Abstracts

Introduction People at the end of life (and their carers) require support on a 24/7 basis. Access to appropriate, immediate advice is important to optimise the quality of care, reduce anxieties and where appropriate avoid hospital admission. Use of video links to the home may allow such services to be delivered in a scalable and affordable way.

Aims To develop reliable means of deploying high quality video links between hospices and a person's own home or residential care setting.

Methods Using standards based, resilient videoconferencing, running over domestic broadband, links were established between a hospice and patients receiving support at home and in a range of residential care settings. The service also linked patients to the local acute hospital's teleconsultation centre. Staff at the hospice and patients/carers were able to both make and receive calls at any time. Proof of concept outcome measures included the ability to create a stable video link in a domestic setting and identification of clinical use cases where video enabled safe, appropriate care delivery. Qualitative indications of patient, carer and staff satisfaction with the approach were also recorded.

Results Where broadband speed exceeded 500kb/s (up and download) we established reliable video connexions in all cases. Service users were able to receive general symptom control and treatment advice, it was possible to avoid need for admission or to expedite admission when necessary. Staff and patient satisfaction with the approach was high, averaging 8.5/10 across a range of measures. The service is expanding to include links to all local Nursing Homes and to allow on-call palliative care consultants to join calls from their own home.

Conclusion Use of video-consultation to the home enables immediate delivery of palliative care support without need for travel and may avoid the need for some hospital admissions. The approach is valued by users.

010 INSPIRING COMPASSIONATE CARE IN AN ACUTE HOSPITAL SETTING – THE POWER OF QELCA

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Transforming the traditional delivery of specialist end-of-life care education and training for nursing staff in acute hospital settings through the Quality End of Life Care for All (QELCA) education and training programme has resulted in immediate positive benefits for both the hospice and the local acute hospital Trust.

The prevalence of a top-down target driven culture has meant that persuading hospital managers in hospital settings that compassionate care is directly relevant to improving acute care has been a challenge. The opportunity to transform this thinking was taken by the local acute hospital when they embarked on the Transforming End of Life Care in Acute Hospitals Programme that includes the adoption of the AMBER care bundle and incorporates QELCA training.

Through the delivery of the prescribed QELCA curriculum, that combines and integrates theory with experiential learning through working alongside experienced hospice nurses, there has been a transformational change in the nursing care. This is underpinned by changed thinking and delivery of care that focuses directly on the needs of the patient rather than the needs of the organisation.

The impact in the Acute trust has included:

- 82% of relatives said they were aware that their relative's recovery was uncertain.
- 91% of patients received care supported by the AMBER care bundle had a patient and family meeting.
- 1.5% of patients who received care supported by the AMBER care bundle, who were discharged were admitted back to the hospital in an emergency.
- 100% patients had a DNACPR Form completed.

Successful partnership working has also resulted in a renewed interest in furthering specialist palliative and end-of-life care education within secondary care and the CCG extending the AMBER care bundle/QELCA as part of their CQUIN investment. Further funding for the QELCA training has been provided through a successful bid to the Strategic Health Authority.

011 A HOSPICE EXPERIENCE OF PATIENT-LED ASSESSMENTS OF THE CARE AND ENVIRONMENT

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Background/context In April 2013, the Department of Health (DH) introduced patient-led assessment of the care environment (PLACE) to give patients a strong voice in the assessment of privacy, dignity, food and cleanliness in hospitals offering NHS-funded care. Carers are eligible to undertake this assessment on behalf of the patient.

The DH and NHS Commissioning Board recommend that hospices participate in this initiative, which provides a non-technical view of the buildings and non-clinical services and is based on a visual assessment against defined criteria and guidance.

Aims

- To undertake the first PLACE assessment of the DMH.
- To use members of the Carers' Forum to undertake an assessment of the organisation.

Approach used The Carers' Forum members were invited to complete the PLACE assessment. Those involved needed to be objective, unbiased and have the confidence to be open and honest.

Two carers agreed to undertake the assessment, accompanied by the Clinical Governance Manager (CGM) and the deputy Infection Control Nurse; this gave the required PLACE Team ratio of patient to staff assessors.

The carers were classified as volunteers, underwent a standard CRB check and were issued with a name badge.

All assessors undertook training provided by the Health and Social Care Information Centre (HSCIC).

PLACE scoring was made against standard criteria and reflected what was seen on the day.

Outcomes DMH results were published on the HSCIC website.

