respondents reported as much provision as needed). Assessment of emotional symptoms and response to telephone queries within four hours were areas for development. High levels of satisfaction were reported (n = 108, 83%) and three quarters of respondents rated the team extremely responsive, reliable and flexible. Comparison between groups showed no significant differences except for: usefulness of support and advice given by the team; usefulness of the ‘out of hours’ call handling service and extent to which the team assessed a child’s emotional symptoms. Qualitative data revealed that the team ‘spanned organisational boundaries’; provided care ‘any time of the day and night’; ‘filled a critical gap’; ‘gave families time’ and was perceived by them as ‘the glue between professionals’ and a ‘life line’.

The service had a much greater impact that expected in all key objectives and demonstrated that a network approach to service delivery is possible and highly effective.

O7
RIGHT CARE, RIGHT TIME, RIGHT PLACE: THE EVOLUTION OF HOSPICE WITHOUT WALLS, FROM VISION TO REALITY
Joy Milliken, Ann Lee, Suzy O’Callaghan, Hilary McKegney; St Margaret’s Hospice, Somerset, UK
10.1136/bmjspcare-2013-000591.7

Background
This project charts a move from traditional inpatient hospice services, with week day specialist community services, towards the creation of a flexible, integrated ‘hospice without walls’ strategy. The steps that were taken to improve care over a five year period, including challenges faced, stepped approach taken and collaboration with other organisations to ensure the establishment of patient focused, integrated and proactive services are outlined.

Aims
Hospice without walls aimed to understand and meet the needs of patients, carers and referring health care professionals, shaping finite resources most effectively to meet changing demographic needs and provide responsive multi-disciplinary care in all settings.

Approaches used
Developments in a phased manner, incorporating staff and patient vision, improvement and change theory, with evaluation at each implemented stage. This included multi-user feedback, benchmarking service access and formal evaluation through the Marie Curie Delivering Choice Programme.

Outcomes
IT and clerical support platforms were developed to remodel services which have included a central referral centre, patient, carer and health professional advice line, seven day a week community service, staff contractual changes, redeployment of consultant staffing into wider community service and extended MDT.

Evaluation has shown improved patient experience, increased inpatient acuity levels, increased and improved community case-load management, more patients remaining in their preferred place of care, strong linkage between the extended hospice and other end of life service providers with reduced hospital admissions at end of life.

Discussion
The vision is becoming reality and staff can now see the benefits for patients and carers having a more flexible and responsive service model. Engagement with external agencies has been challenging but CCG revenue funding has now secured sustainable income streams and services.
07 Right Care, Right Time, Right Place: the evolution of Hospice without Walls, from vision to reality

Joy Milliken, Ann Lee, Suzy O’Callaghan and Hilary McKegney

BMJ Support Palliat Care 2013 3: A3
doi: 10.1136/bmjspcare-2013-000591.7

Updated information and services can be found at:
http://spcare.bmj.com/content/3/Suppl_1/A3.1

Email alerting service
These include:
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/