GOLD CARE PILOT 2025-6

Gold Care for people in the last stage of life.

Summary Keri Thomas June 9th 2025

Phase 1 Pilot of the Gold Care Africa programme in 3-4 hospitals over a year, from July 25-26. A guided programme to learn, co-design, adapt and innovate quality palliative care as partners in development. Plus a small grant, from The Andrew Rodger Trust Charity working with APCA. To include free workshop teaching, resources, and evaluations, led by Prof Keri Thomas and team,

Gold Care -to pilot a new approach to support population-based palliative and end of life care.

The 'Gold Care' programme aims to enable and mobilise frontline teams to provide top quality palliative and end of life care, 'Gold Care' ,for people in their last stage of life with any condition given by generalist frontline teams. This pilot will explore use of this approach in up to 4 hospitals in Africa, learning lessons, assessing its impact, and sharing developments, with a focus on **co-designing local adaptation and innovations** for the African setting, with this inclusive population-based approach.

Gold Care enables teams to '*plan early and go for gold'*. It uses a proactive, person centred approach, learning key skills, tools and resources, underpinned by a tried and tested Quality Improvement methodology. It aims to help provide improved care given by hospital teams, to upskill teams at the bedside, improve teamworking and benefit more people living and dying with life-limiting conditions.




Everyone deserves gold standard care at the end of life. This 'Gold Care' approach uses parts of the GSF programmes, so builds on learning from the UK's Gold Standards Framework (GSF) programmes, used for over 25 years. GSF is tried and tested, extensively used by thousands of teams in the UK and its principles now mainstreamed in policy. It enables and optimises frontline generalist teams to provide quality care for people in their final years of life with any condition in any setting. It also improves outcomes for people, helps teamworking by make best use of palliative care specialists where appropriate and support leadership development.

We seek to explore the possible benefits of this approach in the African setting with a pilot in3-4 areas in Africa, over 12-months July 2025-26, initially in hospitals or Health Centre Level 4 (ie with palliative care beds). It includes training, resources and evaluation with shared learning from some clinicians experienced in using GSF in the UK. The focus is sharing the learning of this proactive approach, mobilising, co-designing and enabling localised applications and adaptations, supported by a grant from the Andrew Rodger Trust charity to help the development of this work, with support from APCA.

Our hope would be that some of the ideas and learning from use of GSF over the years working in hundreds of hospitals, may be of use to teams in Africa and might enable further innovative developments and growth to support more people receive gold care for themselves and their families.

For more details see GSF International /Andrew Rodger Trust here (https://www.gsfinternational.org.uk/)
GSF Hospital Programme in the UK see here or other sections of website including Evidence here
An introductory talk on 'Planning Early, Going for Gold' by Keri Thomas, APCA 2022 see video here

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INTODUCTION AND CONTEXT - End of Life care is everyone's business.

Increasing numbers of people in African populations live and die with chronic long term or age-related conditions (multi-morbidities, frailty, dementia etc.), in addition to major single issue conditions causing death (cancer, heart and lung disease etc), infections and trauma.

In many countries with changing demographics, there is a need to focus more on the age-related conditions of older people. The precepts and ideas of provision of palliative care for people in their last year/s of life must adapt towards the population-based approach if maximal impact is to be made - including care based on need not diagnosis, equitable for people with any condition in any setting and mobilising the workforce so quality care is given by any care provider. (See BJGP article Population Based End of Life Care).

The Gold Standards Framework (GSF) Charity (see Overview) has for over 25 years been a vehicle to improve care for many thousands of people, training thousands of teams in different settings to develop more proactive, personalised, coordinated care. These concepts will be shared as a springboard for further creativity and innovation, adapted for African settings needs and culture

AIM OF GOLD CARE PILOT IN AFRICAN HOSPITALS 2025-26

The pilot aims to explore the Gold Care approach in an African setting as two-way process of synergistic learning and sharing with pilot sites and with each other, and with UK clinicians/ mentors experienced in this approach. We also hope to see the personal development of some key leaders in each team, and through training, sharing and supporting ideas, to develop this work further in future.

Building on the UK GSF experience of improving generalist palliative care, this pilot will enable a simplified form of GSF tailored to local hospital needs and settings, find what works in each place and encourage local innovation to develop creativity and enthusiasm amongst other staff members. Working closely with the APCA team and others to help support, evaluate and develop next steps.

The key questions we are asking in these pilot sites in Africa are: -

1. ***Is it transferable?***
    - ***a.*** *Can the learning, resources and experiences of the Gold Care pilot (part of UK's GSF) enable frontline teams and benefit people in their last years of life in an African setting?*
2. ***Adaptations and innovations?***
    - ***a.*** *What are the main areas of learning, the changes/adaptations for the various African contexts, what innovations can be developed and what can we learn from each other?*
3. ***What difference does it make?***
    - ***a.*** *What are the main outcomes or benefits for patients, families, communities/ wider areas? What does being a 'gold patient' mean in different areas?*
    - ***b.*** *What are the main outcomes or benefits for staff and hospital teams and local areas?*
    - ***c.*** *Can African leaders and innovators build on this for further development locally and beyond?*
    - ***d.*** *What are the areas of greatest learning from this pilot? And what next?*

METHOD PROPOSED

- **To pilot a 1 year programme with 3- 4 teams**, over about 10-12 months involving monthly teaching, with online interactive workshops, evaluations and some modest seed funding grants, plus possible in-person workshop TBC , and support for the development of innovative ideas.
- **To support, train and resource a local facilitator/s** to co-design implementation of a proactive person-centred approach, tailored for the individual and assess impact and outcomes, for them to partner in development and take ownership of their own adaptation of 'Gold Care'.

