The GSF National Conference

London Friday Sept 28th 2018

Introduction and Welcome from the National GSF Team

the gold standards framework®

Celebrating Quality Care in the Golden Years

Prof Keri Thomas OBE

Paul Jennings, Julie Armstrong Wilson, Sue Richards, Hilary Lawson, Kelly Thomson, Sandra Allen, Mark Thomas, Rosaleen Bawn ,Becca Riley, Sarah Noakes, Christine Lambros, Ann Marie Lawrence ,Shanti Shahima, Tom Tanner, Chris+ Alysha Smith

Celebrating best practice

96 teams receiving Awards today

GSF Accredited teams are Frontrunners leading the way in end of life care

- **Care Homes**
  - 716 accredited
  - 252 reaccredited x1,2,3,4
- **Primary Care**
  - 25 accredited
  - 4 reaccredited
- **Community Hospitals**
  - 30 accredited wards
  - 2 reaccredited wards
- **Acute Hospital**
  - 12 accredited wards
  - 3 reaccredited wards
- **Hospices**
  - 3 accredited

Prison – 1 accredited
Domiciliary care agencies certificated

Outline of the day

Introduction and Welcome

Keynote Speakers – Questions and Panel

Tea/coffee

Update on GSF + interviews

Awards- GP practices and hospitals

Lunch

Awards- Care Homes + Care Home of The Year

Workshop 1 - choice of 2

Tea/coffee

Workshop 2

Final words and close

4.30 Reception for award winners + photos

Housekeeping

FIRE

TOILETS

Phone

FOOD

Welcome from Chair

Paul Jennings

Chair The GSF Centre CIC Board

CEO Birmingham CCG

Celebrating Quality Care in the Golden Years

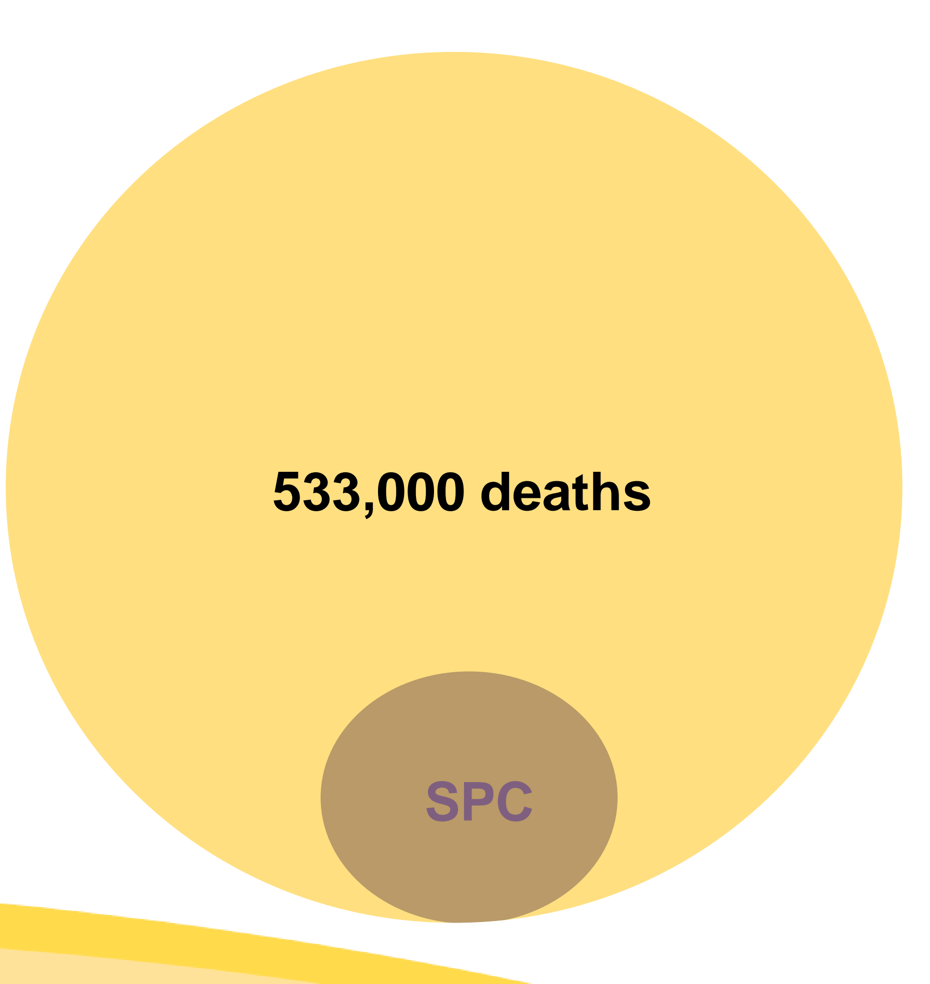
GSF Overview , Update and Interviews

Prof Keri Thomas OBE

What's different about GSF?

- **Big picture** -Population- based
- **Everyone's involved-** enabling all
- **Life and death** - living well before you die

1. Big picture- Whole population care



Our aim is to enable gold standard care for

- All people
- With any condition
- In any setting
- Given by any care provider
- At any time in their last phase/ years of life

- Working with hospices and specialists in palliative care

- 1% population,
- 30% hospital patients,
- 80% care homes residents

Hospital Example- the need to support general frontline staff care for 88% of the patients in their last year of life

Typical Hospital Trust new EOL and SPC inpatients 2016/2017

48,000 hospital admissions / year , so **16,000 patents in last year of life** (using Clarke 30% criteria)

Of these, 14,700 patients cared by generalist frontline staff ie **88% patients in final year of life**

EOL 16,000

Spec Pall Care Team see 1300 pts

1300 referred to Spec Pall Care team ie **12 % of these patients**

GSF – enabling all generalist frontline staff play their part to support all hospital patients in their final year of life

Big Picture **Population-based** approach

Editorials

Population-based, person-centred end-of-life care:

Current understanding	New understanding
Population - referred	…tion in an area …fication of 1%, 30%, 80%
Setting - hospice+ hor…	…s - home, care homes hospital, other
Condition - Cancer	…cancer/frailty/dementia
Stage - Final days…	Final years of life
Providers - Sp…	Generalists/ everyone involved

Current understanding → New understanding

2. Everyone's involved
– enabling generalist frontline teams

"End of Life care is everybody's business"

Sir Bruce Keogh
CMO NHSE

National Spread

developing a national momentum of best practice

1.Spread

- Primary Care
- Care Homes
- Hospitals
- Domiciliary Care
- Hospices
- Prisons
- Retirement Villages etc

