

for children/young people and adults, complementary therapy as well as individualised carers' support and access to a menu of therapeutic groups.

There are age-related outcome-based evaluations in place to measure the effectiveness of the group. All service users are encouraged to feedback any issues that would improve their experience of the group.

There is no similar group in Essex to meet the support needs of this group of people. In essence the Clan Club is a warm, friendly group that values individuality, promotes empowerment, but most importantly provides a focus for families to meet.

P-144 CLOSING THE GAP

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Background A retrospective study into the experiences of pulmonary fibrosis patients and carers identified holistic assessment and carer support as the main unmet needs of this client group. Pulmonary fibrosis is generally a rapidly progressive disease, causing great physical and psychological distress to those affected. The disease trajectory of Pulmonary fibrosis differs from Chronic Obstructive Pulmonary Disease (COPD) but often they are treated together in exercise and support groups.

With the aim of addressing the lack of specific pulmonary fibrosis support and to meet patient and carer needs a hospice based pulmonary fibrosis support group was established.

Method A twice monthly group was established within the Hospice of St Francis, led by a specialist palliative care physiotherapist with support from a palliative care nurse specialist. The sessions include a patient-led exercise programme and conclude with relaxation. Regular speakers join the group covering topics from future care planning, cognitive behavioural therapy, diet, fatigue management and social services.

Each patient completes a holistic needs assessment and we are commencing the use of Well-being star outcome measure tool to evaluate effectiveness. Carers are invited to complete a carer's support needs assessment tool (CSNAT).

Conclusion and future goals The group is still in its infancy. The aim is for sessions to be patient led with a nominated patient or carer as chairperson, treasurer etc.

We are engaging with local respiratory groups, lung clinics and Pulmonary Fibrosis charities to reach out to as many patients and carers within Hertfordshire and bordering counties and expand/establish the group further. The most effective form of advertising has been through social media.

Carer focus is developing with plans to host education and peer support sessions. Our aim is to arm carers with knowledge, build confidence in regards to symptom management and future care planning.

P-145 NATIONAL TRENDS IN THE UTILISATION/UTILIZATION OF HOSPICE-PALLIATIVE CARE AMONG TERMINAL CANCER PATIENTS IN KOREA, 2008–2014

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Background Utilisation of hospice-palliative care (HPC) has increased steadily; however, little is known about trend or pattern of this use in Korea. We aimed to describe an overview of nationwide statistics on the utilisation of HPC service of terminal cancer patients in Korea.

Methods Data were collected through Korean Terminal Cancer Patient Information System from Hospice-Palliative Care Units (PCU) designated by Korea's Ministry of Health and Welfare from 2008 to 2014. Descriptive statistics were used for the analysis. Trends were examined by annual percentage change and Cochran-Armitage test.

Results 56,433 patients used PCU for seven years. In 2008, only 19 hospitals (total 282 beds) were designated as PCU for terminal cancer patients by Korean government. With gradual increases, there were 57 designated PCU (total 950 beds) in 2014. The utilisation rate of PCU by terminal cancer patients increased from 7.3% of all cancer death in 2008 to 13.8% in 2014. The patients' mean age was 67.1 ± 12.9 years, and 57.3% were male. Lung cancer patients made up the largest percentage of PCU admission. Increasing trends were observed in patient's awareness of terminal status from 67.3% in 2010 to 76.1% in 2014. Average length of stay was 23.3 ± 27.0 days and 73.9% of discharged patients faced death in PCU.

Conclusions The number of terminal cancer patients received hospice care has steadily increased over the past several years in Korea. It is necessary to develop a variety of services that enhance the quality of end of life care by monitoring of hospice utilisation.

P-146 SHARED CARE LIVER PROJECT

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There is growing recognition that people with advanced liver disease (ALD) have limited access to palliative care, despite a high symptom, psychological and social burden. Many have little opportunity to do end-of-life planning and some are referred to palliative care services as late as two days before death.

Early hospice referral for patients with ALD and their carers seems at best a national aspiration rather than standard best practice.

St Luke's Hospice Basildon, has devised an innovative and unique pathway alongside the acute liver services of Basildon Hospital. This allows patients and their carers with ALD, to have timely access to a range of hospice services and interventions whilst still receiving input and interventions from the acute liver services. Allowing a parallel planning approach to advanced liver disease.

