recorded for 143 (71.5%) patients, religion for 82 (41%), and nationality for 136 (68%). 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.

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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

Alice White, Tracy Long-Sutehall. Southampton University Hospitals Trust

Background In the UK there is a national shortage of corneas available for transplantation. Up to 30% of patients in 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 initiate 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.