

## Poster No 77: Global Palliative Care

### 77 INTERNATIONAL COLLABORATION BETWEEN UGANDA AND THE UK TO DESIGN SUB-SAHARAN AFRICA'S FIRST PALLIATIVE CARE FELLOWSHIP PROGRAMME: MUTUAL BENEFITS AND LEARNING

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**Background** 80% of people with severe health-related suffering live in low and middle income countries, such as Uganda. This burden is predicted to increase rapidly. One of the main barriers to global Palliative Care (PC) availability is a lack of training, particularly of senior healthcare professionals to lead teams, support services, and influence policy. There is currently no accredited PC sub-speciality training for graduate doctors in Sub-Saharan Africa, compared to a well-established UK training programme with recent curriculum development.

**Aim** The project aims to develop a Fellowship programme to allow doctors in Uganda, and later East Africa, to become senior clinical leaders with sub-specialty accreditation in PC through combining expertise and experience of UK and Ugandan colleagues.

**Methods** The project was led by a Ugandan physician with extensive PC experience and a UK specialist registrar volunteering in Uganda, with oversight from a consultant who had developed PC services internationally. They brought together a steering group of Ugandan physicians with PC experience and UK and Ireland consultants with understanding of PC in an African context and postgraduate education, who had regular virtual meetings to share ideas and make decisions.

**Results** The project leaders reviewed international curriculums and applied Bologna medical education principles to produce a competency-based curriculum, with contributions from volunteers via an APM bulletin. They wrote a Fellowship programme proposal which is being reviewed by the steering group and international experts, prior to submission for accreditation initially by Makerere University, Uganda.

**Conclusions** Collaboration between international colleagues allowed the sharing of expertise, resources, and experience from different settings to produce a Fellowship curriculum and programme grounded in medical education principles and applicable to the local context. This project provided an opportunity for cross-cultural learning, leadership development, growth of a network for senior PC teaching and mentoring, and possibilities for future partnerships.

## Poster Nos 78–84: Pain

### 78 CHRONIC PAIN, ITS SELF-MANAGEMENT, AND SOCIOCULTURAL INFLUENCE: A QUALITATIVE SECONDARY ANALYSIS

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**Background** Chronic pain is a leading cause of disability globally and is challenging to manage; self-management is of growing interest, alongside social prescribing. Sociocultural and individual differences exist both in the experience and reporting of pain, and in the use and effectiveness of self-management strategies. This study aims to explore the interaction between chronic pain, its self-management, and ethnicity and deprivation.

**Methods** A qualitative secondary analysis was performed of two datasets: fifteen interviews with South Asian adults in West Yorkshire (2020) with patient or family caregiver experience of chronic pain; and three focus groups of fifteen White British adults with chronic pain from different socio-economic strata of Glasgow (2008). Participants consented to secondary analysis. Two analysts (ST, AR) used theoretical thematic analysis underpinned by a phenomenological approach. Two PPI contributors guided analysis and interpretation.

**Results** Participants described learning to live alongside chronic pain through a long process of acceptance and lifestyle modification. The latter included adoption of self-management strategies such as exercise, use of alternative therapies, and modifications such as housing adaptation which were challenging for participants in financial difficulty. For most participants, coping with pain was more affected by personality than by protected characteristics, though female South Asian participants perceived a cultural expectation to carry on despite pain. Medication-related concerns were prevalent, especially amongst South Asian participants, but were mitigated by involvement in decision-making.

**Conclusions** Participants adopted self-management strategies despite describing no formal training in this in; access to and choice of strategies were influenced by sociocultural factors including financial means and perceived social acceptability. Retaining a sense of self-determination was important, and was facilitated by shared decision-making around medications, follow up and referral; active self-management strategies such as exercise; and engagement with alternative therapies.

### 79 INTRATHECAL OUTCOMES FOR PALLIATIVE PATIENTS; YORK'S STORY

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**Background** The Chronic Pain Team in York provides externally controlled intrathecal drug delivery systems (ITDD) to palliative patients with intractable pain who are known to the local Palliative Care service. This study reviewed the demographics and outcomes for these patients.

**Methods** A retrospective case note review was undertaken of all palliative patients who received ITDD between 2013 and 2018. Case notes from York & Scarborough hospitals and hospices were perused to collect data with appropriate permissions.

**Results** 44 patients underwent ITDD insertion. All had input from the Palliative Care team. The majority of these patients had a malignancy. Local hospices supported 80% of patients post-insertion. Within one week of insertion, pain had