HOSPICE CARE: FIT FOR THE FUTURE - ORAL PRESENTATIONS

Conference Papers 1

01 OUR DEEDS DETERMINE US, AS MUCH AS WE DETERMINE OUR DEEDS
Ian Turnbull; Willowbrook Hospice, Prescot, United Kingdom
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Introduction In March 2012 Willowbrook started to support the rehabilitation of currently serving offenders by offering volunteer placements in our Warehouse. This was a bold move by the Hospice which had previously relied on traditional volunteering methods.

Aims The Hospice’s Strategic Business plan is to broaden the diversity of its volunteering by giving volunteer opportunities to young people who may not have come across the Hospice movement in their lives. Willowbrook could provide work experience to prisoner’s approaching the end of their sentence supporting the Prisons Outreach Placement programme and raise extra funds to provide for patient care.

Methods The views of all the participants needed to be taken into account - a visit to the prison arranged meeting with the Prison Placement Officer, a business case was proposed to the Hospice Trustees, Senior Managers and Warehouse Staff. In May 2012 the first prisoners arrived at the warehouse.

Results For the Hospice - over the 18 months the 10 prisoners have made a fantastic contribution with over 5000 hours of support the warehouse has been able to increase its contribution to patient care by 12%, all the prisoners have settled in quickly with both Hospice staff and existing volunteers.

For the Prison Service - Willowbrook is a highly reputable organisation, they know the prisoners will be supervised and provided with training.

For the Prisoner - they feel more fulfilled and have more skills to take them back into ‘normal’ life.

Conclusions The Hospice Prison Volunteer Placement programme continues to be a highly successful partnership between the Prison Service, prisoners and the Hospice. The hospice gains more volunteering time and funds, the prisoners have gained confidence, team working and independence skills that they can utilise outside the prison and the Prison Service has a professional, reliable organisation to work with.

02 VOLUNTEERING IN PARTNERSHIP (VIP): PROMOTING COMPASSION
Gail Wilson, Kate Pyman, Sandy Knowles; St Lukes Hospice Plymouth, Plymouth, England
10.1136/bmjspcare-2013-000591.2

This DOH funded project aimed to increase the volunteering capacity and the personalisation agenda in 3 organisations which support those with long term conditions, the frail elderly and individuals who are at the end of life.

The project sought to create new volunteering opportunities for young people aged 16-18 by challenging the paternalistic and risk adverse attitudes of care providers who were reluctant to let young people volunteer with patients.

03 VOLUNTEERS – SUSTAINING HOSPICES?
1Ros Scott, 2Children’s Hospice Association Scotland, Edinburgh, UK, 2Doctoral Student University of Dundee
10.1136/bmjspcare-2013-000591.3

Volunteers have historically played a vital role in the founding and on-going development of independent hospices. The governance of these voluntary organisations is also the responsibility of volunteer trustees, however, it is not clear whether volunteering is considered as strategic resource. This study aimed to explore how volunteering perceived strategically in independent hospices throughout the UK.

Purpose of the Research

The purpose of this research was to study the link between volunteering and hospice sustainability by:

• Exploring how volunteering is understood by UK hospice senior staff, volunteers and trustees.

• Considering the influence of volunteers on four key UK hospice sustainability factors: governance; service delivery; hospice economy; and community engagement.

• Explore whether there is a link between volunteering and hospice sustainability.

Methods Using a mixed methods approach a self-administered online survey which was sent to hospices across the UK. The questionnaire included both Likert Scale and free text questions. As this study sought to the strategic context of volunteering, the views of senior staff, trustees and volunteers were sought. Thirty one hospices took part with responses from 58 senior staff 56 trustees and 181 volunteers.

Findings

• No recognition of the role of volunteers in governance.

• Volunteers viewed as a strategic resource but not engaged in strategy development.

• Lack of planning for volunteer involvement.
ST JOSEPH’S 1ST CONTACT TEAM. A NEW INNOVATIVE MULTIPROFESSIONAL MODEL

Margaret Boyle, Ruth Bradley, Angie Morris; St Joseph’s Hospice, London, UK
10.1136/bmjspcare-2013-000591.4

Background The development of a new innovative service the St Joseph’s First Contact Team was identified in April 2012 as the critical project to commence the 3 year transformational change programme to develop community services. This pilot aimed to improve access to the ‘front door’ of St Joseph’s, improving response times for patients, their families and carer’s, ensuring all those referred were appropriately signposted to the whole range of services provided appropriate for them. The team consists of multi-professionals who are either in the team physically or as virtual members.

Aims of the Service were To provide high quality, patient and carer focused, value driven services and experiences. To meet the changing needs of local communities.
Be more responsive to our local communities.
Meet the strategic priorities of local Clinical Commissioning Groups and GPs.
Continue to meet the mission and core values of the Hospice.
Encourage innovation and develop staff.
Share specialist knowledge and skills of end of life care with community partners.

Approach Used Utilising transformational change methodology, working groups were established to develop the project and to guide and influence service development. Patient and service users were consulted and their views informed the service model.

Outcomes
Outcomes were measured using quantitative data demonstrating activity, referrals response times and user feedback. Qualitative review of assessments undertaken by the FCT and other related professionals during the pilot period was undertaken. Various methodologies were used to collect data including user and staff surveys and the PAL care system.

Applications to Practice The first contact team has transformed how we respond to our referrals and has promoted multi-professional working and greater understanding of the range of services offered to patients, carers and families. A working group led by the Lead Nurse will continue to develop and monitor the quality and service to meet the changing needs of our diverse communities.

Conference Papers 2

AN EVALUATION OF THE “JUST IN CASE” BAG ANTICIPATORY PRESCRIBING SCHEME IN DEVON 2011-2013

Laura O’Loghlen, Becky Baines; Hospiscare, Exeter, UK
10.1136/bmjspcare-2013-000591.5

Background “Just in Case” anticipatory prescribing schemes are seen as one way of ensuring that patients nearing the end of their lives can have access to rapid relief of symptoms at home. The Gold Standards Framework for End of Life care encourages this a mainstay of care. No large scale attempts to examine the practice have been undertaken.

Aims To assess the implementation of “Just in Case” bags in Devon over the first two years of the scheme. Feedback was sought from health professionals over the key features of the initiative, the drugs used and any problems encountered. A subsidiary aim was to assess the cost effectiveness of the scheme.

Approach used 83 GP practices in Devon were issued with a stock of “Just in Case” bags. A record was kept of when each bag was dispensed. Each bag was issued with a service evaluation form inside. The completed forms were returned to a central collection point allowing the total number of bags dispensed, and then used, to be measured. Data was collected between April 2011 and the end of March 2013.

Outcomes 1510 bags were dispensed during the period and 295 service evaluation forms were returned (20% return rate). The bags were well received by staff, patients and relatives alike. The most common four drugs prescribed were Diamorphine, Hyoscine Hydrobromide, Midazolam and Levomepromazine.

Application to hospice practice An attempt was made to calculate the overall cost of the project and any savings from the scheme. The information gathered from the 295 completed evaluation forms suggested that 121 admissions to Hospital or Hospice were prevented. The bags also offered peace of mind for patients and relatives. The challenges of organising a large-scale service evaluation across multiple professional teams and of assessing projected financial savings are also discussed.