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**

Lauren McKenny, Kate Davison. St Mary’s Hospice, Ulverston, Cumbria, UK

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 fast track funding. Once patients have an initial assessment they have further reviews at weeks 4 and 8. If the patient has plateaued/improved conditionally, an exit strategy is planned with district nursing colleagues.

Results Following a review of the service, it was identified that four visits a day wasn’t needed for every patient, therefore, we could support more patients in their homes. Within the first year of operationalisation of the service, 156 referrals have been received; from this 75 people have been supported to die in their own home. Response rate from referral to care placement was within 24–48 hours.

Conclusion The above data demonstrates that a well co-ordinated service, delivered by a team who have the knowledge and skills to provide the hospice ethos of end of life care can support choice at the end of life.

**P-52 IMPROVING ACCESS TO HOSPICE CARE AT HOME: PROVIDING CHC FAST TRACK NIGHTS**

Alison Sutcliffe, Kate Gerrety, Helen Thomson, Gail Cook. Pendleside Hospice, Burnley, UK

Background Pendleside Hospice at Home (H@H) service has been the single point of access (SPOA) for fast tracks for night care in the locality since May 2021. A proposal for the service to be part of the provider framework to deliver the night care was put forward to the Clinical Commissioning Group.

Aim To increase the amount of funded specialist palliative care night support for patients in their own home and to process applications in a timely manner. To raise the profile of the hospice and reach out to a wider group of patients ensuring sustainability of services.

Method Submit a proposal to commissioning services. Work collaboratively with other community providers to ensure a seamless service for patients and families. Recruit staff to deliver the proposed service.

Results Pendleside H@H were successful in their bid to be part of the night sit tender which has enabled the service to provide additional funded night care to patients on the case-load in addition to charitable funded nights (a requirement of the bid). There is an increased number of patients being identified earlier and accessing hospice services who may otherwise have not been referred.

Conclusion Commissioners aim to support patients whose preferred place of death is home, by means of providing an end of life care respite service enabling patients to remain in their usual place of residence. This service will support carers and family members to take breaks from caring for their loved one, whilst knowing they are in safe hands. This allows for continuity for patients and an overall better experience for patients and families.

**P-53 SUCCESSFUL IMPLEMENTATION TO EXTEND HOSPICE AT HOME RESPITE SERVICE TO DELIVER MULTI-VISIT PERSONAL CARE**

Joanne Guerrero, Christine Sutcliffe. Wirral Hospice St John’s, Bebington, UK

Background Wirral Hospice St John’s (WHJS) has been providing a Hospice at Home (H@H) service for 10 years, of 3 hours day slots for ‘carer respite sits’ as well as 11 hours overnight support.

In 2021–22 NHS winter pressures had a negative impact on access to end-of-life care at home. In view of the detrimental effect on patient care, local Commissioners approached WHJS 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 c£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