

discussions including high levels of anxiety and communication factors, notably a reduction in face-to-face consultations due to Covid-19.

Conclusions This study allowed us to map out many of the perceived challenges facing patients with COPD on home-NIV in carrying out meaningful and timely ACP. Being conscious of the challenges allows a deeper understanding and awareness of the importance of individualised ACP discussions. The study supports a review of the structure of similar services to formally incorporate ACP and assign responsibility. Formal palliative care involvement is also suggested, to provide both education for HCP and direct patient input.

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0-19 EXPLORATION OF METHODS USED FOR GOAL SETTING IN PALLIATIVE CARE WITHIN THE EAST ASIAN POPULATION: AN INTEGRATIVE REVIEW

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Background Goal setting in Palliative Care (PC) helps to tailor patients' care through their active participation. Methods used in Western Countries may not apply directly to the East Asian (EA) population due to cultural differences.

Objective To explore the methods used for goal setting in PC within the EA populations, involving patients' and families' perspectives.

Method An integrative review was conducted. A literature search was performed in five databases (e.g., AMED and Medline), limited to studies published in English and between 2000–2020. Studies evaluating methods for goal setting in Adult EA populations (>18) under PC, or not under PC but with life-limiting diseases, and their families were included. Data extraction and analysis were conducted on qualitative and quantitative data for this integrative review.

Results 8 studies, involving 931 patients and 346 families, were eligible. The studies took place in Hong Kong, China, Japan, Korea, and Taiwan. 6 intervention types were identified including education, treatment discussion, and documentation. Significant improvements were found in the patients' Advance Care Planning (ACP) readiness, quality of life, and in both their and their families' knowledge and decision making.

Conclusion This review provides information about goal setting methods in PC catering to physical, emotional, social, and spiritual needs of the EA population, ranging from very low to moderate quality evidence. Further research on breakdown of types of single interventions and on non-seriously ill patients in PC are needed in East Asia.

0-20 PALLIATIVE AND END OF LIFE CARE EXPERIENCES OF PEOPLE OF AFRICAN AND CARIBBEAN DESCENT (PEACE) DURING COVID-19

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Background and Aims People of African and Caribbean descent experienced the highest mortality rates during the pandemic, yet often have the poorest access to palliative care. This study aims to identify how palliative care services can better meet the needs of people of African and Caribbean descent, by exploring patients' (by proxy), families' and health, social care and community workers' experiences of end-of-life-care during the pandemic.

Methods Bereaved relatives, and professionals were recruited using social media, community networks and direct advertising to over 100 organisations. Semi-structured interviews explored experiences of end-of-life-care using a topic guide, developed with patient and public involvement partners. Participants' suggestions for care improvement were foregrounded throughout. The theoretical framework combined Critical Race Theory and Saurman's model of access. Thematic analysis was used.

Results Over 40 participants were recruited. Results indicate that people of African and Caribbean descent are poorly served by current services. Interviewees identified distinct differences between the culture of care, and that of the patient. Participants reported institutional racism. Processes were insensitive to diversity in family and community support structures in different cultures. Themes describing end of life care services included:

Unavailable: spiritual support, paid carers, specialist care, visitation and choice

Inadequate: advertisement of services, cultural diversity and the appreciation of the importance of extended families

Unacceptable: communication surrounding death and bereavement (upstream/proactive early discussions would improve engagement) and mental health and bereavement support.

Conclusions People of African and Caribbean descent are often termed a 'hard to reach' group. Yet our study suggests that current configuration mean it is services that are hard to reach. Prioritisation of person-centred, culturally competent spiritual, psychological and social interventions remains an aspiration for palliative care. A focus on cultural sensitivity and communication may be a good start to enhance palliative and end of life care for all.

0-21 NEW RESOURCES TO SUPPORT HEALTH PROFESSIONALS WORK WITH PEOPLE FROM DIVERSE ETHNIC COMMUNITIES

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Background There is inequity in the palliative and end of life outcomes for people from minority ethnic backgrounds. Some of this may relate to the practices of health care professionals. We have developed an evidence based training resource to enhance confidence and competence in providing this care. This is part of a wider NIHR funded study exploring the barriers and enablers to advance care planning.

Methods To share our findings we developed fictionalised narratives and stories. These were constructed from 93 interviews exploring the experiences of 18 longitudinal patient-centred case studies, as well as interviews with 19 bereaved family caregivers from diverse ethnic backgrounds. Facilitated virtual workshops, or workbooks, with 50 public and professional