

P-38 ESTABLISHING A PERINATAL PALLIATIVE CARE SERVICE FOR THE WEST MIDLANDS

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10.1136/spcare-2022-HUNC.60

Perinatal services include support to both antenatal (pre-birth) referrals and neonatal referrals (generally defined as up to 28 days of age), and this cohort make up a large proportion of childhood deaths. Prior to October 2021 the Paediatric Palliative Care Service (PPCS) at Birmingham Women's & Children's Trust had insufficient resources to sustainably provide specialist perinatal palliative care services. With the addition of a second PPCS consultant with interest and experience in perinatal palliative care, a service has been established and this study reviews this improvement initiative.

Antenatal referral to palliative services offers specialist support to complex birth planning, after death care planning, symptom management planning, and facilitates seamless transitions and continuity across care locations (such as to hospice from maternity services, between fetal medicine to neonatal services and also maternity to children's services). A perinatal palliative care service offers much more than consultations though, with multidisciplinary specialist support available to healthcare services, educational support to related services and attendance at weekly fetal medicine and neonatal service multidisciplinary meetings to provide pre-referral guidance and support. Our service has been able to also provide these diverse elements across the West Midlands.

Improvements seen include significant increases in perinatal referrals with increased uptake of Acorns Hospice support. From 2017 to 2021 Acorns had one to three antenatal referrals per year and in 2022 has already had three antenatal referrals at time of writing in May. PPCS has had a massive increase from five antenatal referrals (2018 to Oct 2021) to 16 (October 2021 to May 2022). We outline the key elements in setting up a perinatal palliative care service and the key improvement outcomes to be considered including a case study highlighting improved experiences of families with a baby with palliative needs. We conclude that the perinatal service has been an important development for the West Midlands and discuss future directions.

P-39 COLLABORATIVE WORKING: HOW AN ADULT AND CHILDREN'S HOSPICE WORK TOGETHER TO PROVIDE HOLISTIC PATIENT CARE BASED ON SHARED EXPERIENCES

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10.1136/spcare-2022-HUNC.61

Background In April 2022, St Giles Hospice and Acorns Children's Hospice collaborated to ensure that babies, children and young adults could access the vital day services of Acorns Children's Hospice whilst their building underwent a refurbishment. Together for Short Lives (2016) acknowledges that adult hospices can often be very daunting places for young adults due to the increased number of patients that are seen, many will be at the end of their lives and the hospice environments are very different.

Aim Review learning opportunities of an adult hospice and a children's hospice working alongside each other.

Method A collaborative partnership was formed between the two hospices that enabled Acorns access to patient rooms and office rooms to ensure that patients and their families were able to continue to access respite and end of life support during a six month refurbishment of the Acorn's in-patient unit. To ensure that this was a true collaboration, a working group was set up that consisted of representatives from each hospice to look at how the two hospices could coincide within the same building. Representatives included staff nurses, physiotherapists, directors, catering, volunteers and facilities. Weekly meetings were instigated to look at room requirements, how to embed staff, governance arrangements and communication both internally and externally. The meetings will continue throughout the duration of the collaboration to capture any learning as time progresses.

Results It is hoped that when the six months end in October 2022 that there will be a number of learning points:

- Increased awareness of young adults' needs when transitioning into an adult hospice.
- Review of services to make them more accessible to young adults.
- Greater collaboration between adult and children's hospices.

Conclusion This is an innovative partnership focused solely on maintaining access to in-patient hospice care for children. Review will transform how we design services in the future for transitioning young adults.

P-40 YOUNG PEOPLE AND TRANSITION AT A HOSPICE FOR ADULTS

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10.1136/spcare-2022-HUNC.62

Background The hospice recognised a gap in services for patients, relatives and carers aged 18-30 and that services should be more age appropriate (Smith, Mooney, Cable, & Taylor (eds.). Teenage Cancer Trust, 2016). In addition, young people are living longer with life-limiting conditions (Fraser, Gibson-Smith, Jarvis, et al., 2020.) so transition to adult hospice services has become more necessary, which can be a daunting process (Beresford, 2013).

Aim(s) Provide a 3-year National Lottery funded Young Person & Transition Key Worker to support patients, relatives and carers aged 18-30 accessing adult hospice services. The key worker will ensure that the needs of young people are understood, staff have the skills and knowledge to support them effectively and that transition to the adult hospice is a smooth and reassuring process.

Methods The Young Person & Transition Key Worker offers support by:

- Giving young people a voice (National Institute for Health and Care Excellence. [NG43], 2016); using their feedback to shape services.
- Providing age appropriate services and adapting existing ones, where possible, to meet the individual needs of the young person.
- Offering support to relatives and carers aged 18-30.