

P-05 SOUTH LONDON HOSPICES WORKING TOGETHER TO IMPROVE RETAIL

John Vickers, David White. *St Christopher's Hospice, London, UK*

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Background The retail team from St Christopher's Hospice has given consultancy support to neighbouring hospices, Greenwich & Bexley Community Hospice (GBCH), and Princess Alice Hospice (PAH). Through the hospices working in partnership together, retail practices have improved, and there has been significant new income generation across all three South London hospices, to support end of life care directly. This has taken place for the last 18 months and is still ongoing. All three hospices support the submission of this abstract.

Aims

- To share retail knowledge and experience with neighbouring hospices.
- To generate more income for each hospice.

Methods St Christopher's Commercial Director was seconded part-time to GBCH, and then following this to PAH. In addition, St Christopher's retail team has supported its neighbouring hospices to carry out refits for new shops.

Support includes

- Development of retail strategies. E.g. right stock, right time, right price, right place.
- Transforming logistics for shop stock and collections.
- Managing property portfolios, and renegotiating leases.
- Project managed shop refits.
- Recruiting retail staff and supporting restructures.
- Coaching and mentoring retail staff.

Results

- Significant increase in trading profit for GBCH, and PAH. St Christopher's also reduced its costs.
- Working in collaboration brought smarter work practices.
- Economies of scales reduced costs and gave greater negotiating power.
- Being able to share shop data with transparency allowed all charities to understand opportunities.

Conclusions

- Sharing a retail strategy with proven success supported retail boards to have confidence in making decisions.
- All hospices have different experts; pooling this knowledge makes sense and we deliver more for everyone.
- It is ok to charge for consultancy time across hospices, if it delivers benefits for everyone.
- There is a difference between fundraising and retail skill-sets, and we need to resource for that.

P-06 KILBRYDE HOSPICE: SCOTLAND'S NEWEST HOSPICE. CHALLENGES, COLLABORATION AND COMMUNITY

Margaret Mary Cowan. *Kilbryde Hospice, East Kilbride, UK*

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Background Some people requiring specialist palliative care have complex symptoms difficult to manage at home (Hospice UK, 2016). In the past, people of South Lanarkshire have always had to travel a distance to North Lanarkshire for

hospice in-patient care. National records (National Records for Scotland, 2018) predict an increasingly ageing population for South Lanarkshire with 37.3% of the population living as a single household impacting a person's ability to remain at home to die. Hospice directors viewed this as an inequality in provision and the impetus began to fundraise for a new local hospice in-patient facility.

Aims This service development defines the incorporation of existing community hospice services to plan and open an in-patient unit for the population of South Lanarkshire.

Challenges/Collaboration/Community

- Challenge to set up a robust governance structure to safely recruit a team to set up and open the in-patient unit.
- Development of a full suite of policies.
- First unannounced inspection by Healthcare Improvement Scotland scoring 3 'Goods'.
- March 2020, Kilbryde Hospice provided support to NHS Lanarkshire during COVID-19. The hospice, converted to a COVID-19 unit, increasing from 12 to 21 beds.
- Lockdown terminated our entire planned fundraising calendar.
- Clinical services continued, some remotely, therefore the hospice was completely dependent on the community of South Lanarkshire to fundraise on our behalf, which they did.

Results The hospice continues to deliver community and in-patient specialist palliative care services with up to 93% in-patient occupancy rate. Care provision is spread across all three localities improving equality and ensuring a higher rate of preferred place of death for those who choose in-patient hospice care.

Conclusion Kilbryde Hospice has listened to the community of South Lanarkshire, to provide specialist palliative in-patient care services. Furthermore, the community has supported the hospice both financially and sympathetically, whilst Kilbryde works collaboratively with key stakeholders in South Lanarkshire to develop a collaborative partnership.

P-07 COMPASSIONATE NEIGHBOURS: WORKING ACROSS ORGANISATIONS FOR MUTUAL SUPPORT AND INNOVATION

¹Jon Devlin, ²Emma Naef. ¹*Greenwich and Bexley Community Hospice, London, UK;* ²*Peace Hospice Care, Watford, UK*

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Background/Aims Compassionate Neighbours is a social movement providing social and emotional support to people towards the end of life due to age or illness.

The project was launched by St. Joseph's Hospice in June 2014. In 2018, the project was rolled out to seven other hospices throughout London and the surrounding area, to demonstrate that the model was scalable, with five additional hospices joining the family over the following years.

The work has always been led by a Programme Board comprising the Chief Executives of each of the member hospices, underpinned by a Memorandum of Understanding. At an operational level, St Joseph's led the training and development of the teams within the hospices adopting the model in 2018, with subsequent hospices being supported on a buddying basis.

This poster describes the self-managed operational group that has formed, supporting and developing those who are

involved with delivering, developing and implementing Compassionate Neighbours programmes at each of the member organisations.

