

adapting the NHSE Learning Disability improvement toolkit for use in a hospice setting.

Methods The Learning disability audit team reviewed the NHSE toolkit and developed a workshop programme for hospice staff and managers. The audit team regularly reviewed the themes emerging from the workshops.

Results Over 2 months, 5 workshops took place involving 36 staff representing all departments and including people with personal experience of learning disability or autism. To optimise staff engagement, the team developed workshops that could be included in existing team meetings and used interactive techniques to capture a wide range of perspectives. 4 people who attended the workshops agreed to become learning disability link practitioners for their team. Workshop themes included the need for staff training and confidence; increasing flexibility in service delivery and patient correspondence; and the need to build links and learn from specialist groups and experts by experience.

Conclusions We identified key themes for improvement around staff development; organisational processes; and links with external groups. The Learning Disability Improvement Standards remain relevant to hospice settings, however further research is needed to identify optimise implementation of the toolkit.

REFERENCES

1. The learning disability improvement standards for NHS trusts. June 2018 NHS Improvement.
2. Reducing deaths of people with a learning disability in NHS acute (hospital) trusts in England: an improvement tool. Nov 2019. NHS England and NHS Improvement.

Free papers 16–18: Palliative care in acute settings

16 IMPACT OF GOLD STANDARDS FRAMEWORK ACCREDITATION ON SPECIALIST PALLIATIVE CARE REFERRALS IN ACUTE HOSPITAL SETTING; ADDRESSING INEQUALITIES IN ACCESS

Joanne Bowen, Katherine Hall, Louis Harpham-Lockyer. *The Dudley Group NHS Foundation Trust*

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Background It is established that people with a non-cancer diagnosis tend to have less access to supportive and palliative medicine and may have a poorer experience of care in the last phase of their life and this inequality is acknowledged within current end of life care provision. At Dudley Group NHS Foundation Trust (DGFT) we have implemented the Gold Standards Framework (GSF) trust wide, with eight wards achieving GSF accreditation, with continuing engagement across the trust. This review aimed to understand the impact implementing the GSF has had on the hospital specialist palliative care team referrals.

Method Using PowerBI data analysis a retrospective review of the proportion of referrals by diagnosis group was performed over 16 months from January 2022 to April 2023 alongside the number of referrals.

Results The review identified an increasing trend in the proportion of patients referred with a non-cancer diagnosis. From as baseline around 25% non-cancer and 75% cancer

there has been a clear increase in the non-cancer referral to a 50:50 split. During this 16-month timeframe there was also continued growth in the number of referrals, with the increase driven from the non-cancer diagnosis group with a 48% average increase in referrals per quarter, whilst cancer group referral numbers remained stable (3% average growth per quarter).

Conclusion This review highlights the benefits of embedding the GSF on improving identification of patients and increasing access to specialist palliative medicine, particularly for non-cancer patients. As a Specialist Hospital Palliative Care service, the local response to increased recognition has included the involvement within local non-cancer multidisciplinary meetings. These findings support the benefits of embedding the GSF to improve upon inequality in access to specialist palliative care for non-cancer patients.

17 EMERGENCY DEPARTMENT & SPECIALIST PALLIATIVE CARE: A DYNAMIC DUO FOR QUALITY IMPROVEMENT

Stuart Glynne Jones, Nathalie Whitton, Steven Moore, Jessica Woods, Oceana Fernando, Natasha Wiggins. *Great Western Hospital, St Mary's Hospital Portsmouth*

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Background Patients with end-stage illness who may be at the end of life often attend the Emergency Department (ED). Such patients have specific needs, which can present challenges in the ED environment.^{1–3} Close working between the ED team and Specialist Palliative Care Team (SPCT) can help address barriers to care for this patient cohort⁴ while providing opportunities for early identification of such patients.

Methods A quality improvement project using 'Plan, Do, Study, Act' (PDSA) methodology was undertaken by the ED and SPCT teams in a mid-sized district general hospital in England. The primary aim was to identify patients with palliative care needs earlier in their journey under a parallel planning approach. A run chart of the percentage of total monthly referrals to SPCT received from ED was used as the primary outcome. Questionnaires were also used to collect information for secondary outcomes exploring ED team experiences with palliative care. A first PDSA cycle involved SPCT attending the morning ED medical handover. This enabled informal advice and facilitated direct referrals. A second cycle delivered a month-long, multimodal, multidisciplinary education program on palliative care in the ED.

Results The percentage of monthly SPCT referrals from ED increased from 3% to 18% with joint handover. After the education program, the percentage of the ED team familiar with the concept of parallel planning increased from 53% to 71%. This change was sustained at 3 months after teaching.

Conclusion Joint handover and multidisciplinary education helped improve collaboration between SPCT and ED teams. This may be achieved in other centres using a similar model. Future PDSA cycles will focus on consolidating learnings through further education, developing clinical tools to further support the ED team, and exploring impact of changes on patients.

REFERENCES

1. Royal College of Emergency Medicine. The RCEM End of Life Care Toolkit, 2020. Available here: https://rcem.ac.uk/wp-content/uploads/2021/10/RCEM_End_of_Life_Care_Toolkit_December_2020_v2.pdf