

access include: age, sex, ethnicity, socioeconomic position, accessibility of services, and diagnosis (Allsop, Ziegler, Mulvey, et al. *Palliat Med.* 2018; 32(8): 1322–1333). Access to community specialist palliative care (CSPC) services may reflect this.

**Aims** To identify, 1) patterns in the populations accessing CSPC services, and 2) underserved populations.

**Methods** A retrospective evaluation of all referrals made to three CSPC services in one calendar year. Time in days calculated for: referral to discharge/death, and discharge to death in the cases discharged before death. Index of Multiple Deprivation (IMD) deciles (a surrogate for socioeconomic position) and straight-line distances between patients' residence and hospice were obtained. Access to palliative care was considered in terms of patients receiving a referral, and the duration under care in time from referral to death (days).

**Results** 2579 referrals (47% female, median age 76, 59% White British). Cancer was the modal diagnosis (72%). The modal IMD decile was 10 (least deprived), and median 7. Most referrals lived 5–10km from hospice. The median time from referral to discharge or death was 20 days, and from referral to death, 46 days. Younger age groups, cancer diagnoses, higher IMD decile and White British ethnicity had longer median referral to death times.

**Discussion** Fewer referrals were made for those with a non-cancer diagnosis, lower socioeconomic position, non-white British ethnicity, and residence further from the hospice. Those with non-cancer diagnoses, lower socioeconomic position, and older age groups, received fewer days of CSPC. CSPC remains aligned to the needs of less deprived, older, white British patients with cancer. Introducing palliative care referral to guidelines for management of terminal conditions and education on the benefits of early referral to SPC (Aldridge, Hasselaar, Garralda, et al. *Palliat Med.* 2015; 30(3): 224–239), and increased collaboration with underserved communities to design services aligned with their needs is required.

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#### OPPORTUNITIES AND CHALLENGES FOR INVOLVING PEOPLE WITH LIVED EXPERIENCE OF INCLUSION HEALTH AS CO-RESEARCHERS IN PALLIATIVE AND END OF LIFE RESEARCH: A RAPID REVIEW AND THEMATIC SYNTHESIS

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**Background** Co-research promotes involvement of individuals with relevant lived experience as equal members of a research team. Recently, the importance of co-research within palliative and end of life care has been highlighted. However, few recommendations exist regarding best practice for involving people from inclusion health groups as co-researchers in palliative and end of life care research (i.e., people from socially excluded groups, who typically experience multiple disadvantages that contribute to poor health).

**Aim** To identify and synthesise qualitative literature outlining barriers and facilitators for involving people from four inclusion health groups (individuals with lived experience of: homelessness, substance use disorders, incarceration or

exchanging sex for money) in palliative and end of life care research.

**Methods** Rapid review with qualitative evidence synthesis. Three electronic databases were searched (2012 – 2022). Data was extracted from the perspectives of both academic researchers and lived experience co-researchers, including both first order-data (quotes from individuals with lived experience), and second order data (original authors' interpretations). Analysis followed thematic synthesis methodology.

**Results** Three eligible papers were identified. Two involved individuals with experience of incarceration, and one involved people with experience of homelessness. This corresponded to eighteen individuals with lived experience. Challenges for involvement included: facilitating appropriate reimbursement; overcoming stigma and reluctance to share power; protection vs. patronisation; how lived experience affects positionality (bias and scepticism); and the emotional burden of research. Benefits included: advanced level of insight, two-way learning opportunities and the relatability of lived experience co-researchers.

**Conclusions** There are few, good quality studies offering insight into barriers and facilitators for lived experience co-researcher involvement in palliative and end of life care research. Greater understanding of and recommendations for safe and impactful inclusion is needed to support and encourage researchers to involve people from inclusion health groups as co-researchers in palliative and end of life care research.

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#### CO-DEVELOPING SKILLS IN WORKING WITH INTERPRETERS IN CONVERSATIONS ABOUT END OF LIFE

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**Background** Personalised communication is essential in effective palliative care (Silva, Genoff, Zaballa. *J Pain Symptom Manage.* 2016;51(3):569–80; Jaitly, Bronnert. *BMJ Support Palliat Care.* 2023;13:A52). However, language barriers coupled with diversity in cultural and faith backgrounds can make personalising information, dialogue and care planning complex. The lack of teaching around this subject in UK medical schools compounds the problem. The 2021 UK census shows that 8.9% of the population does not identify English as their primary language, making it a pressing concern for healthcare providers.

**Aims** This project aims to co-develop, pilot and evaluate learning resources for working with interpreters during end-of-life consultations. We report here on developing this work.

**Methods** Facilitated workshops drew on the experiences from a diverse range of stakeholders, who had delivered and/or received care, where the primary language was not shared. Discussion centred on real-life scenarios in advanced illness and end of life care involving complex discussions with interpreters.

