

The numbers of professionals being able to support patients and their families will have future challenges. Across Blackpool Fylde and Wyre many patients end up being admitted to the acute setting in circumstances that could have been avoided. The district nursing workforce has seen many changes in our area, with less experienced staff being exposed to a number of clinical conditions that would have been previously managed in the acute setting. The knowledge and understanding around palliative care and its management has become fragmented, with time pressures and workload demands preventing staff from attending training.

We considered how as a hospice and centre for excellence how we could support our community colleagues to enhance their knowledge and skill, to create better links to enable a range of staff to provide 'hospice' care to patients and families in their own homes and to also provide an opportunity for staff to be supported to discuss clinical cases with our CNS Team to enhance shared learning.

The programme of engagement offers bite-size education sessions allowing the opportunity to explore aspects of palliative care in bundles of educational topics. A community based programme that enables a range of staff to focus on a clinical aspect of care, time for reflection, and supported discussion to increase understanding around accurate assessment, knowledge and management of palliative care patients and their families to improve quality of care and patient outcomes.

The programme launched in April 2017. All 13 district nursing teams have signed up, to date there have been 183 staff trained. These results provide proof that as a hospice we can influence care by having a user-friendly based education strategy delivered into the community which could be effectively duplicated in other settings.

P-264 VERIFICATION OF EXPECTED DEATH: A TRAINING INTERVENTION FOR REGISTERED NURSES IN KENT AND SUSSEX

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10.1136/bmjspcare-2017-hospice.289

Background National and local experience with anecdotal reports demonstrate adult end of life care guidance (NICE, 2017) not being achieved for verification of expected death (VoED). Response by Hospice UK collaboratively developing and launching Care After Death publication (2017) new guidance for Registered Nurses (RNs) on VoED. Concern about VoED practice issue at Kent EoLC education meeting resulting in delivering an educational intervention funded by Health Education England shared by local hospices.

Practice Issues Late verification in the community has a distressing impact on families/carers. Contributing factor 'staff are not clear about the legal requirements surrounding the procedure' (Merrifield, 2016).

Aims • Build the confidence and competence of RNs undertaking VoED.

- Align training with Hospice UK guidance.
- Increased number of practitioners with the required skills, knowledge and competence.
- Reducing reliance on medical practitioners.

Methods The education initiative comprises:

- taught face to-face group session of at least three hours.

- completion of a workbook.
- completion of competence assessment.

The workbook has been designed as a support tool to embed learning and provide evidence of reflection and competence. Pre-course and post-course confidence questionnaires are completed by attendees, followed up for post-course attendance.

Findings The pre- and post- course questionnaires indicate a shift towards increased confidence in undertaking VoED. Workbooks have been well received. More detailed findings are not available at the current time due to the project commencement, further data will be available by the time of presentation. Anticipated data will continue to demonstrate increased confidence in RNs. Increased numbers of RNs will be undertaking VoED in the locality.

Conclusion Project demonstrates the highlighting of an area of concern around patient and family experience and addressed, with regional resource support plus collaborative working leading to improving family and carer experience of expected death in the community. With increased numbers of RNs with the confidence and competence to undertake VoED then the NICE guidance should be met.

P-265 DEVELOPING AN INTERDISCIPLINARY POSTGRADUATE PROGRAMME IN PALLIATIVE AND END OF LIFE CARE

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10.1136/bmjspcare-2017-hospice.290

Background Interdisciplinary learning is recognised as playing a pivotal role in preparing health and social care professionals in today's complex healthcare environment. Efforts to develop and implement interdisciplinary palliative care education programmes have been scarce and fragmented. Moreover, the World Health Assembly (2014) has adopted a resolution urging all its members to implement palliative care education at specialist and generalist level. In the UK, the end of life care strategy (2008) and subsequent related reports have identified the need for workforce development to improve access and provision of palliative and end of life care.

Aim To design and implement an innovative interdisciplinary curriculum for postgraduate education in palliative care that is person-centred, efficient, accepted, and sustainable.

Methods An interdisciplinary project steering group was established to provide leadership and support, and to oversee the development of the programme. An initial draft of the programme was devised in consultation with the steering group. Three stakeholder events were held in November 2015 which indicated general appreciation and support for an interdisciplinary palliative care education programme at postgraduate level. These events provided feedback on the proposed programme learning outcomes, structure, content, and delivery. A service-user focus group was conducted in early 2016, seeking feedback on draft course content and learning outcomes.

Results Curricular components were redesigned based on feedback from all stakeholders. Openness towards interdisciplinary feedback and external engagement, coupled with flexibility and compromise enabled the development of a person-centred, efficient, accepted and sustainable interdisciplinary programme.

Conclusion The development of an interdisciplinary palliative care education programme can encounter multiple barriers;