Wheatfields hospice. We conducted 4 focus groups with six service users and 17 professionals involved in palliative care. We analysed these using thematic analysis with two independent coders.

Findings We found several major themes. Service users identified access to their GP as a major barrier. Service users and healthcare professionals also identified discrimination and lack of trust in professionals. Healthcare professionals identified a lack of experience and education in caring for this group, but stated they were keen to develop this. Service users also identified education around what palliative care is as a major barrier to accessing services. Despite these themes both professionals and service users described their real life experience as positive.

Conclusion Although the experience of both service users and professionals in the context of palliative care in this community has been positive we have identified barriers to developing these services further. Flexible services are required to ensure holistic, and culturally sensitive care. This requires collaboration between services, with access to GPs being identified as a crucial area to start.

163 RESPECT, FIND OUT WHAT IT MEANS TO ME?

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10.1136/spcare-2020-PCC.183

Introduction ReSPECT is a national initiative to encourage shared decision making around treatment decision and advance care planning. We undertook a trust wide launch to replace all DNAR forms in November 2018. The aim of this project was to evaluate staff understanding of the respect process and confidence in having significant conversations, as part of a wider trust evaluation.

Methods In dying matters week the Specialist Palliative care team (SPCT) designed a staff survey to rate confidence and understanding of the Respect process, staff were asked a number of questions including; completion of online ReSPECT training app, understanding of the respect process and their role and confidence in participating in conversations with patients about their wishes around future treatment and care. SPCT visited all areas of the hospital and asked staff to complete the questionnaire.

Results 132 health care professionals replied. 44% doctors, 37% Nurses, 19% Allied health professionals. 93% were aware that ReSPECT has been introduced to the trust, only 17% had completed the online training. 83% of respondents felt strongly confident or confident to discuss with patients their wishes about their care. Only 59% felt strongly confident or confident to discuss resuscitation status and end of life care. However, 100% senior nurses and doctors felt confident or strongly confident in discussing resuscitation status and end of life care.

Conclusions It is reassuring that our senior staff feel confident in engaging patients in such significant conversations. We are exploring making the ReSPECT learning app completion mandatory to further support all staff and recognise the need to empower senior nursing staff to participate further in the ReSPECT process in our trust. We will use this information to promote significant conversations as a process rather than a one off and improve form completion.

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164 COMPASSIONATE COMMUNITIES': A QUALITATIVE STUDY EXPLORING THE VIEWS OF GENERAL PRACTITIONERS

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10.1136/spcare-2020-PCC.184

Introduction General Practitioners (GPs) face challenges when providing palliative care, including an ageing, multimorbid population, falling GP numbers and increasing demand. A 'public health palliative care' (PHPC) approach is gaining momentum, and is defined as 'working with communities to improve people's experience of death, dying and Bereavement'. 'Compassionate communities' is one example, supporting patients by linking professional health carers and community networks. Primary care is central to the approach, which has been incorporated into General Practice Daffodil Standards, however there is little evidence of GP perspectives of these approaches. Our aim, therefore, was to explore GP perceptions of PHPC and 'compassionate communities'.

Methods Using snowball sampling, GPs were recruited through university teaching and research networks. Additionally, purposive sampling ensured wide representation of gender, level of experience and practice populations. Following informed consent, semi-structured, digitally audio-recorded interviews were conducted. Interviews were transcribed verbatim, and thematic analysis was undertaken. Interviews continued until data saturation was reached.

Results Nine GPs were interviewed. Most were unfamiliar with 'compassionate communities', but recognised examples within their practice. Three themes identified perceived benefits of the model: 'increasing awareness of community services'; 'combatting taboo'; and 'embracing health outside of healthcare'. Three themes identified perceived barriers: 'limited time and funding'; 'patient safety concerns'; and 'integration with current care'. Some GPs perceived the PHPC approach as a distinct social issue outside of 'proper' palliative care and General Practice. Others envisaged a GP 'signposter' role, supporting a community-led system.

Conclusion GPs recognised the importance of the wider community in caring for palliative care patients, but had differing views regarding the application of 'compassionate communities' and their position within this. Understanding more about the model's practical implementation and exploring potential service-users' views would help establish the feasibility of 'compassionate communities' in practice.

165 EXISTENTIAL SUFFERING IN THE DAY-TO-DAY LIVES OF THOSE LIVING WITH PALLIATIVE CARE NEEDS ARISING FROM CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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COPD is predicted to become the 3rd biggest cause of death worldwide by 2030, placing palliative care provision a high