

education to general social workers and OTs through training, joint working and advice to increase knowledge.

Outcomes It has been helpful in dispelling myths and fears around working with people at the end of their lives and promoting advance care planning within the context of social care. This approach ultimately reaches greater numbers of services users and improves the quality of end of life support to people across the county.

P-188 CO-ORDINATION OF END OF LIFE CARE – A SUCCESSFUL COLLABORATION ACROSS SERVICE BOUNDARIES

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Background Collaborative End of Life Care improvement across a Clinical Commissioning Group had been supported by two hospices part funding the CCG's Project Lead. Serving one of the oldest populations in the UK, with people over 85 being 10% more likely to have an acute admission ending in death, a consistent approach, strategy and pathway for end of life care were needed.

Aims To develop a centralised, single point of access for patients, their loved ones and carers that would coordinate care, provide advice and help people to reach the most appropriate care and support. The service aims to reduce unscheduled admissions to hospital at end of life, enable more people to die in their preferred place and improve communication and co-ordination between all care providers by the creation of a locality electronic end-of-life-care register.

Method The Community and Acute Trusts worked with three specialist palliative care (SPC) providers including the two hospices to develop a business case for the Collaborative EoLC Hub; this was approved and funded by the CCG. The Community Trust established the co-ordination centre and the three SPC providers are sub-contracted to deliver specialist palliative care advice 24 hours a day, seven days a week. The SPC providers operate a shared on-call rota for clinical nurse specialists and consultants, thereby maximising opportunities to share resources.

Results The co-ordination centre was launched in October 2016, ensuring full engagement with the local health and social care community and the public. Over 600 people are registered but earlier identification of people during the last year of their lives requires more work across the whole health economy.

Conclusions Through collaboration, hospices can deliver solutions to enable CCGs to improve end of life care across their communities and reduce inappropriate admissions to hospital at end of life.

P-189 HOSPICES WORKING WITH COMMISSIONERS – MUTUALLY BENEFICIAL OR A NECESSARY EVIL?

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Background Hospices' value within the third sector is in their specific strategic organisational capabilities. It could be argued that this potential is unrecognised and untapped. The specialist nature of the services that hospices provide and their financial independence and freedom to develop and invest in services place them in a strong position to influence NHS commissioning of services. This study uses the VRIN model to assess the organisation's resources and to demonstrate the hospice's specific strategic capabilities. (Barney & Hesterley, 2010). This study demonstrates how one hospice has successfully challenged commissioning intentions and evidenced a counter proposal which resulted in the funding and delivery of an enhanced Hospice at Home service.

Aim To prove that increased provision of spells of Hospice at Homecare 24/7 would improve care and support the choice to be cared for and die at home and reduce hospital admissions.

To demonstrate that patients who fit the criteria for Hospice at Home also fit the criteria for CHC funding and secure that funding for the expansion of service.

Method Through semi-structured interviews we set out to evidence the true gaps in community palliative and end of life care and the approach to commissioning hospice services.

Scoping of the views of the below:

Phase 1 – Local GPs, community nurses and community.

Phase 2 – Commissioners from 2 CCGs

Phase 3 – Wider group of hospice directors (Survey Monkey)

Results

- Counter proposal accepted
- Joint funding of Proof of Concept
- Increased numbers of patients supported at home. Hospital admissions avoided
- Engagement of CHC and funding agreed.

Conclusion This study demonstrates the potential of hospice strategic organisational capabilities and the value of good relationships with commissioners that place hospices as equal, influential partners within a struggling economic and health-care environment. This study demonstrates how one hospice has successfully challenged commissioning intentions and evidenced a counter proposal resulting in the funding and delivery of an enhanced Hospice at Home service.

P-190 INVITING THE STRANGER INTO OUR MIDST – A POSITIVE EXPERIENCE BASING A COMMISSIONER IN THE HOSPICE

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Background The role of commissioning is increasingly important (NHS England: NHS Commissioning *online*) but can be daunting. Hospices need to find ways to embrace this in order to navigate and improve outcomes in delivering care (NHS England: NHS Commissioning *online*). Achieving end of life wishes for more people requires transformational change. It is necessary to be innovative and radical, adopting approaches which enable true collaboration (NHS England: Partnerships