

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)<sup>1</sup> for this review, with some adaptations.

**Results** Of 84 articles identified, 8 studies met the inclusion criteria. Two frameworks were based in the UK (Scotland and England), 3 in the USA, 2 in Canada and 1 in Ireland.

A mapping exercise was carried out, whereby competencies from identified frameworks were mapped to the European Association for Palliative Care (EAPC) Ten Core Competencies. Two multidisciplinary, comprehensive frameworks covered all ten EAPC domains across their competencies.<sup>2 3</sup>

**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

1. Mann M, Woodward A, Nelson A, Byrne A. Palliative care evidence review service (PaCERS): a knowledge transfer partnership. *Health Res Policy Sys* 2019;**17**(1):100. <https://doi.org/10.1186/s12961-019-0504-4>
2. Health Education England. 2017. End of life care core skills education and training framework. Available from: <https://www.skillsforhealth.org.uk/wp-content/uploads/2021/01/EoLC-Core-Skills-Training-Framework.pdf>. Accessed 5 Oct 2022.
3. Connolly M, Ryan K, Charnley K. Developing a palliative care competence framework for health and social care profession-ALS: the experience in the Republic of Ireland. *BMJ Supportive & Palliative Care* 2016;**6**(2):237–242. <https://doi.org/10.1136/bmjspcare-2015-000872>

29

## ETHNIC DIFFERENCES IN CANCER DEATHS AT HOME BEFORE AND DURING PANDEMIC

Andrew Pring, Marika Kulesza, Natalie Friend duPreez, Nicola Bowtell, Julia Verne. *Office for Health Improvement and Disparities*

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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.

30

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

Erica Borgstrom, Claire Henry, Joanne Jordan, Una St-Ledger. *The Open University*

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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, health-care staff) and contained between 2–8 participants. Questions