

therapy (6.9% to 30.8%), followed by inpatient care (2.5% to 13.5%), and outpatient services (8.3% to 16.7%). The majority of referrals were for patients with respiratory disease (69%), followed by neurological disease (22%).

**Conclusions** It is possible to increase access to specialist palliative care for patients with non-cancer disease within a short timescale. Dedicated time to liaise with colleagues in primary and secondary care is vital to achieve this. Robust monitoring of referral patterns and service capacity, together with education for hospice staff is also important in order to maintain a safe, high quality service. Work is ongoing to ensure equity of access between disease groups.

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#### INCREASING ACCESS TO SPECIALIST PALLIATIVE CARE FOR PATIENTS WITH NON-MALIGNANT DISEASE: A 'BIG BANG' APPROACH

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**Background** Access to specialist palliative care for patients with advanced non-cancer diagnoses is much lower than for those with cancer, despite a similar symptom burden and poor health-related quality of life. Wirral Hospice St John's sought to address this inequality through the appointment of a consultant in palliative medicine with a specific remit to increase access for patients with non-malignant disease.

**Aim** To monitor the proportion of hospice referrals for patients with non-malignant disease over a three-month period at the start of the initiative.

**Methods** Cross-sector work was undertaken to publicise the project. A letter was sent to all GPs, and a variety of educational events for GPs, community matrons and specialist nurses were held. Secondary care was approached via individual specialty meetings, consultant physicians' meetings and a postgraduate education event. Close liaison with the Clinical Commissioning Group was ongoing throughout. Education and listening events for hospice staff (clinical and non-clinical) were conducted, and updates regarding specific conditions organised. Data regarding referral patterns were collected contemporaneously.

**Results** Referrals to all services for patients with a primary non-cancer diagnosis increased steadily from 5.7% (May'13) to 18.2% (Aug'13). The increase was most pronounced in day