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### 'PLUGGING THE GAPS': HEALTHCARE PROFESSIONALS' RESPONSES TO CHALLENGES IN PROVIDING PALLIATIVE CARE OUT-OF-HOURS IN THE COMMUNITY

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**Introduction** Services providing palliative care out-of-hours vary considerably across the UK, and resources are generally limited, which presents considerable practical and emotional challenges for the specialist and non-specialist healthcare staff involved in providing care. The ways in which healthcare professionals respond may vary, and may come at some personal cost.

**Aims** To identify the ways in which healthcare professionals respond to the challenges in providing palliative care out-of-hours to patients in the community.

**Methods** Semi-structured qualitative interviews with purposively sampled healthcare professionals involved in provision of out-of-hours community palliative care in the UK. Verbatim transcripts were analysed using reflexive thematic analysis.

**Results** 28 interviews were conducted with 39 participants, including: GPs, community nursing teams, and palliative care medical consultants and specialist nurses providing care across 20 areas in the UK. Themes related to responding to the challenges in the provision of care out-of-hours were: planning and anticipating patients' needs out-of-hours; innovative ways of working; challenge of working within limited resources; moral distress among healthcare professionals. The themes were mapped onto four overarching models of out-of-hours care, which represent varied and inequitable provision (with some having more 'gaps' than others) across the UK. Improved planning and innovations in some services, such as increasing access to medicines through nurse prescribers, and providing palliative care training to paramedics out-of-hours have been positive responses but these are not universal across all models of care.

**Conclusions** Healthcare professionals are faced with many challenges in providing good quality out-of-hours care to patients in the community, including an overstretched workforce. Responses across services vary, leading to innovations, but also staff distress.

**Impact** This study highlights how staff work to 'plug gaps' in out-of-hours palliative care to manage patients' care within limited service provision and marked inequity across the UK. It should inform better strategic planning and provision by commissioners and service providers.

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### END-OF LIFE CARE PROVISIONS FOR MINORITY ETHNIC GROUPS LIVING IN THE UK: A LITERATURE REVIEW

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**Introduction** The population of minority ethnic groups in the UK is rapidly growing. A palliative care priority is therefore to ensure the availability of and access to care that meets the diverse needs of people of all ethnicities.

**Aims** To explore the research base on end-of-life (EoL) care for minority ethnic groups, building on Evans et al (2012) review of primary research on minority ethnic groups and end-of-life care in the UK.

**Methods** In our initial scoping review, we systematically searched MedLine, Embase, and CINAHL from inception to 2022. The full review is ongoing, and by January 2023, additional databases (Web of Knowledge, BIOSIS, INSPEC, Cancerlit, ASSIA/ProQuest, PsycINFO and AMED) will be included.

Two review authors independently screened the papers by title and abstract, and then full texts, and agreed the final set for inclusion

**Results** We identified 1,367 citations across the three databases, retrieved 83 full-text papers, and included 29 studies. Over half the studies (n=20) used qualitative methods. The other studies employed quantitative (n=7) and mixed methods (n=2). Most studies (n=19) focused primarily on South Asian and Black Caribbean populations. Ten papers included patient, informal carer, and healthcare professional participants in combined studies; the other papers focused on individual groups.

**Conclusions** Our preliminary findings from this initial scoping review suggest that there has been a significant increase in EoL research with minority ethnic groups since the 2012 review. Our completed review will provide comprehensive understanding and knowledge of EoL care research with minority ethnic communities over the last 10-years.

**Impact** Identifying and synthesising current research of EoL care for minority groups will inform key recommendations for HCP's and policymakers, to assist in recognising and addressing the palliative needs of minority ethnic groups.

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### AN EVALUATION OF THE LIVERPOOL PALLIATIVE CARE AND HOMELESSNESS CO-ORDINATOR PROJECT

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**Introduction** The palliative care and homelessness co-ordinator is a new clinical role supporting the homeless population and the professionals involved in their end-of-life care. It was created to improve access to this care by working to identify patients sooner and improve communication across services.

**Aims** The evaluation aimed to:

- explore what difference the palliative care and homelessness project made to the knowledge and working practices of people working in homelessness services.
- Identify the difference the project made to people who are homeless having access to palliative care when they need it.

#### Methods

- Eight semi-structured interviews with professionals who have worked within the Liverpool Palliative Care Project.
- One focus group with five hostel workers who were supported by the project to look after residents at end of life.
- One semi-structured interview with a client.

Interviews were analysed thematically.

**Results** Data analysis is ongoing but key themes to date are:

- improved communication and relationships between professionals
- improved confidence of the professionals involved