Background The role of hospices in helping people live well with dementia is now clearly recognised (Hospice UK, 2015). Extending care into the community is a key method to build the important relationship between people with dementia, carers and hospice services. Based on this we developed a volunteer-led Community Dementia Companion Service to support service users, build carer resilience and forge their relationship with our hospice to meet future needs.

Aim(s) To develop, deliver and evaluate a Community Dementia Companion (CDC) Service led by hospice volunteers which increases social opportunities for service users and breaks for carers. To measure the service's impact on service user and carer well-being, develop a training and supervision regime for volunteers and establish sustainable service delivery.

Methods Literature and guidance on volunteering in palliative and dementia care were reviewed, national and local hospice strategic priorities informed service development as did service user and carer feedback. As a result a long term dementia companionship model using a volunteer workforce was developed which is now being trialled.

Results The CDC service is now operational and the first cohort of nine service users are starting to receive companion visits – early feedback on the service, and volunteer support model, is favourable.

Volunteer feedback: 'I look forward to my visits, being a friend to my person with dementia and giving the carer some 'me time'.

Service user feedback: 'I enjoy my walks'

Carer feedback: 'A wonderful experience for Alan and I and extremely valuable as it's ongoing, not time limited.'

Conclusions Although in its early stages the CDC example of innovation in hospice-enabled dementia care has potential to improve the lives of those with dementia and their carers, use volunteers well and increase familiarity with and timely use of other hospice services. CDC Service development funded by East Cheshire Council.

P-102 HOW PRACTICE DEVELOPMENT CAN ENABLE ADMIRAL NURSES TO SUPPORT PEOPLE WITH DEMENTIA AT END OF LIFE

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Background Admiral Nurses are specialist dementia nurses who use a range of psychosocial, educative and practical approaches to support families living with dementia. Providing Admiral Nurses with a full programme of professional and practice development is a strategic aim of Dementia UK, therefore identifying learning priorities at the end of life is vital.

Aim Admiral Nurses have the support of a practice development approach to their learning based on a competency framework developed by the University of Worcester (2016). Admiral Nurses have supported time away from practice, to develop skills and knowledge to support the people in their care, including end of life. This work explores how a practice development approach enables Admiral Nurses to develop their understanding, skills and knowledge of end of life issues for people with dementia.

Method A literature review was undertaken and two focussed discussions with Admiral Nurse Groups exploring end of life

care challenges in practice. Feedback around gaps in practice then informs learning within future practice development sessions.

Results One example of a gap in practice identified was the cessation of the Liverpool Care Pathway. Davies et al. (2015) developed a toolkit of heuristics for practitioners when caring for people with dementia at the end of life which was subsequently shared with the group and further discussion on how to use this toolkit in practice. There are now further discussions exploring the skills and confidence of Admiral Nurses having challenging conversations at end of life, including Advance Care Planning, and how a practice development approach could assist development in this area.

Conclusion A practice development approach to Admiral Nurses learning on end of life care will ensure that their development is person centred, innovative and valuable. This model of supporting specialist nurses in their practice allows better understanding and awareness to collaborate with palliative care colleagues.

P-103 A COMMUNITY OF PRACTICE: BUILDING CAPABILITY TO PROVIDE HIGH QUALITY DEMENTIA CARE

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In recent years there has been a significant increase in policy and guidance, across many countries, to promote palliative and end-of-life care for non-malignant life-limiting conditions. Most notably for people with dementia (PWD) at the end-of-life and facilitate better access to palliative care. PWD, particularly those in the advanced stages, may experience poor end-of-life care because they may not be perceived to have a terminal illness. There is concern in some settings and services that staff are ill – equipped to care for PWD, in respect of knowledge and skills.

Both Hospice UK and Dementia UK thus launched the 'Dementia in palliative and end-of-life care Community of Practice' to bring together practitioners keen, in the spirit of mutual learning, to share knowledge and practice and provide high quality palliative and end-of-life care for families affected by dementia. At the inaugural meeting a nominal group technique was used to identify learning needs across both groups of clinicians. Thirteen learning needs were identified, of which five were ranked as priorities to be met during future meetings. Shared learning through a community of practice is a way of harnessing the expertise across the two care domains, with the common objective of improving the lives, and deaths of PWD and in better support of their families. We hold two community meetings a year and due to increase in engagement will be hosting a conference in 2017. Events are well evaluated and membership is growing.

P-104 DEMENTIA HUBS IN A HOSPICE

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Background The person with the diagnosis and their friends/family should be able to talk things over with a range of agencies to ask questions about the diagnosis and what it means for them. Information on help and support is available but is often poorly signposted. People with dementia (PwD) should have access to information on how to stay physically and mentally well in their own homes.

