

How will it improve care?



Gold Standards Framework involves the practice (primary care team) working to a number of goals and standards. These goals were developed with the help of patients and carers.

The Goals of Gold Standards framework relating to you and your family are:

1. That physical symptoms are anticipated and reduced where possible, before they cause problems
- 2 That you feel you have some choice and control and that choices around your preferred place of care are discussed with you and recorded and observed as far as possible
3. That you feel supported and informed and that potential problems are anticipated and reduced
4. That your family and/or carer feel supported and informed
5. That your primary care team work effectively as a team together, communicate clearly and feel enabled to provide the best possible standard of care and support.

*"You matter because you are you.
You matter to the last moment of your life.
And we will do all we can
not only to let you die peacefully
but to help you to live until you die"*
Dame Cicely Saunders
Founder of the Modern Hospice Movement

Who can you contact?

Named GP, Practice Name and contact details:

Named nurse / key worker and contact details:

Hospital contact details:

Out of Hours Provider contact details:

Out of Hours Provider:

Useful information or contact details:

The Gold Standards Framework
Programme, England



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the gold standards
framework



The Gold Standards Framework in Palliative Care



*A framework to help deliver a
'gold standard of care' to all people with
advanced disease*

Information Leaflet for
Patients, Families and Carers

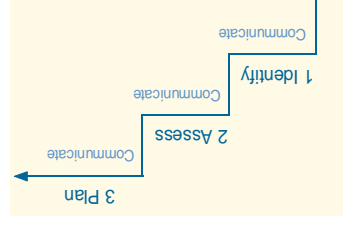
What is the Gold Standards Framework?

The Gold Standards Framework (GSF) is a way of working that has been adopted by your GP practice and District Nursing team (your primary care team) along with thousands of others across the UK. It involves them working together as a team and with other professionals in hospital, hospice and specialist teams, to help to provide the highest standard of care possible for patients and their families.

Patients with advanced disease deserve the 'best' care that we can provide - the 'gold standard of care'. This includes support that is of a high quality, reliable and consistent.

GSF involves three steps, each involving good communication to:-

- Identify people in need of special care
- Assess and record their needs
- Plan and provide their care



and Seven key tasks - The 7 Cs:

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1. Communication - You will be involved at every stage, asked about your preferences for care, and where at all possible we will try to fulfil these. By anticipating your needs and those of your family, you will retain a sense of control and choice. Your preferences may be recorded on an Advance Care Plan which can be shared with others involved in your care. You may also have a Care Plan or Home Pack or Patient Held Record so that your information can be kept together in one place with you.

2. Coordination of care - Your care will be coordinated by your practice team. You will know your GP and you will have a named key worker (this could be your GP or a community nurse) who will guide and support you across the sometimes difficult journey of healthcare.

3. Control of symptoms and ongoing assessment - Your symptoms, problems and concerns (physical, social, psychological and spiritual) will be assessed regularly, recorded and where appropriate the information communicated to other doctors, nurses and clinicians involved in your care. You may be helped to apply for financial benefits available to patients with an advanced illness. We will do our best to ensure that you receive the highest possible standard of medical and nursing care, and that you are never overwhelmed by symptoms.

How will the Gold Standards Framework affect you?

Quality of life - We will try to ensure that you and your family are helped to be as symptom free as possible, to feel safe, informed and reassured of support.

You will be treated with dignity and respect, as an individual person, and your views and preferences sought and acted upon where possible. By being well prepared and informed, we hope you will feel calmer about the future, and able to concentrate on the things that matter most to you at this important time.

4. Continuing support - Your GP or community nurse will send information about your care to the Out of Hours healthcare provider (when your GP is closed), to enable continuity across the gap in service out of normal working hours. You will be told who to contact in an emergency or if you need advice outside of normal working hours.

5. Continued learning - Your practice team will analyse and learn from the care given to each patient, so please share any ideas and suggestions. They may request support from a specialist palliative care / hospice doctor or nurse to help suggest or provide best possible care for you.

6. Carer and family support - Your family or carer may be asked about how they are managing and further support given to them. They will be given advice about what to expect and how to cope if there is a crisis or as your condition deteriorates.

7. Care in the final days - When your condition deteriorates your practice team will continue to provide the best supportive care possible, anticipating your needs and ensuring you are as comfortable as possible. Your family and carer will be given continuing advice and support.