

and 147% in patients. For questions in which survey responders identified which food groups were safe to eat, responses improved or remained at the maximum score for 58% of staff and 60% of patients. Qualitative feedback reported that the leaflet was 'clear and practical' and identified areas for improvement, including adding recipe ideas or more colour and pictures.

Conclusion The introduction of a low residue diet information leaflet has demonstrated efficacy in education, with a meaningful increase in patient self-reported confidence at identifying low residue foods. Areas for future development include improving the leaflet visually, adding supporting posters in the hospice, and highlighting on menus which meals are low residue.

P-183 UNDERSTANDING LOCAL COMMUNITIES' NEEDS FOR PALLIATIVE AND END OF LIFE CARE AND BEREAVEMENT SUPPORT

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10.1136/spcare-2022-HUNC.199

Background Dorothy House Hospice aims to provide outstanding palliative and end-of-life care, and bereavement support. With demand for these services rising, it is important to understand the changing needs of the local community to ensure DH continues to provide the best service for its community in the future. Palliative, end-of-life and bereavement services were examined, with community respondents encouraged to express hopes and preferences for service delivery. This work was funded by BANES Healthwatch.

Aim To understand the perceptions and needs of the communities served by Dorothy House Hospice.

Method In September 2021, online and paper surveys were disseminated via social media and Dorothy House Hospice retail shops respectively. Using closed questions with multiple choice and free-text questions, the survey collected feedback and preferences about:

1. End-of-life care
2. Bereavement support.
3. Rapid support in crisis situations.
4. Volunteer support.

Quantitative and qualitative responses were collected; this abstract presents the qualitative data.

Results 104 responses were received (Wiltshire n=58; Bath & Northeast Somerset n=37; Somerset n=9). Most respondents (90%) were aged 45+, 92% female and 97% white British. Face-to-face provision at home was the preference for all four services, voted by at least 85% of respondents. Qualitative data evidenced respondents' hopes in having more person-centred care, with a well co-ordinated care system providing all-round support for patients. Having excellent communication channels for listening to concerns and providing advice was cited as helpful. For example, having a 'listening ear' for bereavement support. Respondents frequently stated that support should be readily available and accessible, especially for mental health and emergency situations.

Conclusion The Dorothy House Hospice local community require their palliative and end-of-life care services to focus

on providing timely, person-centred care, that can respond quickly at times of crisis and meet mental health needs. Information about local palliative and end-of-life care services and support needs to be more readily available to the general public, and frequently communicated.

P-184 ST CLARE HOSPICE BEREAVEMENT JOURNEY PROJECT: A CROSS-HOSPICE PROJECT FOR AN INTEGRAL PATHWAY

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Background Getting communications to family members/carers right post a bereavement is important. At St Clare Hospice, it was recognised that there were inconsistencies in communication processes. A cross-organisational project team implemented a new co-ordinated communications strategy. The team included Fundraising, Patient & Family Support, Marketing & Communications and the Quality & Governance Lead.

Aims

- To improve the experience of families/carers after a death; normalise the grieving process, and widely communicate the hospice bereavement services.
- To combat loneliness, feelings of isolation and unsurety about where to turn.
- To ensure the secure collation and processing of family/carer data.
- To provide a seamless journey from a person's experience of end of life care, through their own bereavement support, and on to a longer term relationship with the hospice as a supporter.

Methods

- Project team meeting regularly.
- The transfer of family/carer data to a database (Raiser's Edge) to achieve fully rounded and secure records of all communications to bereaved people.
- Audit undertaken to determine the best time to send bereavement information.
- Creating a Post Bereavement Journey Communications Planner – including bereavement services information, and appropriate in-memory fundraising.

Results

- Introduction of a robust process to transfer family/carer data from SystemOne to Raiser's Edge.
- New handwritten condolence cards – mailed out within a week of a death.
- Creation of a 'Guidance and support after a death' booklet.
- 4 and 16 weeks bereavement packs.
- Living with Grief workshop and remembrance service.

Conclusion The Bereavement Journey Project has been received well within the hospice and by family/carers. An audit is planned to review feedback on this project. Family/carers will be invited to Bereavement Connection days so they engage with the hospice on long term supportive plans.