Participants described the transition period as a difficult time for both the YP and their families, with a perceived lack of adult services available for them. All groups agreed that the pilot project had a positive impact on the YP and their families, with the social benefits highlighted as a key factor. All participants were keen for the project to continue, ideally on a more frequent basis with more overnight stays, and the parents were keen to be more involved in the running of the service.

Conclusion The key stakeholders in this service were all positive regarding the impact the service has had on the YP and their families, and were keen to see it continue. This pilot models a service that could be adopted by other organisations.

Background A scoping exercise and literature review of national and local initiatives highlighted innovation and evaluation as critical elements of change within the healthcare system, where NHS policies require healthcare professionals to research effective ways to deliver healthcare, including evaluation and service improvement. Gaps were identified through reflection in and on practice, within a dyspnoea clinic setting. The purpose of this practice improvement project was to promote patient-centred care, within which care decisions reflected the needs, values and beliefs of the palliative care service users and those providing the care.

Method Firstly, a concept analysis approach was used to: a) identify service user needs b) demonstrate that improvement in practice was necessary and c) facilitate change. Secondly, a collaborative nurse/physiotherapist approach was chosen as a model of best practice for the delivery of the non-pharmaceutical approach to dyspnoea. Finally, an improvement framework which consisted of six elements 1) person-centredness, 2) evidence, 3) improvement processes, 4) enabling and sustaining change, 5) leadership and facilitation, 6) learning and development was used to enable best practice to be implemented into the clinic.

Findings The literature review confirmed that the non-pharmaceutical approach to dyspnoea within a clinic setting continued to be gold standard best practice. It also highlighted that this approach could support people with cancer who were breathless but did not have lung metastases, as well as other chronic lung conditions and those with heart failure. Therefore, the referral criteria, documentation and outcomes for the clinic were revised and widened to include these conditions.

Conclusion This evidence based improvement project reflected the needs, values and beliefs of people with dyspnoea and those providing the care meeting policy recommendations and hospice requirements. In doing so it provides information that would help in the future commissioning of dyspnoea clinics.