

P-210 BRINGING END OF LIFE CARE TO PATIENTS THROUGH HOSPICE OUTPATIENT CLINICS

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10.1136/bmjspcare-2019-HUKNC.232

Background The End of Life Care strategy recommended the delivery of high quality services for patients needing palliative care, access to rapid, specialist advice and clinical assessment (Department of Health, 2008).

Clinics run by Clinical Nurse Specialists (CNSs) are at the forefront of modernising the health service and ensuring that CNSs have the ability to influence and lead in advanced practice. There is a paucity of evidence to support such clinics in palliative care, however, feedback from patients and families tell us they are interested in attending local outpatient clinics.

Aim As part of the hospice strategy to reach more people, a project to deliver local outpatient clinics was developed with the aim of improving efficiency and coordination of services in our community.

Method Four outpatient clinics were established across the hospice's catchment area, led by the Nurse Consultant. Good working relationships with local General Practitioners and commissioners allowed for the provision of the clinic space.

Results There was some initial resistance. However, increased choice for patients, improved multi-professional working with primary healthcare professionals, and reducing the CNSs workload has supported the development of outpatient clinics.

42% patients remained on the outpatient clinics caseload, 53% were referred on to the Hospice at Home team, 2% attended Day services and 3% were discharged.

7% had a non-cancer diagnosis, this may reflect the lateness of referrals, and are too unwell to attend outpatient clinics.

Medication changes were recommended in 60% of patients, Advance Care Planning with 93% and liaison with acute services in 60% of patients.

Conclusions Outpatient clinics can alleviate pressure on the CNS team, set the direction of travel for patients as well as proactively managing patients' concerns, symptoms and future plans.

On-going evaluation will continue to demonstrate how these clinics can be developed to support the challenges faced with increased demand on limited resources.

P-211 A BLUE LIGHT PARTNERSHIP: INNOVATIVE COLLABORATION BETWEEN AN AMBULANCE SERVICE AND HOSPICE

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Background A Metropolitan Ambulance Service has partnered with Macmillan Cancer Support on a two year programme to improve end-of-life care. This aims to reduce inappropriate hospital conveyance and increase staff knowledge and confidence; when surveyed 50% of ambulance clinicians 'agreed' or 'strongly agreed' with feeling confident in their skills and knowledge of end-of-life care.

Aims Evaluate the impact of a co-production programme on ambulance clinicians' knowledge and confidence in responding to patients in the last phase of life. Inform development of the Ambulance Service's end-of-life care strategy.

Methods An interested hospice was invited to co-design and co-deliver an interactive CPD event for ambulance clinicians. Paramedic End-of-Life Care Champions were supported by the ambulance service Macmillan team, Hospice Consultant and hospice telephone helpline nurse manager. The event was evaluated via online survey and staff interviews captured learning which may facilitate spread of hospice co-production service wide.

Results Results evidence the programme's success:

- 34 operational ambulance staff attended;
- 100% agreed or strongly agreed that it positively influenced their practice;
- Increased confidence in skills and knowledge of end-of-life care, 78% respondents agreed/strongly agreed with feeling confident.
- 47% reported learning about hospice services which they could use in practice;
- Case based discussions were unanimously regarded as an excellent method of learning, with palliative care expertise valued;
- Hospice staff unexpectedly learnt important lessons from ambulance colleagues which will improve their service.

Conclusions Alongside learning for ambulance clinicians there was unintended but beneficial learning for hospice staff. The hospice and Macmillan teams provided essential support to the Paramedic End-of-Life Care Champions but the production of a 'How to run an Interactive end-of-life care training event' kit would reduce the need for central support. The benefits to hospices in utilisation of, and improvement in their services and their staff may help encourage wider support from hospices to be involved in similar co-production events.

P-212 THE DESIGN AND IMPLEMENTATION OF THE HOSPICE NIGHT SUPPORT TEAM

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10.1136/bmjspcare-2019-HUKNC.234

The Hospice Night Support Service was designed to complement and support our Hospice at Home service and increase palliative care to patients in their preferred place of death. Unlike Hospice at Home, not all patients required a nurse to be in their home all night. It therefore increased capacity in this service while at the same time providing shorter term care to more patients.

It was decided that a responsive overnight visiting service could prevent hospital admission and speed up discharge of patients out of hospital to their homes. District nursing capacity challenges them to provide urgent care only overnight rather than personal and emotional care. This new service was designed to provide care interventions such as mouth care, continence care, and emotional support and advice to patients and carers when they need it most.

Patients and carers can either pre-book or phone for a visit at the time they need care. Implementation included increasing