- **Training -** using the learning from the GSF UK programmes with training, resources and support from mentors who have implemented GSF in their own hospital, teams will be encouraged to adopt and adapt this approach for their own circumstances, share resources and adapt s needed .

- **To pilot use of tools and resources and to develop** and find what works for the situation, encourage creativity and locally based innovative approaches, develop tailored support for 'gold patients', learn lessons and shared experiences.
- **To measure**- using quantitative and qualitative data evaluations of comparative before and after evaluation tools (as used in GSF UK), outcome measures and others as recommended **eg** online after death/ supportive care analysis (ADAs) and written feedback of experiences of patients and staff involved**.** Assessment of final impact and key innovation developed 2026. To collaborate together to develop and complete published evaluation article.
- **Seed funding grant** in 2 stages approximately £4k/$5k to support local facilitator/ project lead time, given via APCA in 2 parts -after baseline data and after follow up evaluation.

Approximate plan of workshops sessions

• 1	2	3	4	5	6	7	8
Preparation introduction **Baseline evaluation**	**Planning Early** Proactive care - early identification	**Person-centred** advance care planning	**Plan Living well Gold patients** benefits family/carers	**Plan Living well** Clinical needs	**Dying well** and bereave-ment and in wider community	**Compassion-ate care**, spiritual care	**Systematic-** bringing it all together- reflections **Follow up evaluations**

TIMESCALE – 2025-2026

- **June 25 - advert and application forms sent– deadline July 4th** to include confirmed facilitator and signatures of support.
- **July** consider expressions of interest, interview with shortlisted candidates.
- **Aug** confirm candidates, preparation discussion, information sent.
- **Sept 10th** first preparatory session discussion of baseline evaluation data
- **First portion of grant** given once evaluation baseline received
- **Monthly interactive workshops- dates TBC- eg 2nd Wed /month** 1.5-2 hour workshops African EAT am UK pm,–monthly Sept to April/ May 2026 as in timeline dates TBC .
- **Homework** -watching videos and reading, implementing and measuring change. Collaborative sharing, support between workshops
- **Second portion of grant** once second evaluation follow up data received May 2026.
- **Collation**. Then collaboration in write up of combined paper for publication. Discussion with APCA and others. Consider adaptations, developments and possible future extension.

PROCESS FOR APPLICATIONS- see Application Form – PLEASE SUBMIT by July 4th 2025

Criteria for application – what we are seeking as part of Gold Care pilot: -

- A hospital team interested in this pioneering pilot, with creativity to adapt and innovate. Or, where appropriate , a Health Centre Level 4 with palliative care beds and clinical team.
- We suggest choosing about 2 wards/ hospital , with highest death rates, greatest need or with clinical teams expressing most interest.
- A nominated project lead/ facilitator plus back up deputy lead (2-3 clinicians- nurses/medical)
- Access to medical support from doctor /Medical Director
- Access to palliative care/ specialist support if possible, for you in this pilot.

- Support from your senior hospital management, and if possible, Government agency.
- Agreement to commit to the 1 year programme, join workshops, share learning with your team, complete evaluations and contribute findings and experiences to final report/paper.

What we offer – grants and support for pilots 2025-2026

- Staged grants at set up and on completion of feedback report (£4k / $5k total)
- Teaching – simple teaching programme and interactive monthly learning workshops
- Resources eg use of animations and videos, suggested tools
- Support- with support on implementation including some 1:1s
- Sharing of learning through group discussion and sharing solutions and innovations
- Evaluation metrics, part of wider research study, working with APCA
- Access to expertise and experience from UK GSF colleagues.

The benefits to participants can be:-

- To understand this proactive person-centred care approach, mobilising frontline teams.
- To have access to teaching, resources and support
- Sharing learning, ideas and encouragement with local integration/developments/adaptations
- To hear first-hand experiences that expand current thinking and motivate teams,
- To assess outcomes agreed using well used metrics, to be published.
- To receive a small grant to support use of the work and back-fill clinical/ facilitator time.

RESULTS – Outcomes to be confirmed but could include: -

- To codesign together a new way of delivering proactive, personalised care for more patients
- Enablement of frontline staff to give better care, boosting confidence and competence.
- Planning early, anticipating patient care and advance care planning - fewer crises/poor deaths.
- Going for Gold- what does 'gold patient' mean in your area? Benefits of being Gold?
- Possibly- better use of hospital beds, improved community care, greater family satisfaction.
- Locally developed innovations, leading to sustainable change and creative solutions.
- Support for local leaders with ideas for further development.

FINAL THOUGHTS - CONCLUSION

Wherever we live in the world, we share a common humanity and mortality, though cultures, circumstances, resources and experiences will vary. But we do share many things together and can learn from each other. Although we know death come to everyone as a fact of life , and that we are all affected and involved, sometimes we need to consider this earlier and to prepare ways we might accompany people in the last stage of life together, what their needs are and how we can best help them to live well before they die and to die well. Death and dying is part of life and living . But this particularly involves those in healthcare, palliative care and those in spiritual care. So that together, we can explore more about being 'companions on the journey' with people nearing the end of life.

The Andrew Rodger Trust. Andrew Rodger was committed to working in Africa before he died in 1982, aged 24, in a car crash in Africa. We hope that the charity in his name, and the work undertaken in the UK and abroad by his widow Dr/Prof Keri Thomas, her husband Rev Mark Thomas and the GSF team might be of help to people in Africa in a way that helps fulfil part of Andrew's dream and honours his memory. – see more here.

We look forward to hearing from you. Any queries do email us.
Best Wishes
Keri Thomas June 2025