- **Quality Improvement training**
- **12 programmes - all settings,**

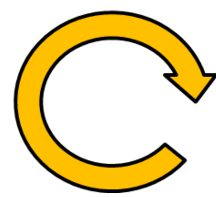
2. Depth

7 accreditation awards

3. Joined-up

Transformational

MAGIC

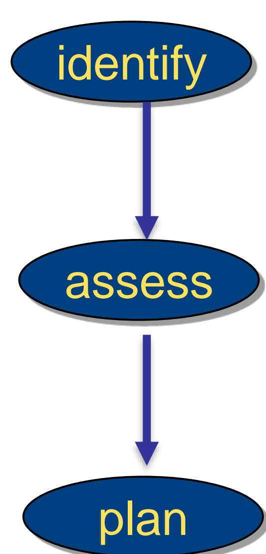


'Gold Patients'

the gold standards framework in acute hospitals
Name:
NHS number:
GP:

Enabling everyone …

- **Early identification**
  - of patients/people/residents
- **Person-centred-**
  - More offered advance care planning (ACP) discussions
- **Living well , dying well**
- **Across whole journey**
  - early-to late
- **Across whole community**
  - -integrated care
- **Enabling all generalists**
  - All staff



GSF can help with putting policy into practice

- NICE Guidance Standards
- NHSE Ambitions in EOLC
- NHS EOLC Strategy
- GMC Guidance
- Guidance from BGS, and royal colleges RCS, RCP RCGP, RCN etc

- **Evidence for CQC Standards**

Identify early - Royal Devon and Exeter Hospital -3 wards reaccredited after 3 years

identification rate accross the three wards

	Identification rate
Accreditation average	27%
Reaccreditation average	43%

Improved identification rates by 16% **from 27% to 43%**

Assess Advance Care Planning discussions

6 Community hospitals accredited today

AVERAGE over an 8 week period

	Value (approx.)
(ACP1) discussion or Best Interests and given an providing the patient with an ACP information leaflet	85%
(ACP2) include recording of preferred place of care and proxy nominated spokesperson person /LPOA	96%
ACP 2- DNACPR / resuscitation status discussions with families as appropriate	
(ACP3)	71%

Y-axis: 0.00%, 60.00%, 80.00%, 100.00%, 120.00%

85% and 96 % offered ACP Levels 1 and 2

71% offered full ACP discussions

Plan- Reducing hospital death rates after GSF eg Wareham Surgery , Dorset

60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%

deaths in hospital pre

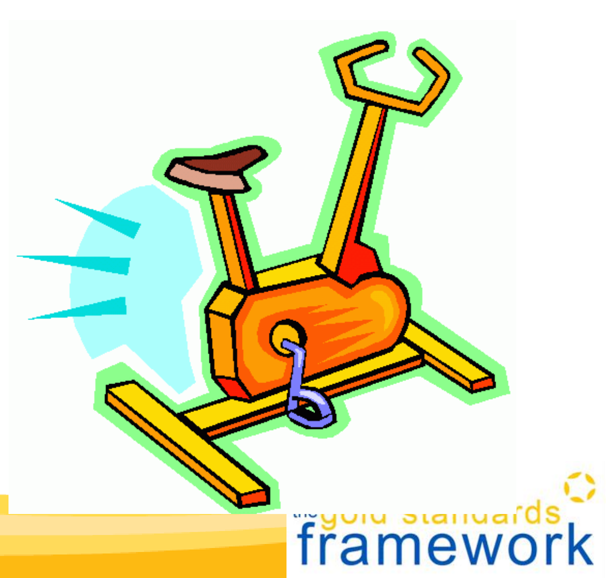
deaths in hospital post

Reduced hospital deaths **from 51% to 17%**

This may look easy..?? Its not!

- It takes many years of work
- Looks simple but harder to do in practice
- Consistency of including all people, all the time
- Gradually changing culture

- But it is possible!
- But you have to make a start



the gold standards framework

GSF Frontrunners

Frontrunners in Primary care

Showcasing examples of best practice in end of life care with findings from recent GSF Accredited GP Practices, demonstrating earlier identification of more patients, more clarifying wishes and more dying where they choose

These leading GSF Accredited practices, are examples of the best that practices can be in caring for people in their last years of life frontrunners demonstrate what is currently being achieved by some primary care teams in their care for patients in their last years of life, fo their completion of the GSF Going for Gold Programme and GSF Accreditation, co-badged by RCGP. They are an encouragement and inspir others in giving the very best end of life care to their patients – **if they can do it, then you can too!**

These are grass-roots practical examples of how some practices provide top quality, proactive, person-centred care for their whole popul patients, including those with frailty, dementia and non-cancer conditions. This has an impact on the quality of life for patients and their fan their final years of life, reducing time spent in hospitals and enabling more to die where they choose. The practices' palliative care registers no accurately reflect their wider populations (the estimated 1% of their population in the last year of life), and they attain standards in line with r policy, NHSE Ambitions, GMC, NICE Guidance and CQC Primary Care Standards. Key areas include providing:

1	Proactive care	*early identification*
2	Person-centred care	*more patients offere*
3	Place of death	*more dying in prefe*
4	Reducing hospitalisation	*reduced hospital de*
5	Providing top quality care	*experienced by pati*

Building on the Bronze Foundations level GSF mainstreamed through QO with GSF Accreditation, supported and endorsed by RCGP.

Examples	1. Proactive – Identification rates	2. Person-centred – ACP discussions offered
Average for GSF Accredited practices	Av. 75-90% register identification rates	68% offered ACP discussion

Note – these practices identify more patients earlier, achieving Registe of 34% (PHE Fingertips) and then use needs-based coding to prioritise. population x1%, and additionally the num

Examples of Frontrunning GP Practices

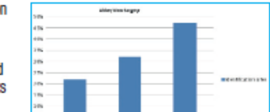
Abbey View Surgery, Dorset

Practice name Abbey View Surgery Dorset
GP Lead *Dr Damien Patterson*
Practice Population *15,319*
Accredited 2012 / *Re accredited* 2016

"The GSF training has helped to move us to a completely different place."

Key Achievements

- Register Identification rate 54% patients
- 59% offered ACP
- 34% non-cancer and care homes residents



*"Before we started GSF training we noticed that many people were being sent to hospital inappropriately and were not experiencing the care they would have liked. The GSF training **has helped to move us to a completely different place.** Now patients have a genuine choice about where they would like to be cared for. And they are choosing to stay at home, in their care home or in the local hospital unit we run." People are*

Frontrunners in Care Homes

Showcasing examples of best practice in end of life care with findings from GSF Accredited Care Homes, demonstrating earlier identification, more clarifying wishes and more dying where they choose.

