The review a controlled collaborative, system wide partnership, with open and democratic stakeholder engagement and review lasting over 12 months. A panel of key engaged committed members, including: patients, carers, MPs, health and social care services, charities, faith groups, commissioners, GPs, specialist practitioners and the wider workforce including volunteers.

Critical success factors:

- Keeping patients and carers as our focus
- Partner relationship building with early participation
- The creation of excitement and new thinking by being brave and challenging the status quo
- High quality project management and external support
- Sustainability.

Wide ranging evidence and data has come from: external speakers, clinicians, patients, carers and families, and the general public through structured stakeholder engagement events, focus groups and surveys and analysis through desk top research by external consultants.

Outcomes

Key themes are emerging and being developed which will lead to a new sustainable model of care with a countywide, cross agency partnership approach, sharing resources and innovations, with patient care as the driver

- A blended solution, with the hospice as a central enabler, to facilitate a caring network that will provide secure "touchpoints" of professional care and support when and where it has the most impact
- New community-based solutions: supporting early and timely referral, care closer to home using
- Collaboration and interoperability with the wider community: macro partnerships with micro- enterprise solutions
  - Innovation and digital connectivity
  - The workforce including volunteers
- Fundraising including income growth, branding and marketing

Reinforced Learning: Collaborate... or deteriorate!

**P-185** COLLABORATIVE CONTRACTING: ENSURING HARMONY NOT CONTRADICTION

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A new era is dawning in the commissioning and provision of primary health care. The visionaries promote greater integration of care, encourage creative contracting, and above all inspire collaboration across providers to achieve best patient care. This will give rise to a new style of provider partnerships. Where does this leave end of life care in the voluntary sector? It is vital that the passion and independence of what we do is sustained throughout the maestros of oncoming change but equally important that we contribute, collaborate and continue to lead and provide best practice end of life care no matter how the contractual landscape might change.

This paper will address some key contractual issues for consideration by the voluntary sector when seeking to be involved in the new-style provider partnerships. It will cover legal aspects of confidentiality agreements, exclusivity arrangements, sub-contracts and the operation of TUPE. Whilst the collaborative approach is characterised by shared accountability and a high level of inter-organisational trust, as in other sectors this can often translate into robust traditional-style contractual regimes at odds with those core values on which the partnership is founded.

This paper considers these aspects from the voluntary provider perspective. It reflects our experience as transferee in a TUPE transfer of end of life services from a private provider to us as independent hospice and explains how that has informed our thinking going forward. To conclude we shall propose guiding principles to underpin a form of collaboration agreement pursuant to which the Hospice provider may work alongside the new-style provider partnerships to ensure appropriate delivery of valuable support of the partnerships’ desired end of life outcomes.