

receive fragmented care. Recommendations for utilising the volunteering sector and providing professional development opportunities for health care providers of this vulnerable population are discussed.

P 026 **WHY IS INTEGRATED CARE NOT WORKING IN END OF LIFE CARE FOR THOSE WITH ADVANCED DEMENTIA? FROM THE HEALTH CARE PROFESSIONAL PERSPECTIVE**

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**Introduction** In line with the National Dementia Strategy (2009), a mixed methods programme was designed to develop and pilot a complex intervention to improve end of life care for people with advanced dementia. A facilitation-based model provided education, training and support to health care professionals (HCPs) creating an integrated, individualised and holistic service.

**Aim(s) and method(s)** To inform the intervention development, we conducted a series of qualitative interviews to examine HCPs attitudes and knowledge regarding integrated care. A topic guide was used to interview 14 HCPs including commissioners, care home managers, nurses and health care assistants. We used a rigorous approach to data analysis (quality framework recommended by Spencer *et al* 2003). Thematic analysis identified meaningful themes.

**Results** Interviews revealed how shortfalls in different sectors providing care for this vulnerable population contribute to discontinuity of care. The main themes found to contribute to care fragmentation were care homes are business-driven establishments, conflictive relationships between HCPs, poor elements to good quality care and governmental factors. Additionally, the cardinal factors underlying care fragmentation are lack of staff and resources in care homes and hospitals and lack of funding from the local authority required for delivering good collaborative and integrated care.

**Conclusion(s)** Health and social care services provided for those at the palliative stages of dementia