

culturally sensitive way (acting as a cultural broker). Improving role clarity and collaborative clinician-interpreter training may alleviate negative emotional effects. Evidence limited by rapid nature of review and location/heterogeneity of studies.

### 87 LIVING WITH ILLNESS GROUP – IPOS DATA ANALYSIS

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**Background** Phyllis Tuckwell Hospice offers a number of group out-patient courses for patients. The Living with Illness group focuses on adjusting to living with an illness, self-management of common symptoms and understanding how illness can affect one's mood.

**Aim** To measure the impact of attending the Living with Illness group by assessing patients physical and psychological symptoms at the beginning and end of an 8-week course.

**Method** The assessment involved 16 patients attending the Living with Illness group.

**Tools used were** IPOS (Integrated Palliative Care Outcome Scale) tool at the beginning and then repeated 8 weeks later at completion.

AKPS (Australia modified Karnofsky performance scale); to measure overall performance status and ability to perform activities of daily living.

Phase of Illness (POI); to assess whether current care plan was meeting needs.

**Results** Patients functionally deteriorated (AKPS scores) over the course of the group. Fewer patients were categorised as stable (POI) at the end. Total IPOS scores (high scores indicating more distress) were calculated for 11 patients with two fully completed IPOS. At the end of the programme the scores/distress were reduced for six patients, stable for two and a minimal increase of one point for one individual. Four patients didn't complete the programme two were due to worsening health.

**Conclusions** Despite functional deterioration, IPOS scores improved for most patients attending the group. Some of the greatest improvements were psychological scores; patients feeling more at peace, less depressed or anxious. Of the 11 patients with complete datasets six had a reduction in total IPOS scores equating to reduced over all distress; three had no change or minimal increase of one point. Only two patients had a larger increase in scores. This is despite ongoing deterioration in their health due to their underlying illness.

### 88 WHAT ARE THE PSYCHOLOGICAL NEEDS OF CAREGIVERS OF PEOPLE WITH DEMENTIA AT THE END OF LIFE?

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**Background** The WHO recognises dementia as a global health priority. The incidence and prevalence of dementia is increasing exponentially and neither health nor social care services are able to meet the needs of people with dementia (PWD) at the end of life (EOL) without the help of informal caregivers.

To date, research has demonstrated the high rates of caregiver burden, anxiety and depression but offers little evidence of how best to ameliorate these issues. The aim of this study was to identify the psychological needs of caregivers of PWD at EOL.

**Method** A systematic review adhering to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines and narrative synthesis were conducted. Population: adult (aged >18 years) informal caregivers of a formally-diagnosed PWD. Inclusion: English-language studies of psychological needs of caregivers of PWD at EOL. The electronic databases searched were APA PsycINFO, Ovid AMED, CINAHL by EBSCO, Cochrane Database, Ovid EMBASE, Ovid EMCARE and Ovid MEDLINE.

**Results** Eleven studies met the inclusion criteria; ten qualitative studies and one mixed-methods study. These studies captured the experiences of 356 caregivers. Data extraction identified 80 findings and data synthesis resulted in 22 categories of psychological needs. A narrative synthesis found six key themes: i) relationship-orientated psychological needs; ii) support needs; iii) information needs to support psychological wellbeing; iv) care of the caregiver and the need to maintain caregiver wellbeing; v) the need for role recognition and an identity outside of the caregiving role and vi) psychological security.

**Conclusion(s)** Elucidating the psychological needs of caregivers of PWD at EOL is the first-step in being able to improve the quality of life of caregivers of PWD by identifying targets for the help and support they need when providing care for PWD at EOL. Future research should focus on interventions that might address these needs.

### 89 THE PROVISION OF CULTURALLY APPROPRIATE PALLIATIVE CARE AT A LARGE TEACHING HOSPITAL IN THE UK

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**Background** Palliative care is a holistic approach aiming to improve quality of life of those with life-limiting illness and their caregivers. Care should be individualised in line with what is important to the patient/their family. To meet these needs an understanding of the cultural preferences of an individual is essential. Despite this, results from a national audit show that less than a third of families feel we meet the spiritual/religious needs of their loved one at the end-of-life.

**Aims** A service evaluation of current practice in a large teaching hospital in the UK, to determine whether the cultural needs of patients were assessed during their final admission to hospital.

**Method** A retrospective case note review of 200 patients who died between August-October 2021 in a large teaching hospital in the UK. We examined whether discussions had been had with the patient or family regarding cultural requirements. Frequencies/percentages were reported for categorical variables and chi-square statistics calculated to explore the relationship between variables and any discussion.

**Results** 104 (52%) were male, median age 82. Demographic characteristics were not routinely recorded. Ethnicity was

recorded for 143 (71.5%) patients, religion for 82 (41%), and nationality for 136 (68.0%). Where it was documented, 88.1% were white and 98.5% were British. Discussions were only documented in 34 (17.0%) cases. If specialist palliative care input was sought, cultural preferences were more likely to be discussed ( $p < 0.001$ ). When discussions were documented, patients were more likely to be referred to chaplaincy ( $p < 0.001$ ).