These leading front-running GSF Accredited Care Homes are examples of the best that care can be for people in their last years of life. These practical examples from front-running teams demonstrate what can be achieved ...if they can do it, you can too!

The needs of older people are at the forefront of NHS and social care transformation. **Care Homes have become one of the mainstays of end of life care** (EOLC) outside hospitals and are key providers of person-centred care for a large proportion of people nearing the end of their lives, particularly the very elderly and those with severe frailty and dementia. With about a fifth ...e homes and over half dying in hospitals, about **80% of Care Homes residents are considered to be** ...y hospital admissions (estimated 50% of hospital deaths from care homes residents, NAO Report) ...ore to live and die where they choose with better trained staff and community support.

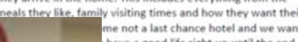
...**rate what is possible to achieve.** They are grass-roots examples of how some care homes provide ...alized care for all of their residents. This has an impact on the quality of life for people in their final ..., reducing time spent in hospitals and enabling more to die where they choose.

...n ensures systematic proactive end of life care, improving patient experiences, coordination and ...s of care, cost-effectiveness and good outcomes. **GSF empowers Care Home staff to work better** ...**d social care professionals.** *It is about putting national policy into practice at grass roots.*

...**ted by these care homes include 5 key areas:**
...n 80% of Care Home residents are within their last year of life
... all advance care planning discussions
...ng in preferred place of care/usual place of residence
...n - reduced hospital deaths, hospital bed days, out-of-hours crises
...nced by patients and their families and a culture change for staff

Key achievements e.g.

- Over 95% residents' deaths in the home
- 100% of residents who died had anticipatory prescribed symptom control medication



they arrive in the home. This includes everything from the meals they like, family visiting times and how they want their ...me not a last chance hotel and we want ... have a good life right up until the end of

...ospitals

...care with findings from recent GSF ...monstrating earlier identification of ...more dying where they choose.

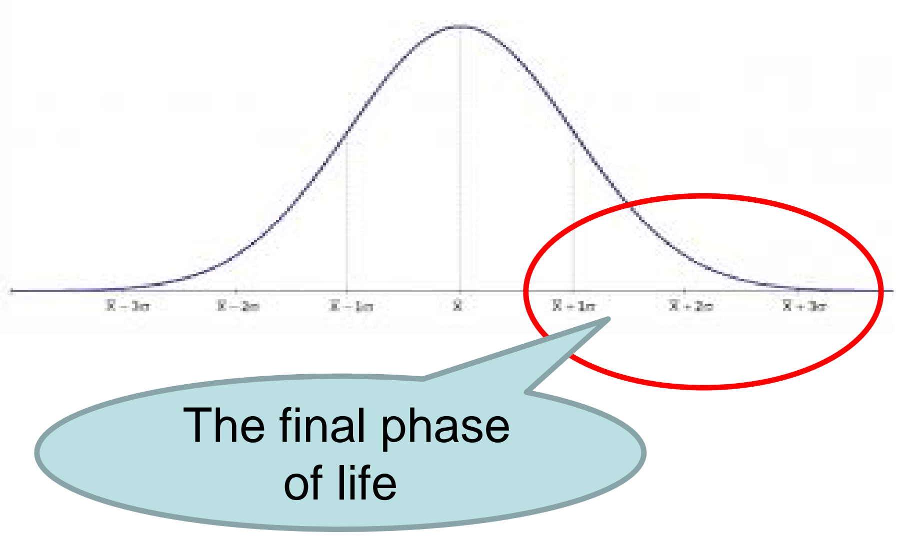
These leading GSF Accredited hospital wards are examples of the best practice in caring for people in their last

3. Living well and Dying well

The sun setting is no less beautiful than
the sun rising.

