



Overview of the work of The National Gold Standards Framework (GSF) Centre

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

'Gold standard care for the golden years'



**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**

Autumn 2019

info@gsfcentre.co.uk | www.goldstandardsframework.org.uk
London and Shrewsbury offices – Tel: 0207 789 3740 | 01743 291 897

The GSF Centre in End of Life Care

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

The GSF Centre team has for nearly twenty years, helped generalist frontline staff care better for all people in their final years of life, enabling them to live well until they die. Thousands of doctors, nurses and carers have received training, improving the care of several million people over the years. The GSF Centre, led by its founder and National Clinical Lead Prof. Keri Thomas OBE, provides nationally recognised training and accreditation for people with any life limiting condition in the last years of life.

Our aim is to enable a 'gold standard' of care:

- for all people
- with any condition
- in any setting
- given by any care provider
- at any time in their last years of life

to help them live well before they die and to die well, in the place and the manner of their choosing.

GSF – right person, right care, right place, 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 at home, reducing inappropriate hospital admissions and deaths.

To achieve this, GSF provides:

- **Training** programmes in all settings
- **Tools** and resources to support change
- **Measures** of progress and attainment
- **Support, networking** and **coaching** for best implementation

What is GSF in practice?

GSF is a practical systematic, evidence-based approach to optimising care for all people nearing the end of life, given by generalist front-line care providers. GSF is all about quality care – **quality improvement** with training, **quality assurance** with standards of care and **quality recognition** with recognised accreditation.

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). GSF both influences national policy developments, and helps **put policy into practice** on the ground supporting grass-roots change in line with NHS Long Term Plan, NICE Guidance, DH EOLC Strategy, NHSE Ambitions and Care Quality Commission.

National Spread over 20 years

developing a national momentum of best practice



GSF Principles have been embedded in national NHS strategy and policy



1. Spread

12 Quality Improvement training programmes in all settings

- 16 Regional Training Centres
- 10 Cross Boundary Care Sites
- 40 GSF projects at any one time



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 International

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



'Gold Patients'

gold standards framework
in acute hospitals

Name: _____
NHS number: _____
GP: _____



Aims and Achievements of GSF



The Aims of GSF are to improve:

- **Quality** of care experienced by people in the last years of life.
- **Coordination**, communication and teamwork.
- **Outcomes** for people (enabling more to live and die at home and reduce hospitalisation)
- **Outcomes** for health and care systems in more cost-effective appropriate use.

4 Different levels of influence for change and different ways GSF can help

- 1. Individual** – person
- 2. Organisation** – team, practices, ward, hospital
- 3. Community** – locality, population area
- 4. National** – strategy policy, regulation, quality standards

GSF helps

Person-centred care, symptom control, ACPs offered, prioritised care 'Gold/GSF patients'

Enabling practice care communication, teamworking + culture of care

Coordination, reduce hospital over-use, GSF as a common language in integrated care

Influence strategy, NICE quality standards, puts policy into practice

Awards to GSF – GSF has received several awards including from CQC (hospitals EOLC Accreditation) National Skills Academy Skills for Care Excellent Provider and BMJ Education for Primary Care



Some achievements of GSF include:

- **Long pedigree** – GSF is one of the UK's longest established **end of life care organizations**, well known and active for 20 years, originally funded by NHS DH and for 10 years as a CIC or Voluntary Social Enterprise.
- **GSF is internationally recognised** with principles, tools and resources used across many countries. The GSF PIG (Proactive Indicator Guidance) has been translated into numerous languages, and used widely in research.
- **Including all settings, disciplines and conditions** – Spread to all health and social care settings, enabling doctors, nurses, care assistants, social workers and others care for people with any life-limiting condition.
- **Mainstreamed in UK Primary Care** – all use minimum GSF 'bronze' Level since 2004 (GSF/palliative care register and MDT meeting) with almost 700 practices doing Silver or Gold and increasing numbers with 2019 QOF.
- **Influencing national policy** – GSF influences through national policy consultations, DH and Government policy and Health Select Committees, NICE Guidance, CQC regulation, GMC, academic and other ways.
- **Integrated care** – use of GSF as a common vocabulary **across wider areas, leading to better integrated Cross-Boundary Care.**
- **Well Recognised** – **The GSF Accreditation Quality Hallmark Awards** are recognised by CQC, NICE, Skills for Care and co-badged by RCGP, BGS, CHA, ARCO, CE, NCA, NCF, and RNHA.
- **Enabling and motivating teams** – Improving confidence, competence, job satisfaction and staff retention, encouraging compassionate care.
- **Sustainable Transformational change** – leading to long-lasting and sustainable culture change, hundreds of teams returning for reaccreditation with many 12 years since training.

