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RESEARCHING AN INNOVATIVE COTTAGE HOSPICE MODEL OF CARE: AN ACADEMIC AND HOSPICE PARTNERSHIP

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Background Exploring innovative models of hospice, palliative and end of life care is imperative to meet contemporary demands in caring for those approaching the end of life. To this end, a new Cottage Hospice model is being developed in the south of England. The hospice concerned commissioned a concurrent two-year research study to track the programme development. This addresses the call for hospices to work with academics in determining which types of care work best (Payne, Preston, Turner, & Rolls, 2013).

Aim To evaluate the development of Cottage Hospice using a research approach where solutions to challenges are developed collaboratively with a range of stakeholders. Results from this work will assist decision making as the programme proceeds.

Methods Participatory Action Research is being used to evaluate the programme. A situational analysis using documents (n=77) and interviews (n=25) explored the programmes foundations. Action cycles (n=4–8) in which issues are worked on in small groups to reach agreed solutions followed the initial phase. Findings will be fed back to stakeholders in workshops to share and refine results.

Results Initial results demonstrate a need for conceptual clarity about the model to be sought between staff, volunteers and service users in order to achieve a shared vision and support for the programme. Action cycles to address conceptual understandings and practical issues including staffing and family caregiver role are underway. It is anticipated that these will highlight areas for further action cycles.

Conclusions The early involvement of an academic research team in evaluating a new model of hospice care represents an embedded and enlightened approach in which research is not an afterthought. We believe this strengthens the basis for this new initiative. Gaining an in-depth, evidence based understanding of how challenges were resolved in the implementation of Cottage Hospice may be of use to others in the sector planning similar initiatives.

Parallel session 4: Sharing care: different ways of working

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THE ROLE OF THE CONSULTANT RADIOGRAPHER IN PALLIATIVE RADIO THERAPY

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Introduction Palliative patients account for 25% of the radiotherapy department's workload, however, many of these patients are not end of life and may live for years with a cancer diagnosis. Historically, they had a long wait to see consultant clinical oncologists and receive radiotherapy for their symptoms (the most common of which is pain) (Jones et al., 2014).

Service improvement A service has been developed for rapid access to palliative radiotherapy for patients with bone and brain metastases, to improve the patient experience and access timely symptom control. This is a Consultant Radiographer-led service where patients can be seen, assessed for radiotherapy and consent, treatment and radiation prescriptions completed. This reduces waiting times for patients as they do not need to be seen in clinics by Consultant Oncologists. This includes an outreach service within the trust and local hospices, which ensures all patients requiring palliative radiotherapy receive timely assessment and treatment.

Aims To assess patients individually in terms of suitability for palliative radiotherapy. Promote awareness of palliative radiotherapy as a treatment option in managing metastatic cancer as a complex long term condition. Reduce length of stay and admissions. Holistic pain management – liaising with palliative care teams in the community (Farrell, Merkle, & Ingar, 2013).

Results A streamlined, direct referral process has been developed demonstrating continuity of care whilst educating staff, patients, families and carers on the use of palliative radiotherapy in the treatment of metastatic cancer. Pain is managed in a timely manner and optimised before radiotherapy treatment allowing a reduction in pain flare side effects.

Conclusion This work has highlighted the complex nature of palliative radiotherapy in the management of cancer but enables patients to access timely symptom control. Furthermore, development of a palliative MDT group including radiographers, dosimetrists and clinical oncologists is in place to assess the efficacy of the service.

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HOW DO INPATIENT HOSPICE VOLUNTEERS VIEW TRAINING AS A MEANS OF PREPARING THEM FOR THEIR ROLE?

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Background There is a paucity of research on the training needs of hospice volunteers, despite acknowledgement that volunteers are crucial to the continued delivery of palliative care (Radbruch et al., 2010; Goosensen et al., 2016). The Commission into The Future of Hospice Care (2012) has called for a shared, core curriculum for the training of hospice volunteers but recognises the potential for unnecessary 'professionalisation' of volunteers, diluting their unique contribution. The volunteer perspective on training is not well-addressed in the literature.

Aims This study explores the views of UK inpatient hospice volunteers regarding initial training for role-preparation.

Methods A qualitative paradigm was selected with the aim of illuminating the volunteer experience. Data was collected by the audio-recording of two focus groups, with a combined total of 17 participants purposively recruited from volunteers working in a hospice inpatient unit. Thematic analysis was applied to transcripts of focus groups.

Results Six themes emerged: a) role preparation b) common sense and life experience c) role challenges, d) benefits and boundaries of training, e) training content, and f) training delivery. Volunteers perceived initial training to be important in increasing confidence and set out several areas where they