

## HOSPICE CARE: FIT FOR THE FUTURE - ORAL PRESENTATIONS

### Conference Papers 1

#### 01 OUR DEEDS DETERMINE US, AS MUCH AS WE DETERMINE OUR DEEDS

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**Introduction** In March 2012 Willowbrook started to support the rehabilitation of currently serving offenders by offering volunteer placements in our Warehouse. This was a very bold move by the Hospice which had previously relied on traditional volunteering methods.

**Aims** The Hospice's Strategic Business plan is to broaden the diversity of its volunteering by giving volunteer opportunities to young people who may not have come across the Hospice movement in their lives. Willowbrook could provide work experience to prisoner's approaching the end of their sentence supporting the Prisons Outreach Placement programme and raise extra funds to provide for patient care.

**Methods** The views of all the participants needed to be taken into account - a visit to the prison arranged meeting with the Prison Placement Officer, a business case was proposed to the Hospice Trustees, Senior Managers and Warehouse Staff. In May 2012 the first prisoners arrived at the warehouse.

**Results** For the Hospice - over the 18 months the 10 prisoners have made a fantastic contribution with over 5000 hours of support the warehouse has been able to increase its contribution to patient care by 12%, all the prisoners have settled in quickly with both Hospice staff and existing volunteers.

For the Prison Service - Willowbrook is a highly reputable organisation, they know the prisoners will be supervised and provided with training.

For the Prisoner - they feel more fulfilled and have more skills to take them back into 'normal' life.

**Conclusions** The Hospice Prison Volunteer Placement programme continues to be a highly successful partnership between the Prison Service, prisoners and the Hospice. The hospice gains more volunteering time and funds, the prisoners have gained confidence, team working and independence skills that they can utilise outside the prison and the Prison Service has a professional, reliable organisation to work with.

#### 02 VOLUNTEERING IN PARTNERSHIP (VIP): PROMOTING COMPASSION

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This DOH funded project aimed to increase the volunteering capacity and the personalisation agenda in 3 organisations which support those with long term conditions, the frail elderly and individuals who are at the end of life.

The project sought to create new volunteering opportunities for young people aged 16-18 by challenging the paternalistic and risk adverse attitudes of care providers who were reluctant to let young people volunteer with patients.

Project management methodology was used to deliver the project. The organisations held meetings with current staff/volunteers and literature was provided to explain the nature of the project and to answer any questions.

All VIPs received comprehensive training which promoted the values of compassion, dignity, communication skills and care supporting tasks, eg assisting people at mealtimes.

This first stage of the VIP project has been highly successful and has introduced young volunteers into areas that have not previously been available to them. The key outcome is that, with the right support and training, young people can make a very positive contribution to the personalisation agenda of caring and support. The feedback from staff, patients and the young people themselves has been very positive and they appreciate the employability benefits of being part of the VIP scheme.

The project has benefited the hospice in a number of ways, saving money and time eg escorting patients to health appointments etc. However, the wider gains have been the proactive engagement of the hospice in the local community, working with schools and colleges, supporting young people to gain employability skills. By creating volunteering opportunities for young people in these areas, stereotypical attitudes and perceptions can be changed as young people become more informed about how to support personalised, compassionate care for the elderly and dying.

#### 03 VOLUNTEERS – SUSTAINING HOSPICES?

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Volunteers have historically played a vital role in the founding and on-going development of independent hospices. The governance of these voluntary organisations is also the responsibility of volunteer trustees, however, it is not clear whether volunteering is considered as strategic resource. This study aimed to explore how volunteering perceived strategically in independent hospices throughout the UK.

##### Purpose of the Research

The purpose of this research was to study the link between volunteering and hospice sustainability by:

- Exploring how volunteering is understood by UK hospice senior staff, volunteers and trustees.
- Considering the influence of volunteers on four key UK hospice sustainability factors: governance; service delivery; hospice economy; and community engagement.
- Explore whether there is a link between volunteering and hospice sustainability.

**Methods** Using a mixed methods approach a self-administered online survey which was sent to hospices across the UK. The questionnaire included both Likert Scale and free text questions. As this study sought to the strategic context of volunteering, the views of senior staff, trustees and volunteers were sought. Thirty one hospices took part with responses from 58 senior staff 56 trustees and 181 volunteers.

##### Findings

- No recognition of the role of volunteers in governance.
- Volunteers viewed as a strategic resource but not engaged in strategy development.
- Lack of planning for volunteer involvement.

## Abstracts

- Volunteers are important to income generation, the quality and range of services offered and community engagement.
- Hospice sustainability is highly dependent on volunteers, however
- Current volunteering models may not be sustainable.

