Results The project is about to be launched and will be fully evaluated by patient outcomes, changes in patterns of attendance at ED and collecting patient narratives to look at trends in those using the integrated service.

Conclusion Working in partnership we hope to reduce emergency admissions and improve the pathway for patients.

P-223 ALL ABOUT ME: THIS DOCUMENT WILL HELP US SUPPORT YOU IN AN UNFAMILIAR PLACE

Jan Proud. *St Margaret's Hospice, Taunton, UK*

10.1136/bmjspcare-2017-hospice.248

'This document is intended to provide staff with information about the person being cared for as an individual. This will enhance the care and support given while patients are in an unfamiliar environment. It is not a medical document. It is about the person at the time the document is completed and may need to be updated if necessary. It can be completed by the person themselves or with help from their carer. It has been adapted from a similar document titled 'This is me' produced by the Royal College of Nursing and the Alzheimer's Society.' The 'This is me' document has been adapted to remove references to dementia and tailor the questions more to the individual needs of patients within the hospice environment. The idea was to get away from the electronic computer system of recording patient care and interactions, to have a document that represented the patient as an individual with individual wishes, hopes, fears and desires. The Hospice ethos is to have patient-centred, family-focused care and I believe this document encourages this from first contact with a family. Questions such as: 'The kind of things that help me feel at peace are...'; 'My home and family, things that are important to me...'; 'I like to relax by...' are specific questions which help our Spiritual Care Team form closer bonds with patients and their carers. Other prompts help clarify issues for members of our multi-disciplinary team such as questions regarding 'My Mobility' are designed to help assessments for the physiotherapy team. All of the questions have value to teams and the information is considered vital for holistic, patient-centred care. We also aim to help patients and relatives celebrate special events or wishes whenever possible as identified in this document.

P-224 THEMATIC ANALYSIS OF REFERRAL CONTROL UPON THE NATURE OF COMMUNITY SERVICE RESPONSE VISITS

Simon Edgecombe, Robb Clapp. *St John's Hospice, Lancaster, UK*

10.1136/bmjspcare-2017-hospice.249

Aims To determine whether the introduction of refined referral limitations, including daily triage, influenced the nature of the response visits undertaken by the community 'Hospice at Home' team, with particular attention being paid to the type of care requested and provided and the condition of the patient.

Methods The research was conducted in the form of a thematic analysis (see Braun & Clarke, 2006; Seal, 2016) using the community clinical records which documented the community service response visits. A sample of three groups was

selected from patients who had requested and received response visits in June, September and December of 2016, with June acting as the pre-change control group. The encounter records were then fed through a predetermined coding matrix, focusing upon the source of the request, the reason for the request, the condition in which the attended patient was found to be in, the emotional state of the family or carers and the actions undertaken.

Results It was found that while the introduction of refined referral parameters and daily triage meetings did not influence the need for supplementary tasks, such as personal care or psychological support for the patient or family/carers, or the documented levels of distress amongst family or carers, several transitional themes became apparent. Increased restrictions to referral acceptance amplified the ratio presence of patients who were at the very end of life, with activities subsequently becoming much more focused upon those associated with end of life care and reducing the presence of actions less associated with palliative conditions.

Conclusions The evidence compiled suggests that, whilst more refined referral criteria may at first assessment risk a detrimental impact upon response visits in the community, greater control over the referral process helps with prioritisation and improves responsiveness towards patients with more urgent palliative needs.

P-225 INNOVATING A WHOLE TEAM APPROACH TO COMMUNITY PALLIATIVE CARE

Gaberielle Linehan, Caroline Betts. *St Raphael's Hospice, Sutton, UK*

10.1136/bmjspcare-2017-hospice.250

Background How often have you heard comments from colleagues about time pressures and unmanageable workloads? In order to redress this situation with a focus on effectiveness, efficiency and quality we took the decision to innovate the way in which our Community Palliative Care Team (CPCT) delivered supportive end of life care.

Aims This is a work in progress, with the aim of becoming one team, facilitating further integration of approach in delivering and responding to patients and healthcare care professionals.

Methods A review of working hours was undertaken, facilitating long days as well as traditional 9–5 and annualised hours for one CNS; with 9–5 worked on call at weekends. Specific roles were designated to cover triage, routine telephone contacts and a CNS as emergency responder: all roles were shared. Visits are scheduled by CNSs across the team, on the days people are working. No individualised case loads. Initially, the service was split into two areas to embed the new working routine and allow for any issues to be identified. Electronic patient records and iPads facilitate remote working negating the need to return to base across the day.