Spread of GSF Training Programmes

Overall, over the last 20 years, The GSF Centre CIC has improved the care for millions of people through GSF training including:

- About 3500 teams directly GSF trained with over 20,000 staff
- Over 1250 teams have been accredited in the 7 Accreditation and Quality Hallmark Awards
- Most GP practices doing bronze GSF since 2004 QOF – almost 700 GP Practices further training with GSF Gold/Silver Programmes
- 3,150 Care Homes (25% nursing homes)
- 49 Acute Hospitals, 298 wards
- 50 Community Hospitals, 62 wards
- Over 1600 Domiciliary Care workers
- At any one time there are about 30-40 projects underway across the UK
- Currently 17 Regional Training Centres (mainly hospices)
- A wider network of about 30 Clinical Associates and 24 Ambassadors
- Affecting the care of about half a million people a year



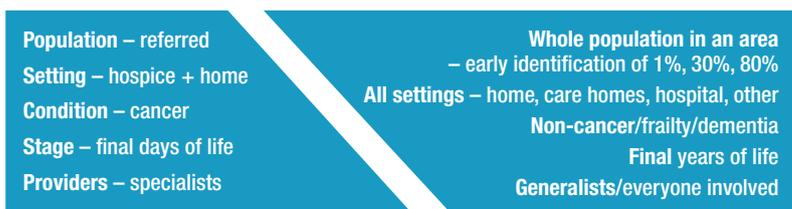
Third time GSF Accredited Care homes receiving Award 2017

GSF Gold patients in an Integrated Population-based approach

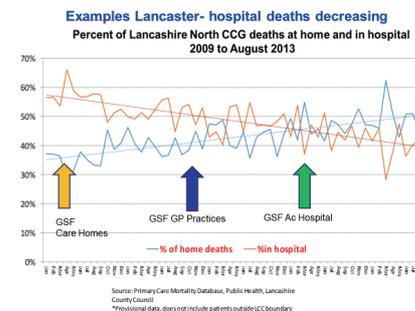
Many areas use the concept of '**Gold**' or **GSF patients**, for those identified people considered to be in their last year of life and needing extra support and care. Many develop real and tangible benefits for their gold patients, with an extra help-line or Gold-line, quick access to GP appointments, prioritised support, free car parking etc.

In the **10 GSF integrated cross boundary care sites**, GSF is used to enhance 'a common vocabulary' improving communication between GPs, hospitals, care homes and others with better use of digital records/EPaCCS, reducing hospital admissions and enabling more to live and die well at home. Key EOLC metrics have been developed.

A new Population-based approach to end of life care



Current understanding → New understanding



How GSF helps you achieving the NHS Long Term Plan, QOF and NICE

GSF helps implement the LTP + QOF

- **Early identification**
 - of people in last phase of life
 - **Proactive Care**
- **Assessing personal needs**
 - Advance care planning (ACP) discussions
 - **Personalised Care**
- **Plan**
 - Living well, dying well
 - **Coordinated integrated systematic care**
- **Across whole journey, across whole community, enabling all frontline staff**

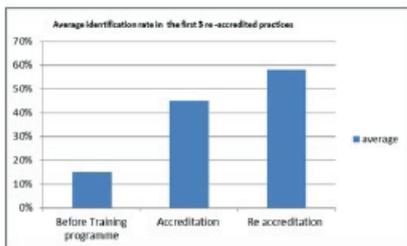


GSF has been teaching practical means to help identify people early, access clinical and person needs and plan living well dying well in a coordinated way. This leads to *proactive, personalised, coordinated care* as recommended in the 2019 NHSE Long Term Plan, QOF and NICE Guidance.

