

environment that supported pupils and parents to deal with their grief.

0-19

### EMBEDDING THE UNITED NATIONS CONVENTION FOR THE RIGHTS OF THE CHILD INTO A PALLIATIVE CARE SETTING

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10.1136/spcare-2023-HUNC.19

**Background** Children's Rights are central to the work of all children's services across statutory or voluntary sectors. In 2019 Acorns commenced a journey with UNICEF's Rights Respecting Program to embed the United Nations Convention on the Rights of the Child (UNCRC) in all we do through the charity; this journey took over three years and has resulted in Acorns being the first non-education organisation to receive Bronze, Silver and Gold Awards for our Rights Respecting work.

**Aims** To share our experience of embedding the UNCRC informing our direct work with children and governance process. Highlight the impact for our workforce as Duty Bearers and for the children who have embraced being Rights Holders.

**Methods** 2019 – UNICEF Champions from each of the hospices were identified, a steering group developed. Champions went on training, meeting with other organisations also participating in the programme. Mar. 2020 – Received the Bronze Award in recognition of the strategic and operational planning being put in place to support the transformational change required. Dec. 2021 – Received the Silver Award for the visibility of the UNCRC within the hospices and via support provided to children. Apr. 2023 – Acorns was awarded GOLD award for demonstrating the impact UNCRC had on children and young people empowering them to know their Rights and to champion for others.

**Results** Evidence of increased confidence and empowerment for children and young people. Young people actively planning their end of life and after death care. Children challenging decisions and identifying their own wishes. Campaigning for others using the UNCRC as a reference.

**Conclusions** To embed the UNCRC there needed to be a strategic approach from the Executive putting UNCRC at the core of the hospice's ethos.

**How innovative or of interest is the abstract?** We hope that sharing our learning will benefit colleagues from across the wider palliative care sector.

0-20

### DEVELOPING AND EMBEDDING A YOUTH SOCIAL ACTION CULTURE IN A PAEDIATRIC HOSPICE

Anna Bowyer, Lynne Phelps, Katie Simmons. *Tŷ Hafan, Sully, UK*

10.1136/spcare-2023-HUNC.20

**Background** Tŷ Hafan hospice supports children with life-shortening conditions and their families. Historically, decision-making within the hospice has utilised a top-down approach. Article 12 of the United Nations Convention on the Rights of the Child, states: children and young people have the right to have their views heard and considered on matters that affect

them. Youth social action (YSA) enables children and young people to design and implement meaningful change.

**Aim** As a children's and young people's charity, we want to develop and embed a YSA culture and structure to underpin decision-making in the hospice. Ensuring the inclusion of the views of non-verbal children and young people and those with complex disability.

**Methods** Apr. – Aug. 2022: Application and award of Children in Need funding for YSA projects. Sept. 2022 – Feb. 2023: YSA-informed recruitment of YSA worker, with children's and young people's contributions spanning funding allocation to notifying successful applicant. Mar. 2023 – present: Scoping exercises, staff training on gathering the views of non-verbal children and young people and children and young people with complex disability, familiarising them with YSA and initial implementation of YSA practice within the hospice.

**Results** To date, YSA project outcomes include: Easter event designed by children and young people for the children and young people; a hospice mural co-led by children and young people; and partnering with another charity to assist the children and young people in devising a creative piece around a matter that is important to them culminating in a dramatic production where families and education staff will be invited to view. Children and young people have reported an increased sense of ownership and wellbeing, while staff have noted the value in creating opportunities for decision-making to be influenced by children's and young people's unique opinions.

**Conclusion** Implementing a YSA approach within Tŷ Hafan is in its infancy, yet it has already fostered meaningful, children and young people-led change. The funding ends in July 2024 and we hope to evidence the importance and value of embedding a YSA approach going forward.

## Parallel session 6.1: Perspectives on patient care

Wednesday 8 November 2023, 13:00 – 14:00

0-21

### A COLLABORATIVE HOSPICE APPROACH TO THE PROVISION OF A CLINIC FOR THOSE WITH MOTOR NEURONE DISEASE

Sarah Perry, Jo Poyner, Elizabeth Handcock. *The Shakespeare Hospice, Stratford Upon Avon, UK*

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**Background** Two hospices provide separate support across the same county, for individuals and their loved ones affected by Motor Neurone Disease (MND). To achieve equal access to regular collaborative holistic assessments and support from the Multi-Disciplinary Team (MDT) (National Institute for Health and Care Excellence. Motor neurone disease: assessment and management. [NG42], 2016), a hospice based clinic where specialist MDT support could be accessed, alongside social and practical advice was identified.

**Aims** To provide an equitable approach across the county for people with MND and their loved ones to access support from specialist health professionals (Raynor, Alexander, Corr, et al. *J Neurol Neurosurg Psychiatry*.2003;74:1258–61) in

addition to support from the Motor Neurone Disease Association (MNDA) optimising the quality of life for all (Flemming, Turner, Bolsher, et al. *Palliat Med.* 2020; 34(6):708–730). It would also enable regular reviews with close collaboration between the MDT services involved (O'Brien, Whitehead, Jack, et al. *Bri J Neuroscience Nurs.* 2013;7(4)).

