



TOP TIPS for Useful GSF Meetings

1. Maintain a **Practice Register**- ensure the whole team know how to add a patient and update the register as needed. The easiest way to do this is to get team members to start an EPaCCS record on any new patient that needs added by choosing a Gold Standards Framework Prognostic Indicator code (see below) on the template. These codes can then easily be searched before each meeting to then get the list of patients to discuss. Ask clinical staff to review the list in advance of the meetings so they can flag up any particular issues for discussion.
2. Use **Needs based Coding**: use the GSF prognostic indicator stage codes to record what stage each patient is at (this is not an exact science!):
 - Blue**: any time from life limiting diagnosis-prognosis of a year or more.
 - Green**: condition stable: prognosis of months.
 - Amber**: Patients condition deteriorating. Prognosis of weeks.
 - Red**: Patients condition deteriorating rapidly. In dying phase. Prognosis of days.

If you use the drop down menu at the start of the EPaCCS template this will code these categories easily. Don't forget to change them when the patient's condition changes.
3. Use Needs based coding to **prioritise patients** for discussion: discussing red first, then amber and green/blue patients when needed.
4. Use the "**EPaCCS Summary View**" screen for each patient you discuss if possible: this will show you the most up to date information and allow you to see if there are any issues that need to be addressed (e.g. have they had a discussion on DNACPR, do they need anticipatory medications, etc.)
5. **Review any deaths** since the last meeting, check bereavement care was offered. Celebrate good practice. Carry out Significant event audits when appropriate. If place of death has not yet been recorded then ensure this is done-Ideally this should be done as soon as a notification of death is received by the practice and not routinely as part of the GSF meeting.
6. Consider updating the EMIS record during the meeting on the **EPaCCS template**.
7. Consider any **new patients** who may need to be considered for adding to the register/meeting.
8. Ensure **all the relevant staff** are at the meeting-ideally all GPs and representation from community nursing and community specialist palliative care nurse and representation of the General practice administration team at each meeting. Consider inviting other teams where appropriate
9. Appoint a practice **MDT meeting coordinator**- (who communicates meeting dates/agendas and minutes actions- this can be a non-clinical member of staff) and a **meeting Chair-Person** (to lead and keep discussions focused/moving forward ensuring action points are agreed and keeping meeting to time.)
10. **Protect and prioritise** the time as much as possible-try and have the meeting undisturbed to allow open and fruitful discussion.