users. We also surveyed seventeen professionals, primarily from district nursing, who had worked with the service. We also collected data from home visits and phone calls from a six month period. Qualitative data were thematically analysed and presented alongside descriptive statistics from quantitative data sources.

Results The evaluation indicated that the service provides person-centered support in a timely manner. This, paired with the flexibility of the RR team – which enabled its members to spend as much time as possible with patients – led to both patients and those close to them feeling more informed and reassured. The results of the evaluation also suggest that the service helps to avoid hospital admissions and facilitates preferred place of care and death for their patients.

Conclusions The results of this evaluation indicate that the RR service is meeting its aims, by providing quality care in a timely manner. Further work is needed to raise awareness of the RR service and improve communication with referring services.

P-51 PROVIDING HOSPICE FAST TRACK CARE IN PATIENTS’ OWN HOMES

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Background Research suggests that deaths in the community are likely to increase (Bone, Gomes, Etkind, et al. Palliat Med. 2018; 32(2): 329–36). Currently there appears inadequate data to identify if people who die at home can access the treatment and care that they need, or whether their care is well co-ordinated (Baylis, Chikwira, Robertson, et al. Dying well at home: Commissioning quality end of life care. The King’s Fund, 2023).

Aims To operationalise a domiciliary model of palliative care which is responsive, productive and equitable to community need.

Methods Commissioners proposed a four times a day care package for up to five patients to aid rapid discharge from hospital/additional care at home. Recruitment was open to anyone wanting to develop a career in care. A bespoke educational package was delivered to staff to enable them to provide holistic care. Patients were deemed eligible for the service if they met the criteria for Continuing health care funding. Once patients have an initial assessment of reduced respite sits and six personal care visits per day 9 end-of-life patients. Within budget 4 month pilot programme to support the system by providing personal care for end-of-life patients. Within budget 4 month pilot programme of reduced respite sits and six personal care visits per day 9–5, 7 days a week was commenced. Providing responsive care alongside Community Nurses to those in the last weeks and days of life. With an ICB award of £100k enabling recruitment of three Band 2 HCA's working across both H@H services, this service continued throughout 2022. The key outcomes were Referral to Death interval 11 days, and 92% died at home. Due to positive outcomes, Commissioners