0-15 DOMESTIC ABUSE AND LIFE-LIMITING ILLNESS: EXPERIENCES OF HOSPICE AND PALLIATIVE CARE PRACTITIONERS IN DETECTING AND RESPONDING TO ABUSE IN PATIENTS

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Aim To explore hospice and palliative care practitioners’ experiences of identifying and responding to domestic abuse for patients living with a life-limiting illness.

Methods Semi-structured interviews (n=13) and facilitated workshops (n=4) with health and social care professionals working in hospice and palliative care settings.

Results All participants had experience of patients who had been subjected to domestic abuse. Coercive control, psychological and financial abuse were more common than physical violence and could impact on care and treatment. Domestic abuse was not enquired about routinely, but practitioners were vigilant for ‘red flags’ around safety and wellbeing and employed ‘gut instinct’ when things did not appear right. Practitioners recognised they had a role in identifying and responding to domestic abuse but often lacked confidence to ask or deal with a disclosure. Avoidance of asking about abuse could lead to cases being missed or behaviours being normalised. Practitioners also worried about jeopardising the therapeutic relationship with patients or rapport with carers who may also be the abuser. Domestic abuse was often considered in the context of safeguarding rather than an issue in its own right. This was reflected in a lack of specific training and established referral pathways.

Conclusion People living with a life-limiting illness have increased vulnerability to domestic abuse. Hospice and palliative care practitioners need support and training to increase their knowledge, confidence and skills to support patients experiencing abuse.

0-16 IMPLEMENTING AN ADVANCE CARE PLANNING SERVICE FOR HAEMATOLOGY PATIENTS PREPARING TO UNDERGO CAR-T TREATMENT

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Background Advance care planning is frequently overlooked in haematological malignancies (LeBlanc, 2017. J Oncol Pract. 14:721). A challenging specialistism, transition from curative to end of life can be rapid (Moreno-Alonso, Porta-Sales, Monforte-Royo, et al., 2018. Palliat Med. 32:79). An exploratory study conducted by the primary author proposed that advance care planning is essential for patients with a terminal diagnosis, but also patients undergoing potentially curative treatment carrying a significant mortality risk. Chimeric antigen receptor T-cell (CAR-T) therapy is an emerging complex treatment carrying significant risks (NHS England. CAR-T therapy [Internet]). Knowledge around post-procedure survivability and long-term effects is limited (Kansagra, Frey, Bar, et al., 2018. Biol Blood Marrow Transplant. 25:76).

Aims The aim was to ensure patients are offered advanced care planning prior to CAR-T. There was no robust process in place for advance care planning in CAR-T prior to this project. The aim was to provide a personalised, responsive service aimed at improved patient experience.


Results Patients referred and accepting service >100%. Patient satisfaction surveys> 100% improved understanding of advance care planning. 100% recommend the clinic. 100% felt service of value. Wider clinical team now shadowing service in order to utilise it within sub-specialisms.

Conclusions Advance care planning can occur at any point in the disease trajectory. If it took place pre-treatment, covering all possible outcomes, individuals may be better prepared for ‘worst case scenario’. This service has 100% positive feedback. It has the potential to increase the utilisation of advance care planning within CAR-T and more widely. The results indicate that the clinic has improved continuity and helped to provide patient focussed care (Evans, Poku, Pearce, et al., 2020. BMJ Open. 10:1). Education of and further support from palliative care specialists would be beneficial in the field of CAR-T therapy.

Parallel session 5.1 – Collaborative thinking: valuing potential in partnerships and people
(Thursday 24 November, 09:00 – 10:15)

0-17 KENT AND MEDWAY HOSPICE COLLABORATIVE – WORKING TOGETHER TO ACHIEVE SUSTAINABLE STATUTORY FUNDING

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Background Increased funding is essential in order to develop and fund sustainable equitable end of life care services. Hospice UK, funded by NHSE, worked with KPMG and hospices to develop nine principles of sustainability, including increasing statutory income, collaborative working and integration (Hospice UK. Future Vision Programme: discovery phase September 2020).

Aim(s) To collaborate with four Kent and Medway hospices to achieve sustainable funding for core and specialist hospice services so that they can continue to deliver EOLC services to their local communities. Enabling hospices to develop innovative enhanced services for the benefit of their patients.