

in 2017, St Giles Hospice in collaboration with Green Square Accord launched a four-week carers' course which was designed to support unpaid carers in the community who support people living with dementia. The course covers a range of topics, including looking after yourself and activities for people with dementia, eating and drinking and infections in dementia, dementia related behaviours and planning for the future including end-of-life.

Prior to 2020 this four-week course was face-to-face and was group based. When the COVID-19 pandemic hit the service had to act quickly to ensure the much-needed support for these carers did not disappear. The carers' course was adapted to provide support via a one-to-one basis either via video consultation or through a telephone call. This ensured that carers were not isolated and had access to specialist support and signposting to other services. Data captured showed that 100% of participants found that the topics covered were relevant to their situations, 92% of participants found that sessions fulfilled their expectations and that 100% were given opportunity to ask questions. Over 80 carers have been supported through the adaptation of the service so far.

P-117 **LAST DAYS MATTER – A PROGRAMME TO HELP LAY FAMILIES LOOK AFTER THEIR LOVED ONES AT HOME**

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Many people would like to die at home, but their loved ones can be nervous about looking after them fearing their own lack of clinical knowledge. Family and local health system engagement told us there was a gap in the provision of non-clinical family education.

'Last Days Matter' is the idea of the North Lancashire Compassionate Communities Group, who after research decided to develop their own programme that would support people without clinical expertise to look after their loved ones at home. The Group used their lay and clinical experiences to develop a three-hour programme consisting of five sessions. Each session is made up of a short film that follows the experience of John who is dying, and discussion time. Each session addresses a need that engagement had revealed; planning for the future; to care and accompany; saying goodbye, recognising the signs of dying and the new normal.

We learnt that it was necessary to seek funding for professional actors and filming skills so that we could have a programme that would be professional and how important it was to seek the expertise of the patient and public for their feedback on all scripts and teaching materials.

The result is a programme that is now ready to be used in local communities and has attracted the interest of North West NHS England and NHS Improvement. The programme will be made available further afield for adoption or adaptation. It will support people to care for their loved ones at home by giving them the knowledge, reassurance and some of the necessary skills. Initial feedback from engagement and contributors suggests that 'Last Days Matter' is much needed, will be sought after and will be valued by those who need it most. It will also support palliative care staff across the health community.

P-118 **IMPROVING CARER SUPPORT IN HOSPICE CARE**

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Background Carers provide vital support to patients yet manage a variety of emotional and physical demands themselves (Ates, Ebenau, Busa, et al., 2018). Use of 'carer needs' tools have been shown to reduce carer strain (Aoun, Grande, Howtning, et al., 2015). Tools need to be part of wider organisational behavioural and cultural shift to improve person-centred support for carers (Diffin, Ewing, Harvey, et al., 2018). A quality improvement approach encompasses the wider factors involved in changing behaviours and culture in an organisation (NHS England. NHS Change Model).

Aims To evaluate the effectiveness of a quality improvement programme targeting carer support at the hospice.

Methods Baseline audit of 18 records carried out (2019) against the following standards; carers identified, relationship of carer documented, main carer identified, carer limitations documented, identification of needs, separate carer record and carer needs addressed.

Measures implemented share the vision, carer champions identified, record templates modified, staff awareness and process training, promotion of carer resources, embed change. Re-audit of 15 records (2021) to identify impact of improvements.

Results In only 72% of cases a carer was identified in 2019 compared to 100% at review. Compliance with five of the standards in 2019 was between 17% and 22% of the records audited. Average compliance across seven standards in 2019 was 39% and in 2021 compliance was 71%. The re-audit identified a marked improvement in six of the standards audited. In over 90% of cases, the relationship of carer to patient was recorded successfully in both audits.

Conclusion Compliance with the standards increased by 32% on average. The measures implemented were effective at increasing the evidence and awareness of carer support in the organisation. Further improvements are needed in: where information is recorded, assessment of carer limitations and recording of intervention outcomes. Further quality improvements planned include sharing the outcome of the re-audit to provide ongoing momentum, increase number of carer champions and carer support to be incorporated at strategic level.

P-119 **SOLIDARITY, SKILLS AND SUPPORT- ST CATHERINE'S (LANCASHIRE) 'WINTER PRESSURES' CARE HOMES PROJECT**

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Background Care homes have been particularly badly affected by the events of 2020. We acquired short-term resource from two streams to improve system resilience during winter.

Aims To assess the impact of enhanced specialist palliative care to care homes regarding responsiveness, professional support and education, referrals, advance care planning (ACP), hospital admissions and deaths in preferred place of death (PPD).