This project has run a successful pilot and attracted significant national interest both in palliative care and hepatology forums. This has resulted in a significant award from The Health Foundation to St Luke's Hospice to develop the work.

This collaborative and multi-disciplinary working between St Luke's Hospice and Basildon liver team seems so far unparalleled on a national level, despite calls to meet this challenging and complex area of need.

The current study is now at its mid-point and early data show that patients and their carers with ALD have complex and unmet needs. Early emergent themes and data are showing the potential for the model to improve quality of life and compliance; to enable more patients to be considered for transplantation and improved and more cost effective paracentesis services when managed by St Luke's Hospice.

The project is due for completion in February 2017 and highlights an innovative approach by St Luke's for patients and their carers with non-malignant disease.

P-147 SPIRITUAL ASSESSMENT – 'HARASSMENT BY QUESTIONING'?

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Spirituality is an integral component of holistic care; the initial assessment of a patient's spiritual needs often poses a challenge. I recognised that nursing staff frequently expressed feelings of inadequacy when exploring this area.

It was expected that chaplains would record such assessments; yet it became clear to me that in engaging with patients both in the initial admission process and ongoing conversations this area of a patient's care was in fact being addressed. What was lacking was their recording of this information.

After reviewing literature, exploring the experience of other hospices, and reflecting on our experience, we have developed a holistic assessment recorded as narrative on SystemOne.

The initial recording of the assessment is completed by the admitting nurse as he/she reflects upon their conversation with the patient and/or their carers.

Literature and experience indicate that "relationships" are at the heart of a person's spirituality which therefore forms an integral part of the assessment. On the SystemOne template are found text boxes in which information relating to a patient's relationships with "self", "others", "the world" and "belief system" can be recorded. Guidance on its completion can be found on the template.

Initially there was some resistance to the concept, nurses citing lack of expertise and time constraints as contributing to their unease. To a large degree this has been overcome by provision of internal training and one-to-one support as necessary. Compliance of completion will be checked as part of a records keeping audit this year.

I found that nursing staff are becoming more confident in the completion of the assessment which informs the wider multidisciplinary team and enhances the holistic care offered to patients and their carers.

Take home message; "Spiritual Assessment is not about ticking boxes but rather about listening, reflecting and recording!"

P-148 SPIRITUAL CARE, HUMAN AND DIVINE, AT END OF LIFE – MODELS FIT FOR THE FUTURE

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Nelson Mandela is quoted as saying: 'If you talk to a man in a language he understands that goes to his head. If you talk to a man in his language, that goes to his heart'.

Seeking to speak into the heart of all our patients and carers our hospice has moved over the last two years from chaplaincy to spiritual care – not just in name but in philosophy of care. We have been developing a model which overtly honours the spirit human and divine, and cares for each individual as a spiritual person. Patient records and stories demonstrate the relevance of this philosophy of care.

Moreover our vision is that, as spiritual beings, all staff and volunteers – clinical and non-clinical – are spiritual carers and we are rolling out a programme of formal and informal training.

Mindful that the future of hospice care lies in the community and that research states "there is an urgent need to develop policy and practice in community settings to support people dying at home". ('Spiritual Care at the End of Life: a systematic review of the literature', DH 2011, p38.)

...we have initiated three community pilot projects, initially working with church groups, skilling lay people in spiritual care at end-of-life:

structure – flexible eg a single session or series of sessions; working with/supporting individual carers over a period of time; training the trainer, 'pump priming';

timescale – negotiated with each project;

content – exploration and practice of concepts and skills, including caring for 'non-faith' people;

evaluation to include feedback from those 'cared for', carers and healthcare professionals;

next steps

- pilots working through secular agencies
- exploring new models, eg 'telecare'/social media
- 'training trainers'.

P-149 WHAT DO WE MEAN BY SPIRITUAL CARE? AN ETHNOGRAPHIC APPROACH

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Patients, families, staff and volunteers will be asked to give their views as part of a qualitative study with an ethnographic approach to ascertain the values and beliefs in relation to the definition of spiritual care and what it means for the patient experience. The study will be evaluated against the following outcomes: