

patients who are dying/providing bereavement support (65% confident).

**Conclusions** Tests of changes need to be small enough to try within existing workloads. The focus for July to Sept 2018 (cycles: 1 clinician, 10 patients informed by patient/relative experience) is:

- improved handover and future care planning on discharge (acute frailty)
- earlier recognition, communication alongside improving knowledge/access to SPC (A&E).

#### P-201 TRANSFORMATION OF WARD COMPANIONS

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**Background** LOROS decided to develop the scope of volunteering roles within the inpatient unit to allow volunteers to become ‘Ward Companions’. This change was implemented following patient feedback that suggested greater volunteer involvement would be beneficial to patients’ experience of hospice care.

**Aims** Ward companions aim to enhance the patient’s stay by providing practical and emotional support and importantly, a sense of normality. Companions engage with patients in many ways; by playing games, through reading, assisting at meal times, or just ‘being there’ as a reassuring presence in times of need. Depending on the volunteer’s own qualifications and interests, they may also provide assistance with patient care, hairdressing, nail and beauty services. Companions have also supported patients to draft their last wishes and create memory boxes for loved ones. Companions have supported patients that do not have family or friends.

**Methods** The Clinical Volunteer Coordinator has been instrumental in devising role descriptions and encouraging volunteers to contribute their skills in this area. All volunteers are required to complete a thorough training programme to ensure they are sufficiently equipped to support patients. All volunteers report to a ward team leader who briefs them on individual patient requirements and requests.

**Conclusion** There are currently 32 volunteers enrolled as ward companions for LOROS and their contribution to inpatients has been invaluable, as evidenced by numerous ‘thank you’ cards and LOROS ‘Have Your Say’ feedback cards. The Ward Companions initiative has been shared via BBC News and Facebook, highlighting the impact the role has had and the potential for hospices to adopt this approach in the future. It’s ‘the little things’ in life that often mean so much and the attention, care, compassion, trust and empathy afforded by volunteer ward companions has significantly improved patients’ experience of LOROS.

#### P-202 CO-PRODUCTION IN PALLIATIVE CARE

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**Background** The Health and Wellbeing Centre at North London Hospice has undergone significant change in its service provision. A priority for improvement project for the

organisation was to develop a co-production model for new service developments.

**Aims** Establish within our needs stratified model one-to-one complex interventions, shared professional care and community/social engagement using a co-production model; develop a means of designing and delivering new interventions; empower users and staff to develop self-management skills; ‘doing with, not doing to’; provide a resource for the organisation.

**Methods** A steering group provided support, guidance and oversight during the project. A co-production framework was adapted. The needs stratified model provided the framework for the level of intervention. User engagement as an equal partner in planning, delivering and assessing their care.

**Example** Photography ‘Catching the Light’. Users expressed an interest in using photography as a medium for expression and enjoyment. An exhibition of a patient’s photography launched the initial co-production meeting, facilitated by a staff member. All stakeholders including camera societies were invited. (*lived experience*). Examples of using photography in palliative care was researched (*research literature*). Formulation of a plan at the exhibition, including recruiting volunteers with photographic technical ability to support the group (*knowledge and expertise*). The relationship between users and staff was equal, open and honest and led to a creative, supportive and powerful group who were empowered (*candour, accountability, respect, communication skills*).

**Conclusion** A collaborative co-produced model enabled our service users, local community and staff to be empowered to design, plan and deliver services of relevance to their needs. The culture of the service shifted; ownership, openness and honesty, sharing decision making, respect and valuing our users as equals grew and led the organisation to examine the relationship with users.

#### P-203 A RECIPE FOR SUCCESS: CO PRODUCING A USER FORUM

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**Which recipe?** Despite the use of focus groups at our hospice there had never been a user forum due to concerns that users might be too unwell or too upset to participate regularly.

**Shopping for the right ingredients** The project aim was to set up a Forum where service users could provide feedback on concerns and also enable the hospice to hear views on plans to develop services.

**Following the recipe** Current users from our outpatient service where patients are generally fitter than those from other services were targeted as the initial focus for developing a user forum. Two patients joined a project steering group and an initial meeting was held with patients, staff and volunteers to co-produce the structure of the User Forum (which patients prefer to be called ‘Feedback Group’) and how to promote attendance.

**The perfect cake** Eleven groups have taken place. Topics discussed have included catering, our annual quality projects, our three-year strategic plan and user submission to the All-Party Parliamentary Group on Improving Access to Hospices. As a result a user is now a member of our Improving Access Project steering group, users are co-producing two other quality projects, have re-named our outpatient service as well as influenced a change to the consistency of our soups and

availability of smoothies! User reported outcomes show 93% feel their views are appreciated and want to attend again. The group now takes place on two sites and also includes inpatients, discharged patients and bereaved relatives.

