC Strategy, NHSE Ambitions in End of Life Care Quality Commission (CQC), Skills for Care and others.

GSF and the regulator CQC

GSF Accreditation in hospitals is the only CQC approved information source in end of life care in hospitals “GSF is a very important tool that I do believe, if people are doing the things that are in GSF, they will find that they come out very well on CQC inspections” Prof Sir Mike Richards, CQC Chief Inspector of Hospitals.

“What is fantastic about the Gold Standards Framework, is that it is focusing care homes staff minds on how can they make that (end of life care) experience the best it possibly can be” - Andrea Sutcliffe, Chief Inspector Adult Social Care, CQC

GSF Conference September 2016

The First Prison to be awarded GSF Accreditation 2016
HMP Norwich Healthcare Service
Achievements of GSF

Improving integrated cross boundary care
In a population based approach to end of life care. GSF helps put patients at the heart of care.

8 Cross Boundary care sites
Dorset, Nottinghamshire, Airedale/Bradford, Barking Havering Redbridge, Morecambe Bay/Lancaster, Doncaster, Southport and Jersey.

Awards to GSF for its work in End of life Care
- National Skills Academy – Excellent Providers for Social Care
- BMJ Education Award Finalist for Primary Care Programme
- CQC– the only recognised information source for end of life care for CQC Hospital Inspectors

Outcomes include:-
- Earlier identification of patients declining or in the final year of life, leading to more proactive care for those with life limiting conditions.
- More advance care planning discussions, more dying where they would choose, better listening to patients
- Providing care to meet their needs.
- More dying in their preferred place of care.
- Halving hospital admissions and hospital deaths
- Greater staff confidence, job satisfaction, boosted morale, staff retention ‘culture change’ more compassionate care.
- Better carer and relative satisfaction with care.

- Better integrated cross boundary coordination - better communication with GPs, care homes and hospitals to improve health & social care interpretation.

Identifying ‘Gold Patients’
- GSF registered or ‘Gold patients’
- Identified from any area . Included on electronic register
- Given Gold card, information sheet
- Can access help line or ‘Gold Line’ to coordinate their care
- Treated as special

- GSF is one of the UK’s longest established end of life care organisations, well known and active for over 16 years. Originally funded by NHS DH and now as a voluntary sector not for profit Social Enterprise CIC.
- Spread to all health and social care settings with training for staff in all areas and improved cross boundary integration
- Influencing national policy and implementing it in practice, contributing to the UK being the leading nation in EOLC
- Enabling and motivating staff – improving confidence + competence
- GSF is internationally recognised with projects in over 8 countries
- Transformational change – teams are assessed less by what they know, but more by what they do, leading to long-lasting culture change.
- 10 Training Programmes plus Cross-Boundary Care
- 6 Accreditation Quality Halmark Award
- GSF Accreditation in 5 settings is externally recognised by CQC, NICE, RCGP, BGS, and the Community Hospital Association.
- Compassionate care – integrating compassionate care and spiritual awareness in all programmes, affirming their vital importance.

Compassionate care
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Current GSF projects across the UK

North
- Lancashire/Morecombe Bay – 15 practices, 1 whole Hospital 30 wards & Care Homes
- Locala, Kirkles Care Homes
- Cumbria – 13 community hospitals
- Wrightington Wigan & Leigh Trust - 1 ward
- Durham - 44 CH
- Tameside & Glossop - 12 GP Practices
- Bury 33 GP practices (silver)
- Airedale, Yorkshire – 1 whole hospital, 30 GP practices
- Manchester – 2 acute hospitals 4 wards, 10 Domiciliary care
- Wirral – 6 GP practices
- Merseyside - accredited hospice, 1 whole hospital (Clatterbridge)

Central
- Nottingham – 30 Foundation Level, 1 acute hospital - 2 wards, 2 Hospices, 12 GP practices
- Derbyshire - 6 GP practices
- Warwickshire – 36 GP practices 19 Care Homes
- Northampton – 5 Care Homes (Foundation Level)
- Stoke & North Staffs - 16 GP practices
- Leicester – 8 Community hospitals
- Lincolnshire - 19 GP practices
- Shropshire – 26 care homes
- Wolverhampton – whole hospital
- Staffs & Surrounds - 14 GP practices

London / South East
- South East London, St Christopher’s Hospice - 9 care homes (Regional Centre)
- Barking Havering Redbridge – 70 GP practices, whole hospital, 60 care homes (XBC Site)
- St Francis Hospice, Romford - B8 Care Home
- Stanmore Royal Orthopedic Hospital 4 wards
- North East Essex – 42 GP practices, 3 care home
- HM Prison—Norwich
- Chelsea & Westminster Hospital 6 wards & West Middlesex 10 wards
- North London (Regional Centre) – 7 GP practices
- Esher, Princess Alice Hospice 17 care homes
- Southend Hospital—4 wards
- Chelmsford - 2 wards

South West
- Dorset - 14 community hospitals, acute hospitals 3 wards, 11 GP practices, 140 Care Homes
- Cornwall – 14 community hospitals
- Devon /Exeter – whole hospital
- Cotswolds, Longfields - 11 Care Homes
- Somerset – 15 GP practices (89 care homes)
- Exeter– Royal Devon and Exeter Hospital—all wards
- East Sussex, St Michaels & St Wilfrid’s Hospice - 10 Care Homes

