

P 180

AN INNOVATIVE DEVELOPMENT APPROACH FOR ACUTE HOSPITAL SENIOR CLINICIANS TO IMPLEMENT THE NATIONAL EOLC STRATEGY 2008

Annette Edwards,² Fiona Hicks,¹ Kathryn Winterburn,⁴ Laura McTague,³ Anne-Marie Carey.¹ ¹Leeds Teaching Hospitals Trust, Leeds, England; ²Sue Ryder Wheatfields Hospice, Leeds, England; ³Doncaster and Bassetlaw Foundation Trust; ⁴Health Education Yorkshire and the Humber

10.1136/bmjspcare-2014-000654.221

Background Approximately half the annual 600,000 deaths in England occur in acute hospitals although research indicates that most would choose to die elsewhere. The National End of Life Care Strategy encourages senior clinicians outside the specialty of palliative medicine to engage with end-of-life care and make it a routine part of their practice.

Aim To pilot a programme enabling consultant colleagues from other specialties to identify their own learning needs, engage with the issues, undertake specific technical/clinical learning about palliative and end-of-life care, and identify improvements in their own practice. Having increased their own expertise, they would share and spread learning to clinical colleagues within their departments.

Method Funding for the pilot was obtained from Yorkshire and Humber Strategic Health Authority (SHA) for a group (approximately 6) of motivated hospital consultants, and a GP to

provide a community perspective, in two trusts – one large Teaching Hospital and one small District General. The programme was led by consultants in palliative medicine who had been trained in facilitating action learning, supported by a small steering group. It included joint clinics and ward rounds, one-to-one meetings and bespoke training as identified by participants. Work was progressed through Action Learning Sets. Evaluation included Training Needs Analyses, questionnaires and audit of practice.

Results In addition to improved knowledge about palliative care in general, participants identified increased openness in discussing end-of-life issues and confidence in provision of community services. Service improvements include changes in content of outpatient and discharge letters, development of guidelines, implementation of the AMBER care bundle and Rapid Discharge, and addressing DNACPR practices in their departments. Participants have opted to continue meeting quarterly and act as champions for end-of-life care.

Discussion Trust “buy-in” to the programme is essential to its success. Innovations have been different in each Trust. A proposal has been submitted to extend the programme to two other trusts before national roll out.