

P-220 MONEY, MONEY, MONEY: SUPPORTING THE FINANCIAL WELFARE OF HOSPICE PATIENTS

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Background Reports show that finances are one of the top concerns for patients, their families and carers. On average a person is £570 per month worse off when diagnosed with cancer, with almost half of them not receiving any advice regarding their financial concerns from their healthcare professional.

Aim To establish a dedicated hospice welfare service. The specialist service to include, (but not exclusive to), advocacy and advice on welfare benefits, grants, tax, insurances, pensions, wills, power of attorney, probate, funeral costs, council tax, housing, utility bills, immigration, employment rights, carers rights and nursing home fees.

Method Recruitment of an experienced specialist adviser helped to establish the welfare service. Where other advice services are age, location or illness specific, hospice patients now receive tailored advice and support on a range of welfare/financial issues from hospice referral to bereavement and beyond.

Engagement with the welfare service enables patients to:

- Afford additional costs associated with illness
- Lessens the impact from loss of earnings through unemployment or reduced hours
- Reduce the need to draw on savings
- Plan finances for those left behind
- Positively impacts on wellbeing of patient, families and carers
- Carers able to concentrate on their primary function
- Bereaved able to address financial and legal issues, and ready to move onto counselling.

Conclusion The provision of a hospice welfare service complements the healthcare patients receive and enables healthcare staff to concentrate on the patient's medical needs. By addressing patient, family and carer financial concerns the welfare service enables patients to concentrate on their health and for families to have quality time with loved ones rather than worry about financial matters. It has the potential to increase the possibility that patients, family and carers will give greater consideration to donating to the hospice rather than other well-known national charities.

P-221 COACHING FROM THE SIDE-LINES: CO-DEVELOPING A 'COMPASSIONATE COMMUNITY' SUPPORT GROUP

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Background Adapting the principle that 'care for one another at times of crisis and loss is not simply a task solely for health and social services but is everyone's responsibility' (Kellehear, 2015) and a need to find cost effective methods of delivering more support to more people; an innovative model of 'drop in support' was developed.

Aims of the Model A 'light touch', coaching style of group facilitation has been developed to enable anyone affected by the diagnosis of a life-limiting illness to develop coping strategies and in turn support others

To provide a safe setting for anyone affected by the diagnosis of a life-limiting illness to meet weekly in a supported and facilitated environment

Attendance will be open to any individual who is affected by a life-limiting illness, be they a 'patient', 'carer' or someone bereaved.

Results People with lived experience of illness, caring and grieving are supporting one another with compassion, requiring little 'professional' intervention. The cost to facilitate these sessions to such large numbers is a fraction of those usually associated with a traditional hospice day care. Attendance every week is in excess of over 40 people and three new groups have been set up in two new centres to meet increasing demand. Outside of the 'group' setting, self-sustaining local support networks have been established and shared, decreasing reliance on traditional public services. The model of coaching, empowerment and self-sustainability can be demonstrated by the addition of a new volunteer facilitator who originally joined the group two years ago as a bereaved widow.

Conclusion By creating a safe space and nurturing a compassionate community approach, people are creating their own networks of support and in turn decreasing their reliance on the health and social care system.

P-222 INTEGRATED TAMESIDE EMERGENCY DEPARTMENT AND WILLOW WOOD START PROJECT: TRANSFORMING SPECIALIST CARE

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Background Our Integrated Care Organisation acknowledges that there are patients with life-limiting illnesses who attend the Emergency Department (ED) requiring symptom control without requiring admission to hospital. Our hospice day services have undergone modernisation to provide flexible specialist palliative care. The START Clinic at the hospice can support a timely discharge for those patients wishing to not be admitted to hospital who can be supported in the community. Patients with long term or potential life-limiting illness, including patients with dementia, can be referred.

Aims To provide rapid access to specialist palliative care including medical assessment

To support the patient and family to understand their disease progression/symptom management in order to plan their own care and treatment and potentially reduce the incidence of crisis management and unnecessary re-attendance to ED

To provide support to patients living with dementia and their families in a home or care home setting

To reduce the need for crisis interventions

To reduce the need for unnecessary re-attendance and potential admission to a busy acute hospital environment.

Methods The patient is deemed medically stable and does not require acute inpatient treatment for their condition. Integrated. Assessing clinician in ED rings through referral to START clinic. START clinic contacts patient at earliest opportunity or confirms patient is coming to START from ED if appropriate. Patient assessed in START by appropriate clinicians and treatment plan agreed with patient and carer. Links to community agencies made including telemedicine, social care etc.