Life before death

Facing our mortality



The final phase of life

Living in the context of our dying

The *end* of life teaches us about the *end* of life

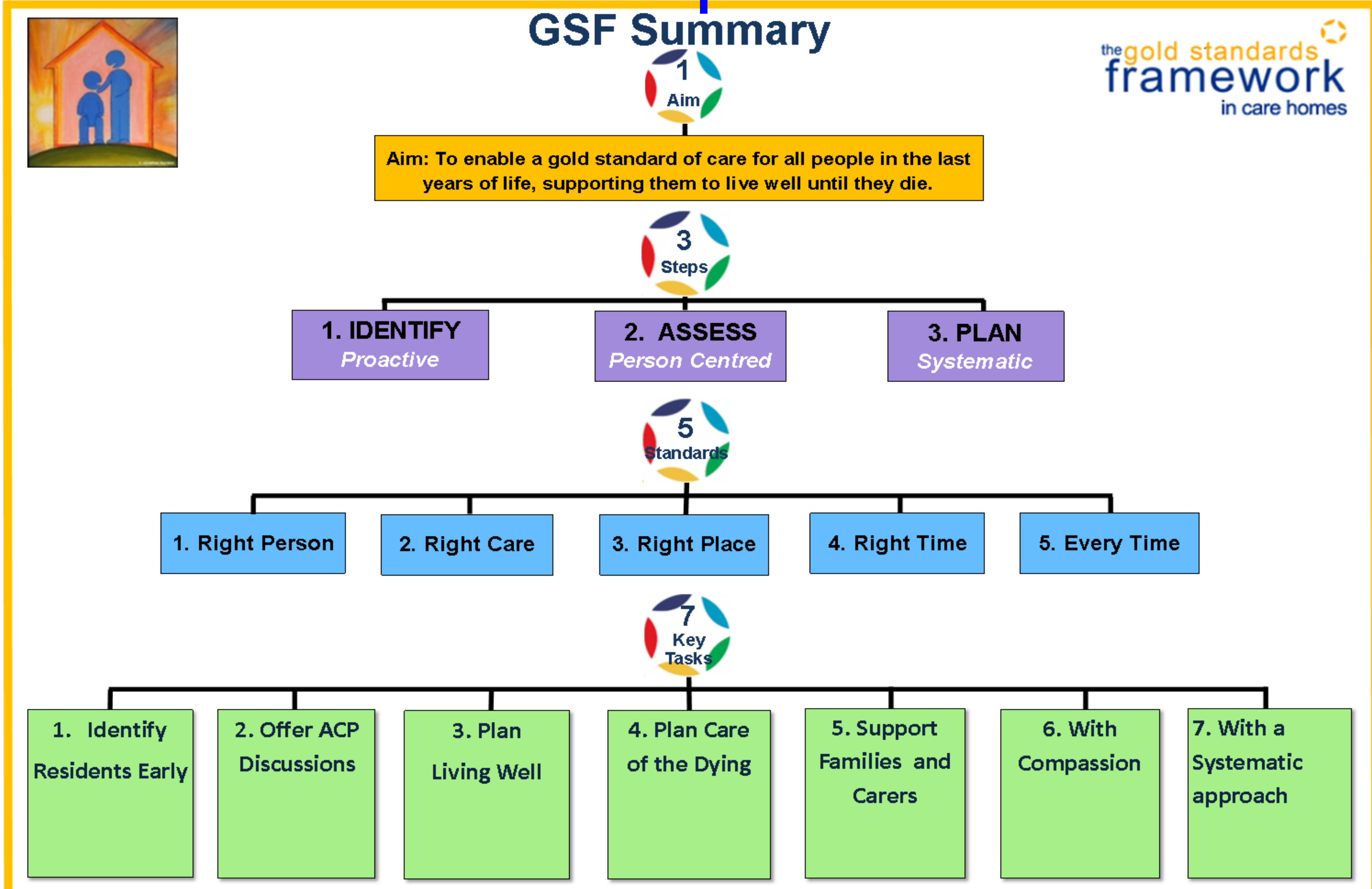
priorities and perspectives

On the last bus home

NEWS ! Updated GSF Care Homes Programme

1. **Updated**
   – In line with current best practice (Vanguards) including new resources
2. **Shorter**
   – 3 ½ days over 6 months, shorter to accreditation 1357 Summary – just 7 key tasks
3. **Simpler**
   – More focussed with 7 Key Tasks leading to accreditation
4. **More Affordable**
   – Reduced cost reflecting fewer training days enabling greater uptake
5. **Outcomes focussed**
   – Evidence of audits, outcomes, systematic carte useful for CQC
6. **Digital-ready**
   – Helps in getting ready for better IT record sharing to meet 21st C needs
7. **Delivered locally**
   – Through GSF Regional Training Centres

Simpler

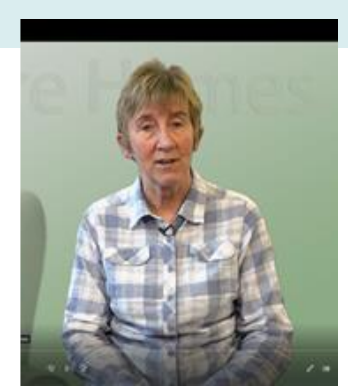


Shorter GSF CH Programme Plan

Day 1	Day 2	Day 3	Day 4	
1. Introduction and Preparation	2. Identify	4. Living well	5.Family / carers 6. Compass-ionate care	Pre Accrued webinar
	3. Assess	5. Dying well	7. Systematic Next Steps	
Homework Preparaton 3 tasks 1. Get ready 2. Tell others 3. Measure- ADA KOR HA audit	**Homework** 1. Code residents 2. Needs Support Checklists 3. ACP for all	**Homework** 1. Clin Assess-ment tool 2. Admissions tracker in 3. SEA Care in final days	**Homework** 1. Dignity enhancing care 2. List of staff trained 3. KOR	

Team work

- Chris Elgar
  - Thankyou!



- Ginny Allen
  - New GSF Social Care/ Care Homes

- Sarah Noakes
  - revising Domiciliary Care programme

GSF Care Homes Training and Accreditation

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

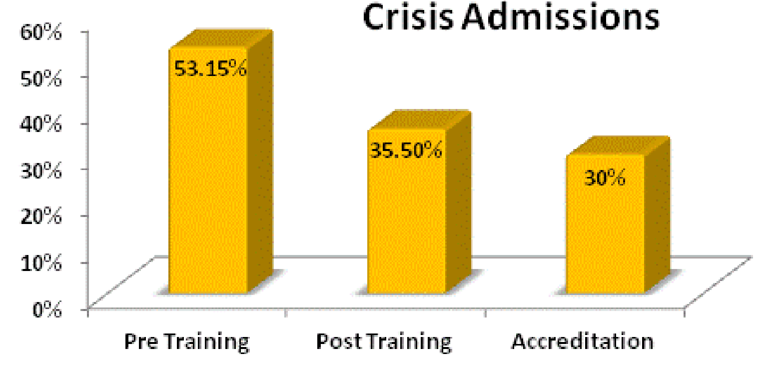
Training

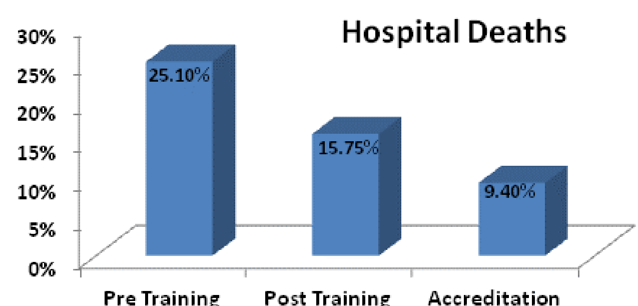
- Over 31500 trained

Accreditation

About 700 accredited

Many homes now 1/2/3/4th time accredited





4th time GSF accredited care homes 12 years on

"We have stopped thinking about GSF as an accreditation and an addition to what we do. It is simply a way in which we deliver day to day care. It is the very principle of our care model" **Simon Pedzisi**

"We have gained the prestige for getting our end of life care recognised and that has given us good PR and marketing within the CCGs and local communities. There is also no doubt it has contributed to the outstanding rating we received from the Care Quality Commission." **George Hill, Cornmill Nursing Home, Lancashire,**

GSF Regional Training Centres

First one- St Christopher's , London

Current 13 GSF Regional Centres

- Saint Francis, Hospice Romford
- St Richard's, Worcester
- Princess Alice Hospice Esher
- Hospice
- spice, Dorset
- ersfield
- oucester
- St Mary's, Birmingham
- Arthur Rank, Cambridge
- St Wilfred's & St Michael's Sussex
- St Benedict's Hospice, Sunderland
- St Helena's Colchester
- Cynthia Spencer Northamptonshire

5 new Hospices applying to be GSF Regional Training Centres in, Stourbridge, Kent, Wakefield, Jersey and Preston

