

**Conclusions** This is an important topic. Results are still emerging including an independent evaluation due in September 2017. Improvements in clinical processes (quality and reliability) depend on good engagement with acute clinicians. Quality improvement methods helped, but other enablers are often required.

**P-180 COLLABORATION, COMMUNITY AND CREATIVITY**

Lynn Kelly. *St Catherine's Hospice, Preston, UK*

10.1136/bmjspcare-2017-hospice.205

**Background** A key objective of the newly formed Knowledge Exchange Directorate in 2015 was to collaborate with other organisations to support the achievement of St Catherine's Hospice's (SCH) aim 'To help more people have quality of life to the end of life'. A formal collaboration with Higher Education was a high priority and in late 2015 discussions began with the University of Central Lancashire (UCLan) to explore a more formal relationship.

**Aim of the Collaboration** To work together to explore opportunities for the joint development of: the expertise residing in UCLan and SCH for the benefit of local people and the local economy; educational opportunities through potential collaborative provision research and academic projects, including academic updating and sharing of good practice links within their respective industries to provide students with hands-on practical experience; joint bids for external funding to support the above.

**Methods** A formal three-year Memorandum of Understanding was signed with UCLan to lay out the objectives of the partnership and the principles of collaboration alongside statements on intellectual property and confidentiality.

**Results Include**

- New opportunities for students from the College of Health and Wellbeing and Medical School to support understanding end of life care. SCH to be included in the pilot of the Physician's Associate role
- Support to help SCH develop its communications strategy including a project by MBA students and a facilitated planning day delivered by the Leadership Hub
- Joint bid for research project on the use of communications technology in end of life care.
- Exploring potential for placements from events, communications and creative/design students.

**Conclusion** The whole is greater than the sum of each part. SCH has to offer real world issues, experience, and community involvement; UCLan offers research, evidence-based knowledge and developing talent; together there is innovation, thought leadership and impact through social change.

**P-181 PREPARED TO CARE? WHAT ARE MENTAL HEALTH AND PALLIATIVE CARE PROFESSIONALS' EXPERIENCE OF COLLABORATING TOGETHER WHEN SUPPORTING PATIENTS WITH SEVERE PERSISTENT MENTAL ILLNESS AND PALLIATIVE CARE NEEDS?**

<sup>1</sup>Nicky Wood, <sup>2</sup>Steve Iwasky, <sup>3</sup>Sue Bailey, <sup>4</sup>May Pheasant. <sup>1</sup>*Isabel Hospice, Welwyn Garden City, UK*; <sup>2</sup>*MH Raid team*; <sup>3</sup>*Garden House Hospice, Letchworth Garden City, UK*; <sup>4</sup>*Lister Hospital, Stevenage, UK*

10.1136/bmjspcare-2017-hospice.206

**Background** Much has been written in the past year about inequalities in palliative care. Patients with severe mental illness often present late with an advanced diagnosis for which palliative care is the only option (Ellison, 2008). Research in this area is lacking, no statistical evidence exists as to numbers of patients requiring collaboration from both specialties (Addington-Hall, 2000). A recent American study highlighted barriers present when caring for mental health patients with palliative care needs; as a result this study called for greater collaboration between palliative care and mental health specialties (Morgan, 2016). However, there is very little research to highlight the experience of collaboration between these two specialties.

**Aim** As a result this scoping session aims to examine the working relationships between mental health and palliative care health care professionals (HCPs) when caring for patients with severe mental illness and also a palliative care diagnosis. The session wants to understand both positive and negative experiences of collaboration in order to highlight the support these patients receive.

**Method** A scoping session is due to take place on 22 June. 15 HCPs from various palliative care settings and 15 HCPs from mental health settings having been invited. On arrival all participants will be asked to fill in a questionnaire. Following presentations from both specialties there will be mixed group work. Facilitators within the groups will gather information through various means to add weight to the questionnaire.

**Conclusion** Everyone has a right to high standards of palliative care. This scoping session aims to explore how collaboration is working and if there are gaps or barriers which prevent cohesive working. This session aims to be responsive to issues highlighted and to provide recommendation for improved future collaborative practice, with the ultimate goal of reducing inequalities in care experienced by this group of patients.

**P-182 THE DEVELOPMENT OF A CHILDREN'S HOSPICE NEONATAL LINK TO IMPROVE PERINATAL PALLIATIVE CARE**

Katrina Williams. *Claire House Children's Hospice, Merseyside, UK*

10.1136/bmjspcare-2017-hospice.207

**Background** Perinatal palliative care (PPC) is an evolving specialty committed to providing care for foetuses/babies with a life-limiting condition diagnosed in the antenatal/neonatal period, as well as supporting the parents and extended family. However, the number of referrals for hospice support was few and far between.

**Aim(s)** Increase awareness of hospice services amongst tertiary centres within Cheshire and Merseyside

Create consistency to families of a choice of place of care and death; hospital, hospice or home

Provide specialist palliative care through diagnosis, birth, child's life, and death.

**Methods** Links have been developed in two neonatal units within the hospice catchment area. This included regular presence on ward rounds and education about hospice services, thus creating good collaborative working between hospital, hospice and families.

**Results** Since the initial development of links in 2014, referrals (aged 0–1 years) accepted for hospice care have increased by 216%. This has had a dramatic impact on all services offered