Results The new mode of operandi has had a significant impact across the community service. Team case loads have resulted in a 15% increase in routine visits across the day/evening, with improvement in responsiveness to urgent visits, average increases in telephone contacts with patients up 40% and to HCP up 19%. The team self support and manage their work with a marked reduction in working late, absence and improvement in morale. A shared team approach has reduced patient dependency on individuals, patients are reassured that

there is a named team supporting them, facilitated increased knowledge of all current patients, and supported the team as patients are reviewed by other CNS colleagues, reducing the risk of assessment/treatment variation.

P-226 REDESIGNING A COMMUNITY PALLIATIVE CARE SERVICE FIT FOR THE FUTURE

Helen Reeves, Katie Taroni. *St Giles Hospice, Whittington, UK*

10.1136/bmjspcare-2017-hospice.251

Background In 2016 St Giles Hospice undertook a review of its community palliative care services to ensure the service would be fit for the future. This entailed a review of team caseloads and how and who they were managed by.

Aims Community palliative care services have been historically very linear in their approach, mainly comprising of clinical nurse specialists. The aim of the review was to identify the numbers and complexities of patients on the caseloads and produce recommendations for how caseloads could be managed more efficiently ensuring patients were seen by the right professional or person at the right time.

Methods We reviewed the number of patients on the caseloads (approximately 550 at any one time) and identified if their needs were stable, deteriorating or unstable. We then reviewed which nurse was allocated to patients and identified whether patients were moved through the team or whether they stayed with one nurse throughout their journey.

Results After reviewing the case loads it was realised our structure needed adjusting. As a result, we now have a tiered approach to our community team. Our staff nurses will see the most stable patients or patients at the beginning of their journey with us, clinical nurse specialists will see patients whose condition is changing and our advanced CNSs will see our most complex patients. This means that patients are seen by the right person at the right time via step up or step down approach and has enabled us to see 1300 extra patients in 2016–2017.

Conclusion Service review continues and as a result we will be adding lead advanced nurse practitioners to the team and community care volunteers as we continue to evolve our service to ensure we can be responsive to the needs of the communities we serve.

P-227 TYNEDALE HOSPICE AT HOME: COMING OF AGE!

Sandie Faircloth, Sylvia Ritson. *Tynedale Hospice at Home, Hexham, UK*

10.1136/bmjspcare-2017-hospice.252

Background 21 years ago our hospice evolved to facilitate local residents to be able to die in their home wherever possible. However, as the current professional landscape is evolving amid a plethora of regulation, a new initiative is taking control of its metamorphosis from an altruistic venture into a pioneering professional organisation committed not only to the safe delivery of high quality care fit for purpose in the 21st century, but as an exemplar of innovation and gold standard bespoke person-centred care.

Aims To ensure that the service not only complies with CQC standards but seeks to work towards 'Outstanding' by enhancing patient centred care

To ensure that as a charitable organisation the care services provide best value for money in a clear transparent patient focused evidence-based service.

Method The organisation took the unique decision to employ two senior nurses explicitly to drive forward this ambition. They are tasked with two broad key drivers: training and development; quality improvement. Their roles are designed to be both interactive and most crucially, interdependent. The methods employed include:

- developing standards of practice
- deficits identified
- organisation specific training and development
- developing a training and development matrix
- developing quality framework and model
- developing standards of practice
- audit based on agreed standards
- develop an induction package for new staff
- set up appraisal framework.

Results Currently the senior nurses have only been in post for 12 weeks and already there have been significant positive developments. Work is in progress in all areas and the two key frameworks will act as a single platform to analyse, plan and measure future achievements.

Conclusion This is early days in the development of this unique partnership, however, the positivity so far has been encouraging and supported by all staff, volunteers and trustees.

P-228 WIDENING INVOLVEMENT OF SERVICE USERS, CARERS AND CITIZENS IN PALLIATIVE CARE ON ISLAND OF IRELAND

Brendan O'Hara, Karen Charnley. *All Ireland Institute of Hospice and Palliative Care, Dublin, Ireland*

10.1136/bmjspcare-2017-hospice.253

Background The meaningful involvement of people receiving palliative care (service users), carers and the wider community is essential to informing palliative care education, research, policy and practice.

A group was established on the island of Ireland in 2013 for this involvement. By 2016, as this group had come to the end of its membership term, a significant project was undertaken to refresh membership.

Aim(s) The aim was to renew and refresh group membership, fostering diversity of membership and ensuring that involvement remained worthwhile, and to increase the remit of the group's involvement in health structures in both jurisdictions on the island. Consideration was also given to a range of flexible methods of involvement wider than the original concept.

Method A recruitment drive was launched by the recruiting organisation in July 2016. This was supported by a suite of information on the organisation's website – promotional flyer, video, information leaflet, guidance for applicants and an expression of interest form. The opportunity was promoted through other networks; use of the flyer, email, social media and a press release.

Results More than 60 people asked to find out about the opportunity and 45 expressions of interest forms were received. A small number of applications were not progressed when involvement was clarified. An opportunity to renew membership was extended to current members. Invitations