Methods A free education programme was offered to all care homes in Preston, Chorley and South Ribble commencing in

November 2020. This was complemented by input from a Clinical Nurse Specialist over a total of six months.

Results Between 1 January and 31 May 2021, 56 patients were referred. 69% from the hospital palliative care team. 46% of patients had cancer. Four patients died before they were assessed. 68% of patients were seen within seven days of referral. 29 patients died during the project timescale and 93% of deaths were in a care home. The only hospital admission was precipitated by an acute event. We found evidence that documentation of ACP and escalation of treatment plans improved by our intervention. Potential hospital admissions were avoided in 14 cases due to ACPs. There were challenges for carers in attending education, with 172 attendees over 34 sessions. With regard to visiting during a time of societal restrictions, 28% of review appointments took place face-to-face.

Conclusions Education was well-received but further work is required to improve accessibility and to assess longevity of benefit. We responded clinically in a more timely manner, as compared to 'normal care'. We identified a theme of inadequate and inconsistent documentation of future care planning.

P-120 HOSPICE AT HOME SERVICE: ENABLING PERSON-CENTRED CARE

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Background A collaborative project between the clinical and research teams at a hospice in Scotland highlights a person-centred model of Hospice at Home being developed and utilised with a focus on 'what matters to patients and families'.

Aims

- Evaluate the impact and potential benefit of Hospice at Home and identify the factors that underpin these.
- Support the development of a model of care that underpins the Hospice at Home service.

Methods The evaluation part of the project was informed by a pluralist approach, allowing for evaluating the complexity of a service by taking into account its organisational context. The pluralist model encourages participation of stakeholders and takes account of varied data sources. Within this study this consisted of:

- Interviews and focus groups with managers and the new Hospice at Home team.
- Descriptive quantitative data.
- 15 patients' case stories.

Results During the period of the study 140 patients were admitted to the service. The most frequent reason for the service being requested was for psychological support, the average length of stay in the service was 17.1 days with the majority of patients staying in the service for 8.0 days.

The model of care underpinning the new Hospice at Home service enabled person-centred care in patients' homes. Three key elements of the model were identified: flexible and responsive care; relationship based care; and empowering patients and family members. The key outcomes of this model of care were identified as family members feeling supported

and patients being able to be cared for and die in their preferred place.

Conclusion The person-centred care model of the Hospice at Home service enabled a level and focus of care that adds a new layer to care within the community. This person-centred model of care may be meeting the needs of patients with less clinical/medical palliative care needs and be more appropriate than the more traditional medical model.

P-121 ENHANCING OUT OF HOURS PALLIATIVE CARE SUPPORT IN HIGHLANDS DURING COVID-19 AND BEYOND

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Background During the first three months of the COVID-19 crisis in Highlands, the local palliative care helpline was put on pause to allow out-of-hours practitioners to cope with increasing demand on acute services. An enhanced helpline was introduced in August 2020.

Aim To provide improved support and advice to members of the community with palliative care needs, at home or in residential care, using existing resources more effectively.

Method A partnership was established with NHS Highland and Highland Hospice to staff an out-of-hours enhanced Palliative Care Helpline (PCH) seven nights/week. Shielding nursing staff working with the NHS who had previous knowledge and experience in palliative care were invited to work remotely alongside nursing staff in the Highland Hospice. Staff involved were consulted and supported with three online induction sessions.

Results During the six-month pilot, 470 calls were made to the Palliative Care Helpline of which 55% were put through to the PCH nurse. The data from the pilot period was compared to pre-pilot data. Calls were more likely to be dealt with by giving advice (to patients, families and care staff) resulting in reduced home visits and fewer hospital admissions. Qualitative feedback from out-of-hours practitioners was positive. The assessment and triaging of the patients by the PCH nurses was felt to be 'often better', and 'Far more timely for patients... Far fewer OOHs home visits/contacts required'.

Conclusion A palliative care helpline staffed by nurses with palliative care experience can provide additional support to palliative patients in the community resulting in fewer house visits and hospital admissions.

P-122 INTRODUCING A COMMUNITY SPECIALIST PALLIATIVE CARE OVERNIGHT/OUT OF HOURS (OOHS) VISITING SERVICE

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Background Access to a 24/7 service supports people at the end-of-life, enabling them to be cared for and to die at home. Prior to this project all overnight/out-of-hours (OoHs) calls were dealt with by the hospice staff giving telephone advice, often referring to the 111 service. Delays in the delivery of