

**Conclusions** The piece of work is visually represented to ensure that a model of care can be clearly articulated to all stakeholders be they internal or external. This helps funding in terms of our charitable donations as patrons know what we do and for external commissioners with what we do that is different to other providers. Ongoing evaluation in terms of patient experience and cost effectiveness is pivotal.

**P-178 PARTNERSHIP WORKING – A HOSPICE ADVANCED RENAL DISEASE NURSE WORKING IN COLLABORATION WITH HOSPITAL TEAMS – A NOVEL APPROACH TO SUPPORTING PATIENTS**

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**Background** It is well recognised that people with advanced kidney disease should have their supportive care needs assessed and have access to palliative care (NSF Renal Services 2005). Despite this, referrals to palliative care services remain low – our hospice received three referrals for patients with End Stage Renal Failure (ESRF) 2014/15 (<1% of all referrals). The number of patients with ESRF is increasing (due to ageing population and associated comorbidities), hence there is increasing unmet need. In order to increase the number of renal patients having access to palliative care, we set up an innovative renal partnership.

**Aims**

- Increase number of patients with ESRF having supportive needs assessed.
- Increase access to palliative care services for ESRF patients.
- Provide opportunity for Advance Care Planning.

**Method** Following discussion with hospital and regional renal teams and our palliative care team, a new post ‘Advanced Renal Disease Palliative Care Nurse’ was created. Funded by the hospice but working across all settings – new pathways and referral criteria were agreed. The nurse undertakes a parallel hospital clinic with the renal consultant and takes referrals from the renal nurse specialists. Patients are offered clinics at the hospital, hospice or home, including opportunity to discuss Advance Care Plans.

**Results** In the first three months of the service there have been 15 referrals (compared with three the previous 12 months). Average age 76 years, 76% male. Two thirds have completed advance care planning whilst the range of referrals to other palliative care services demonstrates the unmet need of this group of patients (three referrals to physio, three to Day Hospice, three to Community Companions and one to the carer support group).

**Conclusion** Early results show this model of care is effective – achieving a 19 fold increase in patients having access to palliative care. Further results including outcome measures available at Conference.

**P-179 JOINT HOSPITAL AND HOSPICE CANCER CLINICS – ENCOURAGING EARLY ACCESS AND IMPROVING COORDINATION**

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**Background** Transitions of care between acute hospital cancer services and palliative care services can be challenging for patients. This, combined with the limitations of time and clinic space at our local acute hospital, led us to develop joint clinics with cancer site specific clinical nurse specialists (CNSs) and specialist hospice staff, at the hospice site.

**Aim**

- To provide increased support for people with a cancer diagnosis who have a palliative prognosis
- To improve coordination of care for this group and provide access to the combined expertise of cancer site specific CNSs and specialist palliative care health professionals
- To encourage earlier access to specialist palliative care services and to smooth transitions between acute care and palliative care.

**Methods** The clinics were first piloted with patients with upper gastrointestinal (GI) cancers and cancers of unknown primary. The CNS for this tumour site provides clinics collaboratively with a palliative care specialist senior staff nurse. A lung cancer clinic was then started, which is run with the CNS and a palliative care specialist physiotherapist, providing multidisciplinary support. Each clinic attendee is assessed holistically and action is taken as necessary according to this assessment. This may include psychological support, symptom management or referral to other services. Follow up appointments are booked according to patient need.

**Results** Since the start of the clinics, 134 patients have been supported, attending 198 appointments between them. Of those who have attended the joint clinics, 80% have gone on to access other hospice services. Patient feedback has been very positive and working relationships between the acute hospital and the hospice have been much improved.

**Conclusion** A collaboration between a hospice and an acute hospital has provided improvements in co-ordination and quality of care, as well as early access to hospice services for patients with upper GI and lung cancer.

**P-180 STRENGTH IN NUMBERS – THE CUMBRIAN HOSPICE ALLIANCE PARTNERSHIP**

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Cumbria covers an area of 6,767 km sq making it the second largest county by area in the country.

Cumbria's age profile is older than the national average. By 2037 the proportion of residents aged 65+ is projected to increase to 32.9% (projected national proportion is 24%)

Demand for good end-of-life care will increase nationally but there will be greater demand in Cumbria.

**Five independent Hospices working across the county:**

- Hospice at Home West Cumbria
- Hospice at Home Carlisle and North Lakes
- Eden Valley and Jigsaw
- St Mary's Hospice
- St John's Hospice (Hospice in Lancaster but covering parts of South Lakeland)

Formation of the “Cumbrian Hospice Alliance” in November 2015.