

referrals, access to services (including self-referral), referral criteria and waiting times.

Results Responses were gained from 26 services. Twelve offered Bereavement specific services and eight of these were hospices. From the total responses, only 47% of services that GPs had referred to offered Bereavement specific support. Three of the hospices only accepted referrals if the person had a prior connection to the hospice but most services had no specific criteria apart from age restrictions (i.e. they offered support to adults only). All services accepted self-referrals (except for children where consent was required) or from a healthcare professional including GPs. Number of referrals to each service in 2018 varied widely from 81 to 1522. Waiting time on average was 50 days.

Conclusions This evaluation mapped community Bereavement support services in the North East of England. It will be essential to ensure referrers develop knowledge of who, when, and how to refer to Bereavement services going forward

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2 CAREGIVER BURDEN AND HEALTH STATUS PERCEPTION OF FAMILY CAREGIVERS OF PATIENTS RECEIVING PALLIATIVE CARE AT HOME

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10.1136/spcare-2020-PCC.23

Introduction The aim of this study was to explore the repercussions associated with caregiving of patients who receive palliative care at home due to an oncological disease through the assessment of the health status self-perception in the last year, the presence of anxiety and depressive symptoms and the assessment of caregiving burden.

Method Design: Descriptive, cross-sectional study. Sample: family caregivers of patients with oncological disease who are under the follow-up of a home palliative care program hospital-based. Period: July 2015 and December 2016. Analysis: descriptive statistics. Questionnaires: Goldberg anxiety and depression scale; Zarit Caregiver Overload Scale in reduced version

Results 80 family caregivers were included in the study. 56 (70%) were women and 24 (30%) men, with a mean age of 61.75 years (SD=12.98). 52.5% of the family caregivers assessed negatively affect their health status in the last year (regular, bad or very bad) while 47.5% valued it positively (good or very good). 48 caregivers presented symptoms of possible anxiety diagnosis, and 36 caregivers symptoms of possible diagnosis of depression.

The risk of claudication due to caregiver's burden was assessed in 57 caregivers. The average score was 14.95 on the Zarit Scale (short version). 16 caregivers (20%) presented claudication risk criteria. The results showed a significant positive association between age ($r=0.316$; $p=0.008$), anxiety symptoms ($r=0.333$; $p=0.005$), care overload ($r=0.277$; $p=0.037$) and the worst health status perception.

Conclusion In the sample studied, the family members who take care presented a worse perception of their health status, higher levels of anxiety and a greater perception of care overload.

3 PALLIATIVE CARE AT HOME IN PATIENTS WITH ONCOLOGICAL DISEASES: TRENDS IN CHARACTERISTICS AND CIRCUMSTANCES OF THE PRIMARY FAMILY CAREGIVER

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10.1136/spcare-2020-PCC.24

Introduction This study aims to describe the characteristics and circumstances related to caregiving at home of family caregivers of people receiving palliative care at home due to cancer disease.

Method Design: Descriptive, cross-sectional study. Sample: family caregivers of people in follow-up in the home care program. Period: July/2015 to December/2016. Variables: sociodemographic data, characteristics of the role of caregiver as previous experience caring, reasons for caring, living together, simultaneous care of other people, care environment preferences, perception of the relationship, time and hours assuming care.

Results The sample was made up of a total of 80 relatives, 56 (70%) were women and 24 (30%) men, with a mean age of 61.75 years (SD=12.98). 55.7% of them had primary education, 45% were a pensioner followed by 23.8% who said they were working. The degree of kinship was spouse/partner (48.8%) followed by daughter (42.5%). 92.5% of caregivers identified themselves as primary caregivers while 7.5% were sole caregivers. In most cases (76.3%) they resided at the same address. In 30% of cases, caregivers also treated other dependents besides the patient. The main reasons for caregiving described were: own initiative (47.5%) and feeling obligated (36.3%). For 40% of the caregivers it was the first experience of caring. The average time caring was 12.98 months (SD=21.41), the average of hours caring per week 38.29 (SD=20.66). 53.8% of caregivers described their relationship with the patient as very intimate, however 25% of them identified that the relationship had worsened.

Conclusions In home palliative care scenarios, knowing the circumstances of caregivers and caregiving environment could contribute to recognize and support family caregiving.

4 AN EVALUATION OF THE AVAILABILITY OF INFORMATION ACCESSIBLE FOR EMERGENCY SITUATIONS WITHIN THE PATIENT POPULATION OF A PALLIATIVE CARE SERVICE

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10.1136/spcare-2020-PCC.25

Background In an emergency, medical professionals need urgent access to patient information. Patients can share information via the Message in a Bottle (MIAB) scheme or via the 'emergency contacts' feature on their smartphone.

Objectives The first objective was to find out if patients receiving specialist palliative care use the MIAB scheme, or their smartphones, to store and share health information. The second objective was to increase the use of these methods to share information. The third objective was to make the use of these methods' routine, beyond the end of this project.