G367(P) A SERVICE EVALUATION OF THE TRANSITION HUB: FACILITATING TRANSITION FROM PAEDIATRIC INTO ADULT PALLIATIVE CARE

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Background Increasing numbers of children with life limiting conditions are surviving into adulthood, resulting in more patients entering adult palliative care services. The transition process is crucial for ongoing care and resulting health outcomes. The Transition Hub is a charity-funded, time-limited project providing a holistic one stop service, hosted at adult hospices, to help support children and families in the process of transitioning into adult palliative care services.

Aims To evaluate the Transition Hub service to assess engagement, identify its user perceived strengths and areas for improvement.

Methods Quantitative analysis of data gathered on the existing transition database and qualitative analysis of the service user feedback were carried out to evaluate the impact of the service.

Results 38.5% of patients invited attended with 66% of attendees completing the feedback form. Overall, responses were positive, with 100% of respondents confirming that the Transition Hub addressed their concerns and queries. Identified areas of improvement included altering the time of clinic, more informative invitation letter and additional, varied medical support.

Conclusion The Hub is achieving its aims of guiding patients and families through the transition process. Some achievable improvements can be made to the future Hub service delivery. This model of service delivery during the transition process may be adopted by or of interest to other hospices and trusts.

G368(P) ABSTRACT WITHDRAWN

G369(P) DEVELOPING PALLIATIVE CARE FOR CHILDREN IN A RESOURCE-LIMITED TRUST – PRELIMINARY CAPACITY BUILDING MODEL AND NOVEL HOLISTIC NEEDS ASSESSMENT TOOL

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Background Paediatric palliative care populations are notoriously difficult to define. There is limited evidence on needs assessments for these patients and families, nor addressing gaps between hospital- and community-based service provision.

Staff within our children's department (which delivers general medical and surgical services, with HDU and daytime haemato-oncology services) highlighted that the holistic needs of these children and young people (CYP) with life-limiting or life-threatening conditions were suboptimally addressed during their inpatient stay. A wide-reaching capacity-building project was therefore undertaken with the purpose of improving quality of care for these CYP.

Process To characterise the service provision for inpatients with palliative needs and identify gaps to be addressed, a

Abstract G369(P) Table 1 Capacity building model

Inputs	Process	Outputs	Next Steps
•Staff reflection	•Estimation of scope of the problem	•Working group aims	•Family-led quality improvement research
•Families' feedback	•Discussion of current service provision	•Novel holistic tool and standard operating procedure	•Development and evaluation of support for staff
•MDT working group	•Review of evidence, guidelines and existing tools	•Departmental teaching	•Auditing against national guidelines
•National guidelines and tools from NICE, Together for Short Lives	•Iterative development of outputs through piloting and clinical governance meetings	•Register of CYP with life-limiting illnesses	•Improving accessibility of documented palliative care discussions
•Internal and external success stories e.g. from adult palliative care, paediatric oncology		•MDT meeting with GOSH for complex case discussion	
		•Link nurse role for children's palliative care	

working group was created and subsequently reviewed many resources (table 1). Members included: clinical lead for palliative care, hospital and community nurses, doctors, managers, oncology specialist nurse, pastoral care team, and learning disabilities liaison.

Results Many outputs were developed and actioned (table 1). Projects aimed to: identify unmet needs of these CYP; sign-post families to appropriate services; and develop tools and training to support staff providing palliative care. Collaborative working was central to all aims.

Conclusions Capacity for provision of palliative care is limited in hospital and community settings. Effective coordination of current resources is feasible and promising in a resource-limited trust. This can be achieved by working collaboratively, identifying unmet needs early, and training staff to address these gaps.

G370(P) LEARNING FROM BEREAVED PARENTS: A QUALITATIVE STUDY

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Introduction Children with life-limiting or life-threatening conditions (LLC) and their families face multifaceted challenges. Sensitive, open and effective communication between professionals and families that facilitates shared decision-making is pivotal in ensuring optimal care. Advance care planning (ACP) is widely recommended and is believed to improve outcomes and experience. Practice varies widely within the UK, by geographical region as well as disease.

Aims To explore families' experiences of palliative and end-of-life care, including ACP.

Method This qualitative arm of a mixed-methods study was offered to bereaved parents in the region whose children had died between December 2013 and June 2018. Families known