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.

**Caregivers and the family | posters 2 – 5**

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). 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.
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.

Dementia | poster 6

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

Jennifer Todd, Liz Reed, Princess Alice Hospice
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

Gemma L Allen, Mary Stevens Hospice
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.