**Conclusion/Discussion** In this service evaluation, cultural preferences at the end-of-life were often not documented and possibly not being discussed with patients and families. Education is needed on the importance of assessing and addressing these needs.

## Poster Nos 90–144: Service Development

### 90 EYE DONATION IN THE HOSPICE SETTING: PERSONAL AND SYSTEM-BASED BARRIERS TO DISCUSSING THIS END OF LIFE OPTION WITH PATIENTS AND FAMILY MEMBERS: AN EXPLORATORY QUALITATIVE STUDY

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10.1136/spcare-2023-PCC.110

**Background** In the UK there is a national shortage of corneas available for transplantation. Up to 50% of patients within a palliative care setting may be eligible to donate corneas, yet donation rates from this environment are low. Studies have indicated that healthcare professionals are reluctant to initiate conversations. Doctors views on donation are poorly represented in the literature.

**Aim** To identify and explore barriers to clinicians initiating conversations about the option of eye donation as part of end of life care planning in a hospice setting.

**Methods** An exploratory qualitative design was adopted using focus groups. The study was based from palliative care services in the South of England and was conducted between 15th and 22nd February 2017. Participants included 14 doctors holding registrar, specialty doctor or consultant posts. Qualitative content analysis was the data analysis method chosen.

**Results** Despite holding positive views towards corneal donation, doctors are unlikely to initial conversations. Barriers identified included 1) lack of knowledge around eye donation, principally involving eligibility 2) attitudes, influenced by personal beliefs but also clinical experiences and the perception of patient and public views on donation in a hospice setting 3) professional concerns about workload and the prioritisation of significant conversations, and 4) a lack of confidence in the process of eye donation which directly impacted on an individual initiating a discussion. Findings indicate that level of clinical experience does not influence the likelihood of initiating conversations, but individual experiences do shape attitudes. The hospice was viewed as a unique entity with specific challenges to implementing corneal donation services.

**Conclusions** Despite positive views toward eye donation, many barriers contribute to a lack of confidence in the system and low donation rates. Improvements could be made by education and support for staff members and appointing a designated lead staff member.

### 91 MAPPING THE SPECIALIST PALLIATIVE CARE WORKFORCE IN LONDON'S ACUTE HOSPITALS – A POSTCODE LOTTERY?

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**Introduction** An estimated 75% of people who die each year could benefit from receiving palliative care. Little data exists on the specialist palliative care workforce and service provision and whether this meets defined standards.

**Aims** To map the specialist palliative care workforce across London and identify any differences in staffing levels and out-of-hours cover, to inform workforce planning discussions across the London Palliative and End-of-Life Care Strategic Clinical Network.

**Method** Service evaluation of 27 specialist palliative care teams within 19 London NHS Hospital Trusts (August-December 2022). The following data were collected: numbers of whole-time-equivalent establishment and staff-in-post for clinical and non-clinical roles; hospital bed numbers, annual service referral numbers, and annual deaths (surrogate markers of service demand). Descriptive statistical analysis compared staff establishment levels per 1000 beds, referrals, and deaths. Also, data on vacancy rates and out-of-hours cover for each team were analysed.

**Results** All 27 teams provided data. The median ratio of medical staff to 1000 beds/referrals/deaths was 5.5, 2.5 and 3.2 respectively; the median ratio of nursing staff to 1000 beds/referrals/deaths was 14.9, 6.1 and 7.5 respectively, with wide variation across services. 48% of teams had an underfilled staffing establishment; the median vacancy rate was 10.2% (range 0.5%-42%). 44% of teams provided a 7-day face-to-face service with 24/7 telephone support. The proportion of teams with specialist social workers and psychologists in their establishment was 37% and 26% respectively. Results are subject to final verification.

**Conclusion** Our results demonstrate wide variation in hospital specialist palliative care workforce levels across London, and levels of out-of-hours cover. Whilst the heterogeneous nature of hospitals make comparisons challenging, our findings indicate inequity in provision. Replication of this mapping exercise across wider Strategic Clinical Networks in England is important to understand variation in workforce and service provision at a national level.

### 92 TRANSFERRING THE CARE OF PATIENTS WHO ARE APPROACHING THE END OF THEIR LIVES – A RE-AUDIT OF HOSPITAL DISCHARGE SUMMARIES

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**Introduction** Discharge summaries are fundamental in transferring care from hospital to community. However, our GP colleagues tell us these vital letters require improvement.<sup>1</sup> Since 2014, junior doctors from Royal Derby Hospital have examined the quality of discharge summaries written about patients who are reaching their last weeks of life. These patients are eligible for immediate access to NHS continuing