Welcome to GSF FREE Resources

Below are the FREE resources, tools and videos from the GSF Centre available to help you improve end of life care in your practice, building on QOF. These include support with early identification of patients in the last year of life, Engaging all staff (see GSF Nutshell and Frontrunners videos), resourcing and supporting team meetings, Offering advance care planning discussions to all identified patients to ensure person-centred care using a simple 5 steps video

Please follow the links below:

1. **Proactive Identification Guidance (PIG),** proactively identifying patients earlier. This updated 7th edition of the GSF PIG, renamed as Proactive Identification Guidance and formally known as Prognostic Indicator Guidance, aims to enable the earlier identification of people nearing the end of their life who may need additional supportive care. This includes people who are nearing the end of their life following the three main trajectories of illness for expected deaths – rapid predictable decline e.g., cancer, erratic decline e.g. organ failure and gradual decline e.g., frailty and dementia. Additional contributing factors when considering prediction of likely needs include current mental health, co-morbidities and social care provision
http://www.goldstandardsframework.org.uk/PIG

2. **Guidance on Advance Care Planning (ACP**), Advance care planning' (ACP) is the term used to describe the conversation between people, their families and carers and those looking after them about their future wishes and priorities for care. Advance Care planning is key means of improving care for people nearing the end of life and of enabling better planning and provision of care, to help them live well and die well in the place and the manner of their choosing. It enables people to discuss and record their future health and care wishes and also to appoint someone as an advocate or surrogate, thus making the likelihood of these wishes being known and respected at the end of life. The main goal is to clarify peoples' wishes, needs and preferences and deliver care to meet these needs. http://www.goldstandardsframework.org.uk/advance-care-planning

Public facing 3 minute ACP video for your patients -
https://www.youtube.com/watch?v=i2k6U6inIjQ

3. **Brief easy-view videos raising awareness – why improve end of life care?**
See **GSF nutshell video** and **Frontrunners' Experiences.**

4. **Templates -** Supportive Care Register (SCR) templates 1-6: to support you with your personalised care planning:

- SCR1: Supportive care Record – this document will help you structure your end of life care meeting
- SCR2: Supportive care register front sheet – patient more detailed patient information to be used with SCR1
- SCR3: Problems and Concerns Assessment (PACA)
- SCR4: PEPSI COLA Aide Memoir, which is a palliative care monthly checklist covering Physical, Emotional, Personal, Social Support, Information, Control, Out of Hours, Late, Afterwards (bereavement support)
- SCR5: Initial pain assessment tool
- SCR6: Significant Event Analysis to encourage reflective practice Supportive Care Register useful templates SCR1-6 used in QOF
https://goldstandardsframework.org.uk/Other-Free-Resources