

Abstracts

- Volunteers are important to income generation, the quality and range of services offered and community engagement.
- Hospice sustainability is highly dependent on volunteers, however
- Current volunteering models may not be sustainable.

Implications This area is the first study of its kind to establish evidence about the dependence of hospices on volunteers. It identifies opportunities for practice development in planning and approach. A toolkit is being developed to enable organisations to identify areas for development.

04 ST JOSEPH'S 1ST CONTACT TEAM. A NEW INNOVATIVE MULTIPROFESSIONAL MODEL

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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 aspired 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

05 AN EVALUATION OF THE "JUST IN CASE" BAG ANTICIPATORY PRESCRIBING SCHEME IN DEVON 2011-2013

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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.

06 'BEING THERE' - EVALUATION OF A NETWORK APPROACH TO 24/7 SPECIALIST SYMPTOM MANAGEMENT FOR CHILDREN AND THEIR FAMILIES

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10.1136/bmjspcare-2013-000591.6

Provision of 24/7 symptom management for children with life-threatening conditions via a whole network approach is unusual. We have evaluated this innovative service method, delivered by five clinical nurse specialists, across a predominately rural geographical area, aligned to a dispersed Children's Hospice Service. Service objectives were: symptom management support; open access to families and professionals; choice in place of care and death and collaboration to develop common approaches, shared pathways and management plans.

An 18 item questionnaire was developed to audit service standards; two open questions aimed to elicit good practice and areas for development. Stakeholders (n = 48 families, n = 121 hospice staff and n = 129 external professionals) were surveyed by internal or external mail. Overall response rate was 47% (families 54%; hospice staff 50%; external professionals 41%).

Two thirds of respondents reported that the team provided as much as needed with service standards. Around the clock symptom management support was highly valued (88% of