



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

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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 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 was founded by Professor Keri Thomas provides nationally recognized 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 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* with training, *quality assurance* with standards of care and *quality recognition* with recognized 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 of GSF

developing a national momentum of best practice



1. Spread

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

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



40 GSF projects at any one time

2. Depth

6 accreditation awards



3. Joined-up



'Gold Patients'

gold standard framework	
Name:	<input type="text"/>
NHS number:	<input type="text"/>
GP:	<input type="text"/>

GSF Regional Centres



GSF International

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** both for people (enabling more to live and die at home and reduce hospitalisation), and for health and care systems in more cost-effective appropriate use

What do we hope to achieve with GSF?

1. Better quality of care experienced by all people nearing the end of life

2. Better communication, + coordination, systems, teamwork

3. Better outcomes –for people- living well and dying well where they choose

+ health systems- better use of limited resources, reducing over- hospitalisation.

Awards to GSF —GSF has received several awards including from CQC (hospitals EOLC Accreditation) National Skills Academy Skills for Care 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 over 20 years, originally funded by NHS DH and for 10 years as a CIC or Voluntary Community Social Enterprise.
- **GSF is internationally recognised** with principles, tools and resources used across many countries. The GSF PIG (Proactive Identification 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 over 600 other practices doing Silver or Gold
- **Influencing national policy** - GSF influences as part of consultations on national policy, contributing to the UK being the leading nation in EoLC.
- **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.

How is training delivered?

Our training is delivered through:

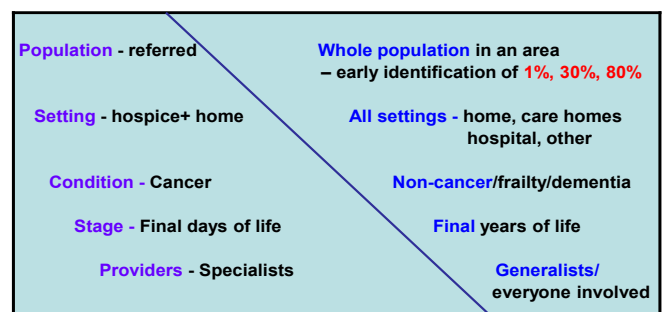
- Fully resourced programmes with guides, videos & measures.
- Interactive live webinars and workshops, run centrally or at one of the GSF Regional training Centres.
- Distance Learning filmed gold programme for primary care bespoke programmes adapted to meet individual needs.



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 were developed in 2017

A new **Population-based** approach to end of life care



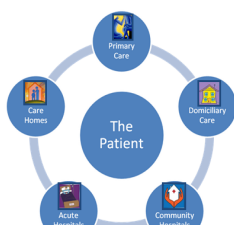
Current understanding → New understanding

gold standards framework
in acute hospitals

Name: _____

NHS number: _____

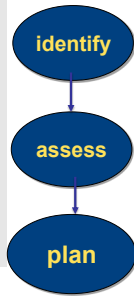
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How GSF helps you achieving the NHS Long Term Plan, QOF and NICE

GSF helps implement the LTP + QOF

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



GSF has been teaching practical means to help identify people early, assess 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.

LTP 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**.

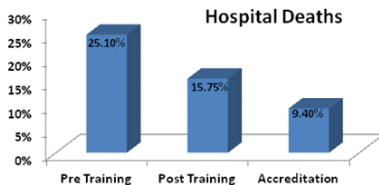
How is impact evaluated?

Primary Care increasing identification

Quantitative and qualitative assessments in all programmes

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

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



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



Second, third and fourth time GSF accredited care homes receive their awards at the annual GSF Conferences every autumn

Progress and impact 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 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 and often N/A	Length of stay reduced in some	Carers support improved
Care Homes	98% identified, 81% identified in dying stages	95% offered	85-90%	Halving hospital deaths+ admissions	Relatives satisfaction increased
GSF EOLC Metrics pilot	47% -all patients identified	47% offered ACP discussion	53% die where they choose	Varies – examples of reducing ED admissions	Feedback and PROMs vary

8 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 hundreds of practices, and more than 40 accredited, some for the 3rd and 4th time



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 5th time 15 years on) with Quality Hallmark Award (*partners Care England, NCF, NCA, RNHA*). GSF Care Homes recognised by CQC as examples of best practice.



