

is essential to deliver patient-centred PEOLC. There is little in-depth research on the collaboration between general practice and hospice services and the variety of models and processes that currently exist.

Aims To investigate GP experiences and perceptions of hospice care and the facilitators and limitations to SPC referral and shared care management.

Method A GP interview study across a CCG. Semi-structured interviews were performed and a framework methodology employed.

Results Twelve GPs participated. They described how use of hospice services is influenced by their own experience; practice expertise; perceptions of patients' needs; and relationships with the hospice. Key themes were GP factors; perceived accessibility and responsiveness of hospice services; patient and family factors, which affect referral decision-making; and effective professional relationships. GPs viewed urgent referrals or referrals for patients from ethnic minorities as most challenging. They also struggled to identify the right time to refer patients with non-malignant diagnoses. GPs uniformly preferred personal communication with clinical nurse specialists and relied on stable professional relationships suggesting that care was disrupted when CNS cover was lacking.

Conclusions This study gives weight to the challenge of partnership working across teams of different palliative care professionals, and illustrates how professional relationships are central to effective collaboration, referral and patient management. We recommend further research into robust collaborative working and an evaluation of equity of access to services particularly for ethnic minorities. We also suggest the need for further development of contemporaneous electronic patient notes and GP education. These with stable service delivery are vital to planning future models of care and proactive service delivery.

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GSF AND HOSPICE PARTNERSHIP WORKING AS REGIONAL CENTRES DELIVERING GSF CARE HOMES TRAINING

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Background Care homes, where a fifth of the population die, are crucial providers of end-of-life care (EOLC), for the elderly with frailty and dementia, but many require further EOLC training. The Gold Standards Framework Care Homes (GSFCH) Training Programme provides a more proactive, person-centred, systematic approach adopted within care homes, enabling better care with fewer avoidable admissions and hospital deaths, and more dying where they choose. The GSF Centre developed partnerships with several hospices as Regional Centres as part of the national cascade of the GSFCH Programme.

Aims To describe the development of GSF Regional Centre to cascade training to facilitate embedded sustainable proactive end-of-life care for residents in line with their wishes and preferences.

Methods Twelve regional centres were recruited through an application process and a process of staged train-the-trainers developed ensuring quality assurance of the GSF Care Homes Programme delivery to a wider local audience, usually

involving four to six workshops over several months. Training included earlier identification, clinical assessment, advance care planning discussions and planning living and dying well. Intrinsic comparative evaluation data is collated to evaluate the impact. Many homes then progress to Accreditation with the recognised GSF Quality Hallmark Award and many more are re-accredited, demonstrating sustainability.

Results Results from the Regional Centres delivery of the GSF CH Programme will be presented including numbers trained, attainment of standards, and impact factors. The benefits of a collaborative approach are further discussed showing the benefit to hospices of this shared approach.

Conclusion Partnership working between GSF Centre, hospice regional centres and care homes facilitates spread of this successful programme, benefits to hospices with increased uptake of other training and benefits to care homes enabling more residents receiving better EOLC and more dying where they choose. Further areas of development will be discussed.

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EVALUATION OF THE 'HOSPICE IN YOUR CARE HOME' PROJECT

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Background There is limited evidence on the impact of multi-component interventions to support the delivery of palliative care in care homes. In 2015, one hospice established an innovative 'Hospice in Your Care Home' team using a number of interventions: role modelling and working alongside staff, responses to urgent referrals, advance care planning and training courses. This project has been externally evaluated.

Aims

- To evaluate the process and outcomes of the 'Hospice in Your Care Home' initiative, with specific reference to hospital admissions and end of life care practices.
- To ascertain the costs of delivering the project.
- To identify facilitators and barriers to the implementation of the initiative.

Methods The responsive evaluation comprised:

- an analysis of secondary service provision data
- focus group interviews with care home managers (n=7), care home staff (n=11) and the project team (n=6)
- preliminary analysis of cost (time and finance).

Secondary data was analysed using descriptive and inferential statistics. Framework analysis structured the qualitative data analysis.

Results Nine care homes participated with one facility leaving and one joining part way through. Hospital admissions were significantly reduced by 25% (p=0.01), between 2015 and 2016. Resident status meetings were conducted in each facility, with 4479 residents discussed at 217 meetings. Staff described increased confidence in their ability to care for residents with palliative care needs. To establish this project three stages of implementation were identified: initiation, assimilation, and 'everyday' running. The project was facilitated by the hospice team's flexibility and supportive approach. Reported barriers reflected the ongoing challenges regarding staffing levels and release of staff to attend training.