

**P-212** **EVERYTHING IN PLACE: A GOOD DEATH IS A WELL-PLANNED DEATH**

Louise Johnson. *St. Cuthbert's Hospice, Durham, UK*

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Increasingly individuals are preferring to die at home, eliciting an increased need for good communication, forward planning is more crucial than ever. We need to be better equipped for difficult conversations and more confident in sharing our wishes with others.

The 'Everything in Place' project raises the profile of these taboo subjects, reducing barriers by encouraging conversations and advocates the need to take responsibility for informed decision making. Six sessions included:

- The last taboo
- Wills
- Powers of Attorney
- Advance decisions for health and care
- Funeral planning/poverty
- A strong soul/organ donation.

The project is delivered through local community centres, housing organisations, workplaces and communities of interest. Initially presentations were made to gauge interest, dispel myths, and demonstrate the mass of practical evidence surrounding what constitutes a good death. Once venues were established the project was promoted through posters, leaflets, newspaper and radio, a work book was designed to help with decision making and record thoughts and plans.

Six sessions were delivered in five venues (monthly), five people attended during week one and overall we delivered the equivalent of 82 individual sessions, results below:

As a result of this project :	Yes	No	Not sure
Have your views on death changed?	7	2	1
Are you more comfortable talking about death?	9		1
Are you more comfortable thinking about your own death?	9		1
Are you more able to plan for your own death?	6		4
Are you more confident about availability of home care?	5		5
Were the activities relevant to your own family?	10		
Would you recommend the sessions to others?	10		

Attendance rates might suggest the uncomfortable nature of death, however results would confirm that in the main discussions were beneficial. We believe the project is making an impact and continue our work to make this information accessible.

**P-213** **DEVELOPING A PALLIATIVE HUB: LESSONS FROM THE ISLAND OF IRELAND**

Karen Charnley, Gareth Wescott, Cathy Payne. *All Ireland Institute of Hospice and Palliative Care, Dublin, Ireland*

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**Background** Meeting the information needs of entire community including patients, families, carers, health and social care professionals and researchers is important in a society where online resources are an increasing source of information. Providing this

information digitally in one location will reduce the burden on individuals trying to navigate the internet and multiple sources of information, which may not be appropriate or relevant.

**Aim** To develop the Palliative Hub, as a gateway for information, education and guidance regarding palliative care.

**Method** Drawing on the skills and expertise of a range of stakeholders, working groups were established, which represented service users, carers, providers, charities and advocacy groups. The purpose of these groups was to assist with the design and development of the Palliative Hub, as sites to provide information, education and guidance about palliative care. The Palliative Hub whilst providing information also acts to filter and direct the user to the most relevant sources of further information.

**Results** It is anticipated that this resource will assist with meeting the palliative care information and education needs of the entire community in one place with key signposts to relevant sources and resources.

**Conclusion** The Palliative Hub has the potential to become an integral element in meeting the palliative care information and education needs of the entire community and is an example of an innovative and collaborative project across the island of Ireland, which could be translated across other jurisdictions.

**P-214** **TERMINOLOGY RESEARCH – THE WORDS WE USE TO DESCRIBE OUR CARE**

Tony Carpenter. *Phyllis Tuckwell Hospice Care, Farnham, UK*

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**Background** There was uncertainty over the words to use to describe the care we provide and type of patients we support, particularly following the transfer of an NHS service to our hospice management in 2015. Other hospices use inconsistent language, so there was no clear direction to follow to create our own language.

**Aim** In March 2016, we undertook some research to enable us to understand the best phrases to use with supporters, the general public and patients/relatives.

**Methods** Quantitative research using an online survey was undertaken with 533 supporters and general public; qualitative research through six discussion groups was undertaken with staff, volunteers, patients, carers, supporters and general public; and telephone interviews with seven local GPs.

**Results** "Illness" was preferred as descriptor, over others like "condition" or "disease".

'Terminal illness' was established as the best phrase for those receiving hospice care and chosen equally by both supporters and general public, but should be softened by saying "living with a terminal illness" to make it more positive and hopeful.

**Rejected words:** Life-limiting, Life-changing, Incurable, Serious Progressive, Advanced.

'Hospice care' is used our name, so does not to be in the descriptor of the type of care. On its own it can suggest that we only provide care in a hospice building, for in-patients only.

'End of life care' was established as the best phrase to describe type of care, as it was safe, specialised, supportive and inclusive, but we should also include 'Supportive Care', as it suggests that the family are supported as well as the patient, and we also provide non-physical care for the patient.