The other positive outcome of the programme was the potential to share good practice and the opportunity to network with other professionals from different hospices. The flexible and creative support of staff from Well Training made this approach a positive experience for all.

INFLUENCING END OF LIFE CARE THROUGH KNOWLEDGE EXCHANGE

Lynn Kelly. St Catherine’s Hospice, Preston, Lancashire

Background The hospice vision is to help all in Central Lancashire facing life-shortening illnesses to have a good quality of life and when the time comes, comfort and dignity in death through specialised care, support and information that is available whenever and whenever it matters most.

The Commission urged hospices to find new ways to engage with local communities and learn about their needs.

Knowledge Exchange (KE) recognises the importance of sharing expertise, learning from others and empowering the local community to help themselves and each other.

Aims of KE are to
- Empower local people through access to trustworthy information and resources to enable independence and choice
- Ensure staff have the right knowledge skills and confidence to help local people achieve their wishes at the end of life
- Share our expertise and specialist knowledge with others to influence end-of-life care (EoLC) in other settings
- Work with local and regional universities, colleges and other education providers to bring new qualifications, education programmes and research opportunities to the local area.

Methods
- Partnerships with local organisations - provision of expert information to help people plan for the EoLC eg Birchall Blackburn Solicitors, Civil Service
- Patient education programmes to support people to self-manage
- Working with CCGs and local NHS trusts to develop a community based education programme for professionals
- Partnerships with local colleges and universities to develop of a suite of EoLC qualifications
- Student programmes and placements.

Results
- More people influenced by hospice care
- More people empowered and inspired to help each other
- More training, education and professional development in EoLC available to local professionals.

Conclusion
- KE builds on traditional and formal education structures to open a conversation with local people, professionals and students
- KE is helping to influence the provision and understanding of EoLC amongst health professionals and the local community.

QELCA© (QUALITY END OF LIFE CARE FOR ALL): AN INNOVATION IN END OF LIFE CARE EDUCATION – DELIVERED BY THE SOUTH LONDON HOSPICE EDUCATION COLLABORATIVE (SLHEC)

1Liz Bryan, 1,2Jane Beng, 1,3Liz Reed, 1Helen King, 1Maaike Vanderwervege, 1Gail Linehan, 1Tony Menezes, 3Susan Roots, 1Jacqui Hackett, 3Beit Moback. 1St Christopher’s Hospice, Sydenham, London; 2Princess Alice Hospice; 3Royal Trinity Hospice; 4Greenwich and Bexley Community Hospice; 5St Raphael’s Hospice; 6ShootingStarChase; 7Demelás; 8ellenor; 9South London Hospice Education Collaborative

Background Eight hospices (adult and paediatric) are collaborating to plan, deliver and evaluate end of life care training. The benefits include:
- Pooling of resources, knowledge & capacity
- Improved sustainability
- Joint funding bids
- Robust evaluations.

QELCA© Programme
The aim To empower participants to return to their working environment to lead change in practice, improving quality of care
QELCA© is a multi-professional course consisting of five days of practical (participating and observing) and theoretical (listening, reflecting and debating) learning activities and six months action learning (AL) in the workplace. The aim of the AL is to support implementation of planned changes for self, team and organisation. It is delivered to small groups of learners from the same organisation/team. The programme is delivered by specialist clinicians who have attended a two day train the trainer course.

With funding from Health Education South London (HESL) QELCA© has been adapted to enable clinicians from a range a care providers (acute, community, care homes, prison, psychiatry, paediatric, GPs) to attend.

Evaluation Using a mixed method of longitudinal approach all participants will be surveyed at baseline, six and 12 months asking about aims of undertaking QELCA© and the Self-efficacy in Palliative Care Scale (SEPC) (assessing efficacy in communication, patient management and multi-professional team working) (Mason, Ellershaw, 2004). A subsample of 20 participants will be interviewed at the same time points to explore their experience using a semi-structured approach. Findings will be reported in 2017.

PALLIATIVE CARE TRAINING IN RWANDA – WORKING TOGETHER TO EFFECT CHANGE

1,2Julie Mccarthy, 1,2,3Victoria Smart. 1The Mary Stevens Hospice, Stourbridge, UK; 2Rwanda Palliative Care Project, Tropical Health Education Trust (THET) University of Edinburgh; 3 Keele University School of Pharmacy; 4 Eve Hill Medical Centre, Dudley

The benefits of effective communication skills in patient care is well documented and our abstract illustrates how two unassuming healthcare professionals with Hospice and Tropical Health Education Trust (THET) support used these skills to cultivate and nurture relationships. This led to an unexpected invitation from