

Further, the Modern Matron is working to build nursing teams' confidence in taking appropriate risk to enable improved patient outcomes.

**Conclusion** The interview indicates that using clinical leadership skills to create tangible links between strategy and day-to-day practice, and bridging care between hospital and community are key priorities for the Modern Matron for Palliative and End of Life Care role. The impact will be explored further in a future evaluation of the wider partnership.

**P-224 THE VALUE OF HOSPICES IN NORTH WALES A COLLABORATION BETWEEN ACADEMIA AND THIRD SECTOR ORGANISATIONS**

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**Background** In a difficult financial climate, hospices need to reaffirm their impact and contribution to society. Evaluating the externalities associated with the hospice services provided and alternative models of care will inform resource allocation. This partial economic analysis is being undertaken as a component of a larger study utilising a Social Return on Investment framework (SROI) to investigate the social, economic and environmental impact of hospice services.

**Aim** The aim is twofold; to estimate the costs per inpatient bed day for those nearing end of life to inform an analysis of how patient disease and health system related factors influence resource allocation and costs. Secondly, to demonstrate how the costs associated with the day care and inpatient units differ across alternative models of care.

**Method** A partial economic analysis will be performed as part of a multi-site comparative study of four hospices across North Wales, with the focus placed on the inpatient and day care units. Anonymised patient level data from each hospice will be accessed retrospectively and used in conjunction with the hospices' annual accounts for October 2016. Hospice costs will be estimated using a bottom-up approach which will demonstrate the use of detailed activity and input usage data from records at the service provider level to estimate unit costs. This approach will also help to capture the site level differences.

**Results** The results are pending as the study is still being undertaken at time of abstract submission.

**P-225 ENABLING COMPREHENSIVE PERSON-CENTRED SUPPORT FOR FAMILY CARERS OF PEOPLE WITH MOTOR NEURONE DISEASE**

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**Background** Motor Neurone Disease (MND) is a life-shortening condition with no cure. Consequently, hospice and palliative care are recommended from diagnosis. Family carers provide vital support for people with MND but caregiving can be very physically and mentally demanding. It is therefore crucial to ensure healthcare practitioners (HCPs) can provide

timely support to carers fitting their individual needs. Currently there are no UK interventions for this.

**Aim** To adapt an existing Carer Support Needs Assessment Tool (CSNAT) intervention for comprehensive person-centred carer to support the needs and situation of family carers of people with MND.

**Methods** Stages:

1. Focus groups and interviews with 33 carers (14 bereaved, 19 current carers) to capture their self-defined needs, key points of change during patient's illness, and main support services.
2. Workshops with HCPs (N=22) and carer advisors (N=19) to inform materials and procedures for MND carer assessment and support.

**Results** Stage 1: Carers' experience was one of dealing with a devastating diagnosis, a constantly changing situation with heavy dependence on them as carers, and with little consideration of their separate support needs. Carers' support needs mainly mapped onto CSNAT domains, but some MND carers experienced relationship issues warranting further consideration. Stage 2 (on-going) will review carer advice on the need for a further CSNAT domain to address relationship issues; HCP and carers' views obtained at workshop discussions explore when, where, how and by whom MND carer assessment and support should best be provided in a practice context.

**Conclusions** Study findings will provide insights into how MND carers want to be assessed and supported and how HCPs felt this approach could be delivered in practice. Understandings obtained from Stages 1 and 2 will form the basis for an intervention to be tested in a future Stage 3 feasibility study.

## The workforce and workplace

**P-226 REVIEW OF A GP FELLOWSHIP SCHEME IN PALLIATIVE MEDICINE**

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**Background** End of life care is a core part of General Practice yet there is often little formal palliative care training for GPs (Barclay, Todd, Lipscombe, 1997) emphasising the need for improved training and collaboration between Primary Care and Palliative Care services.

North East Essex with the support of the East of England Deanery established a Post CCT (certificate of completion of training) Fellowship Scheme offering education within a subspeciality. Two posts were created in specialist Palliative Medicine. Similar schemes have shown improvement in patient management (Duckett & Casserly, 2003).

**Aims**

- Improve recruitment and retention of GPs within the local area (Marchand & Peckham, 2017)
- Improve palliative care expertise in Primary care (Mitchell, 2002)
- GP development and education (Shipman, Addington-Hall, Barclay et al., 2001)
- Promote collaborative working between Primary care and Palliative Medicine.