Background There is wide inequity in specialist palliative care provision across settings. The absence of any standard way to group by case complexity is a barrier to addressing these inequities.

Aim We therefore aimed to develop a casemix classification for UK specialist palliative care across settings, by identifying/grouping patient-level attributes at the start of an episode of care that predict costs of care provision within that episode.

Design Cohort study with prospective collection of patient demographic and clinical variables, potential complexity and casemix criteria, and patient-level resource use.

Results 2,469 participants were recruited (mean age 71.6, 51% male, 75% with cancer), receiving 2,968 episodes of care, from 14 specialist palliative organisations across England. Episodes of care lasted: median (range) 8 days (1–402) in hospital advisory palliative care, 12 days (1–140) in inpatient palliative units, 30 days (1–313) in community palliative care. Median cost per day (interquartile range) were: £56 (£31–100) in hospital advisory, £365 (£176–£698) within inpatient, and £21 (£6–£49) in community care. Seven hospital advisory, six inpatient, six community casemix classes for specialist palliative care, based on seven casemix variables (pain, other physical symptoms, psychological symptoms, functional status, palliative Phase of Illness, living alone, and family distress) predict per-diem costs.

Conclusion The casemix classes show cost weight variations by up to 60% (in hospital advisory palliative care), up to 4.5-fold (in inpatient hospices), and approaching 3-fold (in community palliative care). The proposed casemix classification helps to understand these variations systematically and at scale; for practice, policy (including funding), and research, to help address inequities and provide fair, equitable and transparent palliative care to all who need it.

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9 DEMONSTRATING THE IMPACT OF PALLIATIVE CARE: A SECONDARY ANALYSIS OF ROUTINELY-COLLECTED PERSON-CENTRED OUTCOMES DATA AMONG PATIENTS RECEIVING COMMUNITY PALLIATIVE CARE

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Background The aim of this study is to describe the characteristics of patients receiving community palliative care and the impact of community palliative care on their symptoms and concerns using routinely-collected patient-level outcomes data.

Methods Secondary analysis of routinely-collected clinical and outcomes data (patients' demographics, episodes of care, palliative Phase of Illness, and symptoms/concerns using the Integrated Palliative care Outcome Scale; IPOS) from all patients cared for in the community by one hospice, between June - November 2019. We described the characteristic of patients, their episode of care, and their Phase of Illness at first contact with the community service. We compared

community patients based on their episode outcome (alive versus died, at end of episode) and the impact of community palliative care over the first Phase of Illness. Caldicott Guardian approval was received for analysis of this anonymized data.

Results 881 patients received 916 complete episodes of community-based palliative care between June–November 2019. For 916 episodes of care, the median age of community patients was 79 years with IQR (69 “ 87); 66% had cancer. Palliative Phase of Illness was stable (17%), unstable (28%), deteriorating (41%) and dying (14%) at the start of episode of care. By the first Phase change; mean ‘pain’ score reduced from 1.3 to 1.2 (30% of 158 patients with moderate/severe/overwhelming pain improved); mean ‘breathlessness’ score reduced from 0.8 to 0.7, (with 39% of 87 patients with moderate/severe/overwhelming breathlessness improved); mean ‘anxiety’ score reduced from 1.2 to 1.0 (with 31% of 84 patients with moderate/severe/overwhelming anxiety improved); and mean ‘feeling depressed’ score reduced from 0.7 to 0.6 (with 42% of 45 patients with moderate/severe/overwhelming depressed mood improved).

Conclusions This analysis demonstrates, for the first time in the UK, how community palliative care teams can systematically use routinely-collected outcomes data to demonstrate the positive impact of the care they provide.

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10 ENGAGING YOUNG PEOPLE IN KEY ISSUES SURROUNDING END OF LIFE CARE THROUGH THE DEVELOPMENT OF CURRICULUM RESOURCES FOR SECONDARY SCHOOLS

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10.1136/spcare-2021-PCC.10

Introduction The Ambitions for Palliative and End of Life Care Partnership (2015) established a national framework with six ambitions, one of which recognises the importance of engaging local communities including schools. Over the past two years, Gateshead NHS Foundation Trust has established a schools engagement project which involves all local secondary schools. This project demonstrated the value of listening to young people and thus providing an opportunity for them to share their understanding and experiences. The second phase of the project then sought to address gaps in understanding identified through the development of a resource that could be embedded into the personal development curriculum of any school wishing to engage with this important subject.

Methods Initial meetings with senior leaders in partner schools were used for information gathering about what is currently taught in relation to this area and the broader personal development curriculum. An assessment of possible curriculum content and an outline proposal was developed by the Specialist Palliative Care Team in collaboration with one of the link schools. This school also agreed to participate in a delivery pilot of these materials as well as shape the resources to ensure that they were age appropriate and aligned to the broader aims of the personal development curriculum.

