

in semi-structured interviews, focus groups and electronic open end questionnaires.

Results In the first year, 201 received the service. 184 (92%) had cancer, 36% aged over 80 years. 57 (28%) lived alone. 181 (90%) recipients died. 73% (132) died at home (72% (120) with cancer), 6% (29) in the hospice, 12 (6.5%) care home, 1 (0.5%) in an ambulance on their way home, 7 (4%) hospital. 51 patients lived alone, 69% (35) died at home. Healthcare Professionals reported the impact of the different elements of the service (accompanied transfer home; multiprofessional (including doctors) crisis intervention team and a flexible sitting service) as being instrumental in helping patients to remain at home. The additional service supplements existing services, enables a speedier discharge home and supports carers to enable them to continue coping. It is of interest that in the second year a 73% home death rate has been maintained.

Conclusions This novel bespoke service provides different elements of a Hospice at Home service, a tailor made package to meet individual and local area needs. This service appears to be having a major impact on place of death and is enabling patients to die in their place of choice

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`MADE TO FIT`: FILLING CRITICAL GAPS WITH A HOSPICE AT HOME SERVICE

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Background Promoting the choice to die at home is central to UK policies and strategies. Nationally, various models of Hospice at Home service support this choice. Locally a service was developed to fill gaps in, and work together with, existing community services providing a bespoke Hospice at Home Service outreaching from the hospice hub.

Method Retrospective cohort study and stakeholder evaluation during a 1 year pilot study in the North West of England. Data (demographic and service intervention) was collected on 201 service recipients. 55 Healthcare Professionals; (General Practitioners, District Nurses, Community Specialist Palliative Care Nurses and Hospital Discharge Coordinator) participated