

independent nurse prescribers, to manage any symptom issues and undertake clinical nursing tasks. The Healthcare Support workers would expand their role through education and training to support the patients to self medicate and to be a second checker for controlled drug administration. Our team of volunteers would undergo training and education to support the Healthcare Support workers to provide basic personal care. The units are due to open in April 2011. We hope to offer quality individualised care for patients and their family which will meet a local need and be a unique service promoting the hospice philosophy. We plan to evaluate through capturing user views and clinical audit.

P31 **INNOVATION IN NURSING PRACTICE: DEVELOPING A NURSE LED COMMUNITY UNIT**

Gill Kirkland, Chris Ekin *Douglas Macmillan Hospice, Stoke-on-Trent, England*

10.1136/bmjspcare-2011-000105.31

In 2010 the Douglas Macmillan Hospice was successful in receiving a government grant to build an eco-friendly environment which houses three separate independent living units. We were keen to develop on the fundamental aspect of total holistic care, which, for many palliative care patients means good nursing care.

The aspiration was to move away from the traditional model of care, to a model which delivers choice to the patient, offering a quality service which develops methods of reaching out to patients with a more rapid access, in line with the End of Life Strategy.

The aim was to provide an alternative place of care for a variety of patients. We sought to provide excellent end of life care, if it was the patients' choice not to die at home, respite for carers, transitional care for young adults and also excellent rehabilitation to encourage independent living as a step down from the in-patient unit.

The innovation was driven on several aspects; we wanted the unit to be nurse-led. We were able to utilise the community palliative care team who were already qualified as