12 GSF Regional Centres - Delivering training mainly to care homes in their areas:
- Arthur Rank Hospice, Cambridgeshire
- Locala, Huddersfield, Yorkshire
- Longfield Hospice Care for the Cotswolds, Gloucestershire
- North London Hospice
- Princess Alice Hospice, Surrey
- Pilgrims Hospice, Kent
- St Christopher’s Hospice, SE London
- St Francis Hospice, Romford
- St Richards Hospice, Worcester
- St Wilfrid’s Hospice and St Michael’s Hospice, East Sussex
- Weldmar Hospice, Dorset
- St Mary’s, Birmingham
- St Benedicts Hospice

GMC GSF EOLC Course
- 35 Hospital Doctors at Stoke—44 GPs Oxford

Plus international GSF projects & Collaborative Centres:
- Jersey (XBC site), 16 Care Homes and 6 Domiciliary Care Agencies, 1 Hospice, 12 GP Practices, 1 hospital
- Ireland, St Johns Hospital, 7 Care Homes
- Australia & New Zealand South Africa , China Hong Kong, Singapore, Japan, Canada , Holland , Belgium
10 Current GSF Training Programmes

Primary care
- Since 2000, almost every GP practice now uses Foundation Level basic (bronze) GSF principles i.e. (palliative care registers and meetings) – now next stage GSF Going for Gold programme with a practice based learning programme with 6 modules with Accreditation Quality Hallmark Award (partner RCGP) and Silver programme with a practice based learning programme with 2 workshops.

Care homes
- Almost 3,000 care homes trained since 2004 (25% of all nursing homes) with over 500 accredited with Quality Hallmark Award (partners Care England, NCF, NCA, RNHA) and 194 re-accredited 3 years on. GSF Care Homes recognised by CQC as examples of best practice. Training delivered in 5 different ways—6 workshops, fast track, foundation (silver), blended refresher courses.

Acute hospitals
- A 2 year supported programme with 6 workshops, all tools and resources plus evaluation. Hospitals involving individual wards and 5 whole hospital projects, attaining Foundation Level and 8 moving to accreditation and the Quality Hallmark Award in 2015 (partner British Geriatrics Society). The hospital accreditation process is recognised by CQC as the ONLY Information Source in EOLC in hospitals.

Community hospitals
- GSF community hospitals in Cornwall, Dorset, Cumbria and Leicestershire. 17 currently accredited co-badged by The National Community Hospital Association.

Domiciliary care
- Train the trainers cascade programme, distance learning on the VLZ. Currently 42 agencies in training with over 1600 care workers achieving certificates so far. Radical organisational changes demonstrated plus improved confidence of staff and better collaboration with primary care.

Dementia care
- Phase 3 with 4 modules VLZ distance learning, focusing on person centred, communicating with people with dementia regarding end life care, improving pain and symptom assessment and management, care planning and reducing hospitalisation.

Hospice Support
- Developed after some workshops requested as adapted programme specific to hospices – mainly home care/day care units supporting use of GSF for patients at home, and improving cross boundary care. First hospices accredited September 2014.

Clinical Skills Course
- Re-launched Summer 2015 – via VLZ for nurses and healthcare assistants, improving clinical skills in caring for residents in care homes and at home.

Spiritual Care Course.
- Tailored workshops and an on-line 4 modular, distance learning course tailored to the needs of each organisation, emphasizing delivering compassionate self care, spiritual assessment, emphasizing the ‘heart’ aspects of person centred care, resilience and developing compassionate systems for all health and social care providers.

Prisons
- A new programme supporting people in prison receive top quality end of life care. Progressing to Accreditation in 2016—Norwich Prison being the first to be GSF accredited with the Quality Hallmark Award.
How is training delivered?

Our training is delivered through:

- Interactive workshops.
- One of our GSF Regional Centres.
- Distance Learning filmed programmes on the GSF Virtual Learning Zone.
- Blended learning (combination of the above).
- Fast track programmes.
- Foundation Level, (Silver) Enhanced level, leading to Accreditation and the GSF Quality Hallmark Award.

How is impact evaluated?

Quantitative and qualitative assessments in all programmes

1. **Key outcome ratios** showing impact of change before and after GSF against key metrics.

2. **Comparative audits** – patient level (online After Death Analysis - ADA), staff confidence, organizational questionnaire, patient/carer views.


4. **Visit/interview** for quality assessment.

More reports of cumulated evidence published in journals.

GSF Accredited care homes showing halving hospital death rate at accreditation 2011-15

**Aims of GSF accredited organisations**

- **Early recognition of patients-** aim 1% primary care 30% hospital 80% care homes
- **Advance Care Planning discussion** offered to every person
- **Decreased hospitalisation + improved carers support**
- **Dying where they choose using personalised care plan in final days**

**GP practices (Rounds 1-4)**

- **65% patients identified** (35-90%)
- **75% offered ACP discussion** (40-100%)
- **Halving hospital deaths, 72% carers support** (15-100%)
- **63% die where they choose 71% using 5Ps final days**

**Acute Hospitals**

- **35% identified early** (range 20-58%)
- **92% offered ACP discussion** (range 85-100%)
- **Length of stay reduced Carers support improved**
- **More discharged home, 80% 5Ps care final days plan**

**Community Hospitals**

- **45% identified**
- **98% offered ACP**
- **Carers support improved**
- **More discharged home 97% 5Ps final days**

**Care Homes accredited**

- **100% identified, 81% identified in dying stages**
- **100% offered 95% uptake**
- **Halving hospital deaths+ admissions 97% carer support**
- **84% dying where choose, 90% using 5Ps care plan**

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