of palliative care patients as a learning tool and recorded data inconsistently on the palliative care register.

Key challenges identified from this study are:

1. Maintaining the current level of engagement with palliative care
2. Ensuring that palliative care meetings and palliative care registers are used effectively to enhance the quality of patient care
3. Engaging GP practices who are not using the GSF
4. Supporting those who are using the basic level of progress to intermediate and advanced levels
5. Promoting the GSF for a wider range of non-cancer conditions.

P111 | **THE GOLD STANDARDS FRAMEWORK: AN AUDIT OF LOCAL PRACTICE FROM A HOSPICE PERSPECTIVE**

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The Gold Standards Framework (GSF), developed in 2000, has been an important resource designed to strengthen the organisation and quality of primary palliative care. The aim of this audit was to gather information (from the hospice perspective) about the extent to which local General Practices were meeting GSF standards. Structured interviews (based on a PCT questionnaire that had been designed to examine the levels to which practices had implemented the GSF) were undertaken with the hospice community clinical nurse specialists. Results showed that locally the majority of practices appeared to have adopted basic GSF standards, with 53 of 58 practices holding palliative care meetings and 45 practices maintaining a palliative care register. However a third of practices held GSF meetings less frequently than every 6 weeks. Given the frailty and changeability of the palliative care population, meetings held this infrequently are less likely to be effective for monitoring patients or planning care.

Adoption of higher levels of GSF was more variable. The majority of practices needed prompting to send clinical information to the out of hours service did not use significant event analysis