**Methods** A one-hour appointment would be available with the MND Clinical Nurse Specialist, and respective hospice Occupational Therapist and Physiotherapist with a holistic review (Oliver. *Palliat Care Res Treat.* 2019; 1–14) and assessment being undertaken. The MNDA were invited to support the clinic to optimise the support available for the individual and their family. After each appointment an outcome letter incorporating the action plan for respective professionals would be sent, ensuring a collaborative care approach.

**Results** The clinic has enabled core MDT members to see and review individuals collaboratively supporting a cohesive approach to patient care and support, with 13 clinics and 52 appointments being available. Also, it has provided the opportunity to indirectly introduce the hospice setting and its services, maximising the support opportunities available for individuals and their loved ones at an early stage.

**Conclusion** The monthly clinic is a well-established integral part of the care and support in the county for people living with MND, ensuring they have equitable access to regular, collaborative MDT reviews and support. Further development of the clinic is being explored including the hosting of the area MNDA support group and stand-alone support for those caring for a loved one with MND.

0-22

### THE INITIAL IMPACT OF A JOINT LUNG AND ENHANCED SUPPORTIVE CARE CLINIC ON PATIENT OUTCOMES AT A CANCER CENTRE

Alexandra Mcdougall, Carles Escriu, Matthew Howell, Jonathan Heseltine, Tim Cook, Sarah Rose, June Holmes, Helen Wong, Daniel Monnery. *Clatterbridge Cancer Centre, Liverpool, UK*

10.1136/spcare-2023-HUNC.22

**Background** Enhanced Supportive Care (ESC) promotes the earlier implementation of supportive care within cancer care (Bakitas, Tosteson, Li, et al. *J Clin Oncol.* 2015;33(13):1438–1445; Bandieri, Banchelli, Artioli, et al. *BMJ Support Palliat Care.* 2020;10(4):e32; Monnery, Benson, Griffiths, et al. *Int J Palliat Nurs.* 2018; 24(10):510–514). Integration of care between Oncology and Palliative Care can improve patient outcomes and is increasingly recommended (Benson, Wong, Olsson-Brown, et al. *Int J Palliat Nurs.* 2023; 29(3):129–136; Monnery, Tredgett, Hooper, et al. *Clin Oncol.* 2023; 35(6):395–403). The Clatterbridge Cancer Centre has introduced an integrated ESC model within the mutation driven non-small cell lung cancer (NSCLC) clinic. This is a collaborative clinic between the Oncology and Palliative Care teams.

**Aims** To evaluate an integrated ESC model within lung cancer care. To assess the impact on patient outcomes and identify patient needs.

**Methods** 38 patients with NSCLC were supported by integrated ESC delivery in the first six months of the clinic. These patients had an IPOS score completed at initial review and at follow up. Data was collected retrospectively. This was used to assess longitudinal changes in Integrated Palliative Care Outcome Scale (IPOS) scores as indicators of quality of life (Cicely Saunders Institute. Integrated Palliative Care

Outcome Score. 2012; Basch, Deal, Dueck, et al. *JAMA.* 2017; 318(2):197–198). A retrospective case control analysis was used to review other outcomes.

**Results** Patients seen by the ESC team experienced less severe symptoms over time. There were statistically significant improvements seen in dyspnoea, pain and the information needs of patients who were seen in the joint clinic.

**Conclusion** An integrated ESC model can be effective in improving outcomes for patients with NSCLC. This is a developing service and continued data collection will allow the ongoing impact on patient outcomes to be assessed.

0-23

### PATTERNS OF ACUTE HOSPITAL AND SPECIALIST PALLIATIVE CARE USE AMONG PEOPLE WITH NON-CURATIVE UPPER GASTROINTESTINAL CANCER

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**Background and aim** Upper gastrointestinal (GI) cancers contribute to 16.7% of UK cancer deaths. These patients make high use of acute hospital services. The aim of this study is to determine the patterns of use of acute hospital and hospital palliative care services in patients with advanced upper GI cancer.

**Methods** We conducted a secondary analysis of routinely-collected hospital data (2019–2022) for all patients with non-curative upper GI cancer in Hull University Teaching Hospitals NHS Trust. We captured all subsequent hospital admissions within the time period (except out-of-area acute hospital use).

**Results** The total number with non-curative upper GI cancer was 960 (see table 1).

**Abstract 0-23 Table 1** Socio-demographics and cancer diagnosis of all non-curative upper GI cancer patients (N=960)

Socio-demographic details	N	Proportion
<b>Age:</b> mean (SD) in years	mean 74	(SD 11.2)
median (range) in years	median 75	(range 36–99)
<60 years	121	12.6%
≥ 60 years	839	87.4%
Missing	0	0.0%
<b>Gender</b>		
Men	580	60.4%
Women	380	39.6%
Missing	0	0.0%
<b>Survival</b>		
Months from diagnosis till death for those who died (n=828)	Mean 6	(SD 7.09)
	Median 3	(range 0–50)
<b>Primary diagnosis</b>		
<b>Upper GI cancer</b>	960	100%
Pancreas	293	30.5%
Oesophagus	210	21.8%
Gastric	143	14.9%
Unknown primary upper GI site	107	11.2%
Bile duct	88	9.2%
Hepatocellular	83	8.7%
Gallbladder	27	2.8%
Small intestine	9	0.9%