

with deciding which patient and carer situations at the very end of life are most in need. An approach was taken combining clinical practice experience with knowledge of existing scoring aids to formulate a tool to assist in prioritising service allocation.

Aims Enable timely and efficient allocation of care visits to those determined as most in need

Provide a transparent audit trail of resource and service allocation for commissioners when service faced with multiple demands.

Method Consideration was given to the common factors known to affect patients/carers at the very end of life and developing a scoring system which aligned closely with the Gold Standards Framework Prognostic Indicator Guidance model. The tool was refined during a 6 month pilot change and as service changes ensued.

Results Clinical staff found the tool to work well in practice and supported clinical decision making. They found using the tool particularly useful when demand for service exceeded resource availability and enabled the clinical team and commissioners to be assured patients/carers most in need received priority.

Discussion The outcomes of the project concurred with the aims. We have found a way of prioritising our service allocation.

Conclusion The concept of developing the Prioritisation Tool for Hospice at Home care was driven by needing to establish a system and process which would optimise service allocation relevant to the local population needs. Many factors influence the needs of each patient and carer scenario and these were all included in the tool. Using the tool across two collaborative providers has been positive and enhanced partnership working and service provision. Other providers may find this tool useful.

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DETERMINING & PRIORITISING KEY FACTORS OF CARE NEEDS FOR PATIENTS & CARERS KNOWN TO HOSPICE@HOME

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Introduction Ensuring optimal use of resources can be very challenging for Hospice at Home services frequently faced