

- Explore their individual experiences of caring for dying patients within clinical practice
- Develop an emerging theory to understand student nurses' perceptions and the impact that this has on the care delivered to dying patients

Methods (Design, Data collection and Analysis)

A constructivist grounded theory approach was utilised, influenced by the theoretical perspectives of symbolic interactionism and social constructionism. Students enrolled on an undergraduate degree programme were approached to participate in the study. Using theoretical sampling, data was collected from 18 interviews. Data analysis utilised initial, focused, and advanced coding techniques, supported by constant comparative analysis.

Findings Preliminary findings that emerged from the data are : Morality of Caring, Belonging, Socialisation of Dying and Antecedence. The theoretical insight gained from this study has provided a more detailed understanding of factors that prepare students to care for dying patients, an insight which will help to shape education delivery and practice support, as well as opportunities for future research.

58 WHAT SUPPORT DO CARE HOME RESIDENTS NEED FROM COMMUNITY SPECIALIST PALLIATIVE CARE?

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Objectives City Hospice is a community specialist palliative care (SPC) team caring for the population of Cardiff (372,000). A service evaluation was undertaken to review the scope of SPC input required for residents referred from care homes (residential and nursing homes).

Methods A mixed method evaluation was undertaken for all patients from care homes referred between 1st January 2019 and 31st December 2020. Key themes of the required input from the SPC team at first assessment were analysed by 2 Palliative Medicine Consultants. Data including demographics was entered into a Microsoft Excel spreadsheet, and statistical analysis performed.

Results 272 referrals (12% of total referrals) were from care homes during the specified time period, the majority with a non-malignant diagnosis (67%). 42 residents (15% of those referred) were not reviewed, dying from an acute deterioration before initial assessment. 81% of residents reviewed were deemed to have SPC needs, with only 5% of residents being discharged at first assessment. The main SPC needs identified at first assessment fell into the following categories: recognition of deteriorating condition; symptom control including ordering subcutaneous anticipatory medications in 69% of residents; Advance Care Planning (ACP) including DNACPR decisions in 89% of residents, establishing preferred place of death (PPD) in 94% of residents and completion of an ACP document in 58% of residents; facilitation of communication; supporting care home staff.

Conclusions Community SPC teams have an important role in supporting residents, care home staff and primary care in delivering high quality palliative care to care home residents approaching the end of life. This service evaluation has highlighted that the majority of care home residents have SPC needs and highlights the key themes of need. Meeting these

needs resulting in achieving PPD in 96% of nursing home and 88% of residential home residents.

59 THE IMPACT OF ETHNIC BACKGROUND ON ACCESS TO COMMUNITY PALLIATIVE CARE SERVICES IN CARDIFF

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A recent study describes inequitable end of life care was received by those from minority ethnic groups during the pandemic.¹ This supports existing literature describing disparities in care received by these groups including lower access to care and higher unmet needs.²

In Wales, Cardiff and the Vale has the highest proportion of Black, Asian and Minority Ethnic people. This service evaluation describes the current situation in the community palliative care service for people living in Cardiff. Quantitative data was collected in a cross-sectional, retrospective review of records for all patients who were known to the service and died in 2021.

Data included 818 patient records, of which 591 had documented self-reported ethnicity. 95% of patients were from White Ethnic background, compared to 84% of the Cardiff population. Data was compared between the White Ethnic group and combined Minority Ethnic groups. A number of data points were similar; average age (77.3 vs 74.2 years), time between referral and death (88.5 vs 82.4 days) and proportion who died at home (72% vs 75%). There were some differences, including diagnosis at death with 68% of those from the White Ethnic group dying from cancer compared to 44% of Minority Ethnic groups. Additionally, those from minority groups were less likely to have documented preferred place of death (81% vs 87%) but where discussions had taken place, were more likely to achieve this (92% vs 86%). Finally, religion was documented more often in Minority Ethnic groups (81% vs 59%).

This paper shows a difference in the expected proportion of people from different ethnic groups referred to the community palliative care team. Discussion examines the data more closely exploring reasons behind this. It concludes further in-depth qualitative data is needed on a local level to explore individual experiences of care and potential existing barriers to referrals.

REFERENCES

1. Bajwah S, Koffman J, Hussain J, Bradshaw A, Hocaoglu MB, Fraser LK, Oluyase A, Allwin C, Dunleavy L, Preston N, Cripps R, Maddocks M, Sleeman KE, Higginson IJ, Walshe C, Murtagh FEM, CovPall study team. Specialist palliative care services response to ethnic minority groups with COVID-19: equal but inequitable-an observational study. *BMJ Support Palliat Care*. 2021:2045-4368
2. Calanzani N, Koffman J, Higginson I. *Palliative and end of life care for Black, Asian and Minority Ethnic groups in the UK*. Kings College London. June 2013.

60 ENABLING EXCELLENT END OF LIFE CARE IN THE ICU

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Background Prior to the COVID-19 pandemic, an estimated 10–20% of the UK population died in the intensive care unit