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WE ARE THE FIRST HOSPICE IN THE UNITED KINGDOM TO BE AWARDED VETERAN AWARE STATUSTom Thornton, Michelle Muir. *Saint Catherine's Hospice, Scarborough, UK*

10.1136/spcare-2023-HUNC.56

The hospice has been formally recognised as Veteran Aware by the Veterans Covenant Healthcare Alliance (VCHA), a group of NHS healthcare providers in England committed to providing the best standards of care for the Armed Forces community, based on the principles of the Armed Forces Covenant. The Armed Forces Covenant, which recently passed into law, is a promise by the nation ensuring that those who serve, or who have served, in the Armed Forces, and their families, are treated fairly.

The aim is to develop, share and drive the implementation of best practice that will improve Armed Forces veterans' care, while at the same time raising standards for everyone. We identify veterans as soon as they are referred or admitted as a patient to ensure they receive the right care and support. The hospice has appointed Veteran Aware champions and has been reaching out to work with local Armed Forces organisations. We have also shared information and useful links with staff to share with veterans who may need signposting towards additional support.

Over the last year we have identified 56 of our 1,714 patients as being a veteran, a total of 3.3%, which is in line with the most recent census results that showed 3.8% of the United Kingdom population is a veteran. The Veteran Covenant Healthcare Alliance is committed to improving armed forces and veteran care whilst raising standards for all.

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THE SEARCH FOR PARITY: DEVELOPING 24/7 COMMUNITY CARE MODELS AT A CHILDREN'S HOSPICEMegan Lynch, Tracie Lewin-Taylor, Aneita Pringle. *Shooting Star Children's Hospices, Guildford, UK*

10.1136/spcare-2023-HUNC.57

Background Community case palliative and end-of-life care for children and young people (CYP) under the care of a children's hospice in England is provided locally by both statutory and voluntary services using ad hoc funding. NICE guidelines (National Institute for Health and Care Excellence. End of life care for infants, children and young people with life-limiting conditions: planning and management. [NG61], 2019) state that children and young people should have access to face-to-face nursing provision 24/7. However, these services are currently not equitable across the hospice catchment area, which includes three integrated care boards (ICBs).

Aims Funded by Hospice UK, our aim is to scope existing services within one ICB area to demonstrate need, understand gaps, and develop equitable models of care.

Method Data were collected from January 2021 to March 2023 (26 months) examining the number of: (1) children with symptom and end-of-life needs managed at home, and (2) nights the hospice community team were actively on call. Current end-of-life service provision by three children's community nursing (CCN) teams within the ICB was collated.

Results The community team were on call for 14 children (10 for end-of-life support and 4 for symptom management support) and provided a total of 128 active nights on call

Abstract P-36 Figure 1**CCN Teams 1 and 2:****During the week:**

Routine syringe driver changes by CCN Teams 1 and 2 and to ask for support from the hospice where needed (not funded).

Out of Hours and Weekends:

Monday-Friday 1 hospice nurse on call (17.00–08.00) as a second nurse supporting CCN Teams 1 and 2.

Weekends:

1 hospice on-call nurse supporting CCN Teams 1 and 2 with routine driver change during the day on Saturday, Sunday and Bank Holidays.
1 hospice nurse on call (08.00–08.00 24 hours) as a second checker for CCN Teams 1 and 2.

CCN Team 3:**During the week:**

Routine Syringe driver changes by CCN Team 3 and to ask for hospice support where needed (not funded).

Out of Hours and Weekends:

Monday-Friday 2 hospice nurses on call (17.00–08.00). Second nurse can be a video checker and not required for visit (needs to be risk assessed for each child/visit).

Weekends:

2 hospice nurses to complete routine syringe driver changes during the day on Saturday, Sunday and Bank Holidays.
2 hospice nurses on call (08.00–08.00 24 Hours). Second nurse can be a video checker and not required for visit (needs to be risk assessed for each child/visit).

alongside a silent rota. All CCN teams have different staffing levels and service provisions ranging from 5 to 7 days/week, with some teams flexing according to commissioning and some on goodwill. Developing and delivering equitable service models is complex. A stepped approach to implementation will be necessary and initially, two bespoke models tailored to the needs of each service have been developed: figure 1.

Conclusions The hospice community team delivers a high volume of care, however, inequitable CCN service provision across the hospice catchment impedes compliance with NICE guidelines. Wide variation in service provision necessitates a stepped approach and two distinct service models. Next steps will be to pilot the models and formalise service delivery/governance to demonstrate sustainability and robust funding need. Pilot implementation and evaluation commencing Autumn 2023.

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RIPEL: RAPID INTERVENTION FOR PALLIATIVE AND END OF LIFE CARE. IS CARE AT HOME USEFUL OR SUSTAINABLE?Keri Packwood, Victoria Bradley, Mary Walding. *Oxford University Hospitals NHS Foundation Trust, Oxford, UK*

10.1136/spcare-2023-HUNC.58

Background Most people would prefer to die at home (Office for National Statistics. National survey of bereaved people (VOICES). 2016), yet less than 50% do (Nuffield Trust. End-of-life-care. 2023). Oxfordshire is an outlier for persons with three or more non-elective admissions during the last 90 days of life at 8.82% (English average 7.4%), (Office for Health Improvement and Disparities. Atlas of variation (Palliative and end of life care), 2018).

Aims To facilitate personalised care including fulfilling end of life choices, whilst reducing days spent in hospital. Analysis of individual elements will indicate cost:benefit ratios to aid conversations around sustainability.