

P 131

**PROVISION OF SPECIALIST PALLIATIVE CARE  
SUPPORT TO PATIENTS AND CARERS BY TELEPHONE**Tim Dale, Bee Wee. *Sobell House, Oxford, UK*

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**Background** The community team at Sobell House needed to find ways of managing increasing numbers of referrals. It was felt that one person exclusively undertaking telephone support would free more time for others to visit patients with the greatest need at home. The idea was viewed by some with scepticism –“palliative care by phone? How does that work then?”. In December 2009 an advanced nurse practitioner was appointed on a six month trial.

**Process** The telephone support nurse holds a caseload of 80-100 patients. Call frequency is agreed individually and ranges from weekly to monthly. Patients or others can also phone for advice or to discuss changes. Home visits, outpatient appointments or admissions can be arranged as needed. Aspects of care covered include psychological support, symptom management, medication changes, coordination with other services, the provision of information, suggesting ‘coping strategies’, and so on.

**Results** The role rapidly proved its worth and the post was made substantive after three months. Feedback from patients and carers from three surveys using detailed questionnaires has been unequivocally positive: *We find it very reassuring that help, support and understanding is just a phone call away ... Thank you for being there for us and making a difference ... [has] taken a positive holistic view outside the treatment regimes ... They [other services] are more task & treatment orientated, this provides something which supports living my life.* More detailed feedback is available for presentation.

**Conclusion** Regular telephone contact in palliative care can work safely and effectively in providing support at all levels. The role is fully integrated into and valued by the community team and service as a whole. Key is an open, empathic and unhurried approach.