As the increase in demand for access to specialist palliative care services continues, methods to prioritise patients and carers with the greatest need becomes of increasing importance.

**Aim** The aim of the project was to develop and implement a triage system for referrals into the Northern Ireland Hospice community specialist palliative care teams. One which would create a standardised process ensuring equity for patients irrespective of location, improve access to the service leading to prompt assessment based on patient need and overall improve the referral system to increase referrer satisfaction and the quality of patient care.

**Method** The project consisted of two phases (1) a developmental phase and (2) an implementation and evaluation phase. During the developmental phase documentation design was required to capture essential information regarding patients and carers to aid identification of the patients priority based on need. Using a triage assessment guide patients were scored using five categories—pain, symptoms, patient anxiety, psychosocial issues, and carer anxiety. A lower triage score indicated patients with less urgent needs are identified as priority three whereas a higher score indicates those patients whose needs are greater and identified as priority one.

**Results** The introduction of the triage system reduced the estimated waiting time from 1–7 to 1–5 working days. Patients identified as priority one are being assessed within two working days from triage with many being assessed within 24 h of receipt of referral in triage. Those who are identified as priority two are being assessed within three working days and the less urgent priority three patients are being assessed within five working days.

**Conclusion** This triage system established a consistent, reproducible assessment process and provides a useful tool to improve the community teams efficiency delivering tangible benefits for patients and carers.