P-162 RIGHT TIME, RIGHT PLACE, RIGHT PROFESSIONAL: A REVIEW OF COMMUNITY TEAM REFERRALS AND TRIAGE

Claire Magee, Hazel Coop. *Coventry and Warwickshire Partnership NHS Trust, Coventry, UK*

10.1136/bmjspcare-2018-hospiceabs.187

Background Referrals to the Coventry Community Palliative Care Team have increased over the last year, with a perceived increase in complexity. This has led to a waiting list and an increase in time to first contact for non-urgent referrals. The team instituted a quality improvement project to see if the responsiveness of the service could be improved, within the constraints of existing resources.

Methods PDSA (Plan, Do, Study, Act) methodology was used. A baseline review of all CNS referrals in December 2017 was conducted. A telephone triage tool and CNS triage rota were developed, along with a telephone triage caseload. A telephone call was made to the patient by an experienced CNS to allow a more robust and consistent assessment of the appropriateness and urgency of the referral. CNS referrals were analysed again in March 2018.

Results The new triage process improved efficiency. The existing process took up to nine days, with up to five documented contacts mainly from district nurses. In March 2018 84% triage was performed with one contact; 26% patient, 36% relative, 10% nursing home staff, 21% other professionals. Only 47% patients triaged needed a face-to-face assessment, all of which were home visits. Non-urgent referrals previously waited up to 20 days to be seen. In March 2018 all referrals were seen within 10 days, with one exception seen at 15 days. All urgent referrals were seen within two days in both December 2017 and March 2018. The triage contact allowed the most appropriate multidisciplinary team member to see the patient.

Discussion A review in working practices has ensured patients are seen by the right professional in a timely manner, improving patient care. The new triage process has improved consistency and provides a more useful assessment of appropriateness and urgency, allowing care to be prioritised.

P-163 MOTIVATION, COMMITMENT, CHALLENGE – EVOLVING A 24-HOUR ADVICE LINE TO A COMMUNITY RESPONSE SERVICE

Gayle Roberts, Natalie Pepperall Wood, Wendy Gray, Jane Radnor Ortiz, Laura Wilson. *St Margaret's Hospice, Taunton, UK*

10.1136/bmjspcare-2018-hospiceabs.188

Background In line with national guidance and the 2015–2020 'Ambitions for Palliative and End of Life Care', the hospice developed a successful patient 24 hour advice line with an evolving county-wide community response service. This has involved reviewing the existing advice line service and resulted in expansion of the current team to ensure continuity and resilience within the service.

Aims Respond appropriately to patients, carers and health care professionals, advising on symptom control, providing reassurance, emotional and spiritual support. Enable the right care at the right time and in the right place. Reduce inappropriate hospital admissions.

Method Dedicated palliative care nurse telephone support and response triage. Governance, supervision and training in place with oversight by the line manager. Review of unmet need, plaudits and complaints – identify gaps.

Results

- Growing number of care homes utilising the service with reduced hospital admissions and described as a lifeline for patients and carers
- Promote and respect patients' preferred place of care through timely assessment and links with other out of hours services
- Review of hospice community nursing role out of hours and integrated working with other services.

Conclusion Using the advice line as a coordination hub, community hospice care will expand collaboratively with other services, sharing motivation and commitment to improve timely outcomes for patients in their preferred place of care and support to the wider care community.

P-164 THE EVOLVEMENT OF A HOSPICE RESOURCE VEHICLE

Jacqueline McBlain. *LOROS, Leicester, Great Britain*

10.1136/bmjspcare-2018-hospiceabs.189

Background At a senior management team away day in 2013, there was a discussion of three papers; 'Hospice and palliative care: access for all' (Help the Hospices, 2006), 'Dying for change' (Leadbeater & Garber, 2010) and 'Future ambitions for hospice care: our mission and our opportunity' (Help the Hospices, 2013), with regards to how inequitable access to palliative care services can be. In order to reach the wider community who have limited awareness and access to hospice services, the idea of having a hospice resource vehicle, to engage with the public and professionals within Leicester, Leicestershire and Rutland was born.

Aims To purchase a bespoke vehicle and to increase face-to-face contact through a range of clinical and information services. To deliver designated therapies within the resource vehicle at sites away from the hospice.

Methods October 2014 to July 2015 – visits to St Barnabas and St Giles Hospices to view their resource vehicles. April 2016 – Board agreement to purchase bespoke vehicle. April 2017 to April 2018 number of miles travelled, number of visits, recorded reads and number of enquiries.

Results January 2017 – receipt of bespoke vehicle named 'LOROS Local' assembled by Towmaster. April 2017 to April 2018 3500 miles travelled, 97 visits to 51 venues averaging three visits per week. 17 023 recorded reads of external messages on the vehicle equalling 551 people enquiring about LOROS' services and a potential 79 volunteers recruited. May 2018 a weekly complementary therapy clinic hosted in the car-park of Green Towers leisure centre commenced with 41 treatments being delivered thus far.

Conclusion The most rewarding experiences have been those supportive conversations in which the team have been able to offer advice, support and signposting for members of the public who have sought advice. We will continue to develop the LOROS Local service through the community task and finish group.