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# **SUPPORTING THE SETTING UP OF A TERTIARY PALLIATIVE CARE SERVICE. POSITIVE REFLECTIONS ON REACHING OUT**

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In 2008 a new Consultant in Internal Medicine was appointed to a busy cancer centre in Pakistan. He found himself providing predominantly palliative care, alongside a skilled but small palliative nurse team. This was recognised. He was made Consultant Lead for Palliative Care, and supported to enrol on a UK Diploma course and to do a 6 week locum registrar spell in a UK hospice for professional development.

The relationships forged led him to request continued connecting with the hospice Consultant, through SKYPE, for 1 h per month once back in Pakistan. This to allow reflection on complex cases, as he had no Consultant to do this with.

We started connecting 2 years ago, achieving 10 × 1 h sessions annually, discussing 1–2 cases each time. The palliative care team in Pakistan contributed, and an educationalist/Nurse joined the Consultant in the UK hospice.

For Pakistan it has been so useful to discuss difficult symptom control and emotional challenges with an experienced physician, with, over time, real gains in patient, family and staff support. Sharing of working policies has been invaluable. Our connection has helped powerful lobbying to politicians regarding controlled drugs access, and armoury for Consultant and team to pursue initiatives like the Liverpool Care Pathway.

For the UK we have seen our Pakistan colleagues overcoming huge practical challenges, particularly in support of people at home, often involving intense family support in care delivery. We have been impressed by the willingness of the wider hospital team to work together, quickly, towards best comfort care. These things have enhanced our UK care: we are more including of families, and understand more those we care for with international connections. We recommend this as an affordable, manageable and rewarding way to support international palliative care development and build educational and supportive links across services.