based on their clinical assessment and the clinical history recorded in the resident’s care plan. Beyond providing the potential for adequate symptom-control at the end of life, anticipatory medication frames a residents’ death as expected, thus avoiding unplanned hospital admissions (and death) at the end of life.

**Impact** The anticipatory prescribing of CDs is a crucial tool for care home staff to allow residents die in place. No issues around the storing and monitoring of CDs in care homes were observed by this study. However, that CDs at times remain in place for many months or years before residents die calls for further investigation. Similarly, this study did not explore the disposal of unused CDs.

### 26 A RAPID REALIST REVIEW: HOW SHARED DECISION-MAKING APPROACHES AND PATIENT AIDS INFLUENCE TREATMENT DECISIONS FOR PATIENTS WITH ADVANCED (NON-CURATIVE) CANCER?

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**Introduction** Patients with advanced non-curative cancer are typically offered active palliative treatments (Chemotherapy, radiotherapy and immunotherapy). However, evidence suggests that when active treatment is used near the end of life it can result in worse quality of life, particularly those facing 30-day mortality. Patients’ preferences should therefore be carefully integrated into these treatment decisions.

**Aims** We aimed to identify and explain contextual factors and intervention mechanisms that influence patients experiences in making decisions about palliative treatments and supportive care, when supported with patient aids and shared decision-making approaches.

**Methods** A realist review method (co-produced with public and clinical stakeholders) was used to search, appraise, synthesize and analyse the current research evidence. A theoretical model was produced to explain connections between contextual factors, intervention mechanisms and patient experience outcomes.

**Results** We included 41 papers in the review and produced a theoretical model which explains how patient (and family) experiences, clinician support, access to palliative care and communication can influence patients’ engagement and satisfaction with decisions. It outlines how mechanisms such as enabling preparation for decision-making, providing accessible information, increased palliative care involvement, and supporting opportunities for patients to reflect on preferences and prior experiences of treatment decision-making.

**Conclusions** In order to improve patient’s experiences of making difficult decisions about treatments for advanced cancer and supportive care they need time to engage with key information, revisit and re-evaluate information and decision-making before and during consultations. Multi-component, multi-format interventions that include additional input from palliative care specialists may prove most effective.

**Impact** These key contexts and intervention mechanisms identified can be incorporated in the design of a complex intervention aimed at improving treatment decision-making for patients with advanced non-curable cancer.

### 27 GOING BEYOND WORDS: BENEFITS AND CHALLENGES OF VISUAL RESEARCH METHODS FOR QUALITATIVE RESEARCH IN PALLIATIVE CARE

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**Introduction** Relying on written or spoken words, like questionnaires or interviews, has been criticised for not adequately communicating people’s complex multidimensional experiences. Cognitive and physical efforts needed, and palliative patients’ inherent anxieties in speaking with researchers, can limit the depth of data generated by verbal-only methods. Collage pictures and concept mapping are two visual methods. These promote researcher-participant collaboration, increasing the latter’s autonomy and self-representation in the research process.

**Aims** To explore two visual research methods to understand experiences of receiving and delivering emotional support by videoconferencing in adult palliative care looking at

- practicalities
- researcher-participant engagement
- credibility and trustworthiness of knowledge gained

**Methods** A multiple-site qualitative case study, with data purposively sampled from three UK hospices. Participants include patients, carers, health professionals, and hospice personnel. Data collection includes collages, concept maps and reflective journaling. Within and cross case analysis incorporates qualitative content analysis and critical visual methodology.

**Results** Summary of visual methods usage

- Practicalities (postage, equipment, dexterity, virtual whiteboards)
- Engagement (recruitment; managing research dialogues; task comprehension)
- Data interpretation challenges

**Conclusions** Collage pictures and concept maps can maximise engagement in research of diverse participants with a range of cognitive abilities, energy levels and verbal literacy. But researchers must address practical and interpersonal challenges to build reciprocity and rapport within the research relationship. This in turn may enhance credibility and trustworthiness of knowledge generated.

**Impact** Unless palliative care research methods fully engage participants’ experiences information obtained will only have partial relevance to the population being investigated. Collage making and concept mapping provide people with limited time and energy the greatest opportunities to contribute their knowledge to the research process.

