

P54 IMPROVING DOMICILIARY END OF LIFE CARE THROUGH THE DEVELOPMENT AND EVALUATION OF A SPECIALISED PROGRAMME FOR DOMICILIARY CARE ORGANISATIONS

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Background/Context Within the UK, there is a drive to reduce the number of hospital deaths thus potentially increasing end of life care in the community. However, there has not been a corresponding increase in the numbers of professional health care workers, so organisations such as domiciliary care agencies are providing more complex care and support for very ill patients in their own homes. This is an emerging role for these organisations so they need development, education and support to provide quality end of life care.

Aim The 'Six Steps to Success' programme was originally developed to enable nursing homes to implement a structured organisational change to enable the delivery of the best end of life care. The programme has been adapted for use with domiciliary care agencies, involving a multi agency approach to developing the programme.

Approach used

A pilot programme with four different organisations was pioneered, with the organisations participating both as learning organisations and evaluation partners. The pilot programme was evaluated both pre and post programme using three tools: Quality Markers, Post Death Information (PDI) and a Knowledge, Skills and Confidence audit.

Outcomes The results have established an increase in the quality of end of life care through a number of means, ranging from early identification of patients at the end of life through to improved communications with other agencies. Qualitative data has also been captured which demonstrates real life impacts and changes.

Application to Practice Supporting domiciliary agencies to care for the increasing number of patients requiring end of life care in their own homes has often been provided by hospices and their education departments. However, education alone is often not enough to make the changes required within an organisation and this programme can influence more extensive changes through a structured and systematic approach.

P55 PALLIATIVE CARE MASTER CLASS SERIES FOR GP'S

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Introduction A key strategic priority for the Hospice is extending the reach of its influence to more people facing the end of life. Key to this is its collaboration with GPs across its community. Following a needs assessment, an alignment with the local Education Trust (SET) was formed and a bespoke Master Class Series for GP's developed. SET is the local coordinator and communicator of education for 170 GP members.

Aims Year 1: 30% GPs to attend at least 1 session and 10% to attend 2 or more.

Over 3 year period for 70% GPs to attend at least 1 session and 40% to attend 2 or more.

Method A rolling programme of three 2 hour educational sessions commenced in 2012:

1. 'Amitriptyline to Zomorph via Oxycodone and beyond' - Successful pain management in palliative care
2. 'Managing your 1%' - How to optimise care for your patients in the last year of life including advance care planning, DNAR, and services available to support GP's.
3. 'Achieving a successful home death' - The 'how to' guide for general practitioners including syringe driver conversions, just in case medications, ethical dilemmas and services available

Sessions were designed to be cumulative with concepts revisited and developed to reinforce learning. Case based and interactive, sessions provided opportunities for sharing experience, questions and reflection. Sessions ran on several occasions, and were free of charge.

Results Sessions were evaluated using a 'reaction' feedback form. Two months after the course GPs were sent a structured impact assessment form on which to provide an account of one occasion when they have applied the knowledge acquired during the course. Completing part 2 of the evaluation extended CPD credits from 2 to 4 per session.

The target attendance for year 1 has been exceeded and evaluation by GPs has been excellent.

P56 RECORDING VOICES. WHY IS ORAL HISTORY IMPORTANT IN PALLIATIVE CARE AND BEREAVEMENT?

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Oral history is the recording of unique life experience; it captures and preserves voices and participants are involved in the process of producing their own life histories. An oral history service for patients has run successfully in the Sheffield Macmillan Unit for Palliative Care since 2007. In 2012, with Macmillan Cancer Support we embarked on a project to develop oral history in pilot sites in the north of England and Northern Ireland. Evaluation of these services will determine whether oral history as a service will be rolled out nationally.

Oral history complements palliative care services, it offers time to reflect, record identity and make a family record in the teller's voice. A motivation for recording life stories can be the opportunity to create a family record. Oral history interviews are carried out by trained volunteers. Participants receive an audio CD soon after their interview and recordings are securely archived. With consent, interviews are available for research.

To understand the role of oral history in palliative care and bereavement, a further 12 month project is assessing the impact of creating an oral history. We have analysed an existing archive of 200 oral histories and sought views from participants, family and friends via semi structured interviews and a questionnaire. Results are contributing important insights into the meaning of oral history for people who make recordings, and for those who receive them.

