

review will vary depending on the location of the patients (hospital/hospice/community) and could include triage based on individual patient needs. The importance of proactive approaches to ensuring timely review is fundamental considering the increasing volumes of patients requiring specialist palliative care input.

138 WORKING WITH SERVICE USERS AND OUR LOCAL COMMUNITY TO CO-DESIGN AN INCLUSIVE AND PERSON-CENTRED HOSPICE DAY SERVICE

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Background With an ageing population the need for palliative care services is set to rise.¹ Whilst there is no clear definition of palliative care day services, traditionally they offer a range of physical, psychosocial and spiritual services to enhance quality of life.² However the Covid19 pandemic has presented challenges whilst also highlighting opportunities for innovation in many areas of palliative care, including day services.³ There is currently limited evidence to suggest what service users want from a palliative care day service, and as we emerge from the pandemic there is a unique opportunity to develop a new place-based service in our locality.

Aim(s) To identify areas for improvement in our hospice day services and to understand how the service can become more inclusive and person centred.

Methods As part of the re-development of our hospice day service we have created an electronic questionnaire. This was developed by day service staff with the input of therapy, senior management and research teams. The questionnaire is designed for hospice service users (patients and carers) and non-service users (people from our local community), and looks to identify what our day services should offer in terms of activities and accessibility.

Results We received thirty-two responses, the majority (n=17) from people living with a terminal illness. Participants highlighted a number of areas for improvement. Using the survey results we are working to adapt our services to provide a more inclusive and accessible hospice day service.

Conclusions When considering the re-development of a service it is important to consider the needs of the current service user and the local community. The results of this questionnaire have helped us to begin co-designing a more inclusive and person-centred approach to day services, which we hope will suit the needs of those using the service both now and in the future.

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139 SUSTAINING EACH OTHER, GROWING TOGETHER. THE IMPACT OF PALLIATIVE CARE AND HEART FAILURE TEAMS WORKING COLLABORATIVELY TO IMPROVE ACCESS TO HOSPICE SERVICES FOR HEART FAILURE PATIENTS

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Background Despite optimal medical management, only 65% of patients with NYHA IV heart failure (HF) are alive at an average follow up of 17 months. Prognosis is difficult to anticipate because HF has an unpredictable trajectory. HF teams are under increased pressure locally due to extension of commissioned work to include HF with preserved ejection fraction. Whatever the aetiology, symptom burden is high and quality of life can be poor for patients and carers. The holistic, multi-disciplinary approach of palliative care means that it can improve symptom control and quality of life and reduce hospital admissions. The Hospice has worked collaboratively with HF teams in the community and secondary care to develop services meeting these objectives including; outpatient/community review with signposting to appropriate services, MDT support, administration of IV iron, inpatient unit admission for symptom control, offloading fluid, rehabilitation and end of life care and carer support.

Method Referrals into each service were reviewed along with the source of referrals. IPOS was administered and analysed to look at the impact of care delivered

Results Between January 2018 to November 2022, 162 referrals were made for 142 patients, 76 male, 66 female, average age 81yrs (range 32 to 104 years). There has been a rapid rise in referrals to all services across the Hospice since 2018. Of these, 65 patients have died since October 2020. Less than 14% of patients died in hospital. 40% referrals came directly from the community HF team, 22% from GPs and 24% from hospital.

IPU Community Medical review IV iron

2018 0 2 4 0

2019 0 3 0 0

2020 3 12 2 0

2021 31 31 9 0

2022 22 16 7 22 (to 31/10/22)

Conclusion Collaboration between the Hospice and community and secondary care heart failure teams has facilitated referral into Hospice services and enabled us to support this vulnerable group of patients and their carers. More work needs to be done to reach out to GPs to make them aware of the services offered.

140 CLOSED LOOP AUDIT OF VENOUS THROMBOEMBOLISM RISK ASSESSMENT AND PREVENTION IN PALLIATIVE INPATIENT HOSPICE ADMISSIONS

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Background Venous thromboembolism (VTE), the formation of a blood clot in the veins, has a significant morbidity and