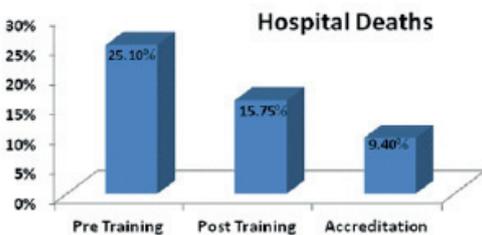
The NHSE Long Term Plan Sect 1.42. With patients, families, local authorities and our voluntary sector partners at both a national and local level, including specialist hospices, the NHS will *personalise care*, to improve end of life care. By rolling out training to help staff identify and support relevant patients, we will introduce *pro-active* 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.

How is impact evaluated

Primary Care increasing identification



GSF Accredited Care Homes showing halving hospital death rate at GSF accreditation 2011-15



Quantitative and qualitative assessments in all programmes

1. **Key outcome ratios** before and after GSF
2. **Comparative audits** – patient level (well-used on-line After Death Analysis tool – ADA), staff confidence, organizational questionnaire
3. **Tracker Run charts**
4. **Accreditation Portfolios** – evidence of best practice
5. **Visit/interview** for quality assessment.

See more reports of cumulated evidence published in journals, and the **GSF Frontrunners Papers** in Primary Care, Hospitals and care Homes, giving examples of what is possible to achieve



Progress achieved – examples from GSF Accredited teams

GSF Accredited teams or GSF pilot areas	1. Proactive Patient early identification rates	2. Person-centred ACP discussions offered	3. Place Dying in preferred place of care	4. Preventing Preventing over hospitalisation	5. Provision of quality care Experience of care + carers support
GP Practices	75-90% patients identified on registers	68% offered ACP discussion	65% die where they choose	Halving hospital deaths	71% carers offered support
Hospitals	35% acute, 45% community identified early (range 20-58%)	92% offered ACP discussion (range 85-100%)	Varies	Length of stay reduced in many	Carers support improved
Care Homes	98% identified, 81% identified in dying stages	95% offered	85-90%	Halving hospital deaths + admissions	Relatives satisfaction increased
GSF Cross Boundary Care Metrics pilot	47% – all patients identified	47% offered ACP discussion	53%-70% die where they choose	Varies – examples of reducing ED admissions or remaining low	Feedback and PROMs vary



Increased

- Early identification of patients
- Offering advance care planning discussions
- More dying where they choose
- Positive feedback from families/ carers



Decreased

- Hospital admissions and deaths
- Length of stay or A&E contacts
- Decreased costs to NHS

12 Current GSF Training Programmes



Primary care

Since 2000, 98% GP practice used GSF Foundation Level (bronze) through QOF i.e., palliative care registers and meetings. Since 2011, next stage GSF includes Going for Gold practice based learning programme with Accreditation (*partner RCGP*) and Silver programme as a distance learning programme, involving 618 practices, 28 accredited, 6 re-accredited. **NOTE: the new QOF Support Offers of Silver Interactive Animated summary video, measures and handbook plus GSF Digital to support the GP's 2019/20 QOF.**



Care homes

Over 3,200 care homes trained since 2004 (25% of all nursing homes) with over 800 accredited and many re-accredited (some now 4th time 12 years on) with Quality Hallmark Award (*partners Care England, NCF, NCA, RNHA*). GSF Care Homes recognised by CQC as examples of best practice. Revised shorter programme from 2018, fully updated, more affordable, taught centrally or by Regional Training Centres. **NOTE: About a third CQC Outstanding homes were GSF Accredited.**



Acute hospitals

49 Acute hospitals and 298 wards involved and 15 whole hospitals trained in a 2-year supported programme with 5 workshops, all tools and resources plus evaluation. 18 wards accredited and 7 re-accredited 3 years on with Quality Hallmark Award (*partner British Geriatrics Society*). **NOTE: The GSF Hospital training and accreditation process is the ONLY Accreditation process and information source in EOLC in hospitals recognised by CQC.**



Community hospitals

50 GSF trained community hospitals (62 wards) in Cornwall, Dorset, Cumbria and Leicestershire, 30 accredited and 4 re-accredited (*partner The Community Hospital Association*). **CQC recognition of Accredited Community hospitals also applies as the only recognized accreditation information source for CQC in EOLC.**



Domiciliary care

Updated both the GSFDC Certificate train the trainers course and now launching the **NEW GSF Accreditation programme**, with 3-4 workshops delivered centrally or locally, plus the on-line course on the GSF Virtual Learning Zone, and Accreditation with the GSF Quality Hallmark Award from 2020. Over 50 agencies with over 1600 care workers received certificates so far, showing radical changes in more confident staff and better collaboration with primary care.