GSF Acute Hospitals

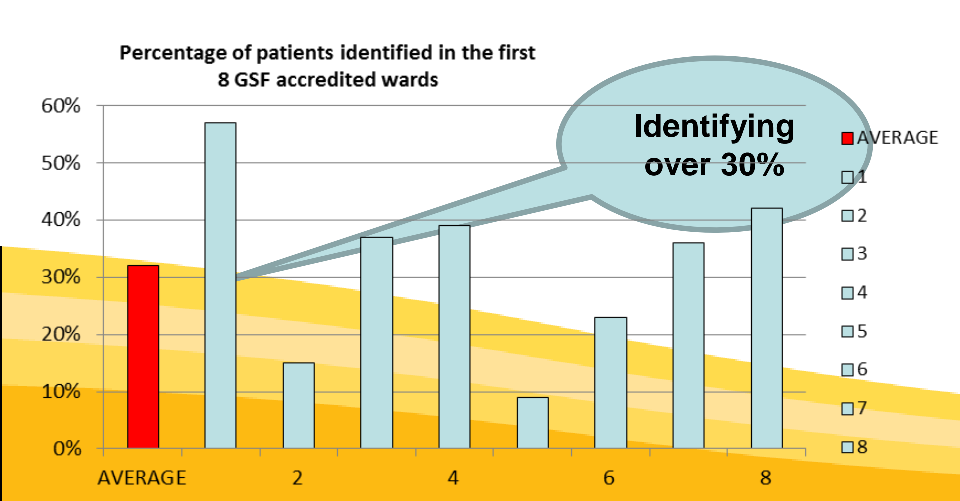
GSF Acute Hospital

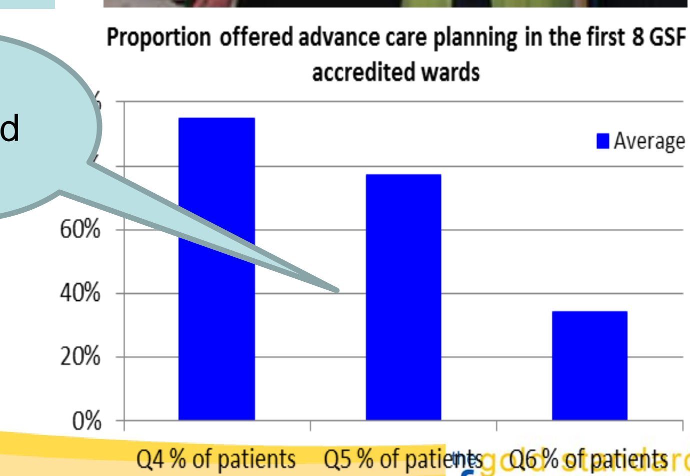
- Over 47 hospitals + 277 wards trained
- 15 accredited/ reaccredited wards co-badged with BGS

Whole hospitals

- Airedale
- Southport
- Morecambe Bay
- Royal Devon and Exeter
- Clatterbridge
- Wolverhampton
- Barking Havering Redbridge
- Chelsea and Westminster
- Doncaster
- Pinderfields
- Milton Keynes
- Cromwell
- Dudley

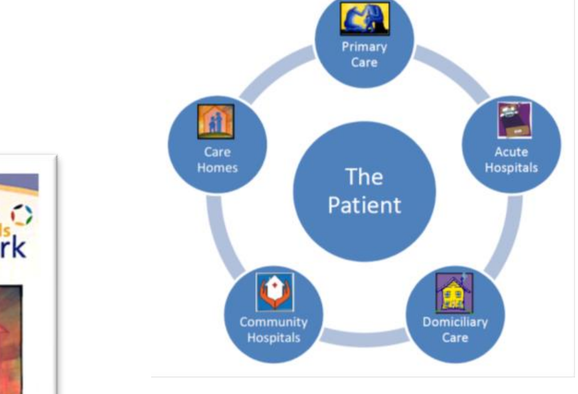
GSF Training and accreditation supported and co-badged by British Geriatric Society
An the only CQC Hospitals Information Source in EOLC

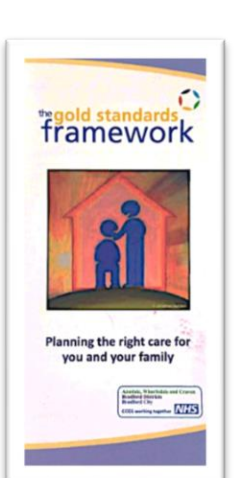


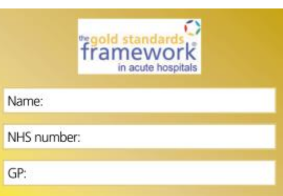


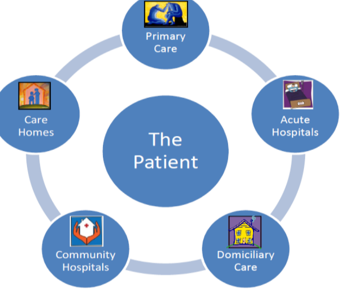
GSF Integrated Cross Boundary Care Sites

- Dorset
- Barking, Havering & Redbridge
- Nottinghamshire
- Jersey
- Wolverhampton
- Doncaster
- Morecambe Bay,
- Southport,
- Airedale



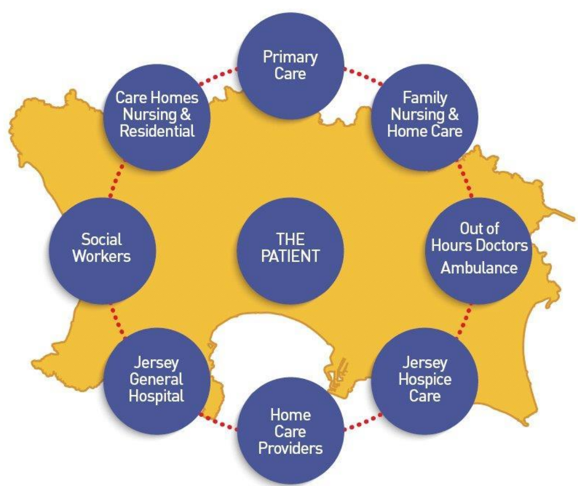






GSF Cross Boundary Care Sites
Jersey whole island over 3 years

- GP practices
- Care Homes-
- Domiciliary care
- Whole hospital
- Hospice
- Ambulance
- Social workers
- Everyone!



GSF/ gold patients – in ' golden years

Jersey Evaluation Report
Some key messages so far ….

