GSF Factsheet 6: Paramedics

What is the Gold Standards Framework in Primary Care?

the gold standards framework

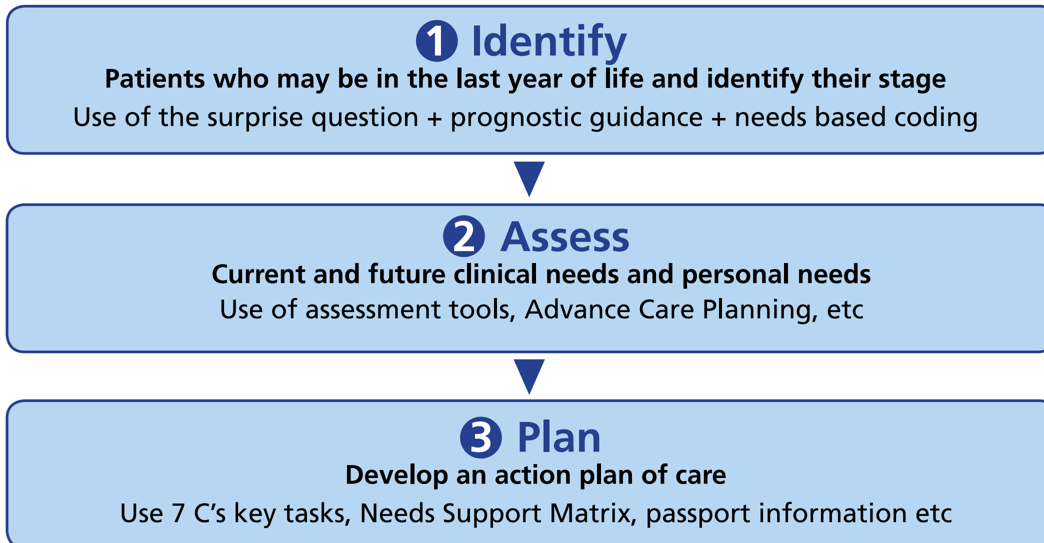
1 Aim – GSF is a framework to deliver a 'gold standard of care' for all people nearing the end of life

'It's about living well until you die'

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. GSF developed originally for primary care and is now extensively used by GP practices throughout the UK. The GSF Care Homes Training Programme was developed from this in 2004 and is widely used, the GSF Acute Hospitals work is well underway and spread continues to other settings in the UK and worldwide. The Next Stage GSF Primary Programme from June 09 has new tools, resources, quality improvement training and even more focus on aligning with the needs and choices of patients and carers.

"Its less about what you know and more about what you do and how you do it"

3 Simple Steps



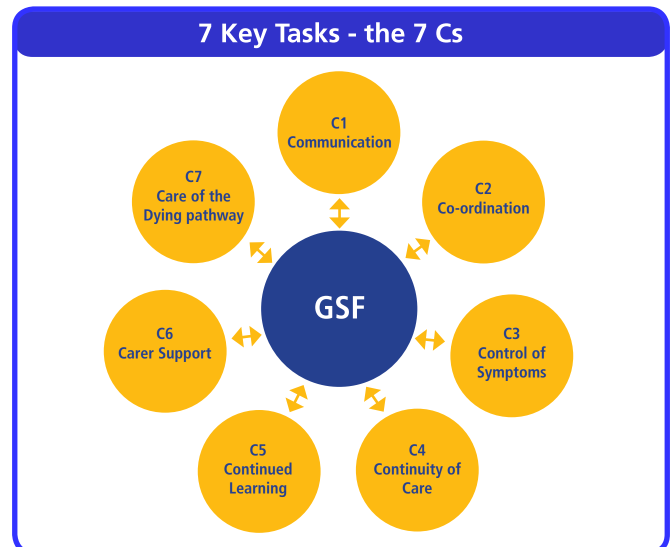
Key Messages

- End of Life Care is important. It affects us all
- 1% population die/year- mainly elderly non-cancer patients.
- Too few people die at home or their place of choice.
- Hospital admissions and deaths are expensive and may be preventable - care must be brought closer to home.
- Everyone is involved in end of life care - most care is from the usual generalist provider
- GSF helps improve the quality and coordination of care provided by generalists across different settings.

