

'It was challenging, rewarding and gave me confidence to speak in public on very emotive topics.'

Within only two months of developing the guidelines, our members have aided the recruitment of a senior receptionist and chaplain. Our return rate is increasing and areas for improvement are being highlighted through this approach. For example, issues around volunteer transport and patient-staff communication have been raised enabling us to identify and rectify issues at a faster rate.

Conclusion It's important to think of new ways of involving patients and carers in influencing decisions because they have the voice of experience and are valuable assets in improving our services. We plan to continue to offer these opportunities and involve more of our patients and carers in our work.

P-232 'PIC' YOUR PATIENT: DEVELOPMENT OF A MULTI-PROFESSIONAL HANDOVER TOOL

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Background In a 26-bedded hospice it was recognised that handovers were excessive and inefficient. A review of practice revealed that they were occurring over 15 times per day with different professions present at each one. The Multi-disciplinary team (MDT) felt frustrated, recognising that the handovers reduced time for direct patient contact but still did not ensure timely sharing of crucial information. Staff wanted a single, efficient MDT handover to identify key patient issues.

Method Current available tools were reviewed including SBAR (Haig, Sutton & Whittington, 2006) (Situation, Background, Assessment, and Recommendation) but were found to be unsuitable for the hospice environment. The PIC acronym was created to facilitate nursing presentation of each patient. This prompted a discussion of: Plan (Is the patient going anywhere today? Are we working towards getting them to their preferred place of care?); Involvement (Are they being seen by the appropriate MDT members?); Concerns (Are you concerned about the patient or their family?). The PIC tool was used at the newly launched 'Huddle' – a handover led by a senior nurse and designated consultant, with a representative from each discipline of the MDT occurring each weekday morning from 0900–0910.

Results Informal feedback from staff suggested that the Huddle and PIC tool enabled more organised and efficient discharges. It was useful to give a view of the complexity of the patients throughout the hospice and guide admissions. A formal survey of the MDT is being carried out, with results available by October 2017.

Conclusion Huddle is reducing the number of handovers each day and increasing the productivity of the hospice. This has benefits for swift discharge and assessing the needs of patients with complex problems. An unintended benefit has been improved nursing confidence in their presenting skills.

P-233 THE PERSPECTIVE OF HOSPICE CARE FROM PEOPLE WITH MULTIPLE SCLEROSIS, A QUALITATIVE RESEARCH STUDY

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The research aimed to understand the lived experience of people living with multiple sclerosis (MS), their perspectives of hospice care and particularly the supportive care group at St Giles. St Giles runs three MS Groups which are based around exercise and wellbeing and as the attendees make a donation they are self-sustaining financially. As hospices consider their role in rehabilitative palliative care and for people with a palliative illness not in the last 12 months of life this study aims to contribute to strategic thinking. The groups are a model of service provision for people living with potentially long term palliative conditions. The research aimed to inform future service developments for people with MS in addition to other people who may benefit from this type of service. Whilst the service itself has been evaluated, exploring attendees' perspective in more depth and whether 'hospice' was a barrier to access hadn't been done.

The research study in partnership with Keele University involved three focus groups with 20 people participating and the opportunity for follow up with a semi-structured interview, six interviews were undertaken. A thematic analysis was then completed.

The results suggested that 'hospice' was an initial barrier for a small number of attendees, however for most the opportunity to exercise with other people with MS was the 'hook' that encouraged people to join the group. The results demonstrated the importance for attendees to be with other MS patients there was a theme of acceptance and shared understanding. There was a theme of insufficient information being available following diagnosis and a sense of 'being left to get on with it'. There was an incredible sense of resilience and community. There is learning that contributes to future service developments for other groups but also some additional support for the MS group that would add value.

P-234 GATEWAY – A PORTAL TO THE RIGHT CARE AT THE RIGHT TIME AND IN THE RIGHT PLACE

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Background St Richard's Hospice have instigated a 'Gateway Service' for patient and family referrals to the hospice. This new service is designed to enable all patients to choose the level of care and support from the most appropriate specialist palliative care professional at the most appropriate time.

Aims Gateway aims to support national agendas by providing a better use of resources both physical and financial and by