**Results** The workshops highlighted that culture, as well as language, both played a significant role in communicating with non-English speaking patients. In an ideal situation, family and friends should not be expected to interpret consultations, especially in the emotional context of end-of-life discussions. The complexity of reality makes this challenging.

Attendees felt that the interpreter briefing and debriefing was vital, and that nuanced education is needed. Healthcare workers lack the confidence to use interpreters, and some do not know how to access them. Telephone interpretation is easy to access, but can be the hardest to do well. Attendees greatly valued hearing about other people's experiences as a way of learning.

**Conclusion** The study underscores the need for culturally safe education to improve communication through interpreters during end-of-life consultations. The next step is to develop and pilot the learning packages targeting medical students, internal medical trainees, and palliative care nurses.

### P-200 HOW CAN PALLIATIVE CARE SERVICES/HOSPICE CARE AIM TO REACH ETHNIC MINORITY GROUPS?

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**Background** England's population is becoming increasingly diverse (Care Quality Commission. People from black and minority ethnic communities: a different ending: addressing inequalities in end of life care. 2016). Comparisons between 2011 and 2021 censuses conducted by the Office for National Statistics showed an increase in almost all ethnic minority groups and religious groups (ONS. Ethnic group, England and Wales: Census 2021). However, there is great disparity in the amount of palliative care services reaching these communities (Johnson. *J Palliat Med.* 2013;16(11):1329–34; Tobin, Rogers, Winterburn, et al. *BMJ Support Palliat Care.* 2021;12(2):142–51; Marie Curie. Improving access to palliative care services for people from Black, Asian and Minority Ethnic backgrounds in South East Cardiff. 2014).

**Aims** Examining how comfortable hospice health care professionals (HCPs) are with treating a religious minority group of dying patients and exploring their confidence prior to and following a teaching session delivered on dying traditions in Christianity and Islam. Aiming to promote cultural diversity within a hospice in the South of England and the palliative services they provide.

**Methods** Literature review on distribution of palliative care services among ethnic minority groups. Organised a teaching session on dying traditions in Islam and Christianity for hospice HCPs and conducted a survey before and after teaching. Created an immersive cultural tradition of breaking Ramadan fast with Muslim individuals inside and outside the organisation to encourage conversations about different cultures. Establishing a forum by which we can brainstorm on ideas of how to better reach these communities.

**Results** 53% of hospice HCPs who took part in the survey thought palliative care services were not very good at reaching ethnic minority groups and 40% thought services were good but could be better. 53% said they felt uncomfortable caring for a dying patient that identified as Muslim before the educational talk, 40% said they were slightly comfortable and 7% said they were comfortable. After the spirituality in Islam talk, 66% said they were now very comfortable in caring for a dying Muslim patient and 34% were comfortable.

**Conclusion** The survey proved that the spirituality teaching was beneficial in gaining insight in how to better care for one

minority group and opened our eyes to how we can expand on this to reach more minority groups.

### P-201 USING ART TO CAPTURE WHAT LIVING AND DYING WELL LOOKS LIKE FOR OLDER SOUTH ASIAN LADIES AND ITS IMPACT ON THE WIDER COMMUNITY TO ENGAGE IN END OF LIFE CONVERSATIONS

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The Birmingham Hospice worked alongside a group of 12 local South Asian ladies, to explore the themes and topics that were regarded as being important for this community, to ensure that they could age well and have a positive end of life experience. The first stage of the project was delivered in four workshops, using the methodology of No Barriers Here ([nobarriershere.org](http://nobarriershere.org)) to creatively explore and capture themes that were viewed as being important. Information sharing and discussions also enabled the hospice to develop the participants' awareness of choices they had about planning for their end of life, and also the services within the city that could support them as they approached older age. The topics discussed in the four workshops were themed around the following areas:

- Talking to friends, family and a GP about ageing and dying well.
- Planning for future care at older age.
- The financial and practical considerations that should be taken into account at older age.
- How to get friends and family support at older age.

The Birmingham Hospice worked in partnership with the Birmingham Ikon Gallery and the group of South Asian ladies on the second stage of the project, co-designing a photographic collection of images capturing key elements of ageing well and dying well that were identified in the workshops. The images were then displayed in a public exhibition in the Ikon Gallery, Birmingham. The exhibition was used as a tool for encouraging the wider community to engage in conversations about end of life planning.

The study is currently in progress and evaluations are to be completed to measure if the use of this methodology to promote more open conversations about end of life planning is successful.

### P-202 EXPLORING EFFECTIVE AND PREFERRED END-OF-LIFE CARE PLANNING FOR PEOPLE WITH LEARNING DISABILITIES FROM MINORITISED ETHNIC GROUPS

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**Background** The 2020 national review of deaths of people with learning disabilities (LeDeR) found that there are significant inequalities in the experiences of people with learning disabilities from minoritised ethnic groups compared to white