Sikhs account for 12.8% of the population although only 1% of referrals to local hospice are Sikh.

**Method** A qualitative study, facilitating interviews in Punjabi and English, using interpretative phenomenological analysis to analyse the transcribed data.

**Results/Discussion**
- Five super-ordinate themes identified:
  - Factors leading to the caring role;
  - Emotional effects of caring on the carer
  - Impact of caring on the wider family
  - Influence of the health care services
  - Religious and cultural influence

Lack of support from health care professionals emerged as an overriding theme. An overwhelming sense of duty pervaded each family sustaining them to cope. The option of their relative being nursed in care home/hospice was unlikely as participants reported fears that care could only be received if it was paid for. Culture and religion played an important role in the caring role.

**Conclusions** GPs and hospices need to take a major role in identifying patients with non-malignant disease to ensure referral to other services. Access to equipment is uncoordinated. Financial concerns over care are apparent in this population. Sikh carers need to be educated and supported to continue to support their relatives.

**Applications to hospice practice** Allows equity of care to patients dying of non-malignant disease. Improves bereavement support for this population. Engagement with community may need to extend to outreach clinics to raise awareness within this population. Extends education on end-of-life issues to this minority ethnic group.

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**P22** PATIENTS HELP TO SHAPE NEW DAY HOSPICE PROGRAMME

Kathy Birch. Princess Alice Hospice, Esher, England

**Background/Context of the work** Princess Alice Hospice had a thriving therapeutic but traditional model of Day Hospice. Staff identified, however, that some patients declined attendance or stopped attending after a short time. Feedback indicated this was due to the inflexible nature of the model.

**Aim and approach used** A period of consultation was planned, with main stakeholders, to explore opinion and different models of care. Meetings were held with patients, staff, referrers, Trustees, hospitality and driving volunteers. A questionnaire was subsequently developed and sent to these stakeholders to provide further data. One hundred and fourteen questionnaires were returned and analysis of data provided evidence to support change while retaining some of the traditional model of care.

**Outcomes**
- A redesign of the weekly programme to include three days of the traditional Day Hospice model and two days of new individual and group activities.
- Increased flexibility in the service
  - Patients accessing different elements of the service at different stages of their journey
  - Full day, half day and one hour appointments
- Additional carer support activities.
- Opportunities for staff and volunteer development.
- Ongoing re-evaluation of the programme and adaptations as needed.
- A service which is now more receptive and open to change.

**Application to hospice practice** Hospice services are being challenged to consider their future and plan strategically to meet the changing needs of the people they support. Day services should not be exempt from this scrutiny. Changing a model of care can be difficult and painful, but services must ultimately meet the needs of the people they support to be viable. In a changing social and medical world, Hospice services need to be flexible and open to change in order to deliver and sustain a future proofed service.

**REFERENCE**

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**P23** NEW MODEL OF DAY THERAPY SERVICES WITHIN LINCOLNSHIRE - OPENING DOORS

Mark Mumby, Rachel Jones. St Barnabas Lincolnshire Hospice, Lincoln, UK

**Background/Context of the work** Historically the predominant case mix for Day Care was elderly patients, those in their last year of life and with primarily a cancer diagnosis.

In 2011 we reviewed how services could be provided countywide for a rural county population circa 712,000 (1) that would assist patients earlier in their palliative journey, those with non-cancer diagnosis and attract younger patients. We aimed to