

palliative care services. Final results are due to complete by June 2013.

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#### P158 A HOSPICE MOTOR NEURONE DISEASE CLINIC: CHALLENGES AND BENEFITS OF A NEW SERVICE

<sup>1,2</sup>Jane Bywater, <sup>1</sup>Jo Butt, <sup>1</sup>Caroline Mathias, <sup>1</sup>Jean Smith, <sup>2</sup>Rachel Gaffney. <sup>1</sup>St Michaels Hospice, Basingstoke, United Kingdom, <sup>2</sup>Hampshire Hospitals Foundation Trust

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**Background/context** The Hospice in North Hampshire had offered support and care to MND patients but in an unstructured way. Close working between the Palliative Medicine and Neurology Consultants led to a recognition that both early and advanced care could be improved if services were to work more closely together.

**Aim** The aim was to set up and run a monthly multi-disciplinary clinic for people with MND in the Hospice, allowing access to all members of the multi-disciplinary team (neurologist, consultant in palliative medicine, care centre co-ordinator, hospice at home team, social worker, physiotherapist, OT, speech and language therapist, Association Visitors) via one clinic. The clinic link with the MNDA would improve access to information about services. The outpatient hospice setting allows informal support for pts and carers from Assoc Visitors.

**Outcomes** To improve the patient and carer experience.

To ensure access to hospice services early in diagnosis.

To improve both peer and carer support through joint working with the MNDA.

To develop a specialist skill base with opportunities for support and training of other professionals.

To develop patient professional relationships which allow easy transition in the end stages of illness.

**Application to hospice practice** Many centres across the country run a multidisciplinary MND clinic but traditionally in the hospital setting. Evidence is good for improvement in patient care from a hospital model of service delivery model. Hospices have many advantages with their experience in coordinating care and community focus. The early links with the Hospice allow continuity of care throughout the patient journey.

#### P159 CHANGING A LYMPHOEDEMA SERVICE THROUGH SERVICE REDESIGN

Debbie Murphy. St Catherine's Hospice, Preston, UK

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**Background** Well established Lymphoedema service facing number of escalating issues:

- Increasing referrals
- Over budget
- Frustrated staff
- Lack of care pathways and long term management
- Lack of innovation

**Aim**

- Reduce financial strain
- Provide clear care management strategy
- Introduce self-management strategies
- Ensure full access for individuals with Lymphoedema.

**Approach Used**

- Poor team work - looked at strengths and the weaknesses of each team member as a team
- Cost reduction – compression garment formulary assessed on cost effectiveness, size of range, availability on FP10, education supplied by the company.
- Care pathways – patient journey plotted dependent on severity of condition.
- Discharge policy developed, packs sent to the GP and to patient.
- Long term self-management - six week education programme combined with fun exercise class (Le Bed), gives patients tools to manage own condition.
- Following discharge from Le Bed, Lymphoedema Information Fun Event (LIFE) established after feedback from patients - provides ongoing information about service development. Group used as patient reference and involvement group e.g. feedback on leaflets etc.
- Investment in new technologies (lymph assist machines, lasers, oscillator) - enhances treatments offered, produces quicker results.
- Kinesio tape introduced
- Children's Lymphoedema Service initiated
- Bra fitting service developed.

**Outcomes**

- Greater sense of team - clear lines of reporting, goal setting and monitoring.
- Expansion of team with a clear mix of skills
  - support worker undertaking more routine work, specialist nurses concentrate on more complex cases
  - part time specialist appointed
  - Lymphoedema physiotherapist (still to be appointed)
  - training and development - manual lymphatic drainage, Le Bed instructor training, bra fitting, wound management, child protection training etc.
- Number of new patient referrals has increased year on year (see table)
- Negotiated and secured contracts with three additional CCG's
- 2008/2009 = £23k overspend, 2011/2012 break even (including reinvestment in new technologies and education)
- Number of intensive treatments increased from 27 in 2010/2011 to 119 in 2012/2013
- Patients self-managing - the discharge pathway and Le Bed class – leading to greater self esteem
- Lymphoedema manager recognised as Lymphoedema nurse of the Year 2013, British Journal of Nursing

#### P160 THINK AGAIN! TREATMENT CHANGES FOR PATIENTS WITH HEAD, NECK AND FACIAL SWELLING

Julie Norris. St Catherine's Hospice, Preston, UK

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**Background** Few patients referred for head, neck and facial lymphoedema as widely viewed that very little could be done, apart from prescribing tight fitting compression garments which are very constrictive and have a low patient compliance.

**Aim**

- Improve access for patients experiencing lymphoedema to the head, neck and face.
- Identify alternative treatment methods