

Abstracts

identity and the day- to -day life in the hospice. Responses to the film qualify it as an art based research as watching it enables learning, enhances and challenge audiences' understanding and perception of death and dying.

Key themes that patients raised were their need to be seen as individuals rather than patients and their desire to challenge pre-conceptions that dying patients are weak, vulnerable and passive.

Conclusion: Making a film within a hospice has enabled patients to have a voice as individuals and challenge current perceptions of the dying patient.

Wide distribution of the film through television and cinema will encourage public debate across all medias, challenging assumptions about death, dying and the day-to-day life in a hospice.

Conference Papers 4

015 COLLABORATIVE LEADERSHIP - WORKING IN PARTNERSHIP TO IMPROVE THE DESIGN AND DELIVERY OF PALLIATIVE AND END OF LIFE CARE ACROSS EAST LONDON

^{1,2}Ruth Bradley, ³Dan Farag; ¹St Joseph's Hospice, London, United kingdom; ²Marie Curie Cancer Care

10.1136/bmjspcare-2013-000591.15

Background In 2012, St Joseph's Hospice and Marie Curie pro-actively formed a strategic partnership. Unified by the shared goal of enabling more people to achieve choice at the end of life, the partnership provides the required leadership, to facilitate change and develop across EoLC services.

Aim The partnership aims to:

- improve performance across the East London EoLC system;
- develop a stronger EoLC voice locally through reforms across health and social care.
- Meet the complex and growing demand for services through collaboration, innovation, and community engagement.

Approaches used The partnership identified a number of themes that collaborative leadership could benefit from: Urgent Care; Care in the last days of life; Support for Families and Carers; Coordination of Care.

The partnership has been driving change and stimulating innovative solutions through:

- Bringing together stakeholders from across health and social care, commissioning teams and service users to develop a shared commitment for change.
- Designing new services to better meet local need with multi-borough, multi-disciplinary teams.
- Developing robust business cases to support and inform commissioning.

Outcomes Outcomes of the partnership :

- Raising the profile of EoLC across East London, and placing the hospice at the centre of developments.
- Design of an ambitious EoLC Coordination Centre.
- Undertaking detailed baseline mapping of the support available for families and carers.
- Hosting stakeholder and community events to raise an understanding of needs of families and carers, laying the foundations for change and development.

Application to Hospice practice The value of partnership work to support hospice development :

- The importance of hospices taking a pro-active leadership role in forming networks across East London.
- The value of sharing resources, expertise, learning, and networks to make improvements and facilitate the redesign of care.
- The recognition of the contribution that palliative and end of life care can make to the wider health economy.

016 BARNSELY HOSPICE - "MAPPING OUR COMMUNITIES"

Richard Barnett, Ian Carey, Laura Conrad; Barnsley Hospice, Barnsley, UK

10.1136/bmjspcare-2013-000591.16

Barnsley Hospice offers a broad range of services to an adult population of approximately 177,000 individuals across 127 square miles of the borough.

As in many hospices, there exists a wealth of data that, if extracted, analysed and presented in the appropriate manner, has the potential to streamline operations, help focus valuable resource and improve outcomes across all areas. A recent move by the Local Authority to create six new 'Area Councils' with localised budget and decision-making responsibilities has been seen by the hospice as an opportunity to take a more focused approach on community engagement with a key aim being to extract and merge relevant data to deliver an overall 'view' of demographics, patient activity, fundraising and key stakeholders within each area.

In order to engage with our communities, the hospice primarily needed to engage itself in the process and value of data. Data from different systems was cleansed, refined and combined into a single set and uploaded into the Google Fusion Tables product in order to display it visually on a Google Map. In addition to this, additional datasets were mined from public sites such as Health & Social Care Information Centre in order to enrich and validate the view. The map is layered, allowing various elements to be enabled/disabled according to what the individual viewer wishes to see.

The opportunity to interact with data in a 'visual' way has realised several key outcomes with some specific examples including:

- Enhanced engagement in data across the hospice
- Identifying geographic areas that may need additional focus on patient referrals
- Defining targeted fundraising activity
- Producing an overall picture of activity across the different areas

The tools used are, at the time of writing, currently free for non-profits and can significantly assist hospices to realise the potential of the information they hold.

017 ANY QUALIFIED PROVIDER - A POSITIVE EXPERIENCE FOR A HOSPICE LYMPHOEDEMA SERVICE

Alison Stevens, Janet Le Sueur; Dorothy House Hospice Care, Bradford on Avon, UK

10.1136/bmjspcare-2013-000591.17

Background/context Historically the hospice had provided a lymphoedema service for patients who had predominantly