Methods/Results/Conclusions We will describe the ‘Operational Group’ which coalesced during the pandemic but which continues to enable individuals employed by different hospices to access mutual support. We will explore the value of technical innovations: such as using Slack as a communication tool and the creation of a CRM to support the work. We will reflect on the experiential development of each organisation’s virtual training offer. The group shares innovations, such as a Salesforce CRM that was developed and showcased by one hospice, leading to others commissioning the same system so that data can be easily benchmarked in the future. We will explore the ways in which regular meetings have enabled cross-hospice volunteering. We will describe how a devolved group has supported on-boarding of new staff, during a period where organisational capacity has been challenging. We will reflect on the impact of collaboration - in particular across the hospice community - and consider the implications for Compassionate Neighbours as well as for other hospice functions.

P-08 LEARN. INNOVATE. FUND. EMPATHISE – LIFE PROJECT

Liz McIntyre. *LOROS, Leicester, UK*

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Background Hospice supporters are generally over the age of 50, and as such, we need to better engage with younger people. The project also sought to address possible ‘group think’ outcomes (Psychology Today).

Aim(s) To engage younger audiences, harness ideas for innovation and to encourage voluntary work/future support. Ideas generated directly or indirectly improve care and experiences for patients/families/carers.

Methods We recruited 12 schools for a ‘Dragon’s Den’ style competition. Students worked in teams on one of four evidence-based challenges:

- How can technology address inequalities in palliative care for different ethnic groups (Hospice UK, 2021)?
- How can those abroad be involved in their loved one’s death (British Psychological Society, 2020)?
- How can we recruit/utilise volunteers to support patients and their families (NCVO, 2021)?
- What steps can make donating easier in an increasingly cashless society?

Teams ‘pitched’ to judges in a face-to-face finale. The process was evaluated through surveys with students and teachers. We will separately evaluate the ideas we implement.

Results The prize for the winning team was an ongoing relationship with the hospice to implement their idea. The winning team focused on volunteering and specifically how we improve engagement with younger people. This is beneficial to the charity in a number of ways and aligns with the original aims of the project. Other challenges provided valuable insight into use of technology to improve engagement, teaching and care.

Conclusions The solutions (recommendations) seem both logical and possible in terms of our ability to implement.

- 91% of students were happy for us to pursue their ideas.
- 73% wished to get involved in hospice volunteering.

- 66% would be interested in becoming a hospice youth ambassador.

Innovation and interest We have received much interest nationally from other hospices who have requested the blueprint in order to replicate.

P-09 END OF LIFE CARE TOGETHER- POPULATION APPROACH TO PALLIATIVE END OF LIFE CARE IN SCOTLAND

¹Michael Loynd, ²Sian Marchant, ¹Lorien Cameron-Ross. ¹NHS Highland, Inverness, UK; ²Highland Hospice, Inverness, UK

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Background End of Life Care Together (EoLCT) is a partnership approach delivering outcomes that matter to people with Palliative End of Life Care (PEOLC) needs. Through this realistic medicine population value approach there is an aim to move from reactive to proactive service approaches promoting increased resource in community settings.

Aims Through this approach there is a triple value aim:

1. To individuals by prioritising the outcomes that matter to them.
2. To the wider community providing equity of access to services.
3. In the way collective resource is assigned and allocated to this population (Thomas & Gray, 2018. *Br J Gen Pract.* 68:116).

Methods To achieve these aims a whole system approach is required. Key areas were identified with their own objectives:

- Identification and shared planning.
- Primary care partnership.
- 24/7 co-ordination.
- Communication and engagement.
- Evaluation.

Overarching this is a Leadership Group with strategic partners and an Oversight Group with key stakeholders.

Results 15% of NHS budgets are spent on PEoLC. With 75% of spend in secondary care majoritively on unscheduled admissions (North East Essex Health and Wellbeing Alliance, 2020). While in-patient care is a necessary it is evidenced that this could be reduced by up to 40% (Hawksworth, 2017). People at end of life generally want to remain at home for as long as possible. EoLCT is optimising and coordinating delivery of community services to increase the likelihood of people remaining in this setting (Gomes, Calanzani, Curiale, et al., 2013. *Cochrane Libr.* 6).

Conclusions EoLCT is leading a multi-partner value-based population approach bringing together the public and third sectors with a clear vision. Multi-agency approaches have been well advocated in key national reports and strategies (National Services Scotland, 2019; National Services Scotland, 2021; Scottish Government, 2021). The EoLCT partnership aim to demonstrate that this approach will ensure equitable, sustainable and transparent resource use that achieves better outcomes and experiences for individuals, professionals and the population (Hurst, Mahtani, Pluddemann, et al., 2019. *CEBM report*).

How innovative or of interest is the abstract? Provides an exemplar of a population approach delivered through NHS/hospice.