

there is no carer the patient said knowing someone is voluntarily visiting them they felt valued, less alone.

In a world where care has become increasingly professionalised, volunteers offering home support provide a valuable link between the medical needs of the patient, the physical and emotional needs of carers and patients.

**P-167** **QUANTITATIVE, QUALITATIVE AND ECONOMIC REVIEW OF MARIE CURIE INTEGRATED PALLIATIVE CARE SERVICE**

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10.1136/bmjspcare-2016-001245.189

**Introduction** The pilot service delivered tailored care and support at home for terminally ill people and their families. Locally coordinated support included nursing care, personal care, emotional support and practical information delivered by a team of registered nurses, healthcare assistants, health and personal care assistants and trained volunteers. An anticipated benefit was a changed pattern of use across health and social care, reducing the use of acute services and increasing the number of patients able to die at home.

**Aim** The evaluation aimed to address patient and carer experience, quality and costs of the service.

**Methods** A mixed-methods methodology was used to analyse service use and outcomes across the pilot. Stakeholder, healthcare professional and service user surveys and interviews were carried out to create case studies and analyse service quality. Data linkage was carried out between 153 patients supported by the pilot and their matched controls (who died before the start of the pilot service) to assess the impact of the integrated service on hospital use and place of death. Finally, economic analysis used cost per activity from NHS Scotland Health Services to estimate potential savings.

**Results** The evaluation evidenced improved quality outcomes for patients and a changed pattern of hospital use. Significantly fewer patients in the pilot group experienced a hospital admission (27%), compared to their matched controls (40%) with a shorter average stay in hospital (2.5 days less per admission) and more time in the community (15.8%). Furthermore, significantly more patients in the pilot group (73.7%) died at home, compared to their matched controls (29.1%). The economic analysis showed a potential annual reduction in the costs of end-of-life care in Fife of £182,283.

**Conclusion** The integrated service model demonstrates that investment in coordinated palliative care services delivers positive outcomes in quality of care and health economics.

**P-168** **A REVIEW OF OUT OF HOURS (OOH) CALLS MADE TO A COMMUNITY PALLIATIVE CARE SERVICE**

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10.1136/bmjspcare-2016-001245.190

The National Institute for Health and Clinical Excellence published the 'Quality Standard for End of Life Care for Adults' in 2011 (updated 2013).

Four of the standards make specific reference to provision of a care across the 24/7 period.

Currently all patients under the community palliative care service, their families and any professionals supporting them can access out-of-hours (OOH) specialist palliative care support from a clinical nurse specialist (CNS) via the telephone. It is widely considered that the optimal service provision would include access to face to face visits 24/7.

In order to understand the scope of local need for access to a 24/7 visiting service, a review of all OOH calls received over a one-month period was undertaken.

A retrospective review was undertaken examining the clinical records relating to 34 OOH calls in an attempt to understand whether an OOH face to face visit by a CNS would have led to a more favourable patient outcome.

The reviewers felt that on the following four occasions, face to face assessment carried out by a CNS may have led to a more favourable patient outcome:

1. No contact was made with the OOH CNS. Patient was transferred to hospital with no assessed clinical need.
2. Patient had multiple symptoms which made telephone assessment difficult.
3. Patient suffering from breathing difficulties with known social complexities
4. Patient had no recent CNS input and had uncontrolled symptoms.

**Next steps include** Increased promotion of the OOH CNS service and when and how to access it.

Provision of written guidance for patients and carers about the potential for changes in the patient's condition and instruction on how to proactively manage symptoms to avoid crises.

**P-169** **WHAT ARE THE PERCEPTIONS OF THE COMMUNITY PALLIATIVE CARE TEAM REGARDING THE CURRENT PROVISION OF TELEPHONE SUPPORT?**

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10.1136/bmjspcare-2016-001245.191

**Aim** The aim of this study is firstly to understand the form and content of telephone support delivered by the community palliative care team (single inner-city hospice). Secondly, to explore the perspectives of the team members, regarding their lived experience of providing telephone support.

**Background** The role of the community clinical nurse specialist in palliative care, is pivotal to supporting patients with complex needs. There is limited literature acknowledging and quantifying, the clinical and supportive role of day-to-day telephone advice, provided by the team.

**Method** A two phase method was adopted. Firstly, a contact analysis table, logging incoming calls and messages received by the team, provided a picture of the current provision of telephone advice. Secondly, adopting a phenomenological approach, in-depth interviews enabled the researcher, to explore the perceptions of the community palliative care team, on the current provision of telephone support.

