KERI THOMAS ON DYING WELL

IN ASSOCIATION WITH GSF

the gold standards framework

Think of the recent death of someone you knew. How was it? Too often such stories include crisis-driven over-hospitalised care, struggling over-stretched staff and gaps in communication at this most crucial time. With an ageing population, the stark reality of end of life care is hitting us, yet in this area we can simultaneously improve care while improving cost effectiveness.

Putting patients at the heart of care, improving long term planning and preventing unproductive hospitalisation, especially for the elderly, are matters close to the heart of clinicians and are nowhere more important than in end of life care. There are both humanitarian and financial reasons for change – this "economic no-brainer", though complex to implement, can become reality if we make the right commissioning choices now.

This is where GSF can help. The National GSF Centre for End of Life Care is the leading provider of end of life care generalist training and expert support. GSF focuses on system change, helping to give the right care for the right person in the right place at the right time – every time. The centre also provides local audit reviews, reports and bespoke support for struggling organisations needing.

GSF helps put policy into practice at grassroots level in line with the government's end of life care strategy, and helps you attain

'This is not only about dying well but living well to the end'

QIPP and NICE targets, ensuring you provide better care while saving money. Backed by a strong evidence base and track record over 12 years and supported by national policy, GSF enables generalist frontline staff to provide a "gold standard of care" for all people nearing the end of life in any setting.

Only GSF training programmes for specific settings lead to accreditation and the quality hallmark award, recognised by the Care Quality Commission and others as markers of best practice. The London Procurement Programme for example, awards continuing care funding only to GSF-accredited care homes. Using a few GSF principles is insufficient – only supported GSF programmes will deliver. New integrated cross-boundary care projects are developing, with "Gold/GSF" patients at their heart.

This is not only about people dying well but about living well to the end. Now is the time to get it right – GSF can be part of the solution for your area.

Professor Keri Thomas is national clinical lead at the GSF Centre CIC for End of Life Care; honorary professor of end of life care at the University of Birmingham; and clinical expert – end of life care at the Royal College of General Practitioners

www.goldstandardsframework.org.uk

SERVICE IMPROVEMENT

SEARCH FOR DIGNITY

Better identification of people in the last year of life could transform end of life care, reports Alison Moore

The government's end of life care strategy – launched in 2008 – has led to a new focus in the NHS on providing high quality care for those approaching the end of life and offering them choice wherever possible.

Many NHS organisations have taken this on board and improved both services and staff skills. But more can be done to ensure that people in the last year of life receive the best care, in the most appropriate setting, enabling them to live and die well in the place of their choice.

The onus will now fall on clinical commissioning groups to improve care and reduce costs associated with unnecessary hospital admissions.

Professor Keri Thomas, national clinical lead at the Gold Standards Framework Centre for End of Life Care, believes the key in end of life care is to be more proactive. "We should anticipate earlier and move towards a whole system approach to ensure that, wherever a patient, is they will receive gold standard VIP care towards the end of life. This means providing appropriate support and training for everyone involved in their care and improving coordination."

As Royal College of General Practitioners clinical champion for end of life care, she is working with and the DH and QIPP teams to develop RCGP guidance on commissioning end of life care, due in October.

Most care will always be delivered by generalist frontline staff rather than palliative care specialists. The GSF Centre – formerly hosted within the NHS but now run as a not-for-profit social enterprise – focuses on training generalists and supporting organisations to improve end of life care. The GSF programmes cover different settings – and complement each other leading to integrated cross-boundary care developments.

Improving proactive care starts with identifying patients who are likely to die. The vast majority of GP practices keep registers of patients thought to be in the final year of life but these are not comprehensive: a national survey found that only around a quarter of people who died were on the register, while those identified received better coordinated care. This means many whose death could be anticipated are missing out on targeted care and the opportunity to express their preferences through advance care planning. It may also mean they are more likely to be admitted to hospital as an emergency.

