

- reduced barriers to end of life care for those who are homeless

Conclusions The evaluation provides evidence that the homelessness co-ordinator project is improving the support that professionals can provide to those who are homeless and needing end of life care. It has allowed for more advance care plans and discussions with people who are homeless about their preferences for care at the end of their life.

Impact The service has improved multi-agency working for professionals who are supporting people who are homeless and in need of end-of-life care. By bringing professionals together to discuss patients, Marie Curie and GPs have been able to work jointly to pull in multi-agency support at hostels where patients are living. In some cases, the project has supported individuals to die at a hospice, when this has been their preferred place of death.

38 ACCESS TO PALLIATIVE CARE BY PEOPLE FROM SOUTH ASIAN COMMUNITIES IN THE UK: A QUALITATIVE STUDY USING NARRATIVE INQUIRY

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10.1136/spcare-2023-MCRC.37

Introduction Access to palliative care improves patient outcomes and reduces inappropriate hospital admissions. People from diverse and minoritised ethnic groups may have less access to specialist palliative care services. There is limited research into the experiences of people from South Asian communities accessing palliative care in the UK.

Aims To use narrative to explore participants' own stories about their access to palliative care.

Methods Narrative Inquiry with in-depth qualitative interviews and focus groups. Interview participants were South Asian, had advanced disease or a serious illness, or were the family carer of a person with one of these conditions. Participants were recruited from specialist palliative care and primary care. Interviews were undertaken in English, Urdu and Bengali/Sylheti by either White British or South Asian interviewers. Interviews were audio or video recorded, transcribed and analysed using narrative methodologies. Focus groups were undertaken to discuss initial findings with healthcare professionals, patients and family carers.

Results Interviews were undertaken with N=27 participants, additional focus groups were undertaken. Key themes included: Places in the healthcare system where people get lost, such as circular referrals, lack of continuity of care and system politics. Issues with treatments and decision-making; and culturally sensitive healthcare issues such as language barriers, preferences for healthcare provider ethnicity, experiences of racism, the role of faith and religion and issues relating to personal care, respect and dignity.

Conclusions Access to palliative care for people from South Asian communities can be improved by focusing on the points in the journey highlighted by participants and improving care quality overall. A Cultural Humility model can be utilised by palliative and primary care services to improve care quality for people from South Asian communities focusing on culturally sensitive issues.

Impact Findings will be disseminated to healthcare professionals in primary and palliative care including recommendations for improving care.

39 EXPERIENCE OF RACIAL PREJUDICE OR DISCRIMINATION IN PALLIATIVE CARE SETTINGS – A SURVEY OF UK SPECIALIST PALLIATIVE CARE SERVICES

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10.1136/spcare-2023-MCRC.38

Introduction Racism is an underlying cause of inequity in health. Little is known about whether and how racism is experienced within specialist palliative care services.

Aims To explore whether and how racial prejudice or discrimination is experienced in specialist palliative care settings.

Methods An online survey was designed and disseminated by the Association of Palliative Medicine Race Equity Committee with external peer review and ethics committee review.

Results To date there have been 769 responses (closing date:31/10/2022) from individuals working across a range of roles and service types. 66% of respondents selected they were White British (dominant ethnicity).

42% of all respondents had witnessed or experienced racism in their palliative care role-. 19% of respondents had personally experienced racism. Racism witnessed towards patients/visitors was mostly from other staff members. For over half of the respondents who had experienced/witnessed racism, these incidents had occurred within the last year. 44% did not report the racist incidents and the reason for over half of these was because they did not feel comfortable doing so or did not think it would be acted on.

45% of respondents felt their organisation or team represented the diversity of the community it served, but only 35% felt the senior leaders or managers were representative of the community. 49% thought minority ethnic staff were equally likely to be appointed to senior positions-this was more likely if the respondent was white. Qualitative findings expose the different forms and degrees of inter-personal and structural racism experienced.

Conclusions This survey found evidence of interpersonal and structural racial prejudice and discrimination in UK palliative care settings.

Impact Palliative care services must acknowledge that racism can and does occur within their organisations. Work to address this must be prioritised.

Mental and physical health and wellbeing

40 WHAT ARE PALLIATIVE CARE HEALTHCARE PROFESSIONAL'S EXPERIENCES OF SUPPORTING PALLIATIVE PATIENTS IN MANAGING DIGITAL LEGACY AS PART OF ADVANCE CARE PLANNING?

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10.1136/spcare-2023-MCRC.39