

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.

P-40 THE ACCESS TEAM: TRAVERSING ROUTES INTO EVOLVING HOSPICE CARE SERVICES

Becky Chaddock, Helen Gray, Kate Crichton, Emma Rutherford, Lesley Shiell, Tracy Hindle. *St Columba's Hospice, Edinburgh, UK*

10.1136/spcare-2023-HUNC.61

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 have 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.

P-41 MOVING TOWARDS A SINGLE POINT OF ACCESS: REDESIGNING REFERRAL PATHWAYS AND RECORDING REFERRAL OUTCOMES USING A QI APPROACH

Rebecca Chambers, Teresa Tromans. *Ashgate Hospice, Chesterfield, UK*

10.1136/spcare-2023-HUNC.62

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 Process mapping, sample audit of referrals and missing information completed. Redesign of registration template tested using the Model for Improvement (Langley, Moen, Nolan, et al. *The improvement guide: a practical approach to enhancing organizational performance.* 2009, 2nd ed). PDSA cycles used monitored the success of the new template. Introduction of a criteria check tool to record referral outcomes against service criteria. Baseline set as 0% recording of outcomes. Tool tested with one service using PDSA cycles to manage risk. Engagement with staff to use decision tool (Randall. *Using communications approaches to spread improvement.* The Health Foundation, 2015). Staggered approach used to onboard other services.

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 SystemOne 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.

P-42 FINDINGS FROM THE EVALUATION OF THE MARIE CURIE REACTIVE EMERGENCY ASSESSMENT AND COMMUNITY TEAM (REACT) SERVICE

Susannah Baines. *Marie Curie, London, UK*

10.1136/spcare-2023-HUNC.63

Background The Reactive Emergency Assessment and Community Team (REACT) is a service that started in June 2022. Its aim is to reduce inequalities in access to end-of-life care in the Bradford area. Any patient over 18 who is thought to be in the last year of life, living in the Bradford area, and registered with a Bradford GP can be referred to the service. Referrals are made by emergency department personnel and REACT Palliative Care senior clinicians working in the department. Once referred, patients are assessed with the aim of being discharged to their home where possible. They will then receive Community REACT support for up to 72 hours,