The hospice is working with the PLACE team to make the assessment more applicable to hospices.

The carers felt that they were contributing to the quality process in a positive and constructive way.

Application to hospice practice Participation in a national initiative to measure quality from a patient/carer perspective.

Access to national benchmarked data, which is accessible to the CQC, NICE, NHS Commissioning Board, DoH, Local commissioning groups and local Healthwatch.

Conference Papers 3b

012 IMPROVING THE TRANSITION PROCESS FOR YOUNG PEOPLE WITH LIFE-LIMITING CONDITIONS

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Research Aims To identify the training needs of adult Specialist Palliative Care (SPC) teams to care for young adults and inform the development of an education package for adult SPC teams.

Background The prognosis of life-limiting conditions of childhood has improved with an increase in the number of young people accessing adult SPC services. Adult SPC teams may be inexperienced in caring for the complex needs of these young people.

Methods

- Delphi: An online Delphi process collated expert opinion on format, delivery and content of the educational package in three rounds.
- Focus Groups: Focus groups were held with young people with life-limiting conditions, staff from a local adult hospice and carers. Discussions explored the care and support needs of young people and their families, and the training needs of SPC teams. Data were analysed using thematic analysis.

Results

- Delphi: Consensus was reached on range suggested formats and personnel to deliver the training, and on clinical, psychosocial and practical topics. Training should be delivered as a continuous/rolling programme and not as 'a one-off'.
- Focus Groups: Discussions centred on: challenges of caring for young people; barriers to transition; staff education and training; facilitating transition.

Conclusions The knowledge required by adult SPC teams to meet the complex needs of young people and their families is diverse and extensive. To optimise learning, training should be delivered as a continuous/rolling programme, tailored for content and mode of delivery. A template to guide handover and a single point of contact would facilitate the transition process.

Application to Hospice Practice A series of study days has been designed using the information gathered in this research and will commence in June 2013. A template to guide handover is in development with plans to create a single point of contact to co-ordinate the transition process.

013 CO-ORDINATED AND COST-EFFECTIVE HEALTH AND SOCIAL CARE AT THE END OF LIFE - THE RESPONSIBILITY OF HOSPICES

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Any future model of end of life care delivery in the UK needs increased and more effective partnership working between health and social care agencies. The 2008 Department of Health's End of Life Care Strategy recognised that a cultural shift in attitude within the health and social care workforce is required, and an NAO report (2008) suggested a need for greater input from social care to address ongoing challenges. The 2011 publication from the Palliative Care Funding Review and the Report of the Commission on Funding of Care and Support recommends that there should be better integrated health and social care for those facing the end of life, and that this should be free at the point of delivery. This presentation tracks the development of a new Social Care service by a large UK hospice in partnership with a number of key community providers and commissioners. A number of different models of service delivery which have been developed alongside each other are presented, focussing on three areas:

1. developing a referral process and assessment procedures, as well as delivering personal care packages for people in the last year of life on the locality end of life register.
2. developing short term personal care packages enabling people to be rapidly discharged from hospital.
3. developing a hospice-based co-ordination centre where people's health and social care needs are integrated more successfully and cost-effectively.

Outcomes utilising a range of tools and measures will be presented and an argument will be made that hospices not only have a responsibility, but also the relevant expertise and experience to develop, present and market themselves as end of life care co-ordination 'hubs' taking on responsibility for leading on the provision of integrated health and social care to people within the last year of life.

014 CHALLENGING THE PERCEPTION OF DEATH AND DYING THROUGH DOCUMENTARY FILM MAKING IN A HOSPICE

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Background Health promoting palliative care is a relatively new concept in palliative care that aims to increase public awareness and open discussion in relation to death and dying. A year long collaboration between a documentary film artist and patients and staff in a Scottish hospice addressed these aims. They produced 20 short films and a character led documentary feature film showing different strategies that led to increased vitality at the end of life.

Method The film-maker worked with over 40 patients, family members and staff in the hospice to identify and expand on participants' experiences and develop them as narrative for the wider community.

Following the patients' lead, further research into music and performance arts required collaboration with a music director and choreographer in the day-care ward. An extended period of filming and editing followed, where the material was scrutinised and distilled into portraits and songs.

Results The resulting documentary film follows patients in the hospice and in their homes, reflecting their strength and individuality, their hopes and dreams as well as their struggle with disease as they use music and creativity to mirror their personal