**Implications** This area is the first study of its kind to establish evidence about the dependence of hospices on volunteers. It identifies opportunities for practice development in planning and approach. A toolkit is being developed to enable organisations to identify areas for development.

### 04 ST JOSEPH'S 1ST CONTACT TEAM. A NEW INNOVATIVE MULTIPROFESSIONAL MODEL

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10.1136/bmjspcare-2013-000591.4

**Background** The development of a new innovative service the St Joseph's First Contact Team was identified in April 2012 as the critical project to commence the 3 year transformational change programme to develop community services. This pilot aspired to improve access to the 'front door' of St Joseph's, improving response times for patients, their families and carer's, ensuring all those referred were appropriately signposted to the whole range of services provided appropriate for them. The team consists of multi-professionals who are either in the team physically or as virtual members.

**Aims of the Service were** To provide high quality, patient and carer focused, value driven services and experiences To meet the changing needs of local communities

Be more responsive to our local communities

Meet the strategic priorities of local Clinical Commissioning Groups and GPs

Continue to meet the mission and core values of the Hospice  
Encourage innovation and develop staff

Share specialist knowledge and skills of end of life care with community partners

**Approach Used** Utilising transformational change methodology, working groups were established to develop the project and to guide and influence service development. Patient and service users were consulted and their views informed the service model.

**Outcomes** Outcomes-were measured using quantitative data demonstrating activity, referrals response times and user feedback. Qualitative review of assessments undertaken by the FCT and other related professionals during the pilot period was undertaken. Various methodologies were used to collect data including user and staff surveys and the PAL care system.

**Applications to Practice** The first contact team has transformed how we respond to our referrals and has promoted multi professional working and greater understanding of the range of services offered to patients, carers and families. A working group led by the Lead Nurse will continue to develop and monitor the quality and service to meet the changing needs of our diverse communities.

## Conference Papers 2

### 05 AN EVALUATION OF THE "JUST IN CASE" BAG ANTICIPATORY PRESCRIBING SCHEME IN DEVON 2011-2013

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10.1136/bmjspcare-2013-000591.5

**Background** "Just in Case" anticipatory prescribing schemes are seen as one way of ensuring that patients nearing the end of their lives can have access to rapid relief of symptoms at home. The Gold Standards Framework for End of Life care encourages this a mainstay of care. No large scale attempts to examine the practice have been undertaken.

**Aims** To assess the implementation of "Just in Case" bags in Devon over the first two years of the scheme. Feedback was sought from health professionals over the key features of the initiative, the drugs used and any problems encountered. A subsidiary aim was to assess the cost effectiveness of the scheme.

**Approach used** 83 GP practices in Devon were issued with a stock of "Just in Case" bags. A record was kept of when each bag was dispensed. Each bag was issued with a service evaluation form inside. The completed forms were returned to a central collection point allowing the total number of bags dispensed, and then used, to be measured. Data was collected between April 2011 and the end of March 2013.

**Outcomes** 1510 bags were dispensed during the period and 295 service evaluation forms were returned (20% return rate). The bags were well received by staff, patients and relatives alike. The most common four drugs prescribed were Diamorphine, Hyoscine Hydrobromide, Midazolam and Levomepromazine.

**Application to hospice practice** An attempt was made to calculate the overall cost of the project and any savings from the scheme. The information gathered from the 295 completed evaluation forms suggested that 121 admissions to Hospital or Hospice were prevented. The bags also offered peace of mind for patients and relatives. The challenges of organising a large-scale service evaluation across multiple professional teams and of assessing projected financial savings are also discussed.

### 06 'BEING THERE' - EVALUATION OF A NETWORK APPROACH TO 24/7 SPECIALIST SYMPTOM MANAGEMENT FOR CHILDREN AND THEIR FAMILIES

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Provision of 24/7 symptom management for children with life-threatening conditions via a whole network approach is unusual. We have evaluated this innovative service method, delivered by five clinical nurse specialists, across a predominately rural geographical area, aligned to a dispersed Children's Hospice Service. Service objectives were: symptom management support; open access to families and professionals; choice in place of care and death and collaboration to develop common approaches, shared pathways and management plans.

An 18 item questionnaire was developed to audit service standards; two open questions aimed to elicit good practice and areas for development. Stakeholders (n = 48 families, n = 121 hospice staff and n = 129 external professionals) were surveyed by internal or external mail. Overall response rate was 47% (families 54%; hospice staff 50%; external professionals 41%).

Two thirds of respondents reported that the team provided as much as needed with service standards. Around the clock symptom management support was highly valued (88% of