Retirement Villages

New GSF Retirement Village programme launched July 2018 with 19 ExtraCare RVs, 4 ExtraCare accredited villages and 15 others by 2020; training includes 4 workshops, resources, tools and evaluations. **New RV Accreditation co-badged and endorsed by ARCO** (the Association of Retired Communities Organisation).



Hospice Support

Adapted programme supporting hospices, including inpatients/hospice at home/day care units – and use of GSF tools and resources adapted for inpatients and outpatients. Several hospices are accredited and 1 re-accredited 2019.



Prisons

GSF programme supporting people in prison receive top quality end of life care, including 'training' and Accreditation since 2016. 2 prisons in training and 1 prison accredited and now re-accredited 3 years on in 2019.



Integrated Cross Boundary Care Sites

Working with 10 CCG/STP/ICS-wide areas using GSF as a common vocabulary across health and social care to improve effective integrated care for older people, reduce hospitalisation and improve efficiencies. Successful pilot of EOLC Metrics in XBC areas with promising findings.

SUBJECTS AREAS



Dementia care – 2 programmes

An adapted GSF Hospital programme also used by Community Dementia Teams. Integrating community care. Or individual VLZ distance-learning course, focusing on improving person-centred care, communication skills, improving pain relief and reducing hospitalisation.



Clinical Skills On-line Course

Delivered via VLZ for nurses and healthcare assistants, improving clinical skills in caring for residents in care homes and at home.



Spiritual Care Course

Interactive workshops and on-line distance learning course emphasizing delivering compassionate care, enhancing resilience, self-care and spiritual assessments.

Examples of GSF projects across the UK

North

- Airedale, all hospital, 30 GP practices, 32 care homes **(XBC Site)**
- Lancashire/Morecambe Bay – 15 practices, whole Hospital 22 Care Homes **(XBC Site)**
- Locala, Kirklees – 31 Care Homes, GP practices
- Cumbria – 13 community hospitals
- Wrightington Wigan & Leigh Trust – 1 ward
- Durham – 44 Care Homes
- Tameside & Glossop – 12 GP Practices
- Manchester – 2 acute hospitals 4 wards, 10 Domiciliary care agencies
- Merseyside – accredited hospice, 1 whole hospital (Clatterbridge)
- Doncaster CCG – whole Hospital, 9 practices (Gold) and 19 practices (Silver) **(XBC Site)**
- Wakefield – whole hospital + prison and hospice RTC
- Sunderland – 2 wards

Central

- Nottingham – 30 Foundation Level, 25 new care homes, 1 acute hospital – 2 wards, 2 Hospices, GP practices **(XBC Site)**
- Derbyshire – 6 GP practices
- Warwickshire – 36 GP practices, 19 Care Homes
- Northampton – 5 Care Homes (Foundation Level)
- Leicestershire – 8 community hospitals
- Stoke & North Staffs – 16 GP practices
- Lincolnshire – 19 GP practices
- Shropshire – 26 care homes, silver GP practice
- Wolverhampton **(XBC Site)** – whole hospital, 19 GP practices, GSF IT project with 9 GP practices
- Staffs & Surrounds – 14 GP practices
- Birmingham – 94 GP practices in CCG programme
- Dudley – whole hospital GSF
- Cotswolds, Longfields – 11 Care Homes

London/South East

- South East London, St Christopher's Hospice – 122 care homes
- Barking Havering Redbridge – 70 GP practices, whole hospital, 60 care homes **(XBC Site)**
- St Francis' Hospice, Romford – 32 Care Home
- Stanmore Royal Orthopaedic Hospital 4 wards
- North East Sussex – 42 GP practices, 3 care home
- HM Prison – Norwich, Bure
- Chelsea & Westminster Hospital & West Middlesex whole hospital
- North London Hospice – 7 GP practices, 71 care homes
- Esher, Princess Alice Hospice 40 care homes
- Southend Hospital – 4 wards
- Milton Keynes – whole hospital
- Chelmsford – 4 wards Broomfield Hospital
- Whipps Cross Hospital, Barts Health NHS Trust
- Cromwell BUPA Private Hospital – Whole hospital
- Bedford Hospital – 2 wards
- Colchester Essex Partnership University NHS Trust – 2 wards / mental health community team
- Suffolk – first time accredited GP Practice

