and evaluate cost-effective pathways to access medications at end-of-life is essential.

P-117 WHAT'S THE SCRIPT? NON-MEDICAL PRESCRIBING SUPPORTING PALLIATIVE CARE FOR COMMUNITY HOSPICE PATIENTS

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Background Patients with life-limiting conditions often have rapidly changing symptoms and benefit from access to medication for symptomatic relief. However, access to prescribers out of hours is limited and can lead to delays (Webb & Gibson, 2011. Int J Palliat Nurs. 17:537; Latham & Nyatanga, 2018. Br J Comm Nurs. 23:94; Latham & Nyatanga, 2018. Br J Comm Nurs. 23:126).
Aims To test and implement procedures which enable hospice prescribers to prescribe medication in a timely manner for symptomatic relief for patients at home, supporting patients, families and primary care teams.
Methods A standard operating procedure (SOP) was developed to allow medical/non-medical prescribers access to hospital-based prescriber (HBP) pads (Hardman, Foot, Hillan et al., 2012). When hospice prescribers review a patient at home who requires medication, they can then prescribe via the HBP pad within their competency (Royal Pharmaceutical Society. Competency framework for all prescribers [Internet]; 2021 September [cited 2022 May 16]), which can be dispensed from a community pharmacy.

Evaluation of non-medical prescribing and SOP compliance was undertaken. Audit of carbonated copies of the HBP prescriptions measured documentation compliance, medication prescribed and rationale for the prescription. Reflective case note review, case studies and stakeholder feedback were used to determine user experience and whether access to hospice prescribers was beneficial for patients and primary care teams.
Results

- Positive feedback indicates a seamless, holistic approach describing benefits from prompt availability of medications that aid symptom control thereby reducing patient and family anxiety.
- All prescriptions were issued at weekends when access to primary care prescribers was limited. These were issued by the Community Advanced CNS, a non-medical prescriber, providing weekend cover for the seven day-a-week, hospice CNS service.
- Often the prescription issued was for Just in Case medication.
- Audit demonstrated good governance via high compliance with the SOP and documentation requirements.

Conclusions Patients benefitted from immediate review and issue of prescriptions from the hospice non-medical prescriber, thus ensuring patients were prescribed medications to relieve symptoms in a timely manner and reducing potential delays. Access to the hospice non-medical prescriber at weekends was beneficial, leading to the SOP being applied beyond this test of change.

P-118 CREATING A BRIDGE BETWEEN COMMUNITIES AND HOSPICE SERVICES: DEVELOPMENT OF A NEW WAY OF WORKING TO REPLACE TRADITIONAL DAY CARE

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Background Like many hospices throughout the UK (Swann, Easton, McGuinness et al., 2021. BMJ Support Palliat Care. Apr.29), our day service was forced to close due to COVID-19. We have developed a new way of working – 'Live Your Life'. This is developing and evolving with ongoing evaluation.
Aim We aimed to:

- Put people at the heart of decisions and involvement in their care.
- Pilot a combination of Goal-Setting and Action-Planning (G-AP PC) (Boa, [PhD thesis], 2014) and Assets Based Community Development (ABCD) (Russell, 2022) alongside palliative support to enable people with life-limiting conditions to live well.
- Untether the service from our building, and open access, enabling more people to engage with support, including carers.

Methods We designed a model of working between hospice services and communities, in co-production with existing service users. Data collection includes:

- Referral routes.
- Outcome measures - Therapy Outcome Measures (TOMs) (Enderby, John & Petheram, 2013) and the Australia - modified Karnofsky Performance Status (AKPS) (Abernethy, Shelby-James, Fazekas, et al., 2005. BMC Palliat Care. 4:1).
- Anticipatory care planning.
- Goal achievement.
- Feedback from people and their families.

Results From 01/08/21- 19/04/22, 88 referrals were received from:

- Hospice CNS = 78%
- Other hospice professionals = 4%
- External professionals = 12%
- Self-referrals = 6%

15 carers and 88 people received support through a combination of phone, face-to-face and virtual connection, engaging in goal-setting conversations and connection with communities. Results so far show an average increase in participation, well-being, performance and anticipatory care planning conversations (before referral 65%, after referral 88%).
Conclusion Initial findings suggest that this way of working enables support for people in the way that suits them best, without them having to come into the building. Self-referral enables a shift in power from professional to person. Hospice services and communities are creating bridges, working together to empower people to drive care to meet their needs. Continued evaluation and data collection will provide further insight into this innovative and new way of working.