Methods We asked patients attending Y Bwythn Newydd to complete a simple questionnaire about how they store and share information about their health in case of an emergency. We gave a Lions' tub to those patients that did not have one, explaining that the scheme provided information about their diagnosis, next of kin information, and any advanced care decisions such as preferred place of care/death. We taught patients how to use the 'emergency contacts' feature on their smartphone.

Results 31 patients completed the questionnaire. Only one of the patients was already using a MIAB. 28 MIAB tubs were handed out over four weeks. 29 out of 31 patients thought the scheme was a good idea. Nine out of 31 patients had a smart phone, of which four had set up the 'emergency contacts' feature.

Conclusions This project increased the use of the Message in a Bottle scheme, and the 'emergency contacts' smartphone feature. We have demonstrated how to increase the use of these methods of sharing emergency information. Advance care planning with simple interventions such helps empower patients and their families by ensuring their wishes are fulfilled at the end of life. More research is needed to further evaluate the impact of such interventions.

5 THE DIFFICULTIES FACED BY FAMILY CAREGIVERS WHEN HOME IS THE PREFERRED PLACE OF DEATH

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10.1136/spcare-2020-PCC.26

Background Eighty per cent of people in the UK state they would prefer to die at home. A 'good death' is a key objective of palliative care and a comfortable death improves wellbeing among the bereaved. This study was designed to take a deep-dive into the service experiences of a new Hospice@Home service, with the overall aim of ascertaining the human stories behind Hospice@Home helping people to achieve their preferred place of death.

Methods We collected 45 narratives from bereaved caregivers whose family member had received Hospice@Home in the weeks prior to their death. We used the Trajectory Touchpoint Technique (TTT), a rich pictures methodology that enables the collection of deep and rich data. The TTT encourages people to talk about their whole Hospice@Home journey in 5 stages: pre-arrival, arrival, clinical care and support, comfort, discharge and aftercare. Narratives were recorded and transcribed verbatim before being subjected to thematic analysis.

Results We found multiple problems. A lack of awareness and understanding of hospice help among both families and some referring clinicians delays access. Even when offered, resistance comes from a reluctance to allow 'strangers' into their homes, a hesitancy to hand over the care of their loved ones, and/or a disinclination to use the service due to not feeling entitled. These barriers persist despite many families being in crisis. Certainly, we found Hospice@Home positively impacts quality of life and quality of death for patients. However, families were unable to equate their experiences with a positive impact on their own quality of life, resulting in many re-thinking their own place of death preferences.

Conclusions There are major gaps in care provision, particularly notable in the wider healthcare system, including GPs, Pharmacies, access to equipment, and private care providers.

Dementia | poster 6

6 MAPPING THE TRAJECTORY OF THE LAST 12 MONTHS OF LIFE OF PEOPLE WITH DEMENTIA: THE ROLE OF SPECIALIST PALLIATIVE CARE

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10.1136/spcare-2020-PCC.27

Background Dementia is now one of the top five underlying causes of death. There are concerns about the quality of care and barriers to the provision of quality end of life care for people with dementia, meaning they may not have access to specialist palliative care (SPC) or adequate symptom control.

Aim To map the last 12 months of life for people with dementia; the role of SPC

Method Retrospective, mixed method study reviewing clinical records of decedent patients and narrative interviews of the carer/next of kin.

Results Of 34 carers approached, 15 consented to being interviewed (44% response).

2 typical trajectories were identified: 'A revolving door' recurrent acute events and crises, with regular attendance at accident and emergency (A&E) and changes in care setting; and 'gentle fading', minimal health or social care intervention required).

13 patients had at least 1 visit to the A&E department (range 1–6) but recurrent attendance was common. There was limited evidence of ACP and DNACPR was predominantly completed in the final days of life.

12 of the patients were referred to SPC. Median time from referral to death was 10 days: input included non-complex end of life symptom control, ACP, education and support of care home staff and family support.

Place of death was care home (5), hospital (6), hospice (2) and home (2). 7 died in their usual place of care.

Conclusion SPC has a role in the last 12 months of life for people with dementia but late referral limits the efficacy of SPC intervention. Local initiatives are needed for health and social care to work together with SPC to look at optimising care for people with dementia earlier in the illness trajectory.

Education and training | posters 7 – 45

7 OUTSIDE THE MARGINS: PALLIATIVE AND END-OF-LIFE CARE EDUCATION FOR HOMELESS SUPPORT SERVICES

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10.1136/spcare-2020-PCC.28

Background The CQC report 'A different ending: addressing inequalities in end of life care' highlighted homeless people with end of life care needs experience considerable barriers accessing palliative care. Mary Stevens Hospice developed a workshop for hostel workers, West Midlands Police, and Dudley Metropolitan, focused on palliative and end of life

care. Aims including developing relationships with hostel and other organisations, allowing better choice and access for people experiencing homelessness requiring palliative care support. One of the workshop's objectives was to recognize barriers homeless people experience accessing palliative care and identify training needs for non-health care workers, with consideration of developing equitable pathways into hospice services.

