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Introduction The 'End of Life Care Strategy' recommends the importance of 24/7 community support enabling people to be cared for in their place of choice. The hospice has provided this service since 1986. The service provides support for patients, carers and healthcare professionals. Literature shows that there is little research into out of hours (OOHs) palliative care provision. **Aims** To evaluate a long established service by exploring views of stakeholders.

Methods A qualitative approach through focus groups, structured, semi-structured, telephone and face to face interviews. A purposive sample was used to select specific stakeholders. Interviews and focus groups with clinicians from the hospice and local district nursing teams, GP service representatives and hospice in patient unit staff. Analysis of key documents; service level agreements with PCTs, operational policy and record book of all contacts made to the service.

Results

- ► Total number of calls received 614
- ▶ Weekend/Bank Holiday calls 401
- ▶ On call calls 213
- ▶ Visits undertaken 34.

Primary reason for calls from healthcare professionals was for symptom management with 35.91% (weekend/bank holiday) from district nursing staff. 58.39% of calls were from carers.

Stakeholders were positive about the present service model.

Discussion There were recurring themes around more effective cross service boundary communication and improved knowledge and skills transfer to improve community staff competence and confidence.

Conclusion The service model used is valuable for community healthcare professionals, patients and carers. The service responds to need and provides continuity of care over the weekend/bank holiday and OOHs period. Data collected from hospice nursing, medical staff and local healthcare providers ascertains what works well in practice with recommendations towards potential service development and improvement.