Abstracts

advice line beyond 0900–1700 Monday to Friday and quality improvement around widening access to specialist palliative care.

P-56  “I FIND THAT AS MY SON’S ILLNESS PROGRESSES, I NEED MORE HELP”; SHARING THE EXPERIENCES AND NEEDS OF UNPAID CARERS

Michelle Williams, Debbie Jones, Bernadette Ashcroft, Suzanne Wilkinson. Wigan and Leigh Hospice, Wigan, UK; Wigan and Leigh Carers Centre, Wigan, UK

Background In a Carers UK survey (State of Caring. 2022) of 13,400 carers, 36% said that not knowing what services were available was a barrier to accessing support and 29% said they felt lonely often or always. A number of studies (Gregory. J Soc Work End Life Palliat Care. 2020; 16(4):297–312; Demiris, Oliver, Washington, et al. J Palliat Med. 2010;13(8):1005–11) have found that hospice interventions can improve outcomes for unpaid carers. The UK Commission on Bereavement (Bereavement is everyone’s business. 2022) recommends that people be well supported before and after a death. The Hospice Practice Development Team piloted a supportive hub based at the carers’ centre.

Aims To raise awareness of local palliative care services and identify key information needs through engagement with an established carers’ centre. To provide opportunities for unpaid carers to discuss their unique experiences through interactions with hospice professionals.

Methods From January to May 2023, monthly drop-in sessions were held at a carers’ centre. Advertised via the carers’ centre newsletter and staffed by a palliative care social worker. Qualitative data was captured via unstructured interview (Patton. Qualitative research and evaluation methods. 2002) with each attendee.

Results Over the five monthly sessions, three carers and one professional attended drop-ins. One of the carers attended three times in consecutive months. Carers reported feeling listened to, increased awareness of palliative care services and benefitting from ‘unbiased discussion’. In addition, relationships between the hospice and carers’ centre staff have strengthened and a networking opportunity with a new group for unpaid carers of people with a learning disability was identified.

Conclusion Early evaluation shows that provision of a hospice drop-in attracts carers who were previously not known to the carers’ centre. Carers report increased coping mechanisms and feeling validated following attendance at the drop-ins. The project has been extended for a further six months to develop peer support between unpaid carers, facilitated by a palliative care social worker.

P-57  QUALITY IMPROVEMENT PROGRAMME TO HOSPICE OUTPATIENT MODEL

Helen Turner, Sarah Hodge, Karen Andrew. Lindsey Lodge Hospice and Healthcare, Scunthorpe, UK

Background Early palliative care improves quality of life, survival, clinical outcomes, mood and healthcare satisfaction in patients. Our historical offer of a day care wellbeing service to patients with a predominately social focused model required a Quality Improvement programme as the hospice had evolved and patients’ complexity increased.

Aims To implement an innovative approach to outpatient care offered with a focus on patients’ goals, living/dying well and personalised care.

Methods Quality improvement project and process evaluation of the current day care offer. Establish the feasibility of implementing two pathways – health and social – with flexibility for attendance, social prescribing and carer support. The health pathway to be patient goal focused led with a clinical overview from Advanced Care Practitioner and therapists. Triaged patients are allocated key workers (Registered Nurse, Therapist or Advanced Care Practitioner), to facilitate the achievement of the patient’s goals. There are a number of innovative aspects to the new model including the collaboration of the hospice and wider community, introduction of Goal attainment scores, clinical triage, early hospice enrolment, 24/7 advice and support and involvement/offer of intervention for the patient’s main carer.

Results The quality improvement programme is currently ongoing and therefore not all the data is available to date. Early indications demonstrate an improvement to care being delivered that is individualising to the patient. This is being achieved through patient specific goals-setting that are developed and led by the patient. The personalised approach has started to show improvements to the patients’ quality of life, living to live rather than die. Quantitative and qualitative outcome measures are being collected.

Conclusions A systematic patient goal focused care delivery approach including the multidisciplinary team enhances the patient outcome measures within the hospice. Social support is essential to support carers and is a pivotal part of the offer to improve the quality of care delivered and social prescribing. Further extension of this quality improvement plan for the outpatients model are to develop an integrated Palliative and End of Life coordination centre working with and building links with primary care and community services for patients with a life-limiting illness. These developments will enable us to promote patient-centred care through goal setting and working in conjunction with other partners at Place. Further developments would be to extend the offer and combine other initiatives to support patients in the right place and the right time by the right professional.

P-58  THE ROLE OF THE MEN’S SHED IN A HOSPICE DAY SERVICE CONTEXT: IDENTIFYING FEATURES OF A SUCCESSFUL GROUP AND DEVELOPING RECOMMENDATIONS TO EXPAND THE SERVICE

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Background Historically hospices have often struggled to reach men who have a life-limiting illness, or who care or cared for ill partners. Gender specific peer support has been identified as one way to promote men’s health and well-being and reduce health and social inequalities. This includes initiatives such as Men’s Sheds. Helen Turner, Sarah Hodge, Karen Andrew. Lindsey Lodge Hospice and Healthcare, Scunthorpe, UK

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