Access to national benchmarked data, which is accessible to the CQC, NICE, NHS Commissioning Board, DoH, Local commissioning groups and local Healthwatch.

Conference Papers 3b

012

IMPROVING THE TRANSITION PROCESS FOR YOUNG PEOPLE WITH LIFE-LIMITING CONDITIONS

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Research Aims To identify the training needs of adult Specialist Palliative Care (SPC) teams to care for young adults and inform the development of an education package for adult SPC teams.

Background The prognosis of life-limiting conditions of child-hood has improved with an increase in the number of young people accessing adult SPC services. Adult SPC teams may be inexperienced in caring for the complex needs of these young people.

Methods

- Delphi: An online Delphi process collated expert opinion on format, delivery and content of the educational package in three rounds.
- Focus Groups: Focus groups were held with young people with life-limiting conditions, staff from a local adult hospice and carers. Discussions explored the care and support needs of young people and their families, and the training needs of SPC teams. Data were analysed using thematic analysis.

Results

- Delphi: Consensus was reached on range suggested formats and personnel to deliver the training, and on clinical, psychosocial and practical topics. Training should be delivered as a continuous/rolling programme and not as 'a one-off'.
- Focus Groups: Discussions centred on: challenges of caring for young people; barriers to transition; staff education and training; facilitating transition.

Conclusions The knowledge required by adult SPC teams to meet the complex needs of young people and their families is diverse and extensive. To optimise learning, training should be delivered as a continuous/rolling programme, tailored for content and mode of delivery. A template to guide handover and a single point of contact would facilitate the transition process.

Application to Hospice Practice A series of study days has been designed using the information gathered in this research and will commence in June 2013. A template to guide handover is in development with plans to create a single point of contact to coordinate the transition process.

Ω13

CO-ORDINATED AND COST-EFFECTIVE HEALTH AND SOCIAL CARE AT THE END OF LIFE - THE RESPONSIBILITY OF HOSPICES

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Any future model of end of life care delivery in the UK needs increased and more effective partnership working between health and social care agencies. The 2008 Department of Health's End of Life Care Strategy recognised that a cultural shift in attitude within the health and social care workforce is required, and an NAO report (2008) suggested a need for greater input from social care to address ongoing challenges. The 2011 publication from the Palliative Care Funding Review and the Report of the Commission on Funding of Care and Support recommends that there should be better integrated health and social care for those facing the end of life, and that this should be free at the point of delivery. This presentation tracks the development of a new Social Care service by a large UK hospice in partnership with a number of key community providers and commissioners. A number of different models of service delivery which have been developed alongside each other are presented, focussing on three areas:

- developing a referral process and assessment procedures, as well as delivering personal care packages for people in the last year of life on the locality end of life register.
- 2. developing short term personal care packages enabling people to be rapidly discharged from hospital.
- 3. developing a hospice-based co-ordination centre where people's health and social care needs are integrated more successfully and cost-effectively.

Outcomes utilising a range of tools and measures will be presented and an argument will be made that hospices not only have a responsibility, but also the relevant expertise and experience to develop, present and market themselves as end of life care co-ordination 'hubs' taking on responsibility for leading on the provision of integrated health and social care to people within the last year of life.

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CHALLENGING THE PERCEPTION OF DEATH AND DYING THROUGH DOCUMENTARY FILM MAKING IN A HOSPICE

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Background Health promoting palliative care is a relatively new concept in palliative care that aims to increase public awareness and open discussion in relation to death and dying. A year long collaboration between a documentary film artist and patients and staff in a Scottish hospice addressed these aims. They produced 20 short films and a character led documentary feature film showing different strategies that led to increased vitality at the end of life.

Method The film-maker worked with over 40 patients, family members and staff in the hospice to identify and expand on participants' experiences and develop them as narrative for the wider community.

Following the patients' lead, further research into music and performance arts required collaboration with a music director and choreographer in the day-care ward. An extended period of filming and editing followed, where the material was scrutinised and distilled into portraits and songs.

Results The resulting documentary film follows patients in the hospice and in their homes, reflecting their strength and individuality, their hopes and dreams as well as their struggle with disease as they use music and creativity to mirror their personal