induction to the hospice setting and creating a timetable of multidisciplinary activity, we can offer a positive and supportive environment for student nurses at all stages of their training.

**P-263 WHAT ARE THE BARRIERS AFFECTING THE FULL UTILISATION OF PARAMEDICS WITHIN HOSPICE CARE, IS A ROTATIONAL MODEL THE ANSWER?**

Sarah Langridge, St Helena Hospice, Colchester, UK

10.1136/spcare-2023-HUNC.281

**Background** With increasing demand for community based palliative and end of life care, paramedics are being recognised as a potentially valuable asset to a multidisciplinary workforce (Lord, Andrew, Henderson, et al. Palliat Med. 2019; 33(4):445–51). But there are barriers that prevent paramedics from being routinely found within the multidisciplinary teams in hospices. These barriers include; lack of specialised training, lack of confidence in leaving dying patients at home (Blackmore. Palliat Med. 2022; 36(3): 402–404) and concerns of losing the unique acute skills gained in paramedicine.

**Aim** Can we combat the barriers hindering full utilisation of paramedics in palliative and end of life care by applying a rotational model where paramedics retain employment with the ambulance service and split their working hours between frontline ambulance shifts and integrating into a rapid response hospice team?

**Method** Four paramedics commenced a rotational role with East of England Ambulance Service and St Helena hospice SinglePoint team. We undertook a comprehensive training programme followed by a period of joint working with registered nurses (RNs) and non-medical prescribers (NMPs) leading to a blend of dual and autonomous rapid response visit and telephone triage, mainly focusing on presentations suggestive of reversible causes, chest pains, neurological symptoms and traumatic injuries from falls including wound closure.

**Outcomes** The application of a rotational model has allowed the paramedics to practise paramedicine in an acute setting ensuring they maintain their acute skills. The integrated working with the SinglePoint and training team has provided specialised training, increasing the paramedics’ skills and confidence in palliative care.

**Conclusion** A rotational model can help overcome some of the hurdles faced when integrating paramedics into hospice care and has additional positive outcomes in staff retention for the ambulance service, increased hospital avoidance, opportunities in disseminating learning to other frontline paramedics and providing specialist learning and development pathways. However, the pilot is in its infancy and development of the role should continue to evolve and be regularly evaluated.

**P-264 ROTATIONAL SPECIALIST PALLIATIVE CARE PARAMEDICS**

Nicky Coombes, Catherine Sands. St Helena Hospice, Colchester, UK

10.1136/spcare-2023-HUNC.282

**Background** The ambulance service was experiencing challenges retaining experienced paramedics, the hospice with recruiting experienced nurses. An opportunity for collaborative working, sharing skills and knowledge (Nolan, Nolan, Sinha. CMAJ. 2018; 190(21):E636-E637) was identified by both organisations.

**Aims** Improve recruitment and retention of experienced paramedics and nurses.

- Share the skill set between the hospice and ambulance service.
- Improving confidence and knowledge.
- Preventing skill fade.
- Increase the responsiveness of specialist palliative care in the community.
- Improve individualised care.

**Methods** Recruited four paramedics working alternate weeks between the hospice community team and ambulance service. Week one of a six-week induction – classroom based, focusing on core elements of palliative care:

- Holistic assessment of patient and carers.
- Symptom control.
- Care in the last days of life.
- Communication skills.

Each paramedic was allocated a non-medical prescriber mentor and shadowed the team during induction applying theory to practice. The paramedics:

- Triage phone calls.
- Attend crisis home visits, using their clinical assessment skills.
- Support with decisions regarding potential hospital admissions.
- Identify reversible causes in deteriorating patients.

When on ambulance service shifts the paramedics, identify patients who require palliative/end of life support and cascade specialist palliative care knowledge to their colleagues.

**Outcome** In the first quarter 82 patients were seen. A random audit of 40 cases showed, 37/40 patients remained out of hospital for 72 hours post paramedic intervention, 22 continued to remain out of hospital three months prior to death. One patient had an appropriate acute admission, one patient was admitted to a community hospital, and one to the hospice IPU. The paramedics are now fully embedded, we anticipate the data to show even greater outcomes.

Feedback received from colleagues in the hospice is 100% positive. Demonstrating that the MDT has benefited from the additional role, improving collaborative working and sharing expertise.

**P-265 SUPPORTING PARAMEDICS WITH END OF LIFE DECISIONS**

Duncan Fleming, Mountbatten Hospice Group, Newport, UK

10.1136/spcare-2023-HUNC.283

**Background** At the end of 2022 Mountbatten Hampshire met with the South Central Ambulance Service (SCAS) to discuss how the two organisations could work collaboratively to