Decline’ tool. Referrals were made by telephone to the Hospice Coordination Team. Band 3 carers were available to provide up to 24 hours care in patients’ own homes dependant on need. There was ongoing review of care needs in liaison with the district nurse and hospice nurse specialists.

Results The service was effective and timely, supporting same or next day discharge. The service was responsive to patient and family need. The care provided was flexible, supporting patients in the last days of life alongside those awaiting a CHC Fast Track package of care. Good communication was fostered between the partner organisations. In one quarter 18 patients were discharged saving a total of 148 acute bed days.

Conclusions The service has demonstrated a reduction in patient length of stay in the acute trust, improving patient flow in the wider health community. Funding has been secured for a further year and access will be extended to Discharge Liaison teams. Plans are now in place to address inequity across the patch and provide the service across other local authority areas.