

same study found participants aged ≥ 95 were willing to discuss their end-of-life care preferences.⁶ We also sought to understand bereaved family members' perspectives on their 'older old' relatives' deaths.

Methods Analysis (framework approach) of $n = 295$ informant interview responses to an open question 'If you had to live through the time of [...participant's...] final illness again, would you like anything to have been managed differently?' regarding $n = 290$ deceased participants (mean age at death 90.2, SD 5.1 years) in the Cambridge City over-75s Cohort study, UK.

Results We will detail our findings that highlighted four key themes: communication (information-sharing, inter-personal/professional understanding), time (responsiveness, constraints), place (staying, moving, continuity) and care (in all settings).

Discussion Training and service integration implications for end-of-life care for society's 'oldest old' will be discussed.

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22 VERY OLD PEOPLE DYING – WHAT WOULD RELATIVES LIKE TO HAVE SEEN MANAGED DIFFERENTLY?

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Background and aim As people live longer, dying in very old age is becoming more common. Palliative care is trying to adapt, from models that evolved predominantly from cancer care origins, to better meet the needs and priorities of frail older people. From one of the longest-running studies of ageing¹ we have already described disability and cognition in the last year of life of a population-representative sample of men and women who died aged ≥ 85 ² and their end-of-life place of care transitions,^{3,4} showing most died away from home, with markedly higher dependency levels amongst people dying ≥ 90 . From interviews with relatives after the study participants' deaths, reportedly dying comfortably was associated with avoiding transitions, particularly with staying in care homes that had become home.⁵ Qualitative research in the