P-48 UTILISING THE ADVANCED SKILLS OF OUR SENIOR SPECIALIST NURSES ON OUR FIRST ON CALL ROTA

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Background Staff working out of hours need clinical support with complex patient care. Our Senior Specialist Nurses (SSpNs) have extensive skills and knowledge in managing complex clinical and emotional issues for palliative patients. They are well positioned to be flexible and support an innovative change in practice, driven by changing circumstances in healthcare, by participating in the ‘First-on-call’ rota. A Palliative Care Consultant is always second on call.

Aims To utilise the advanced skills of our SSpNs by their participation in our ‘first-on-call’ rota, providing expert out of hours support.
- To role model the advanced skills of our SSpNs (Health Education England. Multi-professional framework for advanced clinical practice in England. 2017) inspiring junior colleagues to undertake training, improve their own advanced practice, for their personal development and the organisation’s benefit.

Method SSpNs were included in our ‘first-on-call’ for a three-month trial period. Responsibilities to include: Assessing and prescribing for inpatient unit; Providing support to the Clinical Nurse Specialist on call for complex issues for our community patients; Offering advice about symptom control and clinical decisions to paramedics and primary health care colleagues. Feedback collected from service users.

Results Feedback demonstrated a highly successful pilot:
- SSpNs can manage many of the issues that arise out of hours.
- Consultants confident that SSpNs conduct thorough assessments and seek advice when needed (e.g. with complex symptoms/medical problems in accordance with the organisation’s Independent Prescribing Procedure).
- SSpNs inclusion in the rota provides clinical leadership and flexible cross-cover with ‘first-on-call’ doctors.

Conclusions SSpNs utilise their advanced skills and expertise dynamically to successfully out of hours working across internal and external services. This has enhanced SSpN practice and inspired development in junior nurses; creating a clear career pathway contributing to both healthcare and personal job satisfaction. Ensuring seamless specialist support for patients and carers.

P-49 USE OF NON-MEDICAL PRESCRIBERS IN OUT-OF-HOURS SPECIALIST PALLIATIVE CARE

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Aim To demonstrate the benefits of non-medical prescribers in out-of-hours specialist palliative care.

Methods Since the pandemic the clinical nurse specialist team have ensured the weekend rota is inclusive of a non-medical prescriber during the working day. Retrospective analysis of six months of non-medical prescribing data from the community clinical nurse specialist team was performed. Correlated with referrals from specialist palliative and end of life telephone coordination service to out-of-hours GP team (ongoing).

Results Data analysis is ongoing but reveals a difference during seven-day week periods. Monday to Friday non-medical prescribing focuses significantly on preventative prescribing, for example, just in-case medications. Weekend non-medical prescribing is predominantly crisis management response. Data from GP out of hours service on referrals from specialist palliative care and end of life coordination service showed no referrals from our service. Comparable pre-existing data not available due to change in practice post pandemic of ensuring an independent nurse prescriber on duty at the weekend.

Conclusion This audit data demonstrates the benefits to other services and the wider health economy, not just the individual patient themselves. This is inclusive of prevention of hospital admissions, impact on pharmacies, and cost effectiveness.

Innovation Learning and innovation is ensuring ongoing training and funding of programmes for clinical nurse specialists for non-medical prescribing in the community. Nationally, pre-pandemic the growth in non-medical prescribers was minimal in relation to total community palliative care prescribing activity in England (Ziegler, Bennett, Mulvey, et al. Palliat Med. 2018;32(4): 767–774) therefore, this needs to be an area of expansion and priority.

P-50 FINDINGS FROM THE EVALUATION OF THE LOTHIAN URGENT OUT OF HOURS SERVICE

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Background The challenges faced by patients and families in the out of hours period are well documented (Marie Curie. The better end of life report. 2022). In attempt to address these, an urgent out of hours service (‘Rapid Response’) was developed in partnership between Marie Curie and the local health and social care partnerships. Working alongside an NHS team, a Marie Curie Registered Nurse and Healthcare Assistant, with expertise in palliative care, are available to respond by telephone or in person to any urgent request for support in the out of hours period. The service launched in June 2022.

Aims To evaluate the impact of the Rapid Response (RR) service for patients and those close to them. To explore what is working well and what could be better.

Methods This evaluation used mixed methods. We interviewed four members of the Rapid Response team and two service