



Integrated Cross Boundary end of life care using GSF as a common language to improve care across a wider population



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

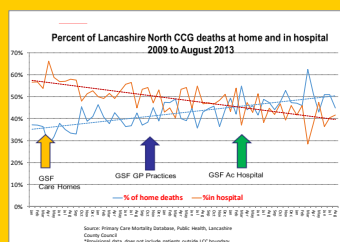
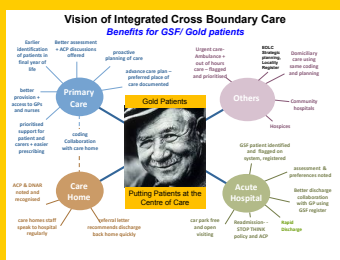
GSF Integrated Cross Boundary Care



Identifying 'Gold Patients'

GSF registered or 'Gold patients'

- Identified from any area included on electronic register
- Given Gold card, information sheet
- Can access help-line or 'Gold Line' to coordinate their care
- Treated as special



Attainment of GSF Accredited teams in different settings

	1. Identify	2. Assess	3. Plan Living well	4. Plan Dying well
Alms of GSF accredited organisations	Early recognition of patients with 1% primary care, 35% hospital, 85% care homes	Advance Care Planning discussion offered to every patient	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 30-100%)	64% offered ACP discussion (range 40-100%)	Halving hospital deaths, 72% carers support (0-100%)	63% die where they choose (range 30-100%)
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, 90% 50% care final days plan improved
Community Hospitals	45% identified	98% offered ACP	Improved carers support	More discharged home, 97% 50% 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 chosen, 90% using 50% care plan

GSF - the right care, for the right people, in the right place, at the right time....every time

Key Messages

- Use of GSF can help improve integrated cross boundary care in wider geographic areas, using it as a 'common vocabulary' to improve proactive person-centred care, as shown in the current 9 Cross Boundary Care sites.
- Some areas term patients in the final year of life as 'gold patients' providing them with additional benefits such as 'Gold cards', help-line/'Gold line', referral for social or spiritual support, support for carers, etc.
- Identifying patients early has many advantages and the benefits of being 'Gold' are appealing to many. Early results demonstrate that use of GSF as a vehicle to improve cross boundary end of life care supports whole area population based improvements in end of life care for a wider area, including social care, community and hospital care.

This population approach, using GSF as a vehicle, helps

- earlier identification of patients in last year of life
- sharing across settings using local register or EPA/CCS
- more offered advance care planning discussions
- decreased hospital bed days, more dying at home
- improved EOLC metrics for quality improvement
- 'Gold' patients receiving extra support and having a louder voice

GSF Cross Boundary care Sites- 'Gold Patients'

GSF registered or 'Gold patients'

- Morecambe Bay, Airedale, Southport, etc
- PTS identified from different settings, included on EPA/CCS
- Given Gold card, information sheet, treated as special
- Added benefits eg 'Gold Line' to coordinate their care

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 has 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



The National GSF Centre in End of Life Care

Is the UK's leading training provider for generalist frontline staff in end of life care, enabling a gold standard of care for all people nearing the end of life, with any condition in any setting.

For further information on the work of the National Gold Standards Framework Centre please see info@gsfcentre.co.uk or visit our website www.goldstandardsframework.org.uk or call 01743 291897