Results We have 114 facilitators engaged in using Real Talk; 67% clinicians (n=76; 52 doctors, 12 nurse specialists, 8 allied health, 4 nurses) and 33% educators (n=38; 16 faculty, 13 hospice, 10 end of life facilitators). Table of diversity of interprofessional groups and settings.

Conclusions Our findings show a growing number of Real Talk facilitators are clinicians embedded in practice, shifting delivery from educators. Emerging themes from our evaluation are that the resource is user friendly, very impactful in embedding communication skills in practice, is adaptable as a resource to use in a range of learning events, and is relevant to the inter-professional audience. Facilitators and learners alike appreciate the authentic nature, and value the video clips in demonstrating the softer skills and nuances of communication. Bridging the evidence to practice gap by naming the skills, can build confidence to engage patients in end of life talk. Next steps will be formalising impacts in practice over time.

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46 HOW ACTIVE ARE UK HOSPICES IN NATIONALLY IMPACTFUL RESEARCH?

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Background The Neuberger Commission (2013) and NICE guidelines (2015, 2019) have emphasised the paucity of good quality evidence for palliative and end of life care. In the UK, hospices have a significant role in determining standard of care. We sought to quantify the extent to which hospices contribute to nationally impactful research.

Methods We analysed the NIHR portfolio of clinical and service delivery research, for studies in which hospices actively recruited patients, from 2015/16 to 2018/19. All relevant clinical specialties were searched.

Results The NIHR portfolio contained 172 studies in the 2015/16 to 2018/19 period which are relevant to hospice and end of life care. 65 out of 253 registered hospices were identified as participating in 42 studies. Hospices recruited 4418 patients to national portfolio studies, 3817 of these with cancer. Specialties contributing to this recruitment included: Cancer 19 studies; Health Services Research 11; Dementia & Neurodegeneration 6; Primary Care 3; Neurological Disorders 1; Respiratory 1; Children 1.

These figures underestimate the true contribution of hospices because in many sites recruitment is attributed to an acute trust (an established process which sees trusts providing governance in return for recruitment accrual). Moreover, we missed studies which are locally funded, single centre or related to higher educational research. We are working with hospice organisations and local clinical research networks to rectify these data gaps. The NIHR's expansion project, which extended recognition of research into health and social care research taking place in non-NHS settings, will support this.

Conclusions We found that only a small minority of UK hospices are active in nationally impactful research. However, together they make a significant contribution to the NIHR portfolio. The NIHR & Charities Consortium for Hospice

and Community Research, which funded the study, is working with the hospice sector to increase UK-wide research participation.

47 GREAT DISCHARGE LETTERS FOR END OF LIFE CARE PATIENTS

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10.1136/spcare-2020-PCC.68

Background Hospital discharge letters for End of Life Care patients are often poor. The lack of communication from the hospital to community teams regarding essential issues which is needed for community teams to plan care, can lead to poor care including avoidable re-admission to hospital.

Methods Standards for discharge letters from Russells Hall Hospital in Dudley for End of Life Care patients were designed. The mnemonic GREAT was used to remind those writing discharge letters to update community teams about: GSF Needs code/Resuscitation status/End of life medications/Advance Care Planning/Treatment Escalation Planning. An audit was conducted looking at discharge letters for End of Life Care patients to see whether GREAT was used and whether or not this made any difference to the care of the patient. Re-audit done 12 months later looked at whether or not there was sustained use of GREAT and improved care.

Results GREAT has become the gold standard of information required on discharge letters for End of Life Care patients in Dudley. The results showed that in both years, patients who died at home had higher quality discharge letters (use of GREAT), and patients who had been discharged from hospital, but readmitted and died within 12 weeks, had poorer quality discharge letters.

Conclusions GREAT reminds discharge letter writers to include information that is essential to pass on to community staff caring for End of Life Care patients. Embedding GREAT as the gold standard of content has led to an improvement in the quality of discharge letters.

48 MANAGING SUDDEN DEATHS IN HOSPITAL

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Introduction Sudden and unexpected, in-hospital deaths are a common occurrence. Currently, there are no national guidelines to assist staff with the management of these events and, providing optimal end-of-life-care in these circumstances is challenging. We designed a questionnaire to explore the experiences of relatives who had been bereaved in this way.

Methods Over 17 weeks, a questionnaire was offered to recently, bereaved relatives who attended the Bereavement office at the University Hospital of Wales. The questionnaire explored how, who, where and when the death was disclosed; whether sufficient privacy was afforded, full explanation offered, time for questions allowed, and whether the communication was empathetic and caring. Other questions asked if relatives had been allowed to view the deceased, whether religious and cultural observances had been facilitated, tissue donation discussed, and explanation for coronial referral offered.