

P-109 BRINGING NEW LIFE TO PALLIATIVE CARE: THE DEVELOPMENT OF A DYNAMIC AND HIGHLY RESPONSIVE COMMUNITY WORKFORCE IN WOLVERHAMPTON

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Introduction Compton Care's refocus of strategy (2019) identified a need for a 'Rapid Response' community service to manage crises and prevent unwanted acute admissions. Goals were to make community workforce and resources more efficient, providing care for current and urgent needs. With in-patient care in demand but many wanting to be cared for at home, care needed to be available all hours of day and night, with capability to respond to changing clinical pictures.

Methods An early service commenced in 2019 providing a 7 day service, with response time 4 hours using current specialist community staff. In 2020 a dedicated Rapid Response service was formed with CNS provision to continue to support skill mix. The COVID-19 pandemic accelerated further training in clinical skills and urgent care was provided in person.

In later 2020, there was a re-evaluation of the Rapid Response workforce, with recruitment of advanced practitioners, and more clinical nurse specialists, with a drive towards non-medical prescribers. Inclusion of paramedics in 2021 further drove the mind-set for responsive action. Investment in staff training increased clinical competencies in phlebotomy, catheters and syringe drivers to facilitate short notice provision in the home. The team was expanded to complete the 24 hour service provision. Day response time remained 4 hours, with night response time of 2 hours. Extremely complex patients in the final 12 months of life can now be managed at home.

Results 497 home visits made by rapid response team in the 6 month period commencing October 2020, with 747 home visits in same period 1 year later. Acute admissions reduced. Preferred place of care and death supported through use of ReSPECT process.

Discussion Through many stages over a 2-3yr period, the Rapid Response team has maximised Compton Care's impact for individuals requiring palliative care at home. Further collection of broader activity data will help to show impact in future.

P-110 PILOT PROJECT: RESPONSIVE SPECIALIST PALLIATIVE CARE ASSESSMENT AND INTERVENTION AT HOME

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Background In November 2021, the local integrated care systems identified a gap in responsive palliative care needs at home, to prevent inappropriate hospital admission. This gap had been exacerbated by reduced capacity, system pressures, and heightened demand (NHS England. Winter resilience. [Internet], Winter 2021 (Cited 2022 May 10). Phyllis Tuckwell responded with a pilot between 06.12.21 to 06.03.22.

Aims To establish and evaluate a responsive service for patients with advanced and terminal illness, presenting with rapidly changing needs and instability at home. The aims were - in line with palliative care 'Ambitions' (National

Palliative and End of Life Care Partnership, 2021) - to expedite access to assessment and expertise, provide responsive symptom control, support complex decision making and planning at the end of life, access to care, facilitate confidence and trust, advise on practical measures e.g. equipment, reduce pressures on system partners, support preferred place of death.

Methods Funding was sourced, staff redeployed, processes and data collection systems established. Service modifications were influenced by frequent feedback and use of PDSA (NHS England and NHS Improvement. Plan do study act (PDSA) cycles model for improvement. [Internet]. Cited 2022 May 10). Data collection involved patients supported, number of visits and telephone calls; response speed; intervention; impact; case vignettes, and stakeholder feedback to reflect the benefit to system capacity.

Results

- Patients supported = 466, with 75% of these responded to within < 2 hours.
- Responsive multi-professional interventions included holistic assessment, symptom management, prescribing, medicine administration, advance care planning and ReSPECT discussions, complex decision making, functional assessments, skilled compassionate communication, giving confidence to care at home.

Outcomes Reduced need for visits from other health and care professionals e.g. GPs, DNs, supported hospital discharge, avoided inappropriate admission to hospital and facilitated patient death according to wishes. 18 case vignettes recorded examples of these outcomes and quality of care.

Conclusion The project enabled timely access to palliative care, alleviating pressures on partners in line with aims. Unanticipated benefits were improvements to multi-professional working and reports of role satisfaction. System benefits resulted in funding to substantiate the pilot.

P-111 EVALUATING THE REQUIREMENTS, EFFICIENCY AND STRUCTURE OF OUT-OF-HOURS PALLIATIVE CARE PROVISION BY AYRSHIRE HOSPICE

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Aim Access to good quality out-of-hours medical care is important in every aspect of medicine, not least to patients with palliative care needs who are suffering from complex chronic medical conditions or approaching end-of-life. A review of the current out-of-hours service at The Ayrshire Hospice is in progress, aiming to assess the needs and requirements of their out-of-hours service and looking for possibilities to adapt the service if needed.

Method An initial cycle of data collection was performed from 15 November 2021 to 03 January 2022, looking at the call volume, content, origin and outcome for The Ayrshire Hospice during out-of-hours, defined as 5pm to 9am weekdays and from 5pm Friday to 9am Monday over the weekends.

Results A total of 73 calls were recorded by the in-patient unit at the hospice and 49 calls recorded by the medical team. 51% of all calls taken by the medical team went directly to them rather than being transferred from the in-patient unit, 65% of calls resulted in verbal advice being