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

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**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

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10.1136/spcare-2023-HUNC.78

**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 predominantly 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. Triage and patients 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-centered 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. However, little is known about how
Men’s Sheds can be successful in the hospice context or how they can benefit members.

Aim The aim of this project was to identify features for the success of a hospice-based Men’s Shed group and use this learning to contribute to the development of further Men Shed groups across other hospices.

Method Non-participant observations and semi-structured interviews were undertaken with 12 members/stakeholders of a Men’s Shed. Thematic analysis was used to identify key factors affecting success. A Delphi approach involving key stakeholders was used to develop draft recommendations for expanding the service to other hospices. These were then piloted at a second hospice and lessons learnt used to provide final recommendations.

Findings This study identified three key benefit themes: A space for emotional support, practical activities, and social opportunities. We also found that factors affecting the success of the Men’s Shed, included: clear governance structures, a connection with the hospice, a dedicated physical space for the group, a supportive space, and having volunteers to lead the group who had experienced loss. The health benefits of attending gender specific support were described by participants as improving their physical, psychological, spiritual and social health.

Conclusion Shared experiences in hospice and palliative care environment were crucial for Men’s Shed members to develop supportive and confiding relationships. Participants described the Men’s Shed as an "essential part of the bereavement service".

Recommendations The study developed recommendations, successfully piloted at a second site. These were written up as part of a ‘toolkit for setting up a Men’s Shed’.

P-59 RE-IMAGINING THE HOSPICE INPATIENT UNIT THROUGH INTEGRATION OF SERVICES, LEADERSHIP RE-STRUCTURE AND USE OF PHYSICAL SPACE

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10.1136/spcare-2023-HUNC.80

Background Evidence suggests that the needs of palliative care service users are changing (van Langen-Datta, Driscoll, Fleming, et al. Compromised connections: The impact and implications of COVID-19 on hospice care in the West Midlands and nationally. 2022). The COVID-19 pandemic has seen many hospices reduce their inpatient capacity and find innovative ways of using telehealth to manage palliative patients in the community (Etkind, Bone, Lovell, et al. J Pain Symptom Manage. 2020; 60(1): e31-e40). We re-designed our hospice inpatient unit space to reflect these changing needs.

Aims Our aims were to re-design our hospice inpatient unit (IPU) to improve palliative care services for both hospice inpatients and those in the community.

Methods We took a multi-professional innovative approach to reviewing how leadership re-structure and integration of teams could help us to re-design our hospice inpatient unit by:

1. Developing a flexible staffing model in which the nurse manager oversees both IPU and day services, promoting an integration of these services. An increased number of Band 6 roles were created to promote nurse-led services within the IPU and to provide senior support for junior staff across all shifts.
2. Reducing admissions by offering medical or nurse-led outpatient clinics for patients requiring symptom management and ambulatory services, for example paracentesis or blood transfusion.
3. Re-designing our IPU space to incorporate day patient beds, a nurse-led clinic room, paracentesis room, family area, children’s bereavement room and research hub.

Results The results have been positive for both patients and staff, and space is being well utilised. Patients are experiencing a more streamlined flow of care through hospice services and can access treatment as a day case, outpatient or experience a shorter admission. Nursing staff have reported feeling more valued and recognised in their specialist roles which has led to staff career progression, leading to increased retention and recruitment.

Conclusions By re-imagining services within the hospice space, and up-skilling staff, we believe that patients have quicker access to palliative care services and inappropriate IPU admissions are prevented.

P-60 DOES THE ADVANCED NURSE PRACTITIONER ENHANCE THE MEDICAL SERVICE IN THE IN-PATIENT UNIT OF A HOSPICE?

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10.1136/spcare-2023-HUNC.81

Background The medical services at Dorothy House Hospice were reconfigured with an aim to extend the medical capacity in the community. Two Advanced Nurse Practitioners (ANPs) were recruited to the inpatient unit. Full integration of ANPs into a medical team was innovative and it was important to evaluate this new service.

Aim(s) To evaluate the impact ANPs have had on the service. To understand from a multidisciplinary team (MDT) perspective the impact. To evaluate whether the introduction of the role has improved patient access to the inpatient unit.

Methods Qualitative methodology using in-depth interviews (eight in total) were conducted to a purposeful sample of a cross-section of the hospice MDT. Thematic analysis was used to analyse the data and identify themes for further discussion. Comparative data analysed activity in and times of admissions.

Results The ANP role has overwhelmingly been considered a success throughout the MDT. Key themes were identified following thematic analysis. The role was perceived to enhance team working across all teams, and in particular the medical team. There is evidence that the ANP role has increased flexibility for admissions. One area identified by several interviewees was the need to enable the ANP role to certify death in the future.

Conclusions The ANP role has enhanced the medical service in the inpatient unit of the hospice. This study provided evidence to base further integration of nurses using advanced skills to be recruited into the hospice and to be clinically supported and supervised by senior medical colleagues. The predicted national increase of people with complex comorbidities and the anticipated rise in the death rate will add to the existing strain on medical services. Nurses with