

Aim Breaking bad news to patients is difficult for healthcare professionals. As part of my reflections and learning from studying Loss and Grief (University module) at the hospice I wanted to explore how we might improve this.

Method Within the day unit we identified a need to support patients throughout this time. I drew inspiration from Worden's Tasks of Mourning (1982) along with an awareness of the social context of loss and grief. I gathered ideas about how we might enhance practice and have been piloting a new approach to delivering bad news to patients.

Results This new approach focuses on a celebration of life, bringing all patients together in a safe environment where they are told about the loss. An 'I remember' discussion (led by day unit staff with support from volunteers, spiritual and social care teams) is held, which is a positive interaction to share memories through reminiscence. Throughout suggestions are made about how to celebrate the memory of the deceased, which includes music, singing and lighting candles.

Conclusion Initial results suggest that patients are not left low in mood. In fact, their memories bring positive emotions such as laughter. We believe that by encouraging patients to communicate after loss will enable them to speak more freely about their own diagnosis and wishes.

Communication, life stories and the digital age

P-10 ADVANCE CARE PLANNING WITH PATIENTS WITH DEMENTIA

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Introduction Advance Care Planning (ACP) is high on the government's agenda for all patients with life limiting illnesses. This is particularly difficult for patients with dementia due to the long and unpredictable illness trajectory affecting their capacity. ACP has been shown to have positive impact on end of life care and is important to ensuring that the patient voice is heard and removing burden from family members. Applying policy to practice however is challenging with confusion over which professionals are responsible for the role.

Aims and Objectives The aim of the study was to determine which professionals are best placed to undergo ACP with patients with dementia. Health care professionals' views and experience of the process were explored with regard to personal beliefs, professional roles and working practices.

Method A qualitative approach was adopted using semi-structured interviews. These were recorded and transcribed verbatim and analysed using guidance from the Framework Method.

Results 11 professionals were interviewed, representing a broad spectrum of multidisciplinary community healthcare practice. Two major themes were developed: ACP and working practices and combined complexities of dementia and ACP. Overall it was found that ACP with patients with dementia is complex and challenging, with numerous barriers to successfully implementing the process. Each professional group has different issues making this difficult. This therefore impacts on the concept of one group taking ownership of the process.

Conclusion Which professionals should be responsible for the role remains unclear, with differing opinions as to whether it

should be the role of one group of professionals, a new role or a shared responsibility. Barriers need to be overcome and use of the Gold Standard Framework needs to be more focused on patients with dementia early in the illness trajectory.

P-11 PROMOTING ACCESS TO PALLIATIVE CARE AND ADVANCE CARE PLANNING FOR PEOPLE WITH DEMENTIA

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Dementia is one of the most severe and devastating disorders that we face as a society (DH, 2009) and is now the leading cause of death in Britain (Office for National Statistics, 2015). However, while it is widely recognised that dementia is a terminal condition, there is a lack of coordination or philosophy that embraces the principles of palliative care which are beneficial at all stages of dementia (Ashton et al., 2016; Lloyd-Williams & Payne, 2002; Mitchell et al., 2004; Mitchell et al., 2007; Sachs, 2004). This results in missed opportunities to access interventions such as advance care planning (ACP) along with the psychosocial and spiritual support that is so important in promoting resilience and self-management (Conroy, 2009; Dempsey, 2013; Ashton et al., 2016; Murray et al., 2017). Thus reducing the risk in the latter stages of dementia, of people being subjected to escalations in care that they have expressed a preference not to receive and reducing the incidence of avoidable hospitalisation (Brinkman-Stoppelenburg et al., 2014; Conroy, 2009; Ashton et al., 2016; Murray et al., 2017). This poster will explore the local collaborative initiative in Lincolnshire of a joint ACP policy document across the health and social care economy and how this is being supported to be used in practice, underpinned by current advanced communication skills education.

The Aim To empower staff and subsequently people with dementia and those important to them, to participate in recording their wishes and preferences within a single ACP document, that will be used and recognised by all the local organisations involved in the person's care and documented on the Electronic Palliative Care Coordination System (EPaCCS) (Public Health England, 2013).

P-12 TALKING MATS: AN APPROACH TO SUPPORT CONVERSATIONS IN A HOSPICE SETTING

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Background Professionals who work in palliative care settings strive to provide person centred care (NICE, 2011). Finding out what is important to patients and families is core to this (Henry, 2015). People who use hospices often have specific difficulties communicating their thoughts and feelings because of advanced illness and emotional factors. Talking Mats is a visual framework which has been shown as an effective method to enable people to express their views, especially when their ability to communicate is compromised, for