

P181 **PROVIDING A SEVEN DAY COMMUNITY CLINICAL NURSE SPECIALIST SERVICE: A 6 MONTH PILOT**

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**Introduction** In response to the challenges faced by patients and carers out of hours, the service provided by the Community

Clinical Nurse Specialist (CNS) team in an inner city hospice in Scotland was extended to cover 7 days per week. While this was recommended by NICE in 2004, there is little published information around the implementation and evaluation of this service development.

**Aim of the pilot** To examine the need for and benefits of an enhanced 7 day service by the Community CNS team.

**Method** The team of 6.5 WTE staff piloted 7 day working for 6 months. Activity data was collected on planned and unplanned urgent contacts. Acceptability of the service to both staff and patients and families was sought.

**Results** There was an average of 5.3 urgent contacts per weekend (range 0–12). 36% of these contacts were unplanned, with the majority of these (68%) being made by a family member.

Key benefits were seen to be: specialist symptom management 7 days per week, supporting patient choice in place of care, emotional support to patients and families and improved team working.

**Discussion** Successful management of change is dependent on a number of key factors. With these in place, resistance to change was overcome and staff were both enthusiastic and willing to embrace a new way of working. To support this service development an additional 0.5 WTE member of staff was recruited.

Initially data was only gathered around the “unplanned urgent” contacts. The team recognised that they could also incorporate appropriate routine activity, negotiated with the patient and family.

**Conclusion** The pilot demonstrated need, was highly acceptable to staff, patients and families and its delivery was sustainable in our team. Seven day working is now established in the delivery of our Clinical Nurse Specialist service.