

Methods A nurse-led coordination team based at the hospice arranges rapid packages of care and equipment and acts as a helpline for patients, families and professionals. An end of life community nurse provides face-to-face support to patients and families and a link to community nurses. Marie Curie health and personal care assistants offer specialised care. OPM have been commissioned to evaluate the model.

Results The service supported over 400 patients in its first year. The independent evaluation found patients and families felt supported to stay at home, and professionals noticed an improvement in the quality of care and the speed of organising care packages. Professionals report they have saved time on administration. Challenges included achieving buy-in from other providers and a lack of capacity to deliver care packages among care agencies.

Conclusions The care coordination model has improved the quality of care in the CCG and enabled more people to die at home. There is evidence admissions are being avoided and hospital discharges are faster. Now in our second year of the pilot, we are working with partners using evidence captured in the evaluation to shape the future model and hopefully secure ongoing funding.

0-15 VOLUNTEER BEFRIENDING SERVICES: LESSONS FROM A RANDOMISED CONTROLLED TRIAL ON WHO ACCESSES THESE SERVICES AND HOW TO MAXIMISE SERVICE IMPACT

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10.1136/bmjspcare-2016-001245.15

Background Volunteer provided befriending or good neighbour services are an increasingly common element of hospice provision. However little is known about who accesses such services, nor their impact. The ELSA study is a large trial of volunteer befriending services across England, with an aim of evaluating the effectiveness of receiving care.

Aim To report data on who was referred to and used the befriending services provided as part of this trial.

Methods A wait-list controlled trial (ELSA) with nested qualitative case studies, with patients randomly allocated to intervention (immediate receipt of volunteering intervention) or wait list arm (four week wait for intervention). Patients (estimated to be in their last year of life) referred to volunteer befriending services across 11 end of life care providers in England. Trial data were collected at baseline, 4, 8 (12) weeks to explore quality of life as our primary outcome, with loneliness and social support as secondary outcomes. Baseline data were collected on personal characteristics and social networks. Trial registered: ISRCTN 12929812

Results Service referrals (n = 369) resulted in 195 people entering the study. Patients mean age 72 years, 61% female, 84% retired, 58% living alone, 90% white ethnicity, 50% with cancer. No significant differences on quality of life at baseline were observed between genders, but as age increases, scores on social, psychological and environmental sub scales worsen (*ps.* < 0.01). Age and living alone were significant predictors of lower environment scores (*ps.* < 0.01). Quality of life scores were lower than those of comparator populations.

Conclusion This study is the first to examine volunteer befriending in a trial context, and describe the characteristics of those receiving care. Services appear appropriately targeted to

vulnerable older adults who live alone, and potentially accessed by a wider range of people than other hospice services. Funded by the UK Cabinet Office. See also poster presentation #205.

0-16 DEVELOPMENT OF A MOCK PEER REVIEW MODEL

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10.1136/bmjspcare-2016-001245.16

Background Following one hospice sharing their experiences of piloting the Care Quality Commission's (CQC) new inspection model, two hospices have been working in partnership to increase awareness and understanding about what CQC inspections entail, to better prepare hospices for an inspection. Their discussions led to the decision that undertaking peer reviews could be beneficial.

Aim To develop and undertake a peer review of another hospice's services to increase staff awareness and understanding about what CQC inspections entail and add value to their practices.

Methods To ensure the visit generated useful information it followed the style of a real life inspection and considered the five key lines of enquiry.

The visiting team undertook a review of available information on the hospice and developed structured question sets.

An unannounced visit was undertaken to test all hospice procedures and gain an overview of standards. The team held discussions with executives, managers, staff, volunteers, patients, carers and relatives, observed practices both on site and out in the community, and assessed documentation.

A report summarising the findings and suggestions for improvements was also produced.

Results Both hospices felt the experience was extremely valuable and rewarding and it increased staff understanding and awareness of what CQC inspections entail to ensure better preparation about what to expect.

The visit highlighted areas not currently on the hospice's radar and provided the opportunity to implement changes before an inspection. It also enabled the hospices to share experiences, good practices, tools and documents.

Interpretation/conclusions Mock peer review visits are a positive opportunity to describe and demonstrate staff and hospice strengths and development plans, and implementing a regional peer review programme would better prepare hospices for CQC inspections, enable identification of potential issues and encourage sharing of working practices that could improve both safety and effectiveness of end-of-life care.

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0-17 INVESTING IN THE FUTURE OF HOSPICE CARE

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10.1136/bmjspcare-2016-001245.17

Pendleside Hospice is keen to support young people in our community, in order to promote accessibility and to advance our workforce strategy. We recognise that young people are effective ambassadors for the hospice.

In 2015/16 we introduced;