

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 home 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