

- a Transferable Role Template for the ANP in Hospice Care defining the skills, competence, learning and development needed to fulfil this role.
- an outline Business Case Template to build the case to commissioners of the benefits of the ANP role in improving the quality of care for people with complex palliative and end of life care needs and their families by ensuring 24/7 direct admissions access to specialist inpatient hospice beds and emergency out of hours assessment in the community.

Deliverables:

1. Development of an ANP Transferable Role Template within Hospice Care to be included in the Skills for Health Learning Bank.
2. Development of a Education and Training Framework to underpin the role.
3. An outline Business Case Template targeted at Commissioners
4. Written Job Description for the ANP Role in Hospice Care.

How to achieve the deliverables?

- Define role, responsibilities and core job description
- Create a Clinical Reference Group and arrange workshops
- Develop formal partnership arrangement to support the project
- Identify evaluation process
- Agree scope of role and map competences/skills (NOS) sign off
- Agree core education programme
- Conduct baseline evaluation
- Complete clinical/technical skills training and competency sign off
- Define role, responsibilities in preparing Business Case Template
- Agree Business Case and Sign off
- Produce project outcome report

P99 HOW HAS THE INTRODUCTION OF ADVANCED NURSE PRACTITIONERS ROLE TRANSFORMED THE DELIVERY OF PALLIATIVE CARE AT EAST CHESHIRE HOSPICE?

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The introduction of two advance nurse practitioners (ANP) at East Cheshire hospice (ECH) has led to a more responsive stream line service, that meets the needs of patients, their families, loved ones and the organisation. The continuous presence of ANPs on the inpatient unit and Sunflower centre means they are able to ensure continuity of care and are a vital link between the medical and nursing team.

Evidence shows that the process of admission to discharge has been enhanced. ANPs have proved to be invaluable, as they are in the position to provide care from a diagnostic and examination perspective, whilst using their compassionate nursing skills to build essential therapeutic relationships.

The future of the ANP programme is exciting, the completion of the independent prescribing module will enable them to work autonomously, provide triage for the doctors, and allow the medical team to focus on patients with more complex needs. There have been challenges faced since the implementation of the ANPs and we hope showcasing our role and skills will help

colleagues and the external MDT understand the benefit of ANPs to ensure patients needs are met. ANPs are not in place just to fill gaps, but to enhance and improve practice at an individual and organisational level.

This abstract can be presented in more detail as a poster presentation.

P100 SHORT OF DOCTORS? COULD A PHYSICIAN'S ASSISTANT OR ADVANCED NURSE PRACTITIONER BE THE ANSWER? A PROJECT INVESTIGATING THE ROLE OF A MID-LEVEL PRACTITIONER ON A HOSPICE INPATIENT UNIT

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Introduction and Aims During a period of reduced medical staffing, the Hospice appointed an experienced Hospice Sister in the novel role of a mid-level practitioner on the inpatient unit. The role entailed working alongside the medical team, assisting with clinical reviews and designated tasks previously undertaken by doctors.

A 6 month project piloted the role and made recommendations about future options.

Methods A literature review gathered information on Physician Assistants (PA) and Advanced Nurse Practitioners (ANP).

20 staff were surveyed to ascertain views about the role.

The experiences of 3 ANPs working in different settings/specialties were explored to further understand the potential variety and development of such roles within multidisciplinary teams.

Results We describe and compare different aspects of the roles of PAs and ANPs: the historical context, training, roles, revalidation and salaries.

The key findings of the staff survey are highlighted. The majority of respondents felt the role was of 'great value' to the team, to patients and to families.

Improvements were perceived in prioritisation of medical time, continuity of care, psychological and spiritual care of families and carers, communication between medical and nursing/AHP teams and flexibility of roles more widely within the team.

90% of staff surveyed thought it would be 'extremely useful' to have the role continue.

Discussion and conclusion In our experience, a Senior Sister working as a dependent practitioner alongside the medical team has worked well. However, in order to optimise the potential for this role, additional training is required.

ANPs appear to provide the best option overall for a mid level practitioner in a Hospice setting. The main advantages over a PA are: ability to prescribe, availability of accredited training, autonomy of the role and familiarity of staff and patients with the title and role in other contexts.

