

- Mean ‘pain’ score changed from 1.9 to 1.2, with 47% of the 125 patients with pain improved
- Mean ‘breathlessness’ score improved from 1.1 to 0.8, with 48% of the 64 patients with breathlessness improved
- Mean ‘anxiety’ score changed from 1.9 to 1.3, with 42% of the 73 patients with anxiety improved
- Mean ‘feeling depressed’ score changed from 1.5 to 1.0, with 52% of the 56 patients with depressed mood improved
- Mean ‘information needs’ score changed from 1.2 to 0.9, with 78% of the 36 patients wanting more information improved.

Conclusions For the first time in UK, an inpatient hospice has systematically used routinely-collected outcomes data to demonstrate the marked positive impact of the clinical care provided.

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Free papers 4 – 6: education & communication

4 PROGNOSTIC COMMUNICATION WITH FAMILIES OF PATIENTS AT THE END-OF-LIFE IN A HOSPICE: A QUALITATIVE INTERVIEW STUDY

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Background Research has consistently shown that patients at the end-of-life and their families value honest communication about prognosis. In the final hours and days of life, communication with families is particularly important, as at this point patients are often unable to communicate. This study aims to understand experiences of end-of-life prognostic communication from the perspective of hospice clinicians and relatives of patients.

Methods Semi-structured interviews and a focus group were carried out with five senior hospice clinicians and twelve relatives of patients who died in the same hospice in the previous 3–6 months. Thematic analysis was used to identify relatives’ and clinicians’ perspectives on what is important to them during end-of-life prognostic communication.

Results Clinicians suggested that as long as the family was aware that the patient was dying, it was not always necessary to raise prognosis. They felt repeatedly talking about timelines could cause families to become fixated on prognosis. When they did raise prognosis, this was often for practical reasons, such as ensuring relatives could stay overnight to be present if the person died. They described using relatives’ own descriptions of the patient’s deterioration to help them understand the prognosis, and emphasised the importance of being honest about the uncertainty. Relatives appreciated this honesty and were aware that it would not be possible to be given an exact timeline. Some described information on what to expect during the dying process as helpful, but others felt this information was lacking.

Conclusions Relative and clinician accounts of prognostic communication were generally aligned, with a focus on providing an awareness that the patient was dying whilst highlighting prognostic uncertainty. Clinicians should be aware that some relatives want further information about what changes to

expect in order to be reassured that the patient’s symptoms are a part of the natural dying process.

5 QUALITY IMPROVEMENT- DEVELOPMENT OF AN INTERACTIVE STAFF EDUCATION SESSION TO RAISE CONFIDENCE IN DISCUSSING LGBTQ+ ISSUES IN THE HOSPICE SETTING

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Background People who identify as LGBTQ+ are at an increased risk of certain serious health conditions including types of cancer and so it is vital that this group of people feel able to access palliative care services. In 2014, Marie Curie commissioned research which highlighted a lack of evidence about LGBTQ+ people’s experience of palliative care. A recent study identified that individuals may feel unable to spontaneously disclose their identity to healthcare staff due to prior experience of discrimination. Therefore, it is important that all staff feel confident in talking to patients about sexual orientation.

Method Review of patient records to identify how many patients admitted to hospice over the past 6 months have been asked their sexual orientation. Development of a 3-hour interactive LGBTQ+ staff training programme. Review of written feedback from these sessions to analyse how this was received by staff.

Results Over the past 6 months, 146 patients were admitted. 52% had been asked their sexual orientation. Small group LGBTQ+ teaching sessions were provided, where interactivity was promoted with activities such as a quiz and word-search. Feedback indicating that this was a valuable learning opportunity for staff. Quotes included, ‘more aware of LGBTQ+ terms that patient may use and what they mean’, ‘increased awareness and has made me more confident to ask’, ‘session highlighted the importance of continuing to treat patients as individuals’.

Discussion Marie Curie has made great strides both locally and nationally to ensure LGBTQ+ patients feel welcome. New training sessions have been provided to ensure that all staff feel confident in being able to openly discuss LGBTQ+ issues and feedback from this has been extremely positive. We plan to re-review the data in 6 months to ensure that more patients are being offered the opportunity to disclose their sexual orientation on admission.

6 BRIDGING THE GAP – AN EDUCATIONAL INITIATIVE TO IMPROVE COMMUNICATION AND DECISION MAKING AT END OF LIFE CARE AT A DISTRICT GENERAL HOSPITAL AND ITS LOCAL AREA

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10.1136/spcare-2020-PCC.6

Background and introduction North Middlesex University Hospital (NMUH) is a district general hospital that serves the culturally and ethnically diverse London boroughs of Haringey and Enfield. In a May 2018 questionnaire, NMUH staff reported that spiritual, religious and cultural factors frequently