

P-224 EAST SUFFOLK PREFERRED PLACE OF CARE PILOT

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In East Suffolk, our local End of Life (EOL) strategy priority is to support more people to achieve their preferred place of care and to deliver a reduction in the number of deaths in an acute setting. We have a shared local ambition between all partners to reduce in-hospital deaths by 50% over five years.

From January 2018 a new community based model of EOL care has been piloted in East Suffolk resourced by iBCF funding over 18 months. This model has built on the role of the local hospice, St Elizabeth Hospice, as a co-ordinating 'hub' to support patients, families and carers in their final stage of life and to support patients to die in their preferred place of care. Elements of the service model include:

- Increasing palliative care capacity in the system to include more health care assistants to provide in-reach service to the hospital and proactive care, coordinated by the hospice, in partnership with other providers;
- Expansion of the existing 'One Call' advice phone line to establish a care co-ordination centre;
- Developing a range of care homes accredited and actively supported by the local hospice to provide alternatives for direct admission as an alternative to hospital.

The interim pilot evaluation has demonstrated:

- A 10% reduction in number of hospital deaths;
- Calls to the advice line increasing from 1,300 to 1,900;
- Proactive working – to support admission avoidance and discharge from hospital;
- St Elizabeth Hospice Community nurse specialist team – there has been a 31% rise in demand for planned and reactive visits during 2018;
- 10 care homes have signed up to a scheme to be end of life accredited care homes.

The pilot has been extended for a further three months funded by the CCG and a final evaluation of the pilot is to be completed later this year.

P-225 DEVELOPING A NEW 'DROP-IN' SERVICE ON THURSDAYS AT OVERGATE DAY HOSPICE

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It has been identified that to meet future requirements for hospices they need to review their services, beginning with placing patients' goals for living at the centre of holistic support. Hospices need to create a culture of enablement and provide patients with greater choice, independence and dignity in advancing illness. They need to respond to ever increasing demand for palliative and end of life care within the demands of financial restraint (Hospice UK, 2017).

The aim of changing current service to 'Drop-in' is to provide a supportive nurse-led environment for adults and their carers living with a life-limiting illness. Promote a sense of wellbeing and a positive approach to living with their illness.

The services/support we provide:

- Patient centred: 'pick and mix' – attend as often or little as needed. No appointment required;
- Goal-orientated;
- Workshops e.g. Breathlessness management/falls prevention/fatigue management/mindfulness/nutrition/advance care planning;
- Physiotherapy;
- Complementary therapy;
- Counselling;
- Chaplaincy;
- Social work;
- Peer support;
- Creative activities;
- Patient/Carer/Staff Meetings to ensure we are providing what patients/carers want.

Findings since service developed Patients and carers attending Day Hospice have increased dramatically - increased by 250% on the 'Drop-in' day.

- Some patients are very ill – 'fear of the hospice' feeling that it is a 'place to die', however, when patients and carers are shown around the hospice and advised about the services/support we offer, they feel reassured that the hospice is here for many reasons;
- Increased awareness of the service from Acute Trust/Specialist Nurses who advise patients to attend;
- We network very closely with Primary Healthcare Team and signpost patients and carers to other services;
- Reduced costs – less staff required/do not provide transport or meals.

The service has evaluated very well. Patients have quoted '*fantastic service*'; '*Didn't know where to go - thank you I feel so much better*'.

P-226 REDUCING HOSPITAL ADMISSIONS IN PATIENTS WITH CANCER: CAN JOINT PALLIATIVE CARE CLINICS HELP?

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Hypothesis The use of joint oncology and palliative care clinics (JOPCC) to introduce palliative care early in the disease trajectory will reduce the number and length of subsequent non-elective hospital admissions in patients with cancer.

Rationale Patients with cancer are often admitted to hospital to gain symptom control or for management of acute complications (Numico, Cristofano, Mozzicafreddo, Cursio *et al.*, 2015). Previous research has shown the early intervention of palliative care can improve patient quality of life (Temel, Greer, Muzikansky, Gallagher *et al.*, 2010) and reduce hospital admissions (Hui, Kim, Roquemore, Dev *et al.*, 2014). For the past 20 years, Royal Cornwall Hospital Trust (RCHT) have aimed to achieve this by allowing the two specialties to run in parallel (Benham, Broadbent, Mader, Palmer *et al.*, 2017).

Methods Data were collected from 54 patients seen in JOPCC and 59 patients seen in control standard oncology clinics (SOC) throughout 2016. Patients diagnosed with breast, prostate, upper and lower gastrointestinal cancers were included. Patients admitted electively (e.g. for planned chemotherapy or transfusion) were excluded. Patient electronic records were