

Abstracts

service delivery and is already funding training, staff and services.

- District hospitals in Malawi are showing strong interest in developing palliative care services
- Project stakeholders are increasingly seeking extra funding and gifts in kind to support and develop children's palliative care services.

Discussion The collaborative implementation of this project has proved to be a catalyst for further development of palliative care than originally anticipated.

We would like to share our collaborative approach, together with more detailed results to inspire and encourage others to engage in partnerships to maximise impact and rise to the great challenge of meeting the huge need for palliative care internationally.

P96 A SURVEY FOR CHILDREN/YOUNG PEOPLE SUPPORTED BY A HOSPICE

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A survey for children/young people supported by a hospice

Introduction The Care Quality Commission requires agencies to enable services users to participate in the development of the service.

Aims This survey represents a children's hospice first attempt to hear directly from the children and young people they support as part of the organisations Clinical Governance process.

Methods Children and young people using hospice services have a wide range of needs, abilities and disabilities. Participants were encouraged to complete the surveys on their own if able or if needed with help from their siblings or parents/carers. The format was a simple questionnaire provided on paper and accessible on-line to offer participants a choice about how to reply.

Completed paper surveys were added to the on-line programme manually by the Clinical Governance Facilitators to aid collation and analysis.

Results Of the 438 forms sent out 67 (15%) were returned; some completed by the child/young person, on their behalf by siblings or parent/carer or siblings from their own perspective.

Respondents commented on activities they would like to see offered by the hospice such as DJ evenings and outings including holidays abroad. They also highlighted a few things they didn't like such as staying over at the same time as young children.

Discussion The survey offered children and young people with a range of complex needs the opportunity to comment on their experiences. The results will be shared with staff so they can discuss and consider ways of implementing changes to their practice in an effort to meet specific needs and improve the experiences of the service users.

Conclusion The survey has provided a starting point. In future we plan to review the survey and include other methods such as participant observation to offer more children and young people the chance to participate.

P97 DEVELOPMENT OF THE ADVANCED NURSE PRACTITIONER ROLE IN HOSPICE CARE: A MEDICAL MODEL

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Background/Context The role of the Advanced Nurse Practitioner (ANP) encompasses the provision of advanced levels of clinical practice, knowledge and skills. Whilst involving aspects of education and research, it is firmly grounded in direct clinical care. Responsibilities include assessing, diagnosing, planning and implementing programs of evidence based care and treatment. The drive to reduce junior doctors' hours in hospitals in the last decade led to further development in the ANP role, with increasing autonomy and application of expertise (RCN 2012). More recently, the ANP role has translated into hospice care, although generally these roles have developed within hospice nursing teams.

Aim Following the resignation of a Speciality Doctor it was decided to develop an innovative ANP role within an already established, experienced medical team.

Approach used An ANP role was defined for our local context with reference to national guidance and recommendations from the Royal College of Nursing. The role sits within the medical team, and involves the assessment and management of hospice patients, working autonomously but with support from the medical team. The ANP also participates in the medical on call rota, supported by the Consultant on call. The successful candidate had many years of nursing experience both in hospital and community, working at an advanced level within nursing.

Outcomes The ANP role challenges traditional professional boundaries. However, the ANP has integrated well into the medical team, and both medical and nursing staff have identified benefits from the skills and experience that the role has brought. The post has also provided a cost effective means of fulfilling many roles normally undertaken by a doctor.

Application to hospice practice Other hospices may wish to explore the development of Advanced Nurse Practitioner roles within their own medical teams.

P98 DEVELOPING AN ADVANCED NURSE PRACTITIONER ROLE IN HOSPICE CARE: A WORKFORCE TRANSFORMATION PROJECT

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Twelve hospices from the ECLIHP Regional group working with Skills for Health as part of a successful bid for £10,000 for a supported project.

The overall aim of this project will be to improve the quality of care for people with complex palliative and end of life care needs and their families by ensuring 24/7 direct admissions access to specialist inpatient hospice beds and emergency out of hours assessment in the community.

The intention of this project is to support delivery of a flexible and responsive 24/7 hospice admission and assessment service through redesign of the existing workforce to introduce an Advanced Nurse Practitioner (ANP) role within the team.

