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'BEING A CONDUIT': EXPERIENCES OF BEREAVED CARERS AND HEALTH CARE PROFESSIONALS ABOUT USING HOSPITAL BASED MACMILLAN DISCHARGE FACILITATOR SERVICE

Munikumar Ramasamy Venkatasalu,¹ Amanda Clarke,² Joanne Atkinson². ¹University of Bedfordshire, Aylesbury, Buckinghamshire; ²Northumbria University, Newcastle Upon Tyne

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Background The drive in policy and practice is to enable individuals to achieve their preferred place of care during their last days of life. A local NHS Trust implemented a pilot project to establish a Macmillan Discharge Facilitator Service that aimed to offer individuals at the end of their lives the choice to die at home or another preferred place of care. Although the routine clinical audit provided quantitative data regarding the use of the service and associated outcomes, little is known about the service in terms of its quality, scope and impact on service users and other stakeholders.

Aims A qualitative evaluation was undertaken to explore stakeholders' views and perceptions concerning the Macmillan Discharge Facilitator Service.

Methods After gaining ethical approval, semi-structured interviews were conducted with bereaved carers (n=5). A focus group and individual interviews were undertaken with Healthcare Professionals who had used the service since its inception (n= 5). We also conducted individual interviews with the Discharge Facilitator and Service Manager.

Results Framework analysis revealed five key themes: achieving preferred place of care; the Discharge Facilitator Service as the "conduit" between hospital and community settings; the personal attributes of the Discharge Facilitator; delays in hospital discharge; and, stakeholders' perceptions of the way forward for the service. Bereaved carers reported that the Discharge Facilitator helped to facilitate choice through the exploration of the patient's wishes, advocacy and the coordination of seamless discharge across care delivery settings.

Conclusions Stakeholders reported that the Discharge Facilitator acted as a reliable resource and support in order to facilitate fast tracking for patients at the end of life. Recommendations for future service development were suggested by all stakeholders; these included: increased profile of the service, expansion of service provision, further development of education opportunities, and the Discharge Facilitator's earlier involvement in the discharge process.