Communication
CARE A two-hour workshop at an introductory level to develop basic skills for communicating compassionately and sensitively with others.
CLEAR A four-hour workshop at a foundation level to develop skills to hold clear, sensitive and honest conversations about care options, explore patient experiences, needs, priorities and choices.
CLEAREST A full day workshop at an intermediate level aimed at qualified clinical staff that develops skills reflecting, analysing and applying communication strategies to ensure effective compassionate conversations in challenging circumstances.

Workshops have been delivered regularly since 2013.
Evaluation Participants completed post workshop evaluations and were observed in practice using their skills.
Outcomes Staff reported increased confidence in having 'big' conversations and supporting people in distress. Feedback form patients and their families indicates staff and volunteers do communicate effectively and compassionately.
Future The demand for workshops from outside the hospice exceeded the capacity to provide them. To address this issue we have worked with our Clinical Commissioning Groups (CCGs) who were looking to provide communication skills education to people working in health and social care. The CCGs are adopting our CLEARER Communication Programme and supporting the training of facilitators to deliver the workshops.

P-210 CLEARER COMMUNICATION COLLABORATION

Denise Williams, Elizabeth Bailey. *East Lancashire Hospice, Blackburn, UK*

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The issue The need for high-quality, flexible, cost effective communication skills education for all groups of staff and all levels of experience was identified by the Clinical Commissioning Groups (CCGs) in our locality. In our hospice we deliver our own communication skills education programme (CLEARER Communication) with three levels of workshops – CARE, CLEAR and CLEAREST. These are very well evaluated and fitted the identified need. However, there was not enough capacity to meet the demand.
Why it is important We can provide excellent care when staff have knowledge, skills and confidence to communicate effectively and compassionately with patients, their families and each other. Education at the right level to achieve this must be readily accessible.
What is being done Working with the CCGs, we identified 10 workshop facilitators from partner organisations and planned their training. We successfully bid for funding from the Multi-Professional Education and Training (MPET) budget held by the CCGs to train facilitators, fund administrative support and deliver the workshops. The new facilitators will also build confidence by co-facilitating the CARE, CLEAR and CLEAREST workshops with the programme lead. Then they will each deliver all three workshops each quarter. Evaluation will be via pre and post course questionnaires, evaluation forms and impact assessments.
Expected outcomes Workshop places will increase from 100 per year to 2000. We expect to see an increase in knowledge, skill and confidence of participants. Ways of assessing impact on patient care are under development. Consistency and quality will be monitored by the programme lead.
Sustainability MPET Funding will allow the programme to be delivered free to staff of partner organisations until end 2018. Charging staff from other organisations will provide an income stream to support ongoing provision.

P-211 WHAT DO DOCTORS AND NURSES IDENTIFY AS THE BARRIERS TO STARTING END OF LIFE CONVERSATIONS IN HOSPITALS? A REVIEW

[1]Vanessa Taylor, [2]Alice Travers. *[1]University of York, York, UK; [2]University of Manchester*

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Introduction Improving end-of-life care is a national priority. Unsatisfactory care persists in acute hospitals, where there is a lack of communication and advance care planning. Although other reviews focus on the patient's perspective or different settings, this is the first systematic review that explores why doctors and nurses in acute hospitals avoid initiating end-of-life conversations with patients.
Method Six electronic databases were searched for evidence published between 2008 and March 2015. Studies were included if they reported on barriers to discussing end-of-life with families or patients, as described by doctors or nurses in acute hospitals, excluding critical care. Study quality was assessed using recognised tools.
Results 12 studies were included in the review. Although there is limited high-quality evidence available, several recurrent barriers were identified: a lack of education and training; uncertain prognosis; cultural differences and institutional restraints such as time and resource; insufficient communication and coherence between healthcare teams; and perceived reluctance of the patient or family.
Conclusions The reviewers recommend a board-level commitment in acute trusts to implement policies and protocols concerning appropriate initiation of end-of-life communication; the integration of the multi-disciplinary team across specialities, particularly empowering nursing staff, and communication training which addresses:

Individual issues: practitioner personal beliefs and managing emotions.

Team issues: shared decision-making and patient-centred communication.

- Practical tools to enable effective communication.

Organisational issues: creating a culture which facilitates communication about end of life care issues.
Further work Health Education Yorkshire and Humber are using the findings to inform commissioning of communication skills training. Further research will be undertaken to understand the barriers to advance care planning within haematology services.