Impact will be measured by agreed Key Performance Indicators

Desired Outcome

- a Transferable Role Template for the ANP in Hospice Care defining the skills, competence, learning and development needed to fulfil this role.
- an outline Business Case Template to build the case to commissioners of the benefits of the ANP role in improving the quality of care for people with complex palliative and end of life care needs and their families by ensuring 24/7 direct admissions access to specialist inpatient hospice beds and emergency out of hours assessment in the community.

Deliverables:

1. Development of an ANP Transferable Role Template within Hospice Care to be included in the Skills for Health Learning Bank.
2. Development of a Education and Training Framework to underpin the role.
3. An outline Business Case Template targeted at Commissioners
4. Written Job Description for the ANP Role in Hospice Care.

How to achieve the deliverables?

- Define role, responsibilities and core job description
- Create a Clinical Reference Group and arrange workshops
- Develop formal partnership arrangement to support the project
- Identify evaluation process
- Agree scope of role and map competences/skills (NOS) sign off
- Agree core education programme
- Conduct baseline evaluation
- Complete clinical/technical skills training and competency sign off
- Define role, responsibilities in preparing Business Case Template
- Agree Business Case and Sign off
- Produce project outcome report

P99 HOW HAS THE INTRODUCTION OF ADVANCED NURSE PRACTITIONERS ROLE TRANSFORMED THE DELIVERY OF PALLIATIVE CARE AT EAST CHESHIRE HOSPICE?

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The introduction of two advance nurse practitioners (ANP) at East Cheshire hospice (ECH) has led to a more responsive stream line service, that meets the needs of patients, their families, loved ones and the organisation. The continuous presence of ANPs on the inpatient unit and Sunflower centre means they are able to ensure continuity of care and are a vital link between the medical and nursing team.

Evidence shows that the process of admission to discharge has been enhanced. ANPs have proved to be invaluable, as they are in the position to provide care from a diagnostic and examination perspective, whilst using their compassionate nursing skills to build essential therapeutic relationships.

The future of the ANP programme is exciting, the completion of the independent prescribing module will enable them to work autonomously, provide triage for the doctors, and allow the medical team to focus on patients with more complex needs. There have been challenges faced since the implementation of the ANPs and we hope showcasing our role and skills will help

colleagues and the external MDT understand the benefit of ANPs to ensure patients needs are met. ANPs are not in place just to fill gaps, but to enhance and improve practice at an individual and organisational level.

This abstract can be presented in more detail as a poster presentation.

P100 SHORT OF DOCTORS? COULD A PHYSICIAN'S ASSISTANT OR ADVANCED NURSE PRACTITIONER BE THE ANSWER? A PROJECT INVESTIGATING THE ROLE OF A MID-LEVEL PRACTITIONER ON A HOSPICE INPATIENT UNIT

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Introduction and Aims During a period of reduced medical staffing, the Hospice appointed an experienced Hospice Sister in the novel role of a mid-level practitioner on the inpatient unit. The role entailed working alongside the medical team, assisting with clinical reviews and designated tasks previously undertaken by doctors.

A 6 month project piloted the role and made recommendations about future options.

Methods A literature review gathered information on Physician Assistants (PA) and Advanced Nurse Practitioners (ANP).

20 staff were surveyed to ascertain views about the role.

The experiences of 3 ANPs working in different settings/specialties were explored to further understand the potential variety and development of such roles within multidisciplinary teams.

Results We describe and compare different aspects of the roles of PAs and ANPs: the historical context, training, roles, revalidation and salaries.

The key findings of the staff survey are highlighted. The majority of respondents felt the role was of 'great value' to the team, to patients and to families.

Improvements were perceived in prioritisation of medical time, continuity of care, psychological and spiritual care of families and carers, communication between medical and nursing/AHP teams and flexibility of roles more widely within the team.

90% of staff surveyed thought it would be 'extremely useful' to have the role continue.

Discussion and conclusion In our experience, a Senior Sister working as a dependent practitioner alongside the medical team has worked well. However, in order to optimise the potential for this role, additional training is required.

ANPs appear to provide the best option overall for a mid level practitioner in a Hospice setting. The main advantages over a PA are: ability to prescribe, availability of accredited training, autonomy of the role and familiarity of staff and patients with the title and role in other contexts.

P101 PROVIDING A SEAMLESS SERVICE - ASSISTANT PRACTITIONERS WORKING ACROSS HOSPICE AND COMMUNITY SETTINGS: A PILOT STUDY

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