Aims Dementia hubs aim to fill this gap, providing practical information and support for PwD and their families/carers, and also for those who are worried about their memory. With clear and sensible information about recognising symptoms, research, getting help, managing financially, staying at home, treatment, being a carer and staying positive, these events will help PwD and their families to make sure that they can stay well and happy as long as possible.

Methods A 'Listening Event' was held before both Dementia Hubs commenced, with the purpose of allowing PwD and their families the chance to have their say about what support they would like to see at a new hub initiative. The Hubs provide advice/information from a wide range of organisations and individuals, eg nurses, financial planners, social workers, benefits advisers, carers support, the CQC, the Alzheimer's Society, Age UK and many others.

Results The Bay Dementia Hub which is held at St John's Hospice commenced Sept 2016 and has gone from strength to strength. Over 16 service-providers attend every month. The Fylde Coast Dementia Hub is held at Trinity Hospice has only recently started but it is hoped that it will be just as successful.

Conclusion The Hubs bring together people from many organisations and disciplines, within and beyond the hospice, to facilitate a 'one-stop shop'. To have service providers and health care support, all under one roof is quite unique!

P-105 DEVELOPING A DEMENTIA POSITIVE LIVING GROUP

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10.1136/bmjspcare-2017-hospice.131

Background Most people diagnosed with dementia wish to maintain a 'normal life for as long as possible, thus supporting more people with dementia and their carers can help facilitate this. We decided to deliver a 'dementia positive living group' (PLG) following attendance at dementia study days and reading 'Hospice Enabled Dementia Care' Hospice UK (2015), recommending hospices develop links with other agencies and input into dementia care, focusing on education and knowledge of future/advance planning.

Aim To support those people newly diagnosed with dementia and their carers to live well with their illness. Evaluation through pre- and post- confidence surveys.

Method Our current PLG could be adapted for those diagnosed with dementia. The CCG wanted to develop dementia services, indicating the gaps were around immediately post-diagnosis. The hospice and NHS memory clinic offered the six-week PLG course. We advertised through GPs, memory clinic, social media and the hospice website. PLG offered:

- Advice and support with diagnosis
- Managing symptoms and making the most of life
- Access to resources
- future planning

Results Four couples attended. Referrals were from the memory clinic and GPs. 'Being in a group who were going through similar problems.' 'made us more positive about the future, we need this information early on the illness.' Carers reported: increased confidence caring for their relatives, sharing stories, acknowledging their experiences were normal and future planning.

Conclusions By the end of the course couples were sharing transport, arranging to meet outside of the group to support and signpost to dementia friendly venues. The next group has five couples on the waiting list. The development of enhanced dementia hospice services has enabled us to reach out to more people with dementia and work with our partners to deliver a wider service across our community.

P-106 'REACHING YOU BY TEACHING YOU: IGNITING THE PASSION FOR HOSPICE-ENABLED DEMENTIA CARE'

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10.1136/bmjspcare-2017-hospice.132

Hospices have traditionally been seen as 'the place you go to die.' Hospice UK suggested in its 2015 guide 'Hospice enabled dementia care' that it was time to challenge this perception and share the expertise of hospices for palliative care more widely in the community because of the growing incidence and inequality of dementia care. As a result, an educational specialist/dementia lead role was created in a hospice to ignite the passion about dementia and palliative care. Dementia resources in the local community were reviewed and incorporated into a bespoke training day called 'Walking alongside dementia'.

Aim The aim was to increase understanding of dementia and its care supported by hospice and community resources for a wide range of healthcare professionals.

Methods Invitations were publicised via the hospice education programme to both primary and secondary healthcare professionals. The day covered:

- Types of dementia, diagnostics and current research
- Communication, advance care planning, identification and implementation of end-of-life care
- Collaboration and coordination with local resources
- 14 objectives were measured with a pre- and post-confidence questionnaire on a scale of 1(low) to 5(high).

Results In financial year 2016–2017 two sessions were originally planned. However, these quickly became oversubscribed, resulting in the need for six additional sessions. It was clear that a major need and passion had been ignited, as these additional sessions were also oversubscribed. Analysis of the eight sessions showed:

- 135 participants attended from 18 organisations with 27 different roles;
- An overall satisfaction rating for the day of 9.6 out of 10
- The average confidence level on the objectives rose from 2.5 to 4.5, with most impact noted on community resources available.

Conclusions Collaboration transcends inequalities in palliative care and reframes the hospice role. As a team our communities have amazing power – as hospices we must strive to unlock this.