**Findings** Relatives of patients utilise the telephone advice from the CNSs, for both symptom management and emotional support. The average length of a call for a CNS is eight minutes and two minutes for the administration team. The CPCT perceive that the availability and accessibility for advice over the telephone

is valued by relatives, whilst health care professionals liaise and seek advice. The delivery of telephone support is complex and can be a catalyst for stress, anxiety and a source of overwhelming responsibility for the CNSs. The challenges that the team face, are balancing different aspects of their roles and having unmet training needs.

**Conclusion** This study has provided a “snap shot” of the day-to-day telephone support that is offered by the community palliative care team. Furthermore, this study has highlighted areas of potential development for the team, for example, by reviewing processes, logistics and administration, related to the ongoing delivery of telephone support.

#### P-170 HERTS NEIGHBOURS VOLUNTEERING SERVICE

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10.1136/bmjspcare-2016-001245.192

**Context** This volunteering service supports patients and families coping with a life-limiting illness. It was established in 2015 following a study evaluated by Lancaster University, funded by the Centre for Social Action, Cabinet Office. It was one of six project sites to set up a pilot service to evaluate support for end of life patients by social action volunteers.

In collaboration with local partners volunteers were recruited and completed training following a thorough recruitment process. Patients were recruited onto pilot and consented to an assessment of their support needs. Patients and carers were asked by the University to complete questionnaires on carer burden, quality of life, loneliness and social support whilst being supported for twelve weeks by volunteers.

**Aim** To provide practical and emotional support for isolated individuals and their families, within their home who have a palliative diagnosis.

The project is managed by a co-coordinator who visits individuals at home and completes assessments to discuss the support required. Interests and background are taken into account to match with an appropriate volunteer. Regular reviews are held to ensure the partnership is working.

Weekly 1–3 hours of support provides:

- Befriending, companionship
- Shopping or social outings
- Daily errands and chores
- Accompanying individuals to hospital and GP appointments
- Assisting with social media to keep in touch with distant relatives.

**Evaluation and sustainability** The study is evaluated by Lancaster University by end of June 2016. It is hoped that this will provide favourable evidence for CCGs to future fund. The hospice carried out its own evaluation, a user survey which was presented to the board of trustees which resulted in backed funding for a permanent coordinator post.

Development of the service and role of the Herts Neighbour is being progressed to provide enablement and bereavement support.

#### P-171 HOME VOLUNTEERING – THE NEED, THE CHALLENGE AND THE IMPACT

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10.1136/bmjspcare-2016-001245.193

We hope to share our experiences of home volunteering through a hospice for children and young adults, exploring the need, the challenges (and how we deal with these), and initial thoughts about impact. Volunteering *outside* the hospice offers new solutions to key questions around people, partnerships and potential.

Children and young people visit our hospices for respite, symptom management, stepped discharge and end-of-life care. Their visits are brief and infrequent. One way to bridge these gaps and address the practical and emotional challenges children, young people and their families face is through volunteers.

Home volunteering has two distinct strands:

**Support for families** For many families, their lives are dominated by supporting a child with a life-limiting condition, particularly where that child also has physical and/or learning disabilities. On top of this they face the same day to day challenges as others – looking after other children, getting to work, managing the home. Families often find that there is a ‘last straw’ – a pile of ironing or a weed-filled garden. Small, frequent help from a volunteer can have a big impact.

**Befriending for young adults** Like families, young adults can be overwhelmed by their situations, but instead of being overloaded with things to do, they are more often socially isolated, physically dependent and lacking things to do. Volunteer befrienders seem symbolically important because they aren’t paid to be with the young adults, nor are they there to perform a functional task for them. They simply spend time with them.

Though these two strands look very different in practice, we have observed a similar impact, with parents and young adults alike experiencing reduced stress, increased confidence and – perhaps most crucially – a level of control in their lives, no matter how small. Both strands provide a crucial link between hospice support and life outside.

#### P-172 TRAINED VOLUNTEERS: EMPOWERING AND SUPPORTING DYING HOSPITAL PATIENTS AND THEIR CARERS

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10.1136/bmjspcare-2016-001245.194

**Background** Dying patients in hospital may have little emotional support at the end of their life and may die alone. Alongside this, family and friends can feel isolated and overwhelmed by the experience. A key challenge for hospitals is how to provide emotional support when staff are needed to provide nursing care on busy wards.

A charity trained 28 volunteer “companions” to accompany, advocate and support people during this difficult time. Supported by a service manager, the “companions” deliver emotional comfort 12 hours a day, every day of the year.

**Aims** The main objectives of this innovative service are: