structured medication reviews to optimise the impact of medicines, minimise the number of medication-related errors and reduce medicines waste. These are carried out in agreement with patient, nurse, family/carer and GP. The pharmacists also offer support to care home staff by reviewing, monitoring and improving medicines-related policies.

Results From January 2017 to January 2018, 574 medication reviews took place, leaving a total of 4997 medicines and 1787 suggested medication changes. Approximately 76% of these changes were agreed and actioned by patients' GPs, savings estimated using CCG costings of £169,986.96. A feedback survey to measure quality outcomes for patients, care homes and GPs is also underway.

Conclusions The introduction of pharmacists to the hospice's care home support team has offered considerable medicines knowledge and support to care home residents, relatives, hospice and care home staff, GPs and other stakeholders. The pharmacy team aspires to expand, develop even further into specialist clinical areas such as dementia and palliative care, and continue improving health outcomes and patient quality of life.

P-207 SCOPING CARE HOMES SUPPORT... WHAT DOES GOOD LOOK LIKE?

Kate Palmer, Sharon Hudson. *Birmingham St Mary's Hospice, Birmingham, UK*

10.1136/bmjspcare-2018-hospiceabs.232

Without expansion of end of life care training for staff in care homes numbers of hospital deaths (of elderly, frail residents with dementia) will increase unsustainably (Bone *et al*, 2017). The challenges to education in care homes of high staff turnover, funding, time, attitudes, GP support and language and cultural differences (Marie Curie, 2017) impede this but there are established programmes, nationally, with evidence showing that, with high 'being present' facilitation supported by multi-layered learning, necessary change in this environment is achievable (Kinley, 2018). Whilst Birmingham St Mary's Hospice (BSMH) is a Regional Centre for Gold Standard Framework (GSF) Care Home Training and provides a substantial education programme, there is an urgent need to explore how to support local care homes better.

Aims Six months of discovery and design to produce an effective service model which facilitates on site education, embedding of sustainable systems and role modelling to local care home staff to improve their competence and confidence.

Methods Palliative Care CNS seconded for six months to:

- Map, scope and identify local and national evidence-based practice
- Design a model
- Test the model
- Collaborate with Birmingham University
- Audit and measure outcomes.

Initial results Preliminary interviews with 23 care homes show:

- Need for additional support (in particular health care assistants and on site)
- Examples of good practice (e.g. regular ANP and GP input)
- Uptake of education programme does not reflect the number of care homes
- Poor out of hours communication
- Poor communication from hospital

- Significant number of homes relying on more than two GP practices
- Some understanding of advance care planning but need to improve communication with families
- only four have embedded use of GSF.

Conclusions Prioritise completion of the Care Homes Project to produce a robust and flexible approach to facilitation. This project will build upon current research to produce innovative strategies in this arena.

P-208 SUPPORTING END OF LIFE CARE IN A CARE HOME SETTING – A HOSPICE APPROACH

Helen Reeves, Katie Taroni. *St Giles Hospice, Whittington, Staffordshire*

10.1136/bmjspcare-2018-hospiceabs.233

The national picture The NSF for Older People emphasised the need to provide the right care in the right place at the right time. Hospital is not necessarily the best place for older people, unless they are in need of acute medical or surgical intervention (Department of Health, 2001). Admissions are expensive (Department of Health, 2004) and often a frightening experience, particularly for those who are frail and vulnerable; people with advanced dementia are particularly vulnerable and frequently admitted to hospital, often unnecessarily (Department of Health, 2009).

In view of this St Giles Hospice are working with Virgin Care and SES CCG to support care homes in providing end of life care to their residents by providing expert support and implementation of key tools to help identify residents in their last 12 months of life.

Aims and objectives of the service

- Development of a 'Planning Ahead' register of frail patients at risk of admission or likely to be in the last 12 months of life using recognised and evidence based prognostic indicator(s)
- To ensure residents on this register have a care plan and advance care plan where appropriate
- To ensure valid DNACPR is in place for patients
- To ensure a valid RESPECT document is in place (where appropriate)
- To deliver reduction in the number of unplanned emergency admissions to hospital.

Outcomes and the future Currently St Giles Hospice are working with 25 homes providing weekly support sessions and review of the planning ahead register. There has been an increase in people achieving preferred place of death enabling 80% to die in their care home and of all admissions to hospital during this period only one was found to be avoidable. Quarterly reports/evaluations are collated with the aim to increase this service to all care homes within our area.

P-209 COLLABORATION IN PRACTICE – BETTER OUTCOMES FOR MOST

Kim Jones. *Hospice of the Valleys, Ebbw Vale, UK*

10.1136/bmjspcare-2018-hospiceabs.234

Background The Care Home Palliative Education Programme is rolled out over 13 Care Homes and addresses: – palliative and end of life care, symptom control, communication skills,