

project will be run as a three year pilot funded by the Issa Medical Group.

Method CNS is based at the practice hub. Referrals are now taken directly from primary care staff to the CNS. CNS has access to practices' electronic systems to streamline communication and ensure timely treatment and prescribing. CNS maintains place in week-end rota, line management, clinical supervision and multi-disciplinary team input from the hospice.

Results Challenges we encountered were:

- I.T.; ensuring access to two electronic patient records in two locations;
- Establishing working relationships within a large two-centred practice;
- Adapting prescribing policy and practice to that used by the Group;
- Changing practice to enable greater flexibility and responsiveness;
- Acquiring enhanced skills, such as verification of death.

Initial benefits

- Joint ward rounds held at large nursing homes;
- Waiting time now less than 48hrs compared to the current CNSs wait of 4 weeks;
- Wider referral criteria, including early intervention. 23 patients seen who would not have been seen in the old model of which 14 were for end of life care;
- GPs appreciate being able to see entries put directly onto EMIS rather than in traditional letter format;
- Cancer care reviews undertaken on palliative patients.

P-219

LIVING WELL PROGRAMME: SUPPORTING OUR COMMUNITY TO LIVE INDEPENDENT AND HEALTHIER LIVES

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Background As part of our aim to support our wider community and help people live independent and healthier lives, we worked with a local GP surgery to provide a Living Well Programme for identified patients with long term health conditions.

Aims

- Improve overall health, wellbeing and independence;
- Help participants' flexibility and muscle strength;
- Increase access to supportive advice and information;
- Provide social opportunities.

Method The Living Well Programme comprises 13 sessions. During Session One we complete baseline physical assessments: balance test, gait speed, sit to stand and grip strength. These were repeated at the end of the programme.

All other sessions began with a 45 minute seated exercise class, followed by a short break to socialise, then 45 minutes from a speaker. Speakers covered a variety of topics including assistive technology, dementia awareness, personal safety, nutrition, benefits advice and advance care planning. Client feedback was sought at regular intervals throughout the programme.

Results

- Physical assessments increased on average by 1.83 points;
- Grip test scores increased on average by 2.85 kg (left hand) and 2.4 kg (right hand);
- Participants reported new friendships made and told us that they 'learnt something new' during the course.

Client feedback *'I had knee surgery 18 months ago and it's not been right, but it's feeling stronger. I'm doing exercises at home too'.*

'You have a good chat with the friends that you've made. I really look forward to coming'.

'It's been interesting. I enjoyed the talk on being prepared for when you 'fall off the twig' - putting everything in order for those left behind'.

Conclusion Our assessments and client feedback demonstrate that wellbeing programmes improve the health, wellbeing and social connectedness of participants. The course has been replicated at several locations within our locality with similar results.

P-220

A NOVEL APPROACH TO GSF MEETINGS – CAN VIDEOCONFERENCING TRANSFORM COLLABORATIVE WORKING?

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Hospice UK identified in 2017 as a key strategic aim, the need to open up hospice care so that it could be delivered in any setting. A collaborative approach with local GP surgeries has identified the need to revisit how we undertake GSF meetings. These can often be poorly attended and involve increased travel time for participants resulting in reduced patient visits and a poorly represented GSF.

To overcome this St Giles Hospice and GPs within the Tamworth and Lichfield locality are trialling videoconferencing to liaise with GP Practices for GSF meetings thereby avoiding the long commute to different GPs by Clinical Nurses who are now freed up to see more patients or attend more meetings within the same time frame.

Freeing up travelling and parking time means GSF meetings can be held more often and at quick notice. Also palliative care consultant input can be provided if needed to the GSF meeting resulting in a tiered approach to specialist palliative care and enabling advice and support more efficiently and effectively. With time this can be expanded to include other members of the multi-disciplinary team such as district nurses, allied health professionals, social services and patients.

The first meeting was conducted on 27/03/2019 between Trinity Surgery and St Giles Hospice. This saved more than one hour of travelling and parking time for the clinical nurse specialists. There are 15 practices within the Tamworth and Lichfield area alone. This equates to 60 GSF meetings a year between St Giles Hospice and GP practices. Undertaking GSF meetings in this way could save more than a week of the nurses' time each year increasing the number of patients that can be supported and resulting in better attendance and representation at the GSF meetings by all involved.