

Background Storytelling has been established as an effective tool for supporting people with end-of-life care decision making (Youell, Ward. *ehospice* [UK ed]. 2016; Jan 4; Watson, Voss, Bloomer. *Res Pract Persons with Severe Disabilities*. 2019; 44(4):267–79). Through a process of personal evaluation and reflection, patients and their loved ones can come to terms with life-changing diagnosis and death (Youell, Ward, 2016; Watson et al, 2019). We observed that parts of our workforce had difficulties initiating and having important advance care planning (ACP) discussions with patients and their loved ones. We developed a Making MEMories and Lasting Legacies (MMELL) programme as a less clinical, neutral and personalised tool for promoting ACP discussions. With art-based therapies and personal narratives at its core, MMELL seeks to help the hospice workforce, patients, and their families to have meaningful ACP discussions for a better end-of-life care experience.

Aims To refine the MMELL programme and evaluate its impact on meaningful ACP discussions.

Methods Phase 1. Literature review, stakeholder consultation and hospice-wide roll out of the MMELL programme, development of feedback forms. Phase 2. Data collection and analysis (i) patient and family uptake of MMELL programme, (ii) clinical notes for ACP discussions before and after MMELL programme introduction, (iii) service user feedback forms. Phase 3. Programme refinement, expansion of the offer to the wider hospice community, stakeholder consultation, dissemination of preliminary findings.

Preliminary results Since May 2022, we have created 15 fingerprint jewellery items, nine hand casts, conducted seven family workshops, and recorded 10 life stories. Feedback forms show that patients enjoy the process of using art-based, creative methods to express what is important to them in ACP discussions. Families have also expressed that it has helped them to come to terms with their loved one's impending mortality.

Conclusions MMELL has improved uptake of ACP discussions for people accessing the hospice services. This service has emerged as a personalised offer during initial clinical assessments. Our MMELL programme shows that art-based methods of expressing what matters most are accessible, inclusive and personal (Watson et al, 2019; Jerwood, Allen. *BMJ Support Palliat Care*. 2022;12:A1-A2).

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EARLIER CONVERSATIONS ABOUT THE FUTURE: HEALTHCARE PROFESSIONALS BROACHING HOSPICE CARE AND OTHER END-OF-LIFE ISSUES

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Background Early conversations about the future benefits people with life-limiting conditions. Timely admission to a hospice service often provides the best outcomes (Brighton & Bristowe. *Postgrad Med J*. 2016; 92(1090): 466–470). However, patients are frequently not referred until near to death (Casarett & Quill. *Ann Intern Med*. 2007; 146(6): 443–449): 'at the beginning of the end.' There are multiple reasons for this. Healthcare practitioners (HCPs) may not want to relinquish their patients or to acknowledge that they cannot intervene to prolong the patient's life further.

Meanwhile, patients and families who received hospice care would have liked to have more information about the hospice when the illness was labelled terminal (Weckmann, *Family Practice Manage*. 2008; 18–22.). There are often negative connotations associated with the word 'hospice' (Friedman, Harwood, Shields. *J Palliat Med*. 2002; 5(1):73–84; Matthews, Peters, Lawson. *Health Mark Q*. 2017; 34(1): 48–61) which feeds into practitioners' reluctance to bring up the subject. We address these challenges by focusing on approaches and 'what words to use' when broaching conversations about referral to a hospice.

Aim Our aim is to explore the language used by HCPs who refer to a hospice service and the challenges in making earlier referrals. We identify specific language practices for encouraging these conversations.

Method We are interviewing HCPs (N=25) who talk to patients with life-limiting conditions and their family members about planning for the future, including referrals to a hospice. These HCPs include hospital consultants, GPs, occupational therapists, nurses and psychiatrists. Interviews are subjected to inductive thematic analysis based on six principles developed by Braun and Clarke (2006). Analysis is assisted by NVivo data analytic software.

Results/conclusions Our study is in progress. So far, thematic analysis has identified key signs of patient readiness for conversations, techniques for encouraging patient engagement (e.g., hypotheticals, framing around control), specific language and conversational approaches for starting a dialogue, ways into broaching these conversations through checking existing patient understanding, ideal timings for beginning these discussions, and supporting HCPs' confidence in having these conversations through training.

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PALLIATIVE COMMUNITY NURSES' LIVED EXPERIENCES WHEN COMPLETING ADVANCE CARE PLANNING FACE-TO-FACE COMPARED TO TELEPHONE

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Background COVID-19 changed healthcare working practices. Communication with patients and their families moved from face-to-face to primarily remote contact; communication skills had to adapt.

Aim To understand palliative community nurses' lived experiences when completing advance care planning (ACP) face-to-face, compared to telephone.

Method Using reflective stories, the author attempted to understand what influences the way ACP is raised both face-to-face and over the telephone. Themes were then compared to understand if one approach is more effective. University and organisational ethical approval was obtained prior to commencing the study. Written consent from participants was obtained prior to the interviews being undertaken. The sample consisted of community nursing team staff, with ward-based staff and those with less than two years' organisational experience excluded.

Results Seven semi-structured interviews were conducted, three face-to-face and four conducted virtually over a meetings platform. Face-to-face ACP is preferred, as the telephone can be a barrier to the discussion, with a lack of non-verbal prompts