

**Approach Used** The service was designed following patient and carer feedback and necessitated hospices working together across traditional boundaries.

**Key elements**

- Co-ordination via a single point of access
- Additional clinical provision of night and day care by Staff Nurses and Senior Health Care Assistants.
- Partnership approach to care delivery.

Importantly the Hospices involved are extending their reach to support those who have not or may not need referral to specialist palliative care.

**Outcomes** Ninety eight percent of patients achieved their preferred place of care with 95% achieving their preferred place of death; 85% of those who were referred to avoid an admission to hospital achieved this; 28% of patients had a non-malignant diagnosis. The key performance indicator, aimed at increasing the number of referrals on CSH end of life care register by 5% was achieved with a 70.4% increase.

**Application to hospice practice** Commissioners were delighted with the multi-professional and integrated partnership approach to care delivery and the solution focussed proactivity. They champion the partnership as a model for the future. The community and Hospice home nursing service suggests that an integrated approach to care delivery can improve outcomes whilst being cost effective.

**P18 "THIS IS SO BIG"**

Sue Shrimpton. *Princess Alice Hospice, Esher, UK*

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**Background** The death of a parent in childhood is one of the most profound losses a child will ever experience. Supporting children whose parents are terminally ill is therefore an emotive topic. Much research states that if the needs of the child are not met, there can be immediate and long term problems such as delinquency.

A major driver for this study came from children talking at a child bereavement group telling me they had overheard conversations about their parent's condition, but because they had not been told directly they felt they could not voice their worries.

**Aim** To explore community palliative care clinical nurse specialists (CPCNS) experience of supporting families with children.

**Methods** Using a phenomenological approach, a purposeful sample of eight CPCNS' were interviewed. Interviews were recorded and transcribed verbatim. Using Colazzi's analysis, themes were identified.

**Results** The themes were:

- Doubt of ability
- Not their role
- Greater time in role increased confidence in ability
- Acknowledgement of importance of support
- Age, culture and religious differences
- Referrals to other healthcare professionals and charities
- Parallels in CPCNS own life seemed to aid empathy

**Conclusion** Care of the 'whole' family is central to the WHO (2011) definition of palliative care. CPCNS' are in a prime position to support children at their most vulnerable, otherwise a delay may mean the child remains unsupported and there is a greater risk of issues during parents illness and following

bereavement. This study highlights the role of the CPCNS' using data and narrative from interviews.

**Implications for hospice practice** Adequate support and training is essential in providing CPCNS' with the tools to support children of dying parents so they can feel able and more confident in this area of support.

**P19 WIDENING ACCESS TO HOSPICE SERVICES: THE DEVELOPMENT OF A 7/7 COMMUNITY SPECIALIST PALLIATIVE CARE NURSE SERVICE AND A RAPID RESPONSE SERVICE PILOT**

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**Background and Context** In response to national Peer Review Standards and NICE Guidance to offer 7 day face to face visiting an opportunity to pilot a service within a hospice based Community Specialist Palliative Care Nursing Team arose. Within this the development in order to be more responsive a Rapid Response service has been developed.

**Aim** To widen access for patients with specialist palliative care needs to holistic assessment by a Clinical Nurse Specialist and offer greater flexibility in options for home assessments. To offer an urgent response based on clinical need 7 days a week, for crisis intervention. To assess need for urgent admission to an inpatient unit bed or facilitate the patient remaining in their own home if desired.

**Approach Used** A review of caseload configuration across the city with the development of 4 zone teams. A significant investment in resources to support an additional 3 WTE Band 6 Associate Community Specialist Palliative Care Nurses was agreed for a temporary period of 6 months, with successful recruitment to the posts.

All referrals to the hospice service are reviewed through a multi professional meeting and triaged according to urgency and priority, with the capacity for immediate home assessment, 7 days a week and greater flexibility for managing routine and follow up reviews.

**Outcomes** Measures will be determined through review and analysis of all Rapid Response visits to determine whether patient preference over place of care has been met.

External stakeholders opinion regarding perceived satisfaction with 7/7 access and rapid response in the management of community patients.

Cost-benefit analysis of investment of resources on improved caseload management to inform strategic service development.

**P20 THE SIKH POPULATION OF NORTH WEST KENT: EXPLORING THE LIVED EXPERIENCE OF CARING FOR A DYING RELATIVE AT HOME**

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**Research Aims** To explore the Sikh population's experience of caring for a dying relative at home and develop an understanding of their experiences.

**Background/literature review** Hill & Penso, (1995) reported under-use of specialist palliative care services by minority ethnic groups with minimal improvement noted in present day (Gunaratnam, 2007, DoH, 2008). Often, end-of-life needs are unfulfilled (Worth *et al*, 2009, DoH, 2010, DoH, 2011). Locally,