

Improved coordination in GSF Cross Boundary Care Sites and attainments of GSF Accredited teams.

Integrated Cross-Boundary Care



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Co-ordination of care

The six GSF Cross Boundary Care Sites using GSF as a vehicle for change in hospitals, primary care and care homes, have shown an increase in coordinated care across different settings, integrating health and social care systems and leading to better patient outcomes, in this initial early evaluation. Specific changes included early identification of more patients with non-cancer, cancer and from care homes, more offered and recording of advance care planning discussions, more dying where they choose or in usual place of residence and improved care in the final days.

The GSF Cross Boundary care Sites include Dorset, Nottingham, Airedale Bradford and Craven, Barking Havering and Redbridge, Morecambe Bay and Jersey, where they are introducing GSF to all health and social care providers at the same time.

Examples such as Bradford Airedale and Craven who have introduced GSF into several Airedale hospital wards, 12 GP practices and over 30 care homes leading to earlier identification of GSF patients via their EPaCCS system, given 'Gold ' cards, and a specially funded 'Gold Line' as an emergency help line for such patients. They have shown significant early signs of progress with decreases in hospital deaths from 49% to 14% and increases in home deaths (22% to 44%) for patients on the Gold Line.



GSF Cross Boundary care Sites- 'Gold Patients'

GSF registered or 'Gold patients'

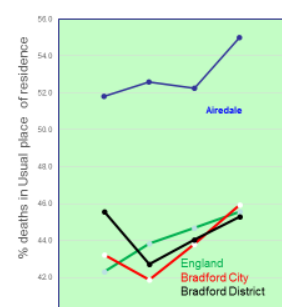
- Morecombe Bay, Airedale, Southport, etc
- Pts identified from different settings ,included on EpaCCS
- Given Gold card, information sheet , treated as special
- Added benefits eg 'Gold Line' to coordinate their care



Airedale's 'Gold Line' + Place of Death

1st April to 31st March, 2011/12-2014/15
Source National EoL Intelligence Network

	National Data 2011-2013 England %	Bradford and Airedale PCT all deaths 2011-2013	GSF register/Gold Line 2013-14
Home	22%	23%	41%
Hospice	6%	8%	23%
Care home	21%	25%	22%
Hospital	49 %	42%	14%



Other areas have introduced GSF training to several sectors and had 'Better Together' days to help improve coordination and communication across sectors.

Many have developed Gold Cards and used their EPaCCS electronic registers to support better information transfer. They establish significant benefits of being 'Gold' or GSF patients including rapid access to out of hours support, free car parking, open visiting, quick response from GP practices, better patient information and access to benefits, etc



Gold patient

Good communication between the patient and professionals involved in the planning their care

On- going assessment of their clinical and personal needs

Living well until they die

Dying with dignity in the place of their choice

What does being a GOLD patient mean to you?



Attainments of GSF Accredited Teams- GP Practices, hospitals and care homes

We have accumulated the achievements of GSF accredited GP practices hospitals and care homes that have undertaken the GSF training and progressed to accreditation with the GSF Quality Hallmark Awards

They demonstrate what is possible to achieve in each sector related to key measurable and encourage others to aspire to such attainments-. ie:-

1. early identification of patients in the final year of life
2. more offered advance care planning discussions ,
3. more planned living well with fewer crises and admissions
4. and more dying well in their preferred place of care using current guidance

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)	54% patients identified (0.54%) (range 30-106%)	64% offered ACP discussion (range 40-100%)	Halving hospital deaths, 72% carers support (15-100%)	63% die where they choose 71% using 5P plan final days
Acute Hospitals	35% identified early (range 20-58%)	92% offered ACP discussion (range 85-100%)	Length of stay reduced carers support improved	More discharged home, 80% 5Ps care final days plan
Community Hospitals	45% identified	98% offered ACP	improved carers support	More discharged home 97% 5Ps care final days 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