Findings from both projects offer vital academic information to support the future shape and direction of Macmillan oral history services. We are establishing that oral history enhances patient experience of palliative care by providing opportunities to reflect and express identity in a non-medical context.

Abstracts

Especially valuable is the existence of a voice recording for family and friends in bereavement.

P57 DEVELOPING AN ORAL HISTORY SERVICE IN A HOSPICE

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Background/context This poster describes the development and implementation of an oral history service at St Luke's Hospice in Sheffield. Oral history involves an interviewer questioning and recording an interviewee. The service was modelled on a successful service at a local palliative care centre.

Aim Patients using the hospice's day centre and in-patient unit would be offered the opportunity to make an audio recording of their life story. Patients would receive a copy of their story on CD and extra copies would be available to their family and friends with the patient's agreement.

Approach used The service started with a pilot where two patients took part in an interview and then gave feedback. This was positive and so the service was launched. Initially, a member of staff who was a trained oral historian conducted the interviews, but demand for the service led to 20 volunteers being recruited to carry out the interviews. Volunteers were trained in areas such as interview technique, use of recording equipment, ethics, and working with seriously ill patients.

Outcomes To date, 29 patients have used the service and 48 interviews have been recorded. Some patients have used the service to record final messages for family, and one has made a 'Desert Island Discs' style recording complete with music. Others have produced photo books to accompany recordings. The hospice is now able to offer the service to patients looked after at home by our Community nurses. It continues to receive positive feedback from patients and their relatives.

Application to hospice practice The service's model could be used by other hospices to set up their own oral history service. The hospice is also participating in a research study which aims to provide empirical evidence as to the benefits of oral history in palliative care.

P58 REAL WORLD HOSPICE RESEARCH: CHALLENGES AND OPPORTUNITIES

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Compassionate evidence-based practice, collecting data and building evidence is fundamental to hospice care. The Hospice of St Francis research strategy provides a *real world* pragmatic effective approach to research evidenced based care in a medium sized hospice.

Challenges

1. Research governance and credibility as a small organisation
2. Time to reflect, discuss and put into practice evidenced based care
3. Being a Researcher Practitioner in the workplace
4. Realistic research with Universities and other research organisations.
5. Using research to disseminate and influence care beyond the hospice walls

Solutions and Opportunities

1. Research strategy, governance and register of all research, audit and service evaluation activity reported to Clinical Governance and Clinical Leads forum.
2. Collaborative research and governance with Institutes of Higher Education and individual researchers wanting to access our hospice as a research site.
3. Research Interest Forum: 2 monthly multi professional forum to discuss issues as researchers in practice and evidence based practice clinicians.
4. Journal Club: Quarterly forum to discuss articles of interest and relevance to practice
5. Think Tank: Monthly multi professional forum to share feedback from conferences and practice initiatives.
6. Case and Care Reflections: monthly forums reflecting on clinical care.
7. Clinical Nurse Specialist Continuous Professional Development Programme: 2 monthly forum delivered by Associate Specialist in palliative care.
8. Schwartz rounds to stimulating discussion and reflection about care
9. Publications and dissemination strategy.
10. A shared passion for real world research.

"Hospices must meet a range of challenges: collecting better data, developing a better understanding of those who needs will dominate future decades, and establishing a robust evidence base for new services" (Calanzani 2013). The Hospice of St Francis whole system approach to real world research makes a difference to care and offers possibilities for other similar sized organisations

P59 ENTER - ENABLING NURSES TO ENGAGE IN RESEARCH: DEVELOPING A CULTURE OF ENQUIRY IN CLINICAL ENVIRONMENTS

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Background Identifying the importance of research in end of life care and fostering a culture of enquiry is a key step for healthcare providers if they are to move forward in addressing some of the challenges highlighted by the End of Life Care Strategy (DH, 2008). The ENTER project recognises the need to enhance the ability and confidence of nurses to engage in research activity and view it as an integral part of clinical practice to ensure high quality care at life's end.

Aims

- Empowerment of senior nurses to guide their teams on research processes
- Establish a network of support across the region
- Develop a web-based resource
- Encourage clinical teams to embed a research culture in their working environments

Approach used Seven senior nurses (band 6 and above) attended a three day workshop which comprised of a mixture of taught sessions on the research process, sharing examples of research practices, introducing the 'human face' of teams such as Research and Development and Ethics Committees and reviewing currently available resources.

Outcomes The group of nurses quickly established themselves as a support network for each other and although the project was originally time limited, a Community of Practice is being