

Abstracts

Approach Used The service was designed following patient and carer feedback and necessitated hospices working together across traditional boundaries.

Key elements

- Co-ordination via a single point of access
- Additional clinical provision of night and day care by Staff Nurses and Senior Health Care Assistants.
- Partnership approach to care delivery.

Importantly the Hospices involved are extending their reach to support those who have not or may not need referral to specialist palliative care.

Outcomes Ninety eight percent of patients achieved their preferred place of care with 95% achieving their preferred place of death; 85% of those who were referred to avoid an admission to hospital achieved this; 28% of patients had a non-malignant diagnosis. The key performance indicator, aimed at increasing the number of referrals on CSH end of life care register by 5% was achieved with a 70.4% increase.

Application to hospice practice Commissioners were delighted with the multi-professional and integrated partnership approach to care delivery and the solution focussed proactivity. They champion the partnership as a model for the future. The community and Hospice home nursing service suggests that an integrated approach to care delivery can improve outcomes whilst being cost effective.

P18 "THIS IS SO BIG"

Sue Shrimpton. *Princess Alice Hospice, Esher, UK*

10.1136/bmjspcare-2013-000591.40

Background The death of a parent in childhood is one of the most profound losses a child will ever experience. Supporting children whose parents are terminally ill is therefore an emotive topic. Much research states that if the needs of the child are not met, there can be immediate and long term problems such as delinquency.

A major driver for this study came from children talking at a child bereavement group telling me they had overheard conversations about their parent's condition, but because they had not been told directly they felt they could not voice their worries.

Aim To explore community palliative care clinical nurse specialists (CPCCNS) experience of supporting families with children.

Methods Using a phenomenological approach, a purposeful sample of eight CPCCNS' were interviewed. Interviews were recorded and transcribed verbatim. Using Colazzi's analysis, themes were identified.

Results The themes were:

- Doubtful ability
- Not their role
- Greater time in role increased confidence in ability
- Acknowledgement of importance of support
- Age, culture and religious differences
- Referrals to other healthcare professionals and charities
- Parallels in CPCCNS own life seemed to aid empathy

Conclusion Care of the 'whole' family is central to the WHO (2011) definition of palliative care. CPCCNS' are in a prime position to support children at their most vulnerable, otherwise a delay may mean the child remains unsupported and there is a greater risk of issues during parents illness and following

bereavement. This study highlights the role of the CPCCNS' using data and narrative from interviews.

Implications for hospice practice Adequate support and training is essential in providing CPCCNS' with the tools to support children of dying parents so they can feel able and more confident in this area of support.

P19 WIDENING ACCESS TO HOSPICE SERVICES: THE DEVELOPMENT OF A 7/7 COMMUNITY SPECIALIST PALLIATIVE CARE NURSE SERVICE AND A RAPID RESPONSE SERVICE PILOT

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Background and Context In response to national Peer Review Standards and NICE Guidance to offer 7 day face to face visiting an opportunity to pilot a service within a hospice based Community Specialist Palliative Care Nursing Team arose. Within this the development in order to be more responsive a Rapid Response service has been developed.

Aim To widen access for patients with specialist palliative care needs to holistic assessment by a Clinical Nurse Specialist and offer greater flexibility in options for home assessments. To offer an urgent response based on clinical need 7 days a week, for crisis intervention. To assess need for urgent admission to an inpatient unit bed or facilitate the patient remaining in their own home if desired.

Approach Used A review of caseload configuration across the city with the development of 4 zone teams. A significant investment in resources to support an additional 3 WTE Band 6 Associate Community Specialist Palliative Care Nurses was agreed for a temporary period of 6 months, with successful recruitment to the posts.

All referrals to the hospice service are reviewed through a multi professional meeting and triaged according to urgency and priority, with the capacity for immediate home assessment, 7 days a week and greater flexibility for managing routine and follow up reviews.

Outcomes Measures will be determined through review and analysis of all Rapid Response visits to determine whether patient preference over place of care has been met.

External stakeholders opinion regarding perceived satisfaction with 7/7 access and rapid response in the management of community patients.

Cost-benefit analysis of investment of resources on improved caseload management to inform strategic service development.

P20 THE SIKH POPULATION OF NORTH WEST KENT: EXPLORING THE LIVED EXPERIENCE OF CARING FOR A DYING RELATIVE AT HOME

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Research Aims To explore the Sikh population's experience of caring for a dying relative at home and develop an understanding of their experiences.

Background/literature review Hill & Penso, (1995) reported under-use of specialist palliative care services by minority ethnic groups with minimal improvement noted in present day (Gunaratnam, 2007, DoH, 2008). Often, end-of-life needs are unfulfilled (Worth *et al*, 2009, DoH, 2010, DoH, 2011). Locally,

Sikhs account for 12.8% of the population although only 1% of referrals to local hospice are Sikh.

