

prescription management; home visits; care coordination; and emotional support. Multiple perceived facilitators and barriers were identified, relating to: accessibility; continuity; GP's attitude and interpersonal skills; time and staffing levels; GP's involvement in diagnosis; and communication between primary and secondary care.

Discussion This study explored patients' views and experiences of the GP's role, and the perceived potential facilitators and barriers to its fulfilment. Further work is required to characterise a realistic model of continuous and accessible community palliative care.

P-151 THE VALUE OF A NIGHT SERVICE FOR HOSPICE-AT-HOME: REASONS FOR MAKING CONTACT AT NIGHT

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Background People approaching the end of their lives have physical and psychological needs that should be met in a timely way, at any point during the night or day, and met in a way which addresses their needs and preferences. Crises at any time require prompt, safe and effective urgent care (NICE 2011).

Methods Rennie Grove Hospice Care (RGHC) provides 24/7 care, with a night service available from 9.15 pm to 7.15am. RGHC conducted an independent study to identify the value of the service, including reasons people make contact at night and how many calls could be settled without a visit. Over the study period (145 nights) each call was charted with demographic details, reason for call and outcome.

Results 550 calls were received, resulting in 335 visits. On seven nights there were no visits, the highest number in a night was nine, with an average 3.79 visits per night. Only those consenting to participate were analysed, reducing eligibility to 351 calls and 208 visits. Of these, reasons for a night visit included symptom control (64%), carer support (19%), death (13%), death verified by night team (9%), message (7.5%), planned visit (7%) and 'other' (4%). Major symptoms included pain (42%), anxiety (32%), nausea (17%) and a small number with chest problems, bowel issues, pyrexia, syringe pumps. In 143 cases a visit was not necessary due to telephone reassurance (55%), another service being more suitable (12%), the team were too busy (8%), and 12% were handed to the next shift.

Conclusions The night team plays a vital role in 24/7 care, with 40% of calls being managed without a visit. Visits were, in the main, for symptoms or problems concerning support. Death, for a Hospice at Home service also becomes a significant issue requiring a prompt and caring response.

P-152 DOES A 24/7 HOSPICE AT HOME SERVICE PREVENT OR POSTPONE ACUTE HOSPITAL ADMISSIONS?

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Background Most people wish to die at home but in England almost 50% die in hospital, suggesting that more can be done

to keep people at home. Some studies have shown this may be possible, especially with adequate support and good pain control.

Methods Rennie Grove Hospice Care (RGHC) carried out an independent study to identify the value of their night team in providing 24/7 care over a period of 145 nights. The study considered whether the provision of overnight care affected decisions to make hospital admissions. Data from a night nurse template recording all overnight visits, a review of 42 patient/carer records of those who had called the night team, a carer questionnaire (n=87), carer interviews (n=18) and staff interviews (n=9), were analysed.

Results The night nurse template recorded five overnight admissions made during the study period, all for acute reasons and considered unavoidable. Review of 42 patient records showed 23 hospital/hospice admissions occurred, most during the daytime (18 to hospital, five to a hospice) of which only three were considered avoidable. The carer questionnaires showed 13 (16%) of their cared-for persons had been admitted to hospital in the last few weeks of life, with most reporting the admission was necessary. Staff interviews identified a pride in supporting patients to stay at home, while information from carers gave a clear indication that RGHC nurses enabled their cared-for individual to remain at home; that contact with the night team helped prevent or postpone an admission; and without RGHC their alternative would have been 111/999, district nurse or out-of-hours GP.

Conclusions There are occasions when hospital admission is appropriate. However, there was clear evidence showing support from the night team could prevent or postpone hospital admissions.

P-153 THE COST OF THE OVERNIGHT SERVICE AT RENNIE GROVE HOSPICE CARE VERSUS THE COST OF AN ACUTE ADMISSION

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Background Rennie Grove Hospice Care (RGHC) runs a Hospice at Home service providing 24/7 care. An independent study calculated the cost of a RGHC visit and the total community cost of home care, including all health care professional (HCP), carer, and family member visits.

Methods Over a period of 145 days, 550 calls and 335 visits made to/by the night team were recorded, averaging 3.79 per night. The salary cost per hour for each nurse, plus organisational add-on costs, was calculated. To derive a total community cost, 35 families, considered by the nursing team to be able to consent, kept a diary for up to two-weeks, recording all HCP, carer and family support visits and duration of each visit. Seventeen diaries were returned. Descriptive analysis was used with the Statistical Package for the Social Sciences (SPSS v22). Costs were taken for HCPs and social care services from the Personal Social Services Research Unit data 2015/16.

Results For 3.79 visits per night the cost per visit was £195 (taking into consideration that RGHC nurses travel in pairs). The 17 patient diaries covered a total of 177 days and