Background The GSF was developed in 2000 to improve palliative care in primary care. National dissemination was facilitated through a cascade approach with a Central Team supporting local facilitators. GSF has been shown to improve:

1. Quality of care
2. Co-ordination and communication
3. Patient outcomes and cost effectiveness.

Acute hospitals have been described as the missing link in providing seamless, co-ordinated high quality end of life care.