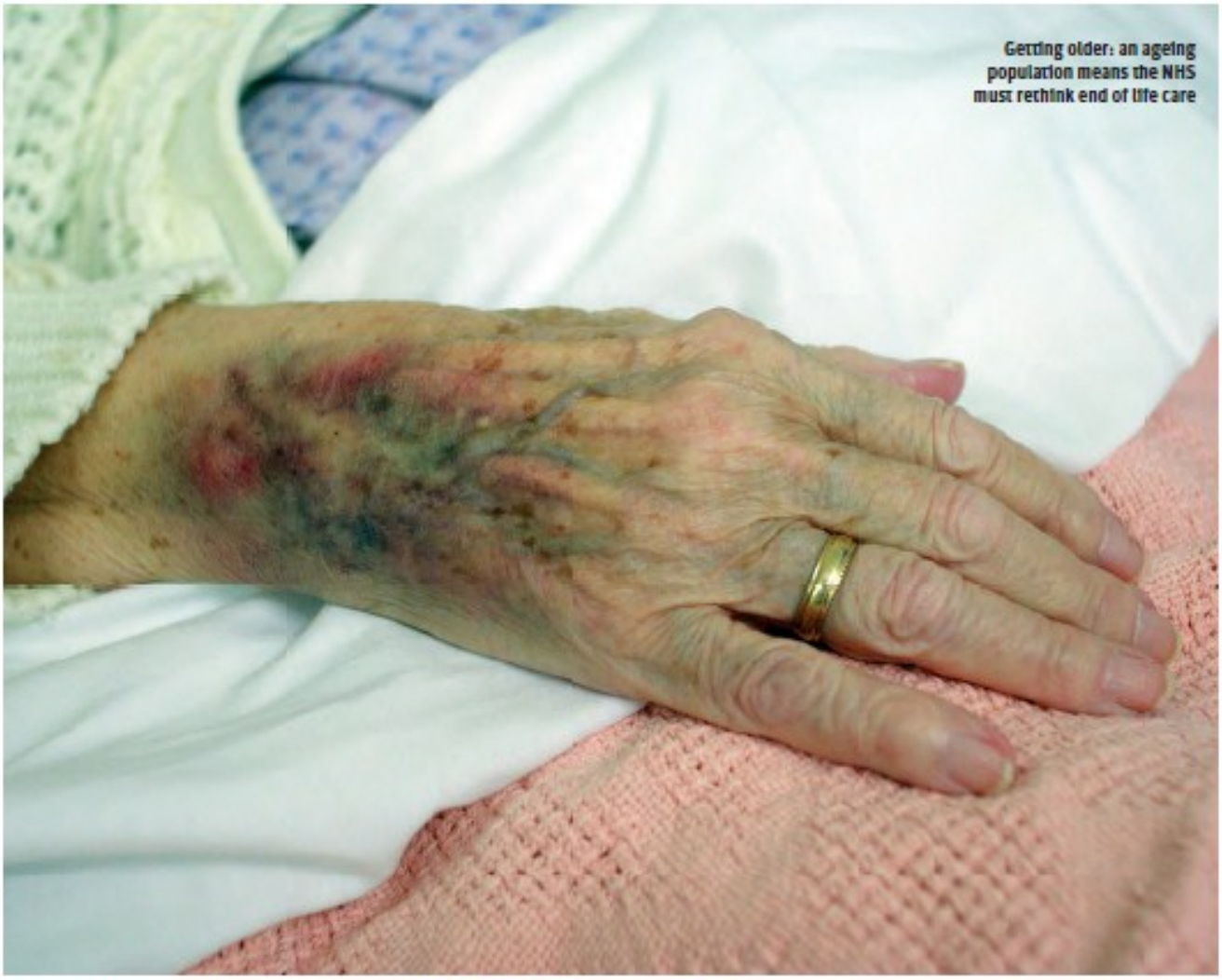
The GSF Centre is developing IT support to help identify people likely to be in the last year of life earlier, prompting inclusion on GP or locality registers or the electronic palliative care coordination system. The GSF domiciliary care programme helps care workers recognise deterioration early and respond accordingly.

Professor Thomas points out that most people die of long term conditions, co-morbidities, frailty, dementia and organ failure, rather than cancer. Proactively identifying people using GSF prognostic indicator guidance means their care can be planned and coordinated and unnecessary admissions prevented.

When 13 GP practices in the Lancaster area undertook the GSF Primary Care training programme Going for Gold, the number of patients on their registers increased by 70 per cent in a year. The practices have also started to see a fall in the number of patients dying in hospital, a trend mirrored by others using GSF programmes.

The GSF centre has also been working with care homes – where many of these patients will live – for nearly a decade to train staff and accredit homes meeting its standards. Homes have to demonstrate improvements against 20 quality standards including decreased hospitalisation – most GSF-accredited care homes halved their hospital death rates.

"Organisations are looking for some external evaluation and embedding of a quality standard – and that is what we



Getting older: an ageing population means the NHS must rethink end of life care

ALAMY

offer," says Maggie Stobbart-Rowlands, GSF lead nurse. "End of life care is everybody's business, and involving staff – from nurses to housekeepers – in their care is crucial. We see dramatic improvements in the confidence of staff so they better advocate for residents and provide top quality care."

This work has been mainly funded by PCTs and local authorities as an "invest to save" or QIPP approach: better care for patients at the end of life need not be expensive but multiple unnecessary admissions to hospital always will be, so it doesn't take long to recoup the investment. Many areas commissioned GSF training for large numbers of care homes – and bucked the national trend of hospitalisation.

Somerset PCT for example demonstrated significant decreased hospitalisation rates for GSF homes compared to non-GSF homes, and GSF nursing homes in South East London increased their home death rate from 54 per cent to 72 per cent.

Acute and community hospitals now can also apply for GSF training and accreditation, with over 60 hospitals currently in training. They face particularly difficult challenges but, as about 55 per cent deaths occur in hospital and about a third of hospital patients are considered to be in their final year, this is a crucially important area.

'Most GSF-accredited care homes halved their hospital death rates'

In Lancaster, following successful use of GSF in care homes and primary care, the acute hospital is now being incentivised by the CCG through CQUINs (Commissioning for Quality and Innovation framework) to undergo GSF training. Savings will be reinvested to improve palliative care provision and support for patients at home.

GP commissioner Peter Nightingale says: "The GSF in the community has made a big impact but the missing link was what was happening in hospital. It seemed to make sense to try and get us all speaking the same language, with a unified approach to end of life care using GSF and aim for a reduction in hospital deaths of 20 per cent."

Hospital admissions are particularly detrimental for people with dementia who are likely to become distressed and disorientated away from familiar surroundings. The GSF team suggest measures to decrease hospitalisation for people with dementia and launches its new dementia training programme this autumn.

Changing demographics mean CCGs will be coping with an increasing number of people nearing the end of life with complex conditions. Improving end of life care fulfils the QIPP agenda for commissioners by improving quality, cost effectiveness and prevention – but also requires the courage to innovate.

"With an ageing population, we are reframing our thinking, says Professor Thomas. "Death is not a failure but a bad death is – and caring well for people nearing the end of their life is a vital indicator of our success as organisations, as a health service and as a society." ●