Results Patient and staff satisfaction results will be available at conference, along with the first six months of data from the pathway.

Conclusion Collaboration between specialties and between services can ensure patients receive timely assessment of needs and are fully informed in order to make choices about potentially invasive interventions.

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IMPROVING END OF LIFE CARE FOR PEOPLE AND FAMILIES LIVING WITH DEMENTIA IN KIRKLEES, WEST YORKSHIRE

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Similar to cancer, dementia is a complex, life-limiting condition, incidence also increasing with age. Both conditions require skilled care by professionals who understand the significant impact upon physical, emotional and social well-being for whole families. Recent work by Hospice UK (2015) resulted in guidance for hospices in embracing dementia care, partnership and collaboration being identified as key to success.

Kirklees has a diverse population, approximately 4600 people currently live with dementia, a figure predicted to rise to 7000 by 2030. A number of these will be living with multimorbidities necessitating support from different agencies and professionals as end of life approaches.

The Kirkwood Admiral Nurse will ensure increasing numbers of families affected by dementia are supported to access skilled, competent, compassionate care.

Aims Support people with dementia and carers make future plans for advancing illness and end of life care. Enable and facilitate workforce development, internal and external. Provide an expert resource for people with dementia, carers, hospice staff and external organisations. Develop new collaborations and partnerships extending role of hospice in dementia care. Promote role of hospice in dementia care amongst local community. Support both local and national agendas from dementia and end of life care perspectives.

Service description This innovative service is a collaboration between Kirkwood Hospice, Kirklees Council and Dementia UK. An open referral system is in place with referrals accepted from people with dementia, carers and professionals. The Admiral Nurse has a caseload of complex cases, works in an advisory, consultancy capacity and focuses on workforce development via education.

This paper describes how aims of the service have been implemented along with successes over a two-year pilot leading to a future substantive End of Life Care Admiral Nurse post at Kirkwood Hospice.

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HOW A HOSPICE ADMIRAL NURSE COMMUNITY OF PRACTICE CAN IMPACT ON PRACTICE

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People with dementia often do not receive the same access to end of life care as people dying from other illnesses (Hospice

UK, 2015). Despite dementia being acknowledged as a life limiting illness (van der Steen, Radbruch, Hertogh *et al.*, 2014) people living with this illness often do not have the same access to palliative care services as people with other life-limiting conditions, despite similar levels of complexity.

Dementia UK have experienced a growing level of interest in commissioning the model of Admiral Nursing from hospices. In 2016 an Admiral Nursing Hospice Community of Practice started exploring how Admiral Nurses can support each other, and their colleagues to ensure consistency of practice and ensure people with dementia receive good end-of-life care.

Communities of Practice have been defined as 'groups of people who share concern or passion for something they do and learn how to do it better' (Wenger & Wenger-Trayner, 2015). This Community of Practice aimed to provide peer support to hospice-based Admiral Nurses and develop a model of practice, alongside disseminating skills and knowledge to Admiral Nurses in other settings.

The Admiral Nursing Hospice Community of Practice was first convened in December 2016 and has since met regularly to develop the model of practice. There are now nine Admiral Nurses working in an end of life/hospice setting across the country with a further six posts at recruitment stage with more in the pipe-line.

The Community of Practice will continue to explore how to increase resources available for Admiral Nurses on end of life care and act as an expert reference group for Dementia UK. Currently the group are sharing practice from their settings; for example, assessment documentation, referral criteria and leaflets for family carers.

Hospice-based Admiral Nurses are an innovative way of ensuring people with dementia receive more equality from hospices, and the hospice-based Admiral Nurses will be supported by this growing Community of Practice.

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THE ADMIRAL NURSE PROJECT: PROACTIVE APPROACHES TO EFFECTIVE DEMENTIA SUPPORT IN A UK HOSPICE

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Background Dementia is a progressive neurodegenerative disease. There are some treatments that will alleviate some symptoms but dementia is not curable and is a terminal illness. It is estimated 850 000 people are living in the UK with a diagnosis of dementia and 670 000 are people acting as primary carer for a loved one with dementia (Alzheimer's Society, 2015).

UK hospices are being encouraged to engage in the agenda of dementia care for people who are palliative or end of life.

Aim To present the independent, interim evaluation of a service for people with dementia in a hospice setting.

Methods A qualitative evaluation approach was used within a participatory action research framework, incorporating several phases across the general participatory action research (PAR) framework (Brydon-Miller, 2004). This cyclical process was adopted, alternating continuously between enquiry and action, and between practice and innovative thinking (Hart & Bond, 1995). This alternating process enables implementation of