Methods RIPEL consists of four elements: A Home Hospice (HH), Hospital Rapid Response (HRR), Palliative Care Crisis Team (PCCT) and an Enhanced Palliative Care Hub. HH, initiated in April 2022, provides care at home with oversight from the Palliative Care MDT. HRR, launched October 2022, facilitates rapid support and provisions for patients in hospital who are dying, and who have expressed a preference to be at home at the end of their life, to get them home. PCCT focuses on palliative care support to a patient’s own home. Alongside expanding our Palliative Care Hub, this facilitates an integrated response to help patients remain in their place of choice. 29 quantitative and qualitative KPIs are assessed across the four elements each month.

Results In year 1, RIPEL accepted 645 referrals, enabling each person on average 15 more days at home instead of hospital in their last year of life. This totals to 6755 days, translating to a net benefit of £587,327. We will provide an update at 18 months.

Conclusion The first two live arms of RIPEL have exceeded expectations. Key to success is co-ordination between elements. Patients are reviewed together daily as a virtual ward facilitating continuity of care and MDT oversight. Complexities are acted on promptly. The final two elements will launch soon, looking to build on the successes so far, allowing many more people to be cared for in their own homes, where this is their choice.

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P-38 HOSPICE COMMUNITY PALLIATIVE CARE TEAM – A MULTI-FACETED APPROACH TO IMPROVE RESPONSIVENESS

Andrew Fletcher, Mel Holmes, Jimmy Brash, Claire Capewell, Kirsten Baron. St Catherine’s Hospice, Preston, UK

Background Palliative and end-of-life care (PEOLC) should be coordinated (Ambitions for Palliative and End of Life Care, 2021) and include access to out-of-hours care (NHS England. Palliative and end of life care: Statutory guidance for integrated care boards. 2022). It is recommended that high-quality out-of-hours community services need to be prioritised as deaths are predicted to increase (All-Party Parliamentary Group Hospice and End of Life Care, 2023). The SinglePoint of access was launched in 2013. The 10-year anniversary offers an opportunity to reflect on the challenges and successes of the last decade.

Aim To develop a telephone triage service for people in the last year of life in North East Essex, including a rapid response visiting service for people in the last year of life.

Method Beginning as a 12-hour service, it was quickly expanded to 24/7. In 2020, due to the first wave of the COVID-19 pandemic, it expanded into a PEOLC hub, coordinating discharges from hospital, fast track continuing health care, and referrals to the community nurse palliative care team, the hospice rehabilitation team and the virtual ward service for people in the last weeks of life. In 2022 the team was expanded by four rotational paramedic roles in collaboration with the local ambulance trust. Its work is supported by a well-embedded Electronic Palliative Care Coordination System.

Results In 2022/23 the service included 32 full time equivalent roles, including call handlers, senior nurses, non-medical prescribers, night time health care assistants, occupational therapy, physiotherapy, and a therapy assistant, in addition to the four new rotational paramedic roles. Last year SinglePoint of access received 45,554 calls relating to 2553 people and delivered 1103 rapid response visits. The average wait for a visit was