



The Heart of the Gold Projects

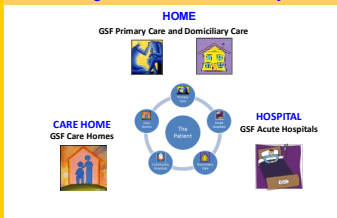
Integrated Cross Boundary end of life care



Professor Keri Thomas, Julie Armstrong Wilson, The GSF Centre in End of Life Care, West Midlands, UK

GSF Quality Improvement Programmes for generalist frontline staff enabling a gold standard of care for all people nearing the end of life.

GSF Integrated Cross Boundary Care



'Gold Patients'

GSF registered or 'Gold patients' identified from any sector are included on an electronic register or EPaCCS given a Gold card, information sheet and can access a help-line or 'Gold Line' to help coordinate their care and answer:

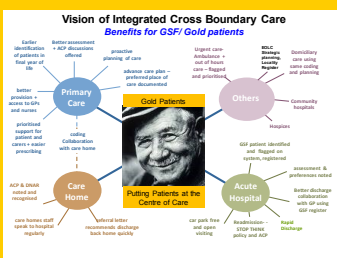
"It's great. I'm on the GSF – they know what I want – everyone should get this kind of care"

"Do I have to pay extra for that?"

"It's wonderful that my Dad can access care any time he needs it"

What does being a GOLD patient mean?

- Good communication
- Ongoing assessment of needs
- Living life to the full
- Dying with dignity in the place of their choice, as they would wish



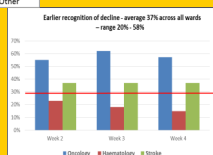
Airedale Gold Line

It is mainly for you to use when:

- Your GP surgery is closed
- As an alternative to phoning 111
- If you are finding it difficult to get help during the day and you need some advice



GSF Accredited Acute Hospitals



Key Messages

Use of GSF can help improve integrated cross boundary care in whole areas, using it as a 'common vocabulary' to improve patient centred care.

There are currently 6 GSF Integrated Cross Boundary Care Foundation Sites in the UK. All are using GSF programmes in end of life care in various settings, including hospitals, primary care and care homes and all identify key patients thought to be in the final year or so of life. Several use 'Gold cards', electronic registers and help-line/'Gold line' to improve coordination of care.

More work is needed but early signs are encouraging ie:-

1. Significant improvements are seen using GSF as a vehicle for better cross-boundary coordinated care.
2. 'Gold patients' and their families feel reassured that there is support available, and that they have a voice in care planning.
3. Each setting proactively identifies the right proportion of people considered to be in the final year or so of life, according to population-based thinking and includes them on an electronic register or EPaCCS ie about
 - 1% of the population (primary care)
 - 30% hospital patients
 - 80% of care homes residents
4. GSF helps to improve needs-based thinking and advance care planning discussions. This enable more to live well and die well where they choose and reduce hospitalisation.
5. GSF improves the quality of care provided for all patients nearing the end of life in any setting and coordination and collaboration.

"GSF has given us a common vocabulary in all settings - and that's been a great benefit in our area."

Dr Karen Groves Southport

"GSF had been the foundation stone of all our developments in integrated cross boundary end of life care in Airedale."

Dr Helen Livingstone
Consultant Palliative Care Airedale Hospital

"Within Dorset, implementing GSF has enabled a greater focus on person centred care by having more meaningful discussions and planning ahead. It has also greatly reduced inappropriate hospital admissions."

Chris Elgar, Clinical Associate Dorset



The National GSF Centre in End of Life Care

GSF gives outstanding training to professionals providing end of life care to ensure better lives for people and recognised standards of care.

For further information on the work of the National Gold Standards Framework Centre please contact:

info@gsfcentre.co.uk

www.goldstandardsframework.org.uk

01743 291897