P-115 TRAFFIC JAM: RAG TRIAGE SYSTEM TO MANAGE INCREASE IN REFERRALS TO COMMUNITY PALLIATIVE CARE SERVICE

Marie-Claire Rooney, Nicola Munnelly, Tracy Browning. *St Luke's Hospice*

10.1136/spcare-2022-SCPSC.136

Background During 2020 we saw a rise in referrals to our community palliative care service. Given the backdrop of the pandemic, this is unsurprising. With a higher number of referrals and the known potential for fewer staff owing to illness, we felt compelled to reinvent how we organised assessments of new referrals. Prior to our project, assessments were carried out at the soonest opportunity, without analysing the urgency of clinical need. Our new RAG (red, amber, green) triage system aimed to enable the team to structure the order of patient assessments according to their clinical need.

Method We conducted a literature review and from the resources generated we drafted guidance on triaging via allocation of a RAG status, whereby 'red' patients should be seen within 48 hours, 'amber' patients within 5 days and 'green' patients within 10 days. We selected a sample of patients over a 4 week period during which the RAG system was in place and compared the appropriateness of the order in which patients were assessed with data from a 4 week period prior to the RAG system being in place, for which we retrospectively allocated a RAG status.

Results We found that pre-RAG, 20% of patients were assessed outside of their RAG status timeframe. Furthermore, there were less urgent patients that were assessed before them. In contrast, we found that post-RAG, only 5% of patients were assessed outside of their RAG status timeframe. Importantly, there were no less urgent patients seen before them.

Conclusion The RAG system has proven useful in triaging patients according to their clinical need, thereby ensuring patients are seen in an appropriate order according to their need. It continues to be a useful tool for the team in managing new referrals during this period of recovery following the pandemic.

P-116 MAPPING HEALTHCARE PROVISION BEYOND THE NHS TO INCREASE RESEARCH CAPABILITY: PILOT STUDY OF VIRTUAL ONLINE PRACTICE COMMUNITIES IN PRIMARY AND SECONDARY CARE (VOICE)

Marion Evans, Sarah Misra, Anthony Forsyth, Pam Devall, Sam H Ahmedzai. *NIHR Clinical Research Network West Midlands, University of Sheffield*

10.1136/spcare-2022-SCPSC.137

Background Many organisations supporting patients and families within the community, are not funded by the NHS, eg hospices. These are known as non-NHS providers and patients can either be referred or signposted to them. The number and range of non-NHS providers have grown rapidly and they receive patients from the NHS for clinical, psychological and social support. Until recently, these providers were unable or found it difficult to engage in national research. However following changes to the DHSC policy in January 2018, National Institute of Healthcare Research (NIHR) CRN support is increasingly available for research taking place in non-NHS settings.

Method VOICE was designed to test the feasibility of collecting data on referral patterns of patients by healthcare professionals to non-NHS providers, in order to develop a database of those organisations that could become involved in NIHR studies.

The feasibility study was conducted in the West Midlands CRN. Participants were invited to provide information via a website on past experiences and about their patterns of referrals or signposting patients.

Results There was a 28% response rate mostly from nurses and doctors; highest number of responses came from a district general hospital and a hospice. These identified 118 discrete non-NHS providers, with minimal overlap between respondents. They included national or local charities, as well as private providers. Supported patient groups included MND, dementia, older people, cancer support, bereavement. The virtual method of data collection worked well especially during the pandemic when face to face contact was limited.

Conclusions We have shown it is feasible to collect data on referrals to non-NHS providers of support for patients with serious illness. Establishing a national database should help to stimulate and support research in these settings. Thus, we are planning a further study to test this hypothesis in different regions of UK.

P-117 EVALUATING THE ROLE OF ADVANCED NURSE PRACTITIONER (ANP), IN A HOSPICE INPATIENT-UNIT (IPU) SETTING, AS PART OF THE MEDICAL TEAM

Sarah Courtney, Pippa Russell, Emma Tempest. *St Helena Hospice*

10.1136/spcare-2022-SCPSC.138

Introduction In 2020 the pandemic hit, and by June the Junior doctors were re-deployed to the acute hospital. We had already been developing an ANP role within the nursing team, but this encouraged bolder changes.

Two ANP posts were created within the Medical Team, line managed by the Medical Director. They are Non-Medical Prescribers, who conduct patient history taking and assessment, also supporting with the wider activities of the Medical team. Whilst the ANP's and their line manager feel this is a role that positively contributes to patient care, supports Junior nurses and doctors, and allows career development, they wanted to know if the wider multidisciplinary team agreed.

Aims A service evaluation was conducted to gather staff opinions, in order to evidence the value of the role and review suggestions for improvement.

Method All clinical staff on the IPU, were given the opportunity to complete an anonymous questionnaire between 5th July- 5th August 2021. Participants responded to 11 statements using a Likert scale, with an option to comment.

Results The results were overwhelmingly positive for all 11 statements. Over 60% strongly agreed with all statements. Responses of 'undecided' or 'disagree' weren't given context with comments.

Positive comments were related to:

The shift pattern of the role, covering long days and weekends

Support for Junior doctors

A bridge between the nursing and medical teams

Role modelling

A positive career goal