Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
27th January 2011

TITLE	**Gold Standards Framework**
EXECUTIVE SUMMARY	The Gold Standards framework is a generic approach to End of Life Care and supports the patient preferred place of care. This paper illustrates the framework and outlines the plan for implementation for the Trust following expression of interest.
BOARD ASSURANCE (Risk) / IMPLICATIONS	This framework supports the patient choice agenda and the decision making around End of Life Care.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	End of Life Steering Group has been consulted.
EQUALITY AND DIVERSITY ISSUES	None recognised.
LEGAL ISSUES	No.
The Trust Board is asked to:	Approve the pilot and associated funding.
Submitted by:	Vanessa Avlonitis Deputy Chief Nurse// Karen Cook, Lead Palliative Care Nurse on behalf of Suzanne Rankin Chief Nurse
Date:	17th January 2011
Decision:	For Approval

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27th January 2011
Gold Standards Framework (GSF) in Acute Hospitals

Introduction

GSF is a systematic common-sense approach to formalising best practice, so that quality end of life care becomes standard for every patient. It helps clinicians identify patients in the last year of life, assess their needs, symptoms and preferences and plan care on that basis, enabling patients to live and die where they choose. GSF embodies an approach that centres on the needs of patients and their families and encourages inter-professional teams to work together.
This framework would be used for malignant and non-malignant conditions.

This paper is intended to inform the Board of the GS Framework and how its implementation will enhance the quality of the patient experience and support the preferred place of end of life care. This programme will support clinical staff in their decision making around end of life care and advanced care planning.

The Board are asked to support this programme to enhance End of Life Care and to agree options for funding, circa £3K for pilot project.

Gold Standards Framework- A Generic Approach

GSF is about enabling generalists and improving the confidence of generic staff through:-
1. Organisational system change: the right care at the right time for the right patient
2. Patient led: focussed on meeting the needs of patients, families and carers
3. Care for all: with any end stage condition, non-cancer and cancer
4. Pre-planning: proactive rather than reactive care in the final year or so of life
5. Care closer to home: decreasing hospital admissions and deaths
6. Cross boundary care in all settings: home, care homes, hospitals, hospices etc

GSF is widely used in primary care and care homes. The National GSF Centre has now developed this new training programme in acute hospitals. The programme builds on the successful Phase One Pilot Programme and extensive work in the community over the last 10 years to improve cross boundary care. GSF now is developing into the most widely used and credible vehicle for improved cross boundary care for patients nearing the end of life.

Aims of the GSF Acute Hospital Programme:
1. To improve the **quality** of care for all people in the final year of life receiving hospital care.
2. To improve the **cross boundary coordination of care** for these patients, before, during and after hospital admissions.
3. To **reduce hospitalisation** by reducing length of stay, rapid discharge and admission avoidance.

Implementation

It is proposed that this will be a pilot from April 2011-April 2012.

An identified clinician will use this framework to identify those patients who are assessed as being for End of Life Care, i.e. those that have the potential to die within 6-12 months. On identification, patients will be consulted as to their preferences for care and those preferences will be coordinated through a multidisciplinary team meeting. Any potential issues raised by the patient will be discussed and planned for. This is a proactive approach which will enable the patients' choices to be considered, preventing readmission to hospital and inappropriate treatment commenced.

The pilot involves:

- A train the trainers day
- A three month preparation phase which includes teaching and training all members of the clinical team
- Access to resources which include prognostic indicators and training resources
- Support for project management
- Evaluation process.

The current position is that the Trust has registered an expression of interest to commence this pilot in the spring and this project will be lead by Karen Cook, Lead Palliative Care Nurse and Dr Mandal with support from the palliative care team.

Trust Board endorsement is required to enable completion of the application to participate and submission 28th February 2011.

The cost for this programme is £3,000 and could potentially be funded by the Cancer and Palliative Care Trust Fund. The process to secure this funding is underway. The Board is asked to approve both the pilot in principle as well as the allocation of funding should application to the Cancer and Palliative Care Trust Fund be unsuccessful. An alternative method of funding could be through Divisional attribution.