Wasn't that nice!

The success of the Feedback Group has been due to consistent user steer, good inter-service teamwork, leadership and not being disheartened by initial small attendance (e.g. less than 10).

**P-204** 'WE ARE ALL IN THIS TOGETHER' BUILDING CAPACITY FOR SERVICE USER INVOLVEMENT IN OUR HOSPICE

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**Background** It is important that we understand what matters to our patients and their families. We cannot overestimate the financial cuts and constant social challenges our patients and their families are facing today. Service User Involvement has become a formal requirement for policy and practice in health and social care. Research has identified a lack of consistency with the way service user involvement is implemented within healthcare. It is acknowledged that our clinical priorities and the increasing pressures of time can lead to staff neglecting the importance of service user involvement.

**Aim** Marie Curie Hospice West Midlands will recognise the importance and will prioritise service user involvement.

**Methods** Development of a service user group – consisting of both service users and staff. Development of Service User Champions (SUC) within each professional team at the hospice. Development of formal training sessions to be delivered by service users to our SUCs and hospice management team – highlighting the importance of service user engagement in current service evaluations and future developments. Formal service user involvement in the development of the hospice strategy.

**Results** We have already formalised our service user group, which meets regularly. Over the next year, we hope to demonstrate that:

- Service user involvement is at the centre of our practice
- Establish formal Service User Champion roles within hospice MDT
- Demonstrate that we both receive and act on pertinent service user feedback by formally evaluating our implementations
- Facilitate the development of partnership working between all stakeholders under the heading 'We are all in this together' in the development of the hospice strategy.

**Conclusion** Service user involvement needs to be a priority in health and social care. We hope to demonstrate the benefits of implementing formal processes to ensure this remains a priority at our hospice.

**P-205** THE CHALLENGES AND PITFALLS OF ALTERING OUTCOMES FOR FRAIL ELDERLY PATIENTS IN RESIDENTIAL CARE

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**Aim** The main purpose of our project was to assist care home staff with identifying their own residents who may be palliative, opening up ceiling of care/advance care planning discussions, and reducing inappropriate hospital admissions.

**Background** A survey by BUPA in 2011 found that 72% of new admissions die within 42 months. We were invited by local commissioners to review four nursing home facilities to identify any gaps in meeting their residents' palliative care needs. Despite heavy encouragement from local commissioners two care facilities declined our input at the beginning. The remaining two care home managers agreed to participate and we completed a baseline review/scoping exercise to understand challenges in maintaining residents in their place of choice. From this individualised review we negotiated next steps in assisting with identification of patients who could die in the next 12 months and look at how this is communicated to all relevant parties.

**Results** Majority hospital admissions due to infection with underlying morbidity of frailty and dementia. Significant variance in quality of documentation and communication with residents, families and primary care teams. Home A has failed to retain two care home managers since project began highlighting issues with leadership and continuity. The enthusiasm, consistent staffing and ownership of project by staff in Home B has been vital to this project moving forward. We have completed seven ceiling of care documents since May 2018 and have commenced GSF like meetings monthly.

**Conclusion** None of what was revealed is unique or novel but is a timely reminder of barriers to transforming outcomes for this vulnerable population. The commissioner has acted as an intermediary/broker and unclear if this has led to suspicion, fear of financial penalties and then refusal and inertia to be part of the project.

**P-206** THE ROLE AND IMPACT OF PHARMACISTS WITHIN A HOSPICE'S CARE HOME SUPPORT TEAM

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The Royal Pharmaceutical Society (2016) reports integrating a pharmacy team in care homes would improve the efficiency, safety, and quality of medicines use for patients; offering immediate support in:

- Polypharmacy
- Antipsychotic prescribing
- Safe transfer of information
- Education, training; and standards
- Palliative and end of life care.

**Aims** Pharmacists undertake level 3 clinical medication reviews (National Institute for Health and Care Excellence, 2014) aiming to manage and deliver safe, efficient and effective medicines optimisation support to patients, in line with NICE guidelines and local clinical governance (Butterfield & Shah, 2014; Kinley, Froggatt & Bennett, 2013; Swift, 2018).

**Methods** A Clinical Commissioning Group in South East England employs two full-time pharmacists working in partnership with the local hospice's Care Home Support Team to provide specialist palliative medicines information and advice for the organisation. The project currently covers 16 care homes, including 700 to 900 patients. The pharmacists perform