### 28 WHAT COMPETENCY FRAMEWORKS ARE AVAILABLE TO PROMOTE A CONSISTENT EDUCATION FRAMEWORK FOR THE PALLIATIVE AND END OF LIFE CARE WORKFORCE IN WALES? A RAPID EVIDENCE MAP

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**Introduction** Education frameworks identify specific learning needs, promote consistent, inclusive and flexible approaches to
education, address discipline-specific standards and support learning and development at individual, service, and organisational levels. A recent service evaluation in the Cardiff and Vale University Health Board (C&V UHB) identified areas of inequity regarding standardised palliative and end of life care (PEOLC) education.

Furthermore, the National Programme Board for Palliative and End of Life Care (NPBPEOLC) in Wales has prioritised the need for an all-Wales strategy to identify an established competency framework or develop a framework specific to Wales.

Aims
To conduct a rapid evidence map on behalf of NPBPEOLC to identify established PEOLC education frameworks from the published literature and map the core domains and competencies included within them.

Methods
Four key databases were searched from 2012–2022 for relevant published papers. Reference lists of systematic reviews were checked for appropriate studies. Methodology was used from the Palliative Care Evidence Review Service (PaCERS) for this review, with some adaptations.

Results
Of 84 articles identified, 8 studies met the inclusion criteria. Two multidisciplinary, comprehensive frameworks covered the European Association for Palliative Care (EAPC) Ten Core Competencies. Two multidisciplinary, comprehensive frameworks covered all ten EAPC domains across their competencies.2

Conclusions
The findings will be used by the NPBPEOLC to inform a Wales specific PEOLC education core competency framework.

Impact
The frameworks identified:

- provide sufficient coverage of competencies to inform a Wales-wide multidisciplinary competency framework for adult specialist palliative care.
- contribute to providing a standardised training framework for organisations to implement, regulate and continuously evaluate.

REFERENCES

ETHNIC DIFFERENCES IN CANCER DEATHS AT HOME BEFORE AND DURING PANDEMIC

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Introduction
Place of death is a metric used for planning and monitoring palliative care (PC). The COVID-19 pandemic has seen a significant increase in cancer deaths at home.

Aims
To determine whether pandemic increases in the percentage of cancer deaths at home differ by ethnic group.

Methods
Data source: death registrations in England, 2018 to 2021 with underlying cause of death cancer (ICD-10 C00-C97). Ethnic group derived from linked hospital episode data. The age and deprivation distribution across ethnic groups varies and each has a strong independent effect on place of death. so, calculated percentage deaths at home were standardised by these factors to make them comparable. Analysis concentrated on the largest ethnic groups: White, Asian/Asian British (Asian), and Black/African/Caribbean/Black British (Black). Comparisons were made between time periods by analysis of the ratio of percentages 2020–2021 (COVID-19 Pandemic) vs 2018–2019 (Baseline).

Results
For each ethnic group the age-standardised percentage of cancer deaths at home significantly increased (P < 0.05) from 2018–2019 to 2020–2021

- Asian: 33.5%, 47.5%
- Black: 28.8%, 39.0%
- White: 30.7%, 41.2%

The ratio of standardised percentage of deaths at home (95% CI) was

- Asian: 1.42 (1.36,1.48 )
- Black: 1.35 (1.27, 1.44)
- White 1.34 (1.33, 1.35)

Conclusions
Cancer deaths at home increased by > 10 percentage points during the pandemic for Asians, Blacks and Whites. Significant differences between ethnic groups before the pandemic (2018–19) persisted with Asians more likely than Whites, and Blacks less likely than Whites to die at home. The largest increase was for Asians, the group with the highest pre-pandemic home deaths.

Impact
These ethnic differences merit investigation regarding cultural preferences, access issues and quality of PC experience. Community health and PC teams need additional resources and training in culturally sensitive care to support the increased number of ethnically diverse cancer patients dying at home.

LEARNING FROM ENGAGEMENT WITH AND USE OF THE AMBITIONS FOR PALLIATIVE AND END OF LIFE CARE NATIONAL FRAMEWORK

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Introduction
The Ambitions for Palliative and End of Life Care: a national framework for local action (2015) was relaunched in 2021 for another five years. The Framework focuses on six ambitions, underpinned by eight guidance for action foundations. Previously, we surveyed for service examples to map use of the Framework. Most responses were from specialist providers; Ambition 6 (all communities are prepared to care) received fewest responses.

Aims
To further investigate understanding of the Framework, and how it has been used in practice across sectors.

Methods
We undertook 17 individual online interviews (identified as case studies from the survey data) and four online focus groups. Focus groups were based on professional role or interest (e.g. commissioners, public, service managers, healthcare staff) and contained between 2–8 participants. Questions