- Overall 'thumbs up' on improved patient care
- Empowered patients
- Staff more confident
- Earlier planning, more choices
- Better joined-up coordination
- Reducing hospital admissions
- Brought teams together eg in primary care

"Has helped ***significantly reduce the number of people dying in hospital*** *– 26%. More of a 'one-system' support for patients."*

"The whole ***system has become more robust*** *and accessible"*

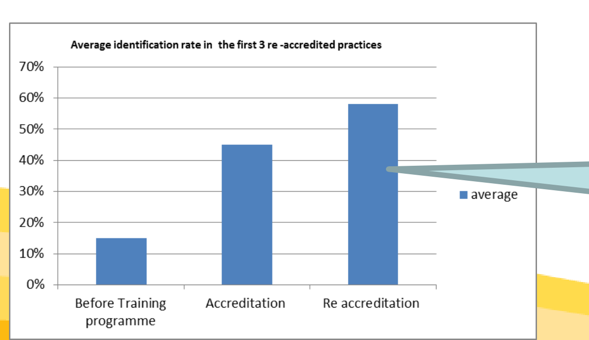
"Empowered *patients to feel part of their care".*

".. care ***more joined up and communication is better***

GSF Primary Care -Accredited Practices

"GSF has helped to take us to a new place"

The second time accredited practices have demonstrated GSF is sustainable once embedded in practice.



The first 17 accredited practices

Identification average 60%

identification rate at accreditation

ACP offered average 68%

Percentage of patients offered Advance Care Planning (ACP) discussion after GSF accreditation

Identification 58%

Cross Boundary Care EOLC Metrics Pilot

5 key areas:-

1. **Proactive care-** early identification
2. **Person-centred**- offering all advance care planning discussions
3. **Place of death-** more dying in preferred place of care /usual place of residence
4. **Prevent hospitalisation** – reduced hospital deaths, hospital bed days ,
5. **Provide top quality care** experienced by patients and their families, culture char

Population based End of Life Care Measures for CCGs/STPs vs 15 - Updated 9.5.17

the gold standards framework **GSF Cross Boundary Care EOLC Metrics Pilot 2016-7**

First Level	Objectives	NICE Guidance 2013 /other	Ambitions 2015	Outcome measures	Number of people	Proportion - % of deaths	Cou… used	
1. People are identified early	To proactively identify all people considered to be in the last year of life at an early stage, to be able to give them proactive person-centred care in line with preferences	1 Identified early	2. Each person gets fair access to care (with any diagnosis or setting)	1. Number and percentage of people identified as being in the last year of life (Red, Amber, Green code only)				
2. Person-centred care - advance care plans offered	To offer every identified person the chance to have an advance care planning discussion (known by some as a personalised care plan) with the person of their choice	2 ACP offered	1. Each person is seen as an individual	2. Number and percentage of the identified people who are offered Advance Care Planning (ACP) discussions i. Level 1 – information on ACP and consent for EPaCCS ii. Level 2 – Preferred Place of Care, Proxy Spokesperson, DNAR/Resuscitation iii. Level 3 - Full ACP/Advance Statement				
3. Living + dying where choose	To enable every person the opportunity to die in their preferred place/s of choice. State NHS Mandate Choice at the end of life (Gummer)	Choice NHS Mandate	1. Each person is seen as an individual	3. Preferred place of choice i. Number and percentage of people with Preferred Place of Care/Death recorded ii. Number and percentage of people who died in their recorded preferred place of choice. iii. Number and percentage of people dying in usual place of residence/DIUPR				could be a range of choices.) is indicative proxy measure assessing trend in improved patient choice but note difficulty and limitations of this metric.
4. Hospital data	To reduce over-use of hospitals, hospital mortality and increase care at home	5 year forward NHS Mandate	3. Maximising comfort and wellbeing	4. Hospital data i. Number and percentage of deaths that are in hospital of the whole population (eg 50%) ii. Number and percentage of deaths with 3 or more emergency admissions in the final 90 days of life iii. Number and percentage of days people spent in hospital in final 90 days of life				Hospital data form indicative proxy outcome measures (relates to DIUPR), in line with the CCG IAF 2017/18. Assesses trend towards reducing over-hospitalisation and improved community provision. Acknowledged that some hospital deaths are inevitable, good and chosen place.
5. Living well - responsive to needs	To enable people nearing the end of life to both live well and die well, in line with their needs, wishes and preferences.	NHS Mandate	3. Maximising comfort and wellbeing	5. Qualitative feedback assessment of wellbeing and living well - Use of a validated feedback tool measuring experience of care for patients and carers. Please name assessment tool and date of data collection, e.g. monthly, quarterly or annually.				Qualitative feedback options eg survey/ VOICES/POS /PACA/ complaints/ carers feedback, other feedback.

Measures pilot - GSF Cross Boundary Care Pilot

332000

												9%
											14	1%
										81%	545	42%
										56%	68	39%
								N/K		N/K	64	37%
4. Hospital data							TOTAL FOR YEAR 2016					
i. Number and percentage of deaths that are in hospital of the whole population, (e.g. 50%)		35%		45%		49%	1805		0.54%			78%
ii. Number and percentage of deaths with 3 or more emergency admissions in the final 90 days of life		N/K		N/K		N/K	194		10.75%			N/K
iii. Number and percentage of days people spent in hospital in final 90 days of life		N/K		N/K		N/K	26217		16.14%			N/K
5. Qualitative feedback assessment of wellbeing and living well - Use of a validated feedback tool measuring experience of care for people and carers. Please name assessment tool and date of data collection, e.g., monthly, quarterly, annually.	NOT RECORDED		NOT RECORDED		NOT RECORDED		NOT KNOWN		NOT KNOWN		Currently pilot	

It is possible -

- **Identifying more patients**
- **offering most ACPs,**
- **reducing hospital deaths ,**
- **more dying where choose**
- **use 5Ps care in final days**

Attainment of GSF Accredited teams in different settings

	1. Identify	2.Assess	3.Plan Living well	4.Plan Dying well
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)	**70%** patients identified (range 35-90%)	**75%** offered ACP discussion (range 40-100%)	**Halving** hospital deaths,	**63%** die where they choose ...sing 5P plan
Acute Hospitals	**35%** identified early (range 20-58%)	**92%** offe... discussio... 85-100%)		... home, ...inal
Community Hospitals	**45%** identified	**98%** offered ...		...ed home ... care final ...ys plan
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

It is possible -

- **Identifying more patients**
- **offering most ACPs,**
- **reducing hospital deaths ,**
- **more dying where choose**
- **use 5Ps care in final days**

the gold standards framework

GSF International

Our Charity (Andrew Rodger Trust) to improve end of life care in Africa

eg Abundant Life South Africa

GSF well known and some parts used in many countries eg PIG research

Interviews draft

1. Resources news
2. Julie Barker Notts
3. Craig Munro – 115 GP practices Bham
4. RCS Katerina
5. XBC site- jersey, Hilary
6. RV Shirley Hall

New Resources for Purchase

Pin badges

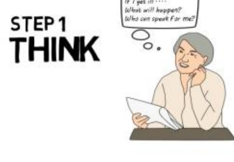
Trolley coins

Printed ACP information leaflet

Post it notes

Board magnets

Advance Care Planning



STEP 4
DISCUSS

Advance Care Planning

Advance Statement
WHAT DO YOU WANT TO HAPPEN?