Methods Community engagement with statutory and voluntary organisations, identifying ways of integrating services and upskilling non health care professionals. Develop partnerships and collaboration to better support people experiencing homelessness. Pilot education day facilitated.

Results Fourteen people attended workshop, including police, hostel staff and outreach workers.

Hospice received first referral and people signposted to services. A Dying Matters event recorded and filmed the stories, experiences, and wishes of homeless people relevant to death, dying and Bereavement. Education workshop further developed and adapted to deliver across hostels and refuges December 2019. Hostel recognised five persons whose health a cause for concern.

Police and hostel manager visited hospice. A referrals and signposting database implemented and workshop feedback evaluated.

Conclusion Attendees reported increased confidence having early, courageous conversations, discussing end of life concerns and priorities. There was recognition the value of communities working together to better support homeless people approaching end of life. The workshop highlighted a lack of pathway for homeless people accessing services and a continuation of partnerships, nurturing relations between organisations is necessary to working toward removing barriers to palliative care.

8 LIFE OR DEATH DECISIONS: ONLINE ENGAGEMENT USING FILM TO EXPLORE ADVANCE CARE PLANNING

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10.1136/spcare-2020-PCC.29

Background Within the UK, despite policy drives to increase the rates of Advance Care Planning (ACP), it is not widely used by the general public and there are many misconceptions around ACP. The Open University has a commitment to providing free educational resources drawing on its research expertise via OpenLearn. Life or Death Decisions is an online educational interactive created at The Open University to introduce the general public to ACP. It uses a bespoke film about a woman who has a sudden medical emergency to explore what the people around her should do.

Methods An interactive was created using the Elucidat platform. Issues raised include: asking if she should go into hospital, should she have an operation, and who should be involved in decision-making. The interactive provides information about ACP, how it can be done, and who can be involved, including clarifying the concept of 'next of kin'. The interactive was launched in September 2018 and data is continuously being collected about users of the interactive, including total number of 'learners', completion rates, learner

country, and time spent using the interactive. A survey about ACP knowledge and attitudes is embedded at the end.

Results Over 2,000 unique learners have engaged with the interactive; many are re-visiting the site. 15% of learners are completing the entire interactive; 3% are contributing to the survey. Most learners are from the UK. 16% of learners are clicking through to find out more about studying death and dying at the Open University. We have suggestions on how future interactives can be created to increase usage and survey response.

Conclusions The Life or Death Decisions interactive provides a means to teach the public about advance care planning using a dramatized film. Learner use is comparative with similar interactives via OpenLearn.

Link to the interactive: <https://www.open.edu/openlearn/health-sports-psychology/health/life-and-death-decisions>.

9 THE BENEFITS OF EARLY SIMULATED 'BREAKING BAD NEWS' COMMUNICATION SKILLS TRAINING FOR 3RD YEAR MEDICAL STUDENTS

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10.1136/spcare-2020-PCC.30

Introduction Effective communication skills are fundamental to the development of competent doctors and all doctors are required to undertake 'breaking bad news' consultations. However medical students often have limited exposure to these conversations and palliative care is traditionally taught in the later clinical years. This study explores the impact of new simulated communication skills training undertaken early in clinical placements.

Methods 55 students in their first clinical year, participated in a new training event. In 6 small groups they undertook a 3 hour session which used a modified SBAR model to lead students through 'breaking bad news' consultations and DNAR discussions; facilitated with a simulated patient actor.

The course was evaluated using an anonymised questionnaire which incorporated qualitative and quantitative elements. Ten point visual analogue scales were used to measure the students' perception of the event. Analysis of the results after 4 groups had completed the teaching led to an adaptation of the training to incorporate additional scenarios and smaller group work. This was re-evaluated using the same questionnaire.

Results All but 2 students (4%) felt the training was appropriate early in their clinical studies. Overall they felt the event was very beneficial with a mean visual analogue score (VAS) of 9.1. The benefit of participating in a scenario was improved following modification of the course (mean VAS 9.5 vs 8.8) but the benefit of observing the scenarios was similar in both groups. Review of the qualitative themes suggested that modification of the course provided benefits of greater student participation and peer feedback.

Conclusions Previous studies suggest that students might not gain sufficient experience of difficult conversations. This study shows the benefits of simulation in providing experiential training early in the clinical course. It also demonstrates the need for continuous evaluation of teaching to ensure that learning objectives are maintained.