Bradford, Airedale, Wharfdale and Craven Palliative Care Managed Clinical Network

the gold standards framework®

GOLD STANDARDS CARE PLAN -for people thought to be in or approaching the last year of life

STEP 1. IDENTIFY

Medical, nursing and AHPs in primary and secondary care are encouraged to identify patients who may be in or approaching the last year of life in order to help them plan for the future. Discuss within team and seek consensus re prognosis.

RED last few days/weeks of life
AMBER- 1-6 months prognosis
GREEN 6-12 months prognosis

People are considered to be 'approaching the end of life' when they are likely to die within the next 12 months.

Ask yourself **'Would I be surprised if this person were to die in the next twelve months?'**
(If you think they might die, there is a very high chance you will be right)

If in doubt, discuss with specialist palliative care colleagues or refer to the GSF Prognostic Guidance

STEP 2. DISCUSS

- Member of team agrees to discuss with the patient and/or carer that team feel they are appropriate for Gold Standards framework (GSF)
- If patient is in agreement, add patient to GSF/end of life register (use EPaCCS template to do this)
- Discuss Gold Line with Patient/family
- Refer to Gold Line on EPaCCS template
- Give patient/family Gold Card, Gold Line Leaflet and Number
- Gold Line leaflet can be printed from EPaCCS template

Explain:

✓The patient has serious health problems that may limit their life expectancy.

✓Although their condition is not reversible, we want to provide control of symptoms and support to them and their families.

✓We want to plan their care in line with their wishes.

✓Ask the patient if they have views about what they would want from the future.

✓As a way to help coordinate their care and to respect their wishes, we are going to suggest that the patient is placed on a register - called the Gold Standards register.

✓The patient may wish to ask about prognosis or have other questions, if the person speaking to them doesn't know the answers to these, ask a more senior member of staff to help.

✓The prognostic codes (Red, amber, green) would not normally be shared with the patient unless they specifically want to know this

STEP 3. ASSESS…

(Turn over)

GOLD STANDARDS CARE PLAN (Continued)

GREEN 6-12 months (Stable)

- ✓ Complete holistic assessment
- ✓ Agree action plan for identified issues and set a review date
- ✓ Refer for benefits advice if needed
- ✓ Offer Carers' assessment
- ✓ Offer 'Planning For Your Future Care' leaflet & Advance Care Plan booklet (Access from EPaCCS template 'Advance Care Planning' tab)
- ✓ Consider DNACPR discussion and form, supported by DNACPR leaflet
- ✓ If symptoms are uncontrolled and complex refer to palliative care team
- ✓Discuss Gold Line referral with patient/family and gain consent to refer and share record
- ✓ Refer to Gold Line via EPaCCS template
- ✓ Give Gold Line leaflet and telephone number
- ✓ Identify keyworker who will offer **monthly** review

AMBER 1-6 months (Stable)

- ✓ Complete holistic assessment
- ✓ Agree action plan for identified issues and set a review date
- ✓ Refer for benefits advice if needed
- ✓ Offer Carers' assessment
- ✓ Offer 'Planning For Your Future Care' leaflet & Advance Care Plan booklet (Access from EPaCCS 'Advance Care Planning' tab)
- ✓Consider DNACPR discussion and form, supported by DNACPR leaflet
- ✓If symptoms are uncontrolled and complex refer to palliative care team
- ✓Discuss Gold Line referral with patient/family and gain consent to refer and share record
- ✓ Refer to Gold Line via EPaCCS template
- ✓ Give Gold Line leaflet and telephone number
- ✓ Identify keyworker who will offer **fortnightly** review
- ✓ Discuss at monthly GSF meeting

RED days/weeks

- ✓ Complete holistic assessment
- ✓ Agree action plan for identified issues and set a regular review date
- ✓ Ask patient /family about preferred place of death - hospital, home, care home, hospice
- ✓ Review medications and prescribe anticipatory drugs
- ✓ Ensure DNACPR form discussed and completed as appropriate
- ✓ If symptoms are uncontrolled and complex refer to palliative care team
- ✓ Review **daily** at a minimum
- ✓ Ensure patient has been seen by GP in past 14 days
- ✓ Consider Fast Track referral
- ✓ Start Comfort and Dignity care plan when in last days of life (Access from EPaCCS 'Last Days of Life' tab)
- ✓ Ensure Gold Line referral has been completed, check they have Gold Line leaflet /number
- ✓ Discuss at monthly GSF meeting

IF SITUATION BECOMES UNSTABLE

(AT **ANY** STAGE OF PROGNOSIS)

THIS MEANS:

Changing needs / condition deteriorating

OR

Social situation has broken down

OR

Recent discharge from hospital, hospice, care setting

THEN:

Repeat holistic assessment

Create a plan of action to reduce issues and set a regular Review Date:

- ✓Consider increasing care provision
  - Soc. services or provider services?
  - Marie Curie Night/Day care?
- ✓Equipment needs
- ✓Medication
- ✓Give opportunity to discuss preferred place of care, DNACPR
- ✓Discuss Gold Line referral with patient/family and gain consent to share record
- ✓Refer to Gold Line using EPaCCS template
- ✓Give Gold Line leaflet and number to patient/family
- ✓Assess whether Red/Amber/Green status has changed
- ✓Discuss at monthly GSF meeting