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.

This project receives funding and support from Social Finance, through Macmillan Cancer Support, and from Sobell House Hospice Charity.

Results/impact Community consultant recruited and two team members have now achieved CNS status with a further two in development. During Quarter 3 2022/23 the number of new patient assessments completed increased by 61% compared with 2021/22, with January and February 2023 increasing by 59% and 73% respectively. Deaths before assessment were lower for each quarter 2022/23 compared to the year before despite increased referral numbers; 44% reduction overall.

Conclusions/future Continue to utilise continuous improvement methodologies, learning from experience and data. Further work needed to reduce number of those dying before assessment. Complete review of 2022 referrals and their timeliness. Projects will focus on ensuring referrals are received earlier, e.g., a collaborative project proposed with our renal team to establish a best supportive care renal clinic.

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

P-39 A 10 YEAR RETROSPECTIVE OF A SINGLE POINT OF ACCESS

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10.1136/spcare-2023-HUNC.60

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The hospice strategy 2020 committed to reshaping services to provide easier access to help and support as many people as possible with life-limiting illness. This was implemented during COVID-19 by establishing the Access Team; a single point of contact for all clinical services. The team has reshaped access to St Columba’s hospice care at the front door:

- Triage referrals to all hospice services and respond to advice calls from professionals, patients and families.
- Respond by phone to all referrals within 48 hours (urgent)/7 days (routine) (KPIs) and keep referrers updated.
- Provide initial assessment and support from first contact.
- Manage all referrals and coordinate admissions to inpatient beds.
- Provide same day response for urgent unscheduled advice requests from patients/families, community/acute health and social care colleagues; and,
- Established stronger and more collaborative links with wider palliative care colleagues.

Establishing a single point of contact for all hospice services has widened access to evolving hospice care. The team has evolved year on year in line with increased demands on hospice services and strategy:

- Increased triage to evolving hospice services, now comprising: Hospice at Home (incorporating – virtual ward, care at home, two locality community teams), Allied Health Professionals, Family Support Team, Wellbeing Service, Compassionate Neighbours service, and Inpatient Unit.
- 26% increase in new referrals over three years.
- Increased unscheduled advice calls (primarily from patients/families for physical symptom control advice and social support issues).
- Proactive carers’ support and social work at the hospice front door.

The Access service has developed within a context of global, national and locally emerging need, providing agile and responsive support to health and social care colleagues, and directly supporting patients and their families by telephone. This has been managed through teamwork and communication.

### Background
With the demand for hospice care rising and staffing levels unable to increase to meet demand, it was agreed to explore implementing a Single Point of Access (SPA) (Hosking, Gibson. J Med Eng Technol. 2016, 40(5): 265–269) to help support the flow of referrals and ensure referrals go to the right service at the right time. The project is ongoing and has been split into phases, with phase one exploring referral registration pathways (Ewebank, Lamming, Cream, et al. Admin matters: the impact of NHS administration on patient care [Internet]; 2021 Jun 24) and improving the recorded number of referral outcomes.

### Aim
Re-designing the referral registration process to create a standardised method of inputting referrals and increase the number of recorded outcomes to 75%.

### Methods

### Results
Clinical administration use one standardised method of registering patient information, increasing cross cover and reducing silo-working for annual leave and sickness where previously there would be a pause in referral registration. Reduction in paper (one team now 100% paperless at referral). Referral outcomes are now reported through SystmOne with a clear auditable journey. Clinical staff have increased control over flow of referrals and inappropriate referrals being declined at an earlier stage. Quantitative data is still being processed. Initial data shows 75% of recording referral outcomes is being achieved. The data will continue to be analysed and demonstrated through run charts.

### Conclusion
Following data results, to introduce a single point assessment into the registration pathway to further support the flow of referrals into services and create an online referrals portal for all future referrals into the hospice.

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**Abstracts**

91 minutes. Service audits show high achievement of preferred place of care and patient feedback is positive.

**Conclusion** Hospices can deliver integrated 24-hour PEOLC services to support care coordination for people across the community.