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**CO-ORDINATING CARE: A CLINICIANS TALE**Bronia Johnson, Wendy Smith *St Barnabas Lincolnshire Hospice, Lincoln, Lincolnshire, UK*

10.1136/bmjspcare-2011-000105.112

**Introduction** The Palliative Care Co-ordination Centre (PCCC) was first devised as part of the Marie Curie Cancer Care 'Delivering Choice Programme' acting as an administrative centre to book packages of care on a first come, first served basis of care for palliative care patients. In August 2010 clinical leads were introduced into the centre.

**Aims** To provide a central point of communication for clinicians, working with the referring clinicians to ensure that care is prioritised and co-ordinated. To ensure patients receive the most appropriate level of care. To support patient choice at the end of life by facilitating discharge from hospital and reducing inappropriate admissions.

**Method** Introduction of clinical staff with palliative care and community nursing experience. Extended working; opening at weekends.

Access to SystemOne patient records, the palliative care template and introduction of a county-wide prioritisation tool.

**Results**

- ▶ Clear discussion regarding patient needs and priority between referring clinician and PCCC team – care based on need not first come, first served.
- ▶ Patients' care packages are routinely prioritised resulting in complex patients receiving the majority of their care from dedicated palliative care providers.
- ▶ Reallocation of care to support unmet need / reprioritisation of patient care supporting patient and their family and carers at home.

**Discussion** The introduction of clinical staff has enabled patient need and priority to be matched to the appropriate care and has released resources and reduced unmet need.

This has supported both speedier discharge from and prevented unnecessary admission to hospital.

It has also highlighted issues with the current systems and barrier to the effective use of Continuing Healthcare.

**Conclusion** The introduction of clinicians has been a positive investment; the issues highlighted need to be addressed to further improve outcomes for patients and their families.