South West

- Dorset – 125 Care Homes, 14 community hospitals, acute hospitals 3 wards, 11 GP practices **(XBC Site)**
- Cornwall – 60 care homes, 14 community hospitals
- Somerset – 15 GP practices (89 care homes)
- Exeter – Royal Devon and Exeter Hospital – all wards
- East Sussex, 15 Care Homes St Michaels

10 Cross Boundary care Sites

- Airedale, Morecambe Bay, Doncaster, Wolverhampton, Nottingham, Barking, Havering and Redbridge, Dorset, North East Essex, Jersey, Southport

16 GSF Regional Centres (RTCs)

Delivering locally GSF care homes and domiciliary care training:

- **Arthur Rank Hospice**, Cambridgeshire, **Locala**, Huddersfield, Yorkshire, **Longfield Hospice** Care for the Cotswolds, Gloucestershire, **North London Hospice**, **Pilgrims Hospice**, Kent, **St Francis Hospice**, Romford, **Weldmar Hospice**, Dorset, **St Mary's Hospice**, Birmingham, **St Benedicts Hospice**, Sunderland, **St Helena's Hospice**, Colchester, NE Essex, **Cynthia Spencer Hospice**, Northamptonshire, **Heart of Kent Hospice**, Wakefield Hospice, **St Catherine's Hospice**, Preston, **Mary Stevens Hospice**, Stourbridge, **Jersey Hospice Care**, Jersey

GMC GSF EOLC Courses and events

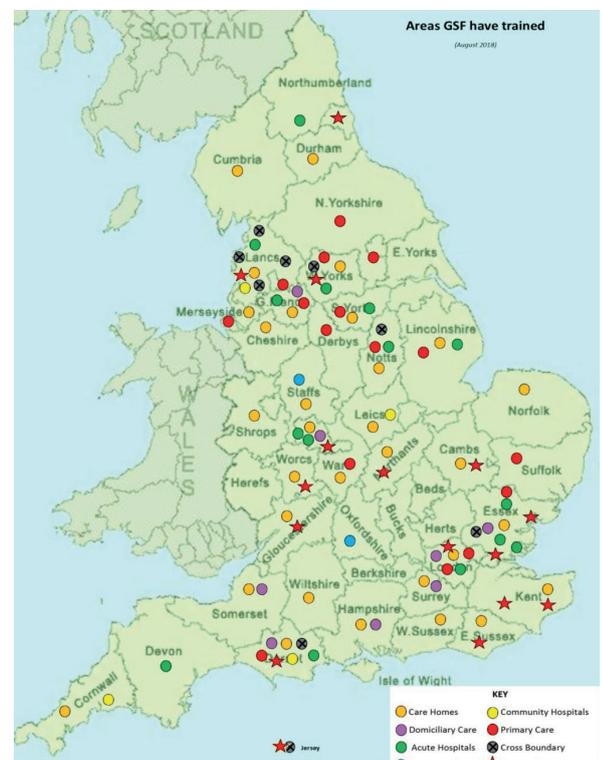
- Cromwell GMC event October 2019, Stoke Hospital Doctors, GPs in Oxford, Barking, Havering and Redbridge Hospitals Drs, Wandsworth CCG GPs

International GSF projects & Collaborative Centres

- **NB Whole Island Jersey** project **(XBC Site)**, 16 Care Homes and 6 Domiciliary Care Agencies, 1 Hospice, 12 GP Practices, 1 hospital
- Ireland, St Johns Hospital, 7 Care Homes

NOTE New Charity work in Africa with the Andrew Rodger Trust

Working in South Africa and other countries using training and tools from GSF adapted for the African context, and including spiritual care, lead by Keri and Mark Thomas



For more information contact us on:

info@gsfcentre.co.uk
www.goldstandardsframework.org.uk
01743 291897