Results A curriculum model was developed to include the following topics:

- History of dying, cultural aspects and changes in society
- Public perception of dying and whether we should talk about it
- DNACPR
- An overview of palliative care in the UK
- Ethical issues at the end of life

Accompanying resource material was developed by the Specialist Palliative Care Team in collaboration with the school.

Conclusions This important work has the potential to increase the understanding of palliative care and end of life issues amongst young people in Gateshead and in schools more widely.

11 LIFE'S HARD AND THEN YOU DIE: PHD EXPLORING END OF LIFE PRIORITIES FOR PEOPLE EXPERIENCING HOMELESSNESS WITHIN THE UNITED KINGDOM

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10.1136/spcare-2021-PCC.11

Background People experiencing homelessness often die young and without adequate support. In the UK, they fail to access palliative care services and their end-of-life priorities remain poorly understood. They are dying on the streets and in hostels without adequate support and, while there is ample literature surrounding the barriers to appropriate end of life care, the EoL priorities of people experiencing homelessness in the United Kingdom (UK) remain poorly understood. This study aims to bridge the gap in knowledge.

Aims To explore the end-of-life concerns, fears, preferences and priorities of a sample of people experiencing homelessness in the UK.

Methods This is an interpretive phenomenology. Data collected through semi-structured, audio-recorded, face-to-face interviews with 21 homeless participants in the UK were analysed iteratively using thematic analysis. Findings have been interpreted through the lens of Merleau-Ponty's philosophy.

Results Eight themes are reported: spiritual concerns; practical concerns; fear of needing care; fear of being forgotten; preference for dying suddenly; preference for being somewhere comfortable where people know me; prioritising autonomy and self-determination; and prioritising authenticity.

Conclusion Traditional palliative care services are possibly an unattractive resource for this population, so new approaches to care are required. Deeper understanding of the EoL concerns, fears, preferences and priorities of this marginalised population will support the development of accessible, culturally relevant, person-centred support for people experiencing homelessness with advanced ill-health in the UK. A strengths-based, trauma-informed, person-centred, collaborative 'compassionate community' approach to end of life care is recommended. Furthermore, the development of peer-support workers, trained in the principles of palliative care, should be actively encouraged and supported within the hostel as the hub of a compassionate palliative care community.

12 PROFESSIONALS', PATIENTS', AND FAMILIES' VIEWS ON THE USE OF OPIOIDS FOR BREATHLESSNESS: A RAPID SYSTEMATIC REVIEW USING THE FRAMEWORK METHOD AND PILLAR PROCESS

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10.1136/spcare-2021-PCC.12

Background In combination with disease-modifying therapies and non-pharmacological interventions, opioids can safely reduce breathlessness in patients with severe illness. However, implementation in clinical practice varies.

Methods Three electronic databases (MEDLINE and Embase via OVID and ASSIA via Proquest) were searched (March 2020) using a predefined search strategy. Studies were also citation chained from key papers in the field. Reviewers FR and JC double-screened titles and abstracts of papers against the a priori eligibility criteria. FR independently read and extracted data from included studies using the five-stage framework synthesis method: familiarization, framework selection, indexing, charting and mapping. FR then used the pillar process to synthesise qualitative and quantitative data in four stages: listing, matching, checking and pillar building. Reviewers FR, JC and MP critically appraised included studies using the MMAT.

Results 843 papers were identified from database searches and citation chaining after de-duplication. Following screening 22 studies were included in the synthesis. Five themes were developed which comprise of both barriers and enablers to opioid use for breathlessness: i) clinician/patient background, ii) education/knowledge/experience, iii) relationship between clinician/family, iv) clinician/patient fear of opioids and v) regulatory issues. The review highlights significant barriers and enablers to the use of opioids for the symptomatic treatment of breathlessness based on the knowledge, views and attitudes of clinicians, patients and families. The review shows clinicians' interactions with patients and their families strongly influences concordance with opioid treatment regimens for breathlessness.

Conclusions As clinicians', patients', and families' knowledge about the delicate balance between opioid benefits and risks is generally poor, education is likely to be a necessary but not sufficient factor for improving the implementation of opioids for breathlessness. Further research ought to address ways of improving clinician, patient and family therapeutic relationships and improving knowledge on opioid use for breathlessness.

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13 HOW IS PROFESSIONAL 'TRUTH-TELLING' PERCEIVED BY CARERS OF PATIENTS WITH SEVERE STROKE?

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10.1136/spcare-2021-PCC.13

Background Stroke is the second largest cause of death worldwide. Perceived poor communication is a major cause of