patients receiving palliative care with support and information in their own home.

- Helping Hands – a non-clinical volunteer support/befriending service supporting patients and their families in the last year of life at home
- Collaborative working with care homes in the NHS, Private and Independent sector to improve end-of-life care
- Working with community services currently being redesigned in several rural areas of Highland to support and improve end of life care closer to home

This poster presentation will report on all these projects in action with updated results at time of publication.

### P-94 IMPROVING ACCESS TO SPECIALIST PALLIATIVE CARE FOR PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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**Background** Chronic Obstructive Pulmonary Disease (COPD) is a life-limiting condition. In 2012 it contributed to 5.3% of the total deaths in the United Kingdom. Historically, patients with COPD have not accessed specialist palliative care services. However, there is evidence that patients with COPD have as disabling symptoms as those with cancer. It has been suggested that services need to engage with the COPD population differently due to the insidious disease course and trajectory.

**Aim** To investigate whether collaborative working has increased access for patients with COPD to palliative care services.

**Methods** Using the local hospice’s CrossCare system we have investigated activity data for Wolverhampton patients in the hospice’s different settings; community, day hospice, outpatient and inpatient unit. Data was collected from 2012–13 and 2015–16 to see the impact of a three-pronged strategy of education of the whole health economy, set up of a joint respiratory clinic and a multidisciplinary team meeting to discuss potential palliative patients. Patients with a primary referral diagnosis of COPD were included.

**Results** Collaborative working has increased access of patients with COPD to all hospice services from 2012/13 to 2015/16. There has been a 283% increase in patient numbers seen in day hospice. There was an 88% increase in patients seen by the community team and a 403% increase in the number of visits. There has been a 286% increase in patients seen in outpatients by the multidisciplinary team. There were no patients admitted to the inpatient unit in 2012–13 and 13 patients were admitted 2015–16 with 20 inpatient spells. This enabled four people with COPD to die at the hospice.

**Conclusion** Patients with COPD in the Wolverhampton area have demonstrable palliative care needs. This is an example of how collaborative working can improve access for this patient group.

### P-95 IDENTIFICATION THROUGH INTEGRATION – INCREASING ACCESS TO PALLIATIVE AND END OF LIFE CARE

**Carol Scholes, Louise Saville-King, Mary-Ann Gregory, Hertfordshire Community NHS Trust, Welwyn Garden City, UK**

**Introduction** Recognition that someone is entering the last year of life enables access to Palliative and End of Life Care (PEoLC). There is currently under-identification of people in the last year of life.

**Aim** To increase access to PEoLC through improved identification of the patients known to the Community Trust who are likely to be in the last year of life.

**Method** In 2014 all Community Trust specialist palliative care nurses (SPCNs) were integrated into seven community integrated care teams, each covering a population of c.100,000 people. The SPCNs were co-located and managed within those separate teams. Targeted PEoLC training was delivered to all staff.

The SPCNs were supported to improve PEoLC within their locality through an internal clinical network which included:

- Weekly Specialist Palliative Care multidisciplinary team meetings
- Senior SPCN leadership and support
- SPCN group clinical supervision
- Specialist Palliative Care clinical governance structure.

**Results** Two of the seven localities have been the most successful in improving identification of people in the last year of life with a 57% increase in number.

| Year | 2014 | 2015 | 2016 |
|------|------|------|------|
| Number identified | 183 | 223 | 288 |

These reflections from locality manager and SPCN appear key to improvement:

- Leadership from locality manager on integrating SPCNs
- Weekly locality multidisciplinary clinical meetings to share ideas, opinions, reflect, debrief, give informal education
- Increased visibility improves working relationships - more conversations, trust, respect, team-work, better understanding of roles/workload
- More shared care and joint visits undertaken
- SPCN facilitation of team action learning and clinical supervision
- Offer of uniform to SPCN.

**Conclusion** Integration of community SPCNs with leadership and support can significantly increase access to PEoLC through improved identification of people in the last year of life.

**Next steps** A comprehensive education programme is supporting staff development with the aim of further improving access to PEoLC and clinical outcomes. A PEoLC dashboard is in development to provide each locality with required clinical data.
HOSPICE WORKING IN PARTNERSHIP WITH THE HOMELESS COMMUNITY

Sue Scully. St Barnabas Hospice Trust, Lincoln, UK
10.1136/bmjspcare-2016-001245.120

Hospice day therapy staff have been engaging with the homeless community via local services who support them, enabling those who have a life limiting condition(s) the equal opportunity to control their lives through the support of our specialist palliative rehabilitation service regardless of their homeless status.

Our aim is to optimise a person’s physical function and emotional wellbeing, consistent with their choice, goals and priorities. We work together with patients and those who are important to them using our expertise, to equip them with new tools to maximise wellbeing.

The majority of patients that we care for who are part of this vulnerable and marginalised community, usually present with underlying mental health illnesses and may have alcohol and/or drug addictions. They experience significant ill health and the average age of death is 47 years.

It can be difficult for these people to engage with our services, due to their transient life styles and their psychological and emotional problems. The holistic assessment can be completed at point of contact or at the Day Therapy Centre. If patients do not attend with consent we continue to have contact with their support worker, housing officer.

Other members of staff and students are invited to attend from the Trust. This highlights to other professionals the ongoing difficulties that these patients have and proves that as a Hospice Trust we are committed to making our service accessible, demonstrating the diverse groups that we support.

With monthly engagement with the services we have forged strong professional relationships with support workers/housing officers and managers and referrals are starting to increase.

Statistics Mean = May 2015–May 2016 monthly contact/discussion with 10 service users
Service users who accessed the centre during this period = 5
Service users who engaged at point of contact = 4.

A CULTURALLY INCLUSIVE, BAME-COMMUNITY-LED SERVICE FOR THOSE REACHING THE END OF LIFE

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10.1136/bmjspcare-2016-001245.122

Background People from BAME communities are known to have specific palliative care needs. Different cultural approaches may have substantial impacts both within families, and on service use. Despite this, services are often provided ‘for’, rather than ‘developed with’ Muslims. In response to this, Muslim community