ADRT
WHAT DO YOU NOT WANT TO HAPPEN?

Your Spokesperson
Lasting Power of Attorney
WHO WILL SPEAK FOR YOU?

STEP 5
SHARE

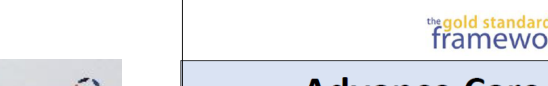
REVIEW

the gold standards framework
www.goldstandardsframework.org.uk

Advance Care Planning IN 5 SIMPLE STEPS

THINKING AHEAD

A GSF leaflet on Advance Care Planning discussions, describing how to discuss and record your wishes and preferences for the future.



the gold standards framework

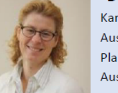
Advance Care Planning Master Class

The Gold Standards Framework Centre invite you to a Master Class seminar on Advance Care Planning with Dr Karen Deterring, Prof Keri Thomas and Karen Harrison-Dening

Tuesday 16th October 2018 - 1pm-5.30pm (Lunch from 12.30pm)
CPD points applied for

The seminar is open to doctors, nurses and others interested in learning more about holding advance care planning discussions with people in the last years of life. ACP discussions are recommended as part of UK national policy and form a key part of all GSF Programmes for people in the final years of life, yet many find that this can be hard in practice. This seminar will be an additional support for any teams introducing ACP, implementing GSF in hospitals, GP practices and care homes or focussed on improving EOLC in their setting.

We are delighted that the internationally renowned expert in Advance Care Planning Dr Karen Detering will be joining us in this Master Class



Karen is a Respiratory Physician and is the Medical Director of Advance Care Planning Australia, based at Austin Health in Melbourne, a national programme for Advance Care Planning. She has many years of experience supporting the introduction of ACP across Australia and internationally. With Keri Thomas, she was a founder member of ACPEL, the International Society for Advance Care Planning in End of Life Care, and a co-editor with Keri of the newly published 2nd edition of the OUP Text Book 'Advance Care Planning in End of Life Care' (available to delegates at a reduced cost). Karen Harrison Dening from Dementia UK is an expert on ACP for people with dementia and was also a chapter contributor.

The seminar will be very interactive and include: Introduction, overview, evidence base and international experience of ACP, use and guidance on ACP in different settings, discussion of common challenges, ACP for people with dementia, experiential skills practice, feedback and open questions, key learning.

For GSF guidance and ACP in 5 Steps see http://www.goldstandardsframework.org.uk/advance-care-planning

Date: Tuesday 16th October 2018 Time: 1pm - 5.30pm - Lunch provided from 12.30pm
Venue: Hospice House, 34-44 Britannia Street, London, WC1X 9JG (near Kings Cross Station)
Cost: £125 Non-GSF delegate rate / £95 GSF Delegate rate - *(CPD points applied for)*
Registration: shanti.shahima@gsfcentre.co.uk Tel: 0207 7893 740
Places are limited - please book early

