promoting patient choice to provide a greater experience of care for all involved. Active discharge planning is encouraged with a 'step down' facility of telephone support.

Methods Gateway makes the first telephone contact and undertakes an expert assessment of need, ensuring patients and families are fully involved in their care through informed decision making in order to live well and die well. Gateway can provide an urgent home assessment to support appropriate admission to the inpatient unit if needed. Gateway provides specialist advice for patients and families to manage their condition promoting resilience and empowerment.

Results Patients and families receive true holistic assessment of need to identify and pre-empt potential problems with compassionate care through competent professionals who are committed to excellent communication. This service has proved to be cost effective and efficient whilst being highly effective. Economic evaluation provides evidence of significant reallocation of costs up to £423 000 per year across the hospice, enabling appropriate resources to be deployed to those most in need.

Conclusion Through leading change to effect a new culture of practice, current feedback identifies better allocation of resources at a cost saving, whilst enhancing excellent individualised care provision to patients and families referred for hospice support.

P-235 USING A PROJECT MANAGEMENT APPROACH TO DEVELOP AND IMPROVE PATIENT SERVICES

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Background Project Management focuses on benefits and outcomes, providing a proven and effective way of using resources and managing risks to undertake service development and improve patient services. Project management harnesses and shares knowledge, improves organisational engagement, communication and reflective learning. A trial of this approach was used to develop a Fatigue and Breathlessness service. Fatigue and breathlessness (FAB) are common and distressing symptoms for many people living with a life-limiting illness. Supporting patients to self-manage these symptoms is a key component of the rehabilitative palliative care agenda (Hospice UK, 2015).

Project

Aims To scope, develop, pilot and evaluate a community-based outreach service for patients experiencing fatigue and/or breathlessness within seven months.

Methods A small scale project management approach based on the principles of 'Prince2' (Prince2, 2009) was used to plan, implement, monitor and evaluate the development of this new service. A cross-functional project team with clear roles and responsibilities was established from the start. Regular team meetings, a succinct project brief and an ambitious but realistic project plan were all utilised to ensure successful completion of the project's objectives. Following a period of research, a six week FAB programme was developed incorporating education, self-management strategies, exercise and relaxation. Patient outcomes were measured using a modified MYMOP2 (Measure Yourself Medical Outcome Profile, University of Bristol), alongside participant evaluation forms.

Results Project management supported effective and resource efficient service development on time and within budget. Four groups were delivered during the pilot stage of this project in a range of community venues. Nineteen attendees completed outcome forms, with improvements made in all domains:

- Fatigue, 13%
- Breathlessness, 14%
- Chosen activity, 7%
- Wellbeing, 2%
- Knowledge, 19%
- Confidence in self-management, 17%

Conclusions Project Management supported significant patient and organisational benefits including:

- Risk management
- Patient safety
- Improved communication
- Team development and learning.

P-236 CHILDREN AND ADULT HOSPICE PROVISION FOR YOUNG ADULTS WITH LIFE-LIMITING CONDITIONS: A UK SURVEY

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Background Over 55 000 young adults aged 18–40 years old in England are living with life-limiting conditions (LLCs). This number is increasing. There is evidence of poor continuity of care for these young adults after transition to adult services, including the lack of short breaks/respite care. This lack of continuity for young adults and their family can ultimately result in carer burnout for families and deterioration in the young adult's health.

Aim To gather the views of staff from children's and adult hospices on the availability and challenges of providing services for young adults with LLCs.

Method An online survey was sent to children's and adult hospices across the UK with support from Hospice UK and Together for Short Lives to gather information about challenges around transition, and the current and future provision for young adults. Ethical approval was granted by the Faculty of Health and Social Care Research Ethics Committee. The study was funded by Liverpool Clinical Commissioning Group.

Results Thirteen children's hospices and 63 adult hospices responded (n=76); estimated response rates of 25% and 37% respectively. Findings indicate clear gaps and challenges in provision: lack of funding and capacity to develop services; lack of existing developmentally-appropriate services; perceived lack of a skilled and confident adult hospice workforce to support young adults who have complex care needs; and the need for better integrated working between children's and adult hospices, and other services. Findings also revealed excellent examples of hospice provision and integrated working.

Conclusions Improved communication and integration is vital to the development of hospice provision that meets the needs of young adults with LLCs and their families. There is also the need to gain young adults' perceptions and opinions on their wishes for care and services.