P101 PROVIDING A SEAMLESS SERVICE - ASSISTANT PRACTITIONERS WORKING ACROSS HOSPICE AND COMMUNITY SETTINGS: A PILOT STUDY

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Abstracts

Introduction This paper will explore the role of the Assistant Practitioner (AP) in an innovative a 6 month collaborative pilot project between Leicestershire Partnership Trust and the Leicestershire and Rutland Hospice to test a model of care delivery through AP's working across the hospice and community settings as an integral part of both health care teams.

Approaches Used

- 2 trainee assistant practitioners from each setting (n = 4), with the support of mentors, undertook 4 rotational work placements between the hospice and community, supplemented by monthly study days
- An action research model was used to evaluate the pilot and support a real-time development of the role and included qualitative interviews and focus groups (n = 4) with assistant practitioners, mentors (n = 5) and managers (n = 3), alongside analysis of the adopted competency framework and reflective diaries

Findings The AP's : were skilled and able to provide continuity of care following patients through from home to hospice and back; they helped develop inter-organisational understanding of ways of working; freed – up registered nursing time, offered support to HCA's. The main challenge related to changing policies during the life of the pilot to allow the AP's to fully embrace an extended role. This presentation will focus on the success and challenges in the development of the cross organisational working and the AP role, the views of stakeholders and the benefits to patients.

Conclusion Hospice and community settings were convinced of the value and utility of the role and are looking to recruit AP's as part of their long term staffing policy. However, each organisation sees a different focus for the role and they are not yet ready to embrace the concept of shared posts working across organisational boundaries.

Treatment, care and patient perspectives

P102 INFLUENCING NATIONAL POLICY AND PRACTICE FRAMEWORKS – A HOSPICE PERSPECTIVE

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Background As a national organisation providing specialist palliative care for children and young people, we have a responsibility to share skills and experience with colleagues in other sectors, and to develop strong partnerships to shape the development of palliative care for this group across all settings. This session will explore the development of a national palliative care framework for children and young people ¹.

Aim The aim of the project was to:

- develop a mechanism to support and develop best practice
- establish recognised pathways of palliative care within and between health boards for every child and young person with a diagnosis of a life-shortening condition
- outline the available support at all stages through to the end of their lives, developing equitable, sustainable, age appropriate support, independent of the geographical area in which they live.

Approach The Framework¹ was developed through a clinical network: Scottish Children and Young People's Palliative Care

Executive (SCYPPCEX) in consultation with paediatricians and lead children's nurses throughout Scotland.

Outcomes The Framework¹ was launched at a National Square Table event in November 2012. Dissemination is being achieved through an NHS Chief Executive's Letter and three regional workshops attended by professionals from many services contributing to palliative care for children in Scotland. A case study approach was used to explore the opportunities and challenges for implementation.

Application to practice This is an important development in children's palliative care in Scotland and has positioned children's hospice care as having a central role. It will contribute to improving care for children and young people with life-shortening conditions.

P103 THE DAILY EXPERIENCES OF LIFE LIMITED CHILDREN AND THEIR FAMILIES

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Introduction This is a society in which children are expected to live into adulthood. Not much is known about the long-term needs of children, who will not reach adulthood, but who may live with their conditions for many years.

Aims To hear directly from life limited children and their families about their day-to-day experiences.

Methods Case study provided the overarching strategy combined with participant observation, interviews and an invitation for young participants to use their own artwork and photographs to help them explain their day-to-day experiences. Eleven children, parents and siblings from ten families took part (39 participants).

Findings and discussion Children diagnosed early in babyhood seemed to have an identity within which the illness was integrated, perhaps because they were growing children hardly able to remember a time before their illness.

The children who took part were going to lead short lives. Families tried to shut away this fact to get on with daily life and live life to the full for and with the child.

Common elements ('moments of realisation') in the children's life stories emerged:

- Questions of inheritance
- Diagnosis and prognosis
- Acute loss of abilities
- Slow deterioration
- Life threatening surgery
- The cycle of crisis and survival
- The child's life and death.

These elements followed similar patterns across cases despite the range of diagnosis; they ebbed and flowed throughout the child's life generating fear and uncertainty for the child and their family.

Care implications

Families lived day-to-day in a society that expects children to live into adulthood. Participants felt alone with the knowledge that their child would die young, aware of the wider social context Professionals should be aware that 'moments of realisation' in the child's unfolding life might highlight times when pressure on family communication is heightened.