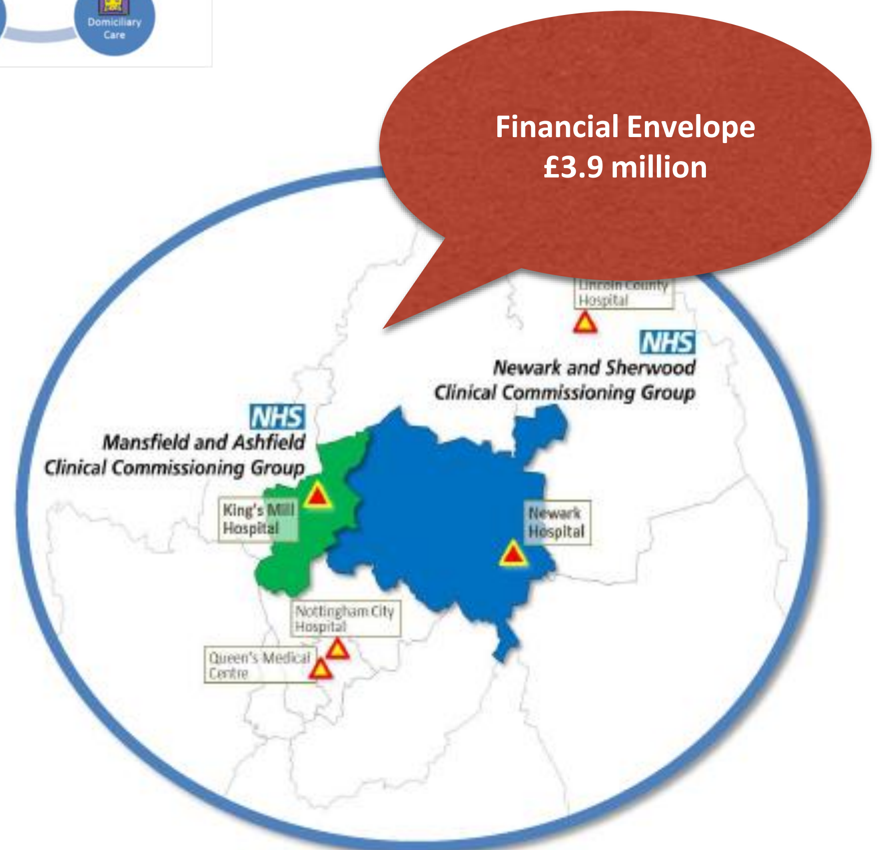
Julie Barker Nottinghamshire

GSF Integrated Cross Boundary Care site

GSF in

- 16 practices
- 4 wards hospital
- 60 Care homes

  Silver and Gold
- Use in EpaCCS



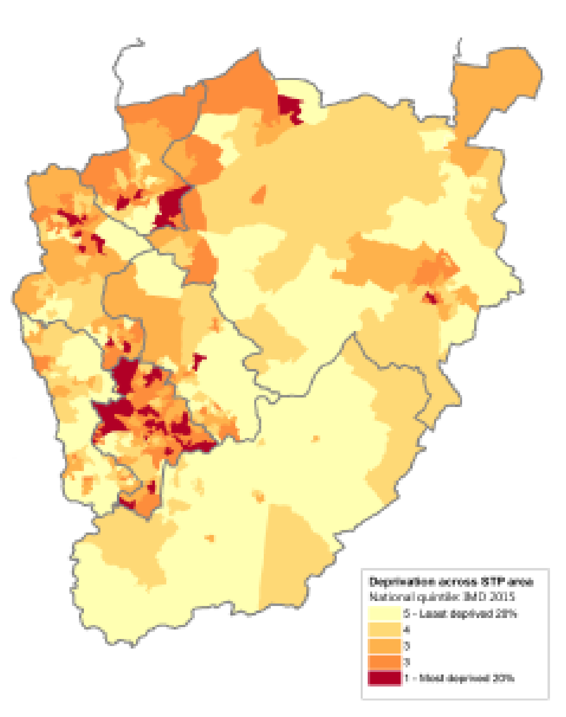
better+together

End of Life Care Together - Part of STP/ICS

Nottingham and Nottinghamshire at a glance

Characteristics

- Local resident population of approx. 1,001,600 people
- Total spend £2.1 billion
- Diverse, growing and ageing population
- Local people want:
  - Support to stay well and independent
  - Quality care, with more services in or close to home
  - Joined-up services, that will be there for future generations



The System

8 Local Authorities
- Nottinghamshire County and districts
- Nottingham City (unitary)

6 CCGs
- Nottingham City
- Nottingham North East
- Nottingham West
- Rushcliffe
- Mansfield and Ashfield
- Newark and Sherwood

NHS Providers;
- Nottinghamshire Healthcare Trust
- Nottingham University Hospitals
- Sherwood Forest Hospitals
- Nottingham CityCare Partnership
- CircleNottingham
- Primary Care
- Out of Hours
- Ambulance

Patient flows into bordering areas

Ambulance
EMAS

Integrated
Cross-Boundary Care

HOME
GSF Primary Care and Domiciliary Care

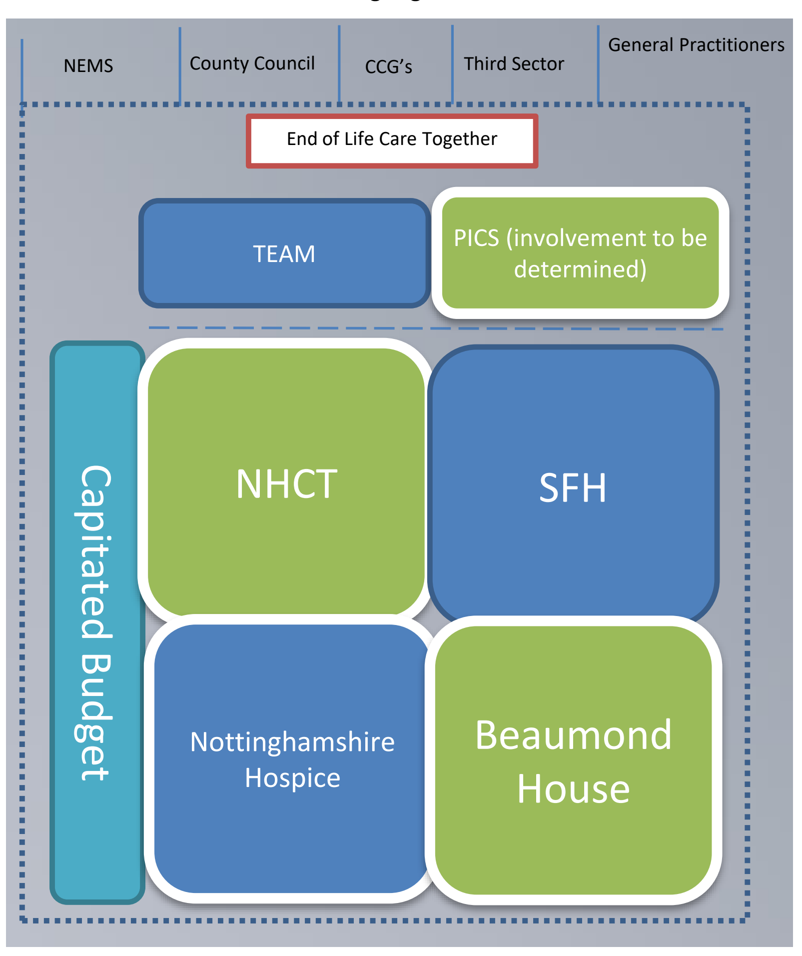
Hospices
x2

HOSPITAL
GSF Acute Hospitals

OOH
NEMS

Progress so far ……

- 5 key providers round the table developing a model to respond to local strategy
- 24/7 person centred service with care co-ordination & helpline
- Ring fenced EOL budget
- Service delivery board
- Co-responsibility for metrics
- Training & Comms plan
- Go live 1st October 2018



Key messages

- Takes time - 2 years
- CCG strong leadership
- Shared vision
- Barriers

1. Ambulance
2. IT systems
3. Financial climate

- STP opportunities

KPI
% of deaths in preferred place of care
Number of patients with written advance care plan or evidence that an advance care plan discussion has been offered
Increase number of patients identified on EPaCCS Patient Identification
Reduction of unnecessary ED attendances to hospital for patients at End of Life
Additional PROMS evaluations will be undertaken to improve quality to include:

Birmingham GP practices (115)

Dr Craig Munro and Dr Laura Pugh

Royal College of Surgeons Guidance
Caring for Patients Nearing the End of Life

CARING FOR PATIENTS NEARING THE END OF LIFE

A Guide to Good Practice

"Good surgeons know how to operate, better surgeons know when to operate, and the best surgeons know when not to operate".

Dorset
Cross Boundary Care

- Care Homes – 140
  - 56 homes accredited,
  - 30 of which reaccredited
- GPs – 11 Gold
  - 2 accredited, 1 reaccredited
- Acute Hospital -3 wards
- Community Hospitals -14 wards
  - **13 accredited/ 1reaccredited**
- Domiciliary programmes-
- Dementia programme
- **Weldmar Hospice Regional Centre**

the gold standards framework

The GSF Retirement Village Programme

Shirley Hall Extra Care

Celebration Time