5 Goals of GSF
To provide for patients with any final illness:

1. Consistent high quality care
2. Alignment with patients' preferences
3. Pre-planning and anticipation of needs
4. Improved staff confidence and teamwork
5. More home based, less hospital based care

7 Key Tasks - the 7 Cs



Needs based coding – using the 'surprise question' to predict main areas of need and support required

For details contact the National GSF Centre, based at Walsall tPCT
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'GSF is the bedrock of generalist palliative care'
DN Norfolk

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Gold Standards Framework For All Paramedics

What does GSF mean to you?

the gold standards framework in primary care

STOP! THINK! - IS THIS PATIENT IN THE LAST YEAR OF LIFE? What difference can I make?
IDENTIFY, ASSESS and PLAN care according to the needs of the patient and carer.

'End of life care' is for those people who are living with a progressive life threatening illness.

GSF encourages systematic care for people in the last year of life and their family and carers.

Key issues and suggestions for you

To make the right decision at the right time establishing the facts about a patient is crucial.
Be aware of the needs based coding (overleaf) which may be used to help prioritise appropriate care.

Identify patients approaching the end of life. You will need to talk to the patient, the relatives, health professionals or care home staff to **assess** the situation and what the patient's wishes are. Then **plan** accordingly.

GSF principles can be used in all settings including the ambulance service. Planned care enables us to know and respect a patient's wishes, but crises can still occur and sometimes an ambulance is called.

Be part of the solution and make a difference!

As a paramedic you are a key advocate for patients and carers, reducing the need for admission by mobilising other Services, advising how to access services and calming difficult situations.

- **Follow the 3 simple steps - Identify, Assess, Plan**
- **Is there an Advance Care Plan (ACP)?** This states the patient's wishes around their end of life care. It may say what they would like to happen or don't want to happen - and other information including DNAR or where they want to be cared for. These wishes need to be discussed with the patient in light of the current situation.
- **Is there a Decision to Refuse Treatment (ADRT)?** (Advanced Directive or Living Will) a legal document, written instructions on refusal of specific treatment if the person lacks capacity. (Kept at home, near the phone or in the fridge).
- **Improve communication.** Can you access the information you need? GP practices send handover information with patient details to the out of hours services. Is this shared with your service? Can you access it? Why not?
- **Use options to avoid unnecessary admission** e.g. palliative care services and help lines.
- **Mobilise effective working of care services** across organisational boundaries to optimise individual's care.
- Consider the relative's need for support and information in the last few days of life (expected death).
- **Recognising the natural dying stage** - **STOP THINK** - is admission appropriate or could other services help?
- **Encourage reflection** on end of life situations by ambulance personnel to improve future care.

Avoid admitting patients who are in the last weeks or days of life if they wish to die in their care home or home. Facilitate rapid discharge of those wishing to return home to die.

How can GSF help you?

- Enables focus on "right" care at "right" time in "right" place.
- Helps you to identify people who are in the dying stage – and wishes for a "natural death" (not DNAR).
- Enables you to focus on the needs of people at their end of life, by using the coding overleaf.
- Enables you to facilitate more appropriate care and support from other services e.g. District Nurses, avoiding inappropriate admissions.

Examples of good practice from paramedics

A Community Paramedic was called to John, a patient with end stage Heart Failure. His wife was distressed and had phoned 999 in panic. Despite optimum treatment John was extremely breathless and in a state of collapse.
The paramedic was aware of GSF and knew that the patient had an Advance Care Plan. John agreed that he wished to remain at home, his preferred place of care. The paramedic was able to support John and his wife as he died peacefully at home, ensuring appropriate care at this time.

The first responder had a 999 call to Beryl, with a moderate haemoptysis. She had small episodes before and the family were aware that this was likely to happen as Beryl had advanced lung cancer. However, they panicked and needed urgent support. The first responder was able to calm the situation. After reading the district nursing notes and full discussion with the patient and family, the district nurse was asked to attend urgently to follow up the situation and ensure the family felt supported. An unnecessary admission was avoided.

A paramedic produced a list of useful contact details to access care for end of life patients in his local area. It includes access to district nurses at all hours, social services, and the palliative care helpline. It slots neatly into his filofax of protocols.

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