Method A qualitative study, facilitating interviews in Punjabi and English, using interpretative phenomenological analysis to analyse the transcribed data.

Results/Discussion

- Five super-ordinate themes identified:
- Factors leading to the caring role;
- Emotional effects of caring on the carer
- Impact of caring on the wider family
- Influence of the health care services
- Religious and cultural influence

Lack of support from health care professionals emerged as an overriding theme. An overwhelming sense of duty pervaded each family sustaining them to cope. The option of their relative being nursed in care home/hospice was unlikely as participants reported fears that care could only be received if it was paid for. Culture and religion played an important role in the caring role.

Conclusions GPs and hospices need to take a major role in identifying patients with non-malignant disease to ensure referral to other services. Access to equipment is uncoordinated. Financial concerns over care are apparent in this population. Sikh carers need to be educated and supported to continue to support their relatives.

Applications to hospice practice Allows equity of care to patients dying of non-malignant disease. Improves bereavement support for this population. Engagement with community may need to extend to outreach clinics to raise awareness within this population. Extends education on end-of-life issues to this minority ethnic group.

P21 COMFORTING TOUCH AT HOME

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10.1136/bmjspcare-2013-000591.43

Aims Hospice at Home service works with other community services to fill gaps in end of life care for patients, whose preferred place of care is home. A twenty four hour / seven days a week sitting service is delivered predominantly by trained Healthcare Assistants (Aides), who recognised that anxiety and breathlessness might benefit from immediate, simple non pharmacological interventions.

Methods Similar interventions are provided by appointment at the hospice and the Hospice at Home team were trained in simple skills and techniques (basic hand and foot massage, the importance of touch, and anxiety and breathlessness management). Regardless of the severity of condition, touch can always be safely administered and studies show massage as the second most commonly administered non-drug strategy to reduce symptoms. Hospice at Home Aides were encouraged to use these skills and techniques with patients, and teach them to families and informal carers where appropriate.

Results We present audit and survey results of this positive partnership between hospice, Aides, complementary therapists, families and community services.

Conclusion Families described better outcomes, empowered by doing something practical instead of feeling inadequate and helpless. Patients' symptoms were relieved immediately in the home instead of waiting to attend the Hospice, and confidence levels and job satisfaction increased amongst the Hospice at Home staff because they could respond immediately by providing a non-

pharmacological technique for these distressing symptoms in the patient's place of choice - home. A cost effective, one stop shop!

P22 PATIENTS HELP TO SHAPE NEW DAY HOSPICE PROGRAMME

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10.1136/bmjspcare-2013-000591.44

Background/Context of the work Princess Alice Hospice had a thriving therapeutic but traditional model of Day Hospice. Staff identified, however, that some patients declined attendance or stopped attending after a short time. Feedback indicated this was due to the inflexible nature of the model.

Aim and approach used A period of consultation was planned, with main stakeholders, to explore opinion and different models of care. Meetings were held with patients, staff, referrers, Trustees, hospitality and driving volunteers. A questionnaire was subsequently developed and sent to these stakeholders to provide further data. One hundred and fourteen questionnaires were returned and analysis of data provided evidence to support change while retaining some of the traditional model of care.

Outcomes

- A redesign of the weekly programme to include three days of the traditional Day Hospice model and two days of new individual and group activities.
- Increased flexibility in the service
 - Patients accessing different elements of the service at different stages of their journey
 - Full day, half day and one hour appointments
- Additional carer support activities.
- Opportunities for staff and volunteer development.
- Ongoing re-evaluation of the programme and adaptations as needed.
- A service which is now more receptive and open to change.

Application to hospice practice Hospice services are being challenged to consider their future and plan strategically to meet the changing needs of the people they support¹. Day services should not be exempt from this scrutiny. Changing a model of care can be difficult and painful, but services must ultimately meet the needs of the people they support to be viable. In a changing social and medical world Day Hospice services need to be flexible and open to change in order to deliver and sustain a future proofed service.

REFERENCE

¹ Calanzani et al (2013) *Current and future needs for hospice care*. Help the Hospices, London.

P23 NEW MODEL OF DAY THERAPY SERVICES WITHIN LINCOLNSHIRE - OPENING DOORS

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Historically the predominant case mix for Day Care was elderly patients, those in their last year of life and with primarily a cancer diagnosis.

In 2011 we reviewed how services could be provided county-wide for a rural county population circa 712,000 (1) that would assist patients earlier in their palliative journey, those with non cancer diagnosis and attract younger patients. We aimed to