Acute hospitals: Over 50 Acute hospitals with over 300 wards involved . The training is a one year programme with 8 live webinars or 4 face to face workshops, all tools and resources plus evaluation. 30 wards accredited and 10 reaccredited with Quality Hallmark Award (*partner British Geriatrics Society*). **NOTE. The GSF Hospital accreditation process is the ONLY information source for CQC inspection in hospitals .**



Community hospitals

Over 50 community hospitals trained involving more than 70 wards in Cornwall, Dorset, Cumbria and Leicestershire, Lincolnshire, 30 accredited and over 14 re accredited (*partner The Community Hospital Association*).



Domiciliary care

The Domiciliary care training and accreditation programme is the latest development. Since 2019 there has been over 58 agencies trained and 3 accredited demonstrating changes in more confident staff and better collaboration with primary care and community services. (*partner National Care Forum*)



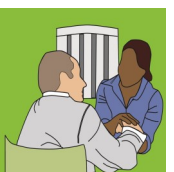
Retirement Villages:

GSF Retirement Village programme launched July 2018 with 4 Extra Care accredited villages and 15 others by 2020, training includes 8 live webinars or 4 workshops, resources, tools and evaluations (*partner Associated Retirement Community Operators*).



Hospice

Hospice training and accreditation programme includes 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 reaccredited 2019. (*partner Hospice UK*)



Prisons

GSF training and accreditation programme supporting people in prison receive quality end of life care, 1 prison accredited and reaccredited in 2019.



Integrated Cross Boundary Care Sites

Working within 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.

Examples of GSF projects across the UK

North

- Airedale, acute hospital, 30 GP practices, 32 care homes **(XBC Site)**
- Lancashire/Morecambe Bay – 15 practices, Acute Hospitals 22 Care Homes **(XBC Site)**
- Locala, Kirklees - 31 Care Homes , 6 GP practices,
- Newcastle—Acute Hospitals
- Cumbria – 13 community hospitals
- Durham - 44 Care Homes
- Tameside & Glossop - 12 GP Practices
- Bury 33 GP practices
- Manchester – 2 acute hospitals 4 wards, 10 Domiciliary care agencies
- Merseyside - accredited hospice, Acute hospital (Clatterbridge)
- Doncaster CCG - Acute Hospitals, 9 practices (Gold) and 19 practices (Silver) **(XBC Site)**
- Wakefield - Acute hospital, prison
- Sunderland—Acute hospital, care homes, RTC

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, community hospitals
- Shropshire - 26 care homes , silver GP practice
- Wolverhampton **(XBC Site)**— Acute hospital, 19 GP practices, GSF IT project with 9 GP practices
- Staffs & Surrounds - 14 GP practices
- Birmingham - 94 GP practices in CCG programme
- Dudley - Acute hospital, care homes
- Cotswolds— RTC and 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 Orthopedic Hospital 4 wards
- North East Essex – 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 - Acute hospital
- Chelmsford - 4 wards Broomfield Hospital
- Whipps Cross Hospital, Barts Health NHS Trust
- Cromwell hospital
- Bedford Hospital - 2 wards
- Colchester Essex Partnership University NHS Trust - 2 wards / mental health community team and care homes

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

10 Cross Boundary care Sites

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

10 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, St Francis Hospice, Romford, St Benedicts Hospice, Sunderland, Cynthia Spencer Hospice, Northamptonshire, Heart of Kent Hospice, St Catherine’s Hospice Preston, Mary Stevens Hospice Stourbridge, Jersey Hospice Care, Jersey.

NOTE NEW Charity work in Africa with the Andrew Rodger Trust—working in South Africa, Malawi and other countries using adapted GSF in African context , lead by Keri and Mark Thomas

GMC / GSF EOLC Courses and events

- Cromwell GMC event Oct 2019, Stoke Hospital Doctors, GPs in Oxford, Barking, Havering and Redbridge Hospital 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

