- Team development through away days and regular team meetings.

Results Increased sessions are being delivered each month, communication has improved amongst staff, families can self-refer for therapy services and positive employment outcomes for the musician and artists in residence.

Conclusions Following structured sessions provision, the therapy team have now developed the Summer Therapeutic Arts programme that is in its second year. Therapy services now play a major part of the hospice care.

Generating research, knowledge and outcomes

P-73 FROM BLACK AND WHITE DATA TO HIGH DEFINITION INTELLIGENCE

Pauline Flanagan, Steve Ledoux. *Douglas Macmillan Hospice, Stoke on Trent, UK*

10.1136/bmjspcare-2017-hospice.100

Background Lack of impactful data in the hospice sector is widely recognised (NHS England, 2017) and many hospices struggle to evaluate the true cost of care. Based on hard facts, this hospice has striven to develop meaningful intelligence to strengthen our position within the local healthcare economy by emphasising the difference we make to our local population.

Aims Our aims are as follows:

- to refine a mountain of data into useful intelligence
- to communicate effectively
- to evidence our impact on our local community
- to justify our inclusion in high level discussions around EOL care and provision of palliative care (National Palliative & End of Life Care Partnerships, 2015).

Method The following tools and skills are essential:

- Electronic patient notes
- Ability to analyse data
- Advanced Excel training
- Use of the OACC measures
- Ability to convert data to intelligence
- Ability to communicate effectively
- Use of population-based intelligence e.g., current data from ONS and NEoLCIN.

Data are scrutinised monthly to identify anomalies. Comprehensive quarterly reports are sent to the CQC and commissioners. Annual analysis highlights trends e.g., impact of local demographics; proportion of non-cancer patient referrals; reduction in hospital deaths.

Results Top level intelligence being shared with the CCGs

- The cost estimates used in the EOL tender process were too low
- Of all the cancer deaths in our area over the past year, 84% had been referred to the hospice
- All patients identified as palliative had been referred to the hospice
- Increasing numbers of EOL patient are being transferred from hospital
- Increasing numbers of in-patient admitted within two days

- The true cost of care bands can be evaluated.

Conclusion Communication based on robust data is paramount to the survival of hospices. Feedback from our commissioner was 'The hospice makes an invaluable contribution to the Staffordshire Hospices Clinical Quality Review Meeting sharing experiences and making positive suggestions and providing support to both commissioners and other Staffordshire Hospices.' (Douglas Macmillan Hospice, 2017)

P-74 FUTURE CARE PLANNING: A WIDER HORIZON FOR ELECTRONIC PALLIATIVE CARE CO-ORDINATION SYSTEMS EPACCS

^{1,2}Steve Plenderleith. ¹Rowans Hospice, Waterlooville, UK; ²Southern Health NHS Foundation Trust, Hampshire, UK

10.1136/bmjspcare-2017-hospice.101

Background The poster will provide an overview of the Future Planning Project which has achieved nearly 50 000 patient Future Planning records, in its first year, accessible to all urgent care services via the Summary Care Record; at a cost of £160 and time. Future Planning uses clinical systems and information sharing agreements already in place across Hampshire, Portsmouth, Southampton and East Berkshire, to best effect. General Practice staff record information in their own GP clinical system which is automatically uploaded to the Summary Care Record and Hampshire Health Record. It is then easily visible to all community teams, 111, South Coast Ambulance Crews, Out of Hours services, ED and MAU staff.

Method Presented in the form of pictures to show the structure of the Future Planning template and the information flows that now take place across Hampshire. It will also include shots of the www.futureplanning.org.uk website and of the 'My Wishes' self complete patient leaflet. It will also outline the future work planned to widen the scope of the Project both to increase local uptake and ideally to cover more CCGs and counties.

Results Will be in the form of graphs that we produce monthly showing, per CCG, the number of GP practices using the Future Planning template, which individual pieces of info/code are being uploaded and the number of accesses to the Summary Care Record by each Trust across our rollout area. Our first success has been a Parkinson's disease patient who achieved her wish of becoming a brain donor!

P-75 SPELLS OF CARE COULD WORK MAGIC IN THE COMMUNITY...

Janice Penman. *Isabel Hospice, Welwyn Garden City, UK*

10.1136/bmjspcare-2017-hospice.102

Background In palliative care, objective measurement of our clinical effectiveness has always been an area of concern. An ongoing, ever increasing demand for specialist palliative care community services means that managing caseloads can be a challenge. We therefore need to ensure that patients with specialist palliative needs can access the service in an appropriate and timely manner. There is very little literature or evidence