

This has national and regional implications as this model could be replicated in any region in the UK.

**P-189 IS GETTING HOME FROM HOSPITAL TO DIE REALLY ACHIEVABLE?**

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Time is of the essence to facilitate a swift transfer home from hospital when someone is dying. The George Eliot Hospital NHS Trust, Mary Ann Evans Hospice and local community services have worked together to enable rapid discharge – one of the key NHSE transform agendas – and become embedded into practice.

This model is innovative as the hospice’s senior health care assistants visit the acute trust over seven days of the week and assess themselves for the service to become involved. This ensures fast response and rapid access to care at home in a cost effective way.

A small team, including community services, worked together to establish how services could work together to make swift home discharge possible and a ‘RIPPLE’ (Realising Individual Patient Preferences at Life’s End) pathway including documentation was produced for use across all the hospital.

Evaluation is ongoing and is led by the hospital team. The hospice receives feedback from grateful families and annually surveys families to ensure services are meeting needs of local people.

The outcomes are dying people’s choices and preferences are enabled and where possible they die in the place they wish and in the surroundings they most want to be in. Family carers are supported by an integrated care approach as all services communicate, plan and work together to make home death possible.

This successful service is highly relevant to national policy and demonstrates how using skill and expertise of the local services in an innovative and integrated way can truly make an impact.

The services receive some funding from the local commissioning group however, for significant increases in numbers of people requiring swift discharge to home to die then additional funds to increase resources would most likely be needed.

**P-190 HOSPICE BEYOND THE BUILDING – REACHING OUT INTO THE COMMUNITY**

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**Background** Often hospices cover large geographical areas, where mobility, public transport issues and costs could act as barriers to accessing hospice care. Patients and carers might also be reluctant to come to a hospice building. We wanted patients and carers to have access to our services on their door step. We sought one central place within local communities that patients and families felt safe to visit, apart from a hospice building, where they could access our care and support.

**Aims**

- To reach more patients and families, so that Hospice care and support was available and accessible to all
- To access facilities in our local community, working in partnership securing premises for clinics and hubs

- To explore what our patients and families wanted.

**Approach**

- We approached local groups, hubs and links to see if they would support us with free or low cost venues.
- We talked to local people on the street about their local hospice and what it meant to them.
- We spent time educating our partners in hospice work, our vision and moving things forward.

**Outcomes** Three community settings that cover our geographical areas offering clinics have been set up. Nurses can pre book appointments near where patients live. We provide regular drop ins in our town centres. We take information out to towns and villages on a regular basis ensuring visibility and accessibility.

**Conclusion** This approach has improved local awareness of our services, patients’ choice of attending a clinic locally. This new service has provided reach beyond the building, reaching out to the community. We have noticed this also provided a cost effective way of delivering clinical service.

**P-191 BUILDING THE POTENTIAL AND THE POTENTIAL IN THE BUILDING – CHALLENGING TRADITIONAL DAY SERVICES**

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**Introduction** With an emphasis on future services needing to meet the needs of more people, more of the time, we have embarked on a process of revolutionising how our day services and outpatient care could rise to this challenge.

**Aims of project**

- To reach those people who would not have traditionally used day services
- Development of planned sessions, group work and open access with the aim of creating a flow through the building which sees independent movement
- Ensure patient led goals are central, working towards the promotion of rehabilitation, enablement and self-help
- A change of focus for our volunteers with an emphasis of empowering and enabling service users
- Extend and welcome other groups who provide support across the community to deliver it from our building.

**Evidence and experience to date** During January 2016 there was an opportunity for us to take a moment in time to stop and reflect as well as having the opportunity to be able to work together as a team to review and revise the future of our day services and outpatient care. A new philosophy and vision has been created that sits firmly within the strategic plans of our hospice. A change of focus for the volunteers with the emphasis of empowering and enabling those who use our services has been one which has taken much longer to embed. New roles have been established to support planned day care and a self-management programme and access to various activities which promote well-being are now underway.

**Conclusion** The process of changing the philosophy and structure of our day services has not been without challenge. A new vision looks to build on the potential of those people accessing and working out of the building, whilst also seeking new opportunities to work in partnership.