

Sikhs account for 12.8% of the population although only 1% of referrals to local hospice are Sikh.

**Method** A qualitative study, facilitating interviews in Punjabi and English, using interpretative phenomenological analysis to analyse the transcribed data.

#### Results/Discussion

- Five super-ordinate themes identified:
- Factors leading to the caring role;
- Emotional effects of caring on the carer
- Impact of caring on the wider family
- Influence of the health care services
- Religious and cultural influence

Lack of support from health care professionals emerged as an overriding theme. An overwhelming sense of duty pervaded each family sustaining them to cope. The option of their relative being nursed in care home/hospice was unlikely as participants reported fears that care could only be received if it was paid for. Culture and religion played an important role in the caring role.

**Conclusions** GPs and hospices need to take a major role in identifying patients with non-malignant disease to ensure referral to other services. Access to equipment is uncoordinated. Financial concerns over care are apparent in this population. Sikh carers need to be educated and supported to continue to support their relatives.

**Applications to hospice practice** Allows equity of care to patients dying of non-malignant disease. Improves bereavement support for this population. Engagement with community may need to extend to outreach clinics to raise awareness within this population. Extends education on end-of-life issues to this minority ethnic group.

#### P21 COMFORTING TOUCH AT HOME

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**Aims** Hospice at Home service works with other community services to fill gaps in end of life care for patients, whose preferred place of care is home. A twenty four hour / seven days a week sitting service is delivered predominantly by trained Healthcare Assistants (Aides), who recognised that anxiety and breathlessness might benefit from immediate, simple non pharmacological interventions.

**Methods** Similar interventions are provided by appointment at the hospice and the Hospice at Home team were trained in simple skills and techniques (basic hand and foot massage, the importance of touch, and anxiety and breathlessness management). Regardless of the severity of condition, touch can always be safely administered and studies show massage as the second most commonly administered non-drug strategy to reduce symptoms. Hospice at Home Aides were encouraged to use these skills and techniques with patients, and teach them to families and informal carers where appropriate.

**Results** We present audit and survey results of this positive partnership between hospice, Aides, complementary therapists, families and community services.

**Conclusion** Families described better outcomes, empowered by doing something practical instead of feeling inadequate and helpless. Patients' symptoms were relieved immediately in the home instead of waiting to attend the Hospice, and confidence levels and job satisfaction increased amongst the Hospice at Home staff because they could respond immediately by providing a non-

pharmacological technique for these distressing symptoms in the patient's place of choice - home. A cost effective, one stop shop!

#### P22 PATIENTS HELP TO SHAPE NEW DAY HOSPICE PROGRAMME

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**Background/Context of the work** Princess Alice Hospice had a thriving therapeutic but traditional model of Day Hospice. Staff identified, however, that some patients declined attendance or stopped attending after a short time. Feedback indicated this was due to the inflexible nature of the model.

**Aim and approach used** A period of consultation was planned, with main stakeholders, to explore opinion and different models of care. Meetings were held with patients, staff, referrers, Trustees, hospitality and driving volunteers. A questionnaire was subsequently developed and sent to these stakeholders to provide further data. One hundred and fourteen questionnaires were returned and analysis of data provided evidence to support change while retaining some of the traditional model of care.

#### Outcomes

- A redesign of the weekly programme to include three days of the traditional Day Hospice model and two days of new individual and group activities.
- Increased flexibility in the service
  - Patients accessing different elements of the service at different stages of their journey
  - Full day, half day and one hour appointments
- Additional carer support activities.
- Opportunities for staff and volunteer development.
- Ongoing re-evaluation of the programme and adaptations as needed.
- A service which is now more receptive and open to change.

**Application to hospice practice** Hospice services are being challenged to consider their future and plan strategically to meet the changing needs of the people they support<sup>1</sup>. Day services should not be exempt from this scrutiny. Changing a model of care can be difficult and painful, but services must ultimately meet the needs of the people they support to be viable. In a changing social and medical world Day Hospice services need to be flexible and open to change in order to deliver and sustain a future proofed service.

#### REFERENCE

<sup>1</sup> Calanzani et al (2013) *Current and future needs for hospice care*. Help the Hospices, London.

#### P23 NEW MODEL OF DAY THERAPY SERVICES WITHIN LINCOLNSHIRE - OPENING DOORS

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Historically the predominant case mix for Day Care was elderly patients, those in their last year of life and with primarily a cancer diagnosis.

In 2011 we reviewed how services could be provided county-wide for a rural county population circa 712,000 (1) that would assist patients earlier in their palliative journey, those with non cancer diagnosis and attract younger patients. We aimed to