- 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

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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

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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

of good practice around this important part of specialist community palliative care.

Method The suite of OACC (Outcome Assessment and Complexity Collaborative) measures were introduced to a hospice community team service in the summer of 2015, and by April 2016 we have demonstrated that the average CNS caseload has reduced in size by 28%. CNSs were delivering more short term interventions, or spells of care, to a patient and their family with the aim of resolving particular problems, rather than keeping patients on caseloads for several months. A telephone caseload was initiated and this allowed the CNSs to maintain contact with patients with stable symptoms but with the potential to deteriorate, who would have otherwise been discharged. This allows earlier identification of further needs and an easy re-referral system for the patient or their family when the needs arise. Use of IPOS (Integrated Palliative care Outcome Scale) has defined these spells of care enabling discharge either back to primary care team, other supportive hospice services or to the telephone caseload. CNSs embraced this way of working and saw the benefits which include improved satisfaction and work/life balance.

Conclusion We expect that using spells of care to define caseload size will be a more sustainable way to maintain manageable caseloads in the future. We aim to produce guidelines of good practice in caseload management using the OACC measures.

P-76 USING THE WELLBEING STAR AS AN OUTCOME MEASURE IN HOSPICE OUT-PATIENT SERVICES

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10.1136/bmjspcare-2017-hospice.103

Background Collection of outcome measures within hospice services is challenging due to the varied conditions and diverse trajectories patients follow. Within The Spring Centre there was no standardised outcome measure in place and therefore no consistent validated evaluation of the impact of services on the health and wellbeing of patients.

Aim To assess if the Wellbeing Star is a viable outcome measure tool to evaluate the impact of out-patient services within The Spring Centre on patients' health and wellbeing.

Method Following recommendation from West Hertfordshire Macmillan Wellbeing and Rehabilitation Project and extensive review of literature and similar services, the Wellbeing Star, a validated and well researched measure, was deemed to be the best potential tool for our patients. After funding by Macmillan, formal training was undertaken and Star licences obtained. Wellbeing Stars are completed at first assessment with further reviews at three months and nine months (or as near to these dates as possible). This is an ongoing evaluation.

Results 27 patients' data was analysed.

An increase in all points of the Star was noted.

The greatest improvements were in 'Feeling positive', 'Managing your symptoms', 'Your lifestyle' (59%, 56%, 56%).

The smallest improvements were in 'Money', 'Where you live' (22%, 26%).

Conclusions Using the Wellbeing Star has been beneficial in embedding a measure within our practice, showing a positive impact of services on patients. Some limitations are evident and timing of reviews is challenging with the demographics of patients using services. We remain undecided on its

appropriateness as deterioration due to disease rather than the services not meeting needs is not illustrated. We will continue to collect data for a further nine months and then assess if it adequately meets the needs of hospice out-patient services. The cost of using the Wellbeing Star will also need to be considered.

P-77 AUDIT OF OUTCOME MEASURE USE IN A HOSPICE

Sara McLintock, Clare Forshaw, Kate Marley. *Woodlands Hospice, Liverpool, UK*

10.1136/bmjspcare-2017-hospice.104

Background The Outcome Assessment and Complexity Collaborative (OACC) created a standardised, validated suite of outcome measures for use in palliative care. The key features are the holistic approach, with involvement of the Multidisciplinary Team (MDT) and the patients/families themselves. Our hospice currently uses three outcome measures: the Integrated Palliative care Outcome Scale (iPOS), the Australia-modified Karnofsky Performance Status (AKPS) and Phase of Illness. All three outcome measures are discussed in the weekly multidisciplinary team meetings, both in the in-patient unit (IPU) and the day hospice.

Aim The use of outcome measures was first piloted in the IPU and day hospice in 2012, but there has been no recent audit of their use. Anecdotally the outcome measures are consistently available for review at the MDT meeting but there is not always an available explanation when the iPOS is incomplete. This audit aims to quantify the compliance.

Methods This is a retrospective audit, aiming to capture all patients in a one month period who were admitted to the IPU or who attended the day hospice for assessment. The standards (all with 100% targets) will include:

- iPOS offered to patients on admission (IPU) or at first assessment (day hospice)
- iPOS offered weekly thereafter – Reason for non-compliance documented when iPOS not completed
- AKPS and Phase of Illness discussed weekly at the MDT meeting (both IPU and day hospice).
- A secondary project will involve documenting baseline scores and changes in scores during admission or time attending the day hospice.

Results Full results awaited.

Conclusion This project encompasses an audit to assess compliance and a secondary project to explore changes in outcome measures during an episode of care. We hope this information will help to further promote the use of outcome measures in clinical practice throughout the hospice.

P-78 PATIENT-REPORTED OUTCOME MEASURES: HOW FREQUENTLY ARE THEY COMPLETED BY PATIENTS IN HOSPICES?

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10.1136/bmjspcare-2017-hospice.105

Background Patient-Reported Outcome Measures (PROMs) are fundamental in any care setting to determine the perspective of those receiving the care. A recent systematic review