Abstracts

P-167 QUANTITATIVE, QUALITATIVE AND ECONOMIC REVIEW OF MARIE CURIE INTEGRATED PALLIATIVE CARE SERVICE


Four of the standards make specific reference to provision of a care across the 24/7 period.

P-168 A REVIEW OF OUT OF HOURS (OOH) CALLS MADE TO A COMMUNITY PALLIATIVE CARE SERVICE

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Four of the standards make specific reference to provision of a care across the 24/7 period.

Currently all patients under the community palliative care service, their families and any professionals supporting them can access out-of-hours (OOH) specialist palliative care support from a clinical nurse specialist (CNS) via the telephone. It is widely considered that the optimal service provision would include access to face to face visits 24/7.

In order to understand the scope of local need for access to a 24/7 visiting service, a review of all OOH calls received over a one-month period was undertaken.

A retrospective review was undertaken examining the clinical records relating to 34 OOH calls in an attempt to understand whether an OOH face to face visit by a CNS would have led to a more favourable patient outcome.

The reviewers felt that on the following four occasions, face to face assessment carried out by a CNS may have led to a more favourable patient outcome:

1. No contact was made with the OOH CNS. Patient was transferred to hospital with no assessed clinical need.
2. Patient had multiple symptoms which made telephone assessment difficult.
3. Patient suffering from breathing difficulties with known social complexities
4. Patient had no recent CNS input and had uncontrolled symptoms.

Next steps include Increased promotion of the OOH CNS service and when and how to access it.

Provision of written guidance for patients and carers about the potential for changes in the patient’s condition and instruction on how to proactively manage symptoms to avoid crises.

P-169 WHAT ARE THE PERCEPTIONS OF THE COMMUNITY PALLIATIVE CARE TEAM REGARDING THE CURRENT PROVISION OF TELEPHONE SUPPORT?

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Aim The aim of this study is firstly to understand the form and content of telephone support delivered by the community palliative care team (single inner-city hospice). Secondly, to explore the perspectives of the team members, regarding their lived experience of providing telephone support.

Background The role of the community clinical nurse specialist in palliative care, is pivotal to supporting patients with complex needs. There is limited literature acknowledging and quantifying, the clinical and supportive role of day-to-day telephone advice, provided by the team.

Method A two phase method was adopted. Firstly, a contact analysis table, logging incoming calls and messages received by the team, provided a picture of the current provision of telephone advice. Secondly, adopting a phenomenological approach, in-depth interviews enabled the researcher, to explore the perceptions of the community palliative care team, on the current provision of telephone support.

Findings Relatives of patients utilise the telephone advice from the CNSs, for both symptom management and emotional support. The average length of a call for a CNS is eight minutes and two minutes for the administration team. The CPCT perceive that the availability and accessibility for advice over the telephone
is valued by relatives, whilst health care professionals liaise and seek advice. The delivery of telephone support is complex and can be a catalyst for stress, anxiety and a source of overwhelming responsibility for the CNSs. The challenges that the team face, are balancing different aspects of their roles and having unmet training needs.

**Conclusion** This study has provided a “snap shot” of the day-to-day telephone support that is offered by the community palliative care team. Furthermore, this study has highlighted areas of potential development for the team, for example, by reviewing processes, logistics and administration, related to the ongoing delivery of telephone support.

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**P-170 HERTS NEIGHBOURS VOLUNTEERING SERVICE**

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**Context** This volunteering service supports patients and families coping with a life-limiting illness. It was established in 2015 following a study evaluated by Lancaster University, funded by the Centre for Social Action, Cabinet Office. It was one of six project sites to set up a pilot service to evaluate support for end of life patients by social action volunteers.

In collaboration with local partners volunteers were recruited and completed training following a thorough recruitment process. Patients were recruited onto pilot and consented to an assessment of their support needs. Patients and carers were asked by the University to complete questionnaires on carer burden, quality of life, loneliness and social support whilst being supported for twelve weeks by volunteers.

**Aim** To provide practical and emotional support for isolated individuals and their families, within their home who have a palliative diagnosis.

The project is managed by a co-ordinator who visits individuals at home and completes assessments to discuss the support required. Interests and background are taken into account to match with an appropriate volunteer. Regular reviews are held to ensure the partnership is working.

Weekly 1–3 hours of support provides:

- Befriending, companionship
- Shopping or social outings
- Daily errands and chores
- Accompanying individuals to hospital and GP appointments
- Assisting with social media to keep in touch with distant relatives.

**Evaluation and sustainability** The study is evaluated by Lancaster University by end of June 2016. It is hoped that this will provide favourable evidence for CCGs to future fund. The hospice carried out its own evaluation, a user survey which was presented to the board of trustees which resulted in backed funding for a permanent coordinator post.

Development of the service and role of the Herts Neighbour is being progressed to provide enablement and bereavement support.