

Results In total 1012 BAME people were engaged with; 804 completed questionnaires and 208 took part in 11 focus groups.

Conclusions Whilst it was true that there were religious and cultural barriers preventing local BAME communities accessing our services, what proved more prolific was the lack of awareness of the actual services provided. This research contains a wealth of knowledge about the religious needs of the communities engaged with, and suggestions from the actual communities about how they can be met. They acknowledged how we are already meeting their needs in some respects but highlighted that there were some barriers that simply could not be overcome. The key recommendation was the creation of a Steering Group to act as an advisory panel on strategy that guides through the development of culturally accessible service provision and facilitate ongoing relationships and engagement with BAME communities.

P-46 'TELL US THERE IS NO CURE'— BAME COMMUNITIES SEEK CLEAR COMMUNICATION TO PREPARE FOR DYING

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Background Black, Asian and Minority Ethnic (BAME) groups have less access to palliative care due to deficient knowledge and awareness, culturally inappropriate services, communication barriers and more (Evans et al., 2011; Koffman, 2014; Calanzani et al., 2013; Smith et al., 2015). To support person-centred care (The Health Foundation, 2014) and to exchange skills and knowledge, a group of palliative care providers, charities and voluntary organisations, minority ethnic groups and academic researchers formed a Learning Alliance (LA). The LA attained funding from Health Education England to organise a consultation event with BAME groups and healthcare service providers, in order to examine and improve the existing palliative care services.

Aims Enhancing awareness of palliative care services. Improve understanding of how to engage with BAME groups at end of life.

Methods The consultation event introduced palliative care services to BAME groups, followed by group discussions exploring barriers of assessing the service, challenges in coping in the last year of life for a family member and understanding how best to communicate with local communities. The discussion summary was then relayed to healthcare service providers to improve service development for BAME communities.

Results 82 people attended, including representatives from religious and faith groups, carer support and commissioning groups. BAME communities gave some clear messages:

- 'Tell us there is no cure, so we can work on life we have left and prepare for death.'
- Use every means possible, radio, social media, events and posters, to continuously promote awareness.
- Use of confusing or misleading language to avoid the pain and reality of dying denies the opportunity to prepare for death.

Conclusion Service providers should utilise a wide range of media to explain available healthcare services but communication about end of life and palliative care needs to be simplified for minority groups. The LA was compelled to facilitate

further outreach work with ethnic groups, to improve the quality of care and address unmet needs.

P-47 A LEARNING ALLIANCE: EXPLORING PALLIATIVE CARE ISSUES AMONG ETHNIC GROUPS IN SOUTH EAST ENGLAND

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10.1136/bmjspcare-2017-hospice.74

Background National Census (2011) (Office for National Statistics, 2012) indicated that the South East region had 9.3% of non-white ethnic groups; yet, these groups had lower access, usage and satisfaction rates to palliative care services compared to people of White ethnicity (Calanzani et al., 2013; Dixon et al., 2015). In order to cater for the various needs of the local service users in a sustainable manner, a Learning Alliance (LA) was formed in South East England. This LA was comprised of palliative care providers, charities and voluntary organisations, minority ethnic groups and academic researchers, with funding for events provided by the local Health Education England network.

Aims By working collaboratively across the LA, it is anticipated that the emerging supportive and palliative care needs from the local population will be identified, mapped and addressed.

Methods The LA would organise two consultation events, which were designed for the Black, Asian, Eastern European, Romany and Traveller ethnic groups, to explore issues in providing and accessing palliative and end of life care services. The summary of these consultations was conveyed to healthcare service providers and expected to lead to potential research projects.

Results The LA has built a consolidated and viable network to support the healthcare service providers and users to enhance the uptake of the palliative care services, as well as to share expertise and practices with one another. Its consultation events and potential future research projects help the stakeholders to recognise the shortfalls of the existing services in order to rectify the inequalities within the healthcare services.

Conclusion Reaching out and working alongside the health care service providers and minority ethnic groups allow both parties to increase awareness of the diversity needs and the suitability of the palliative care services. In the long term, the LA will be attempting to transfer and apply its findings to the wider minority population groups.

P-48 THE DISADVANTAGED DYING: EXPLORING THE END OF LIFE PRIORITIES OF HOMELESS ADULTS IN THE UK

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Background With limited resources and no stable accommodation, people who are homeless arguably have greater need of palliative care support than the rest of society when they face the end of life. However, they consistently fail to access palliative care services (Care Quality Commission, 2016) and while there is much in the literature surrounding the barriers to appropriate health care (Hudson et al., 2016), their specific

needs and wishes remain poorly understood by health care professionals (Care Quality Commission, 2016). This study aims to bridge the gap in knowledge.

The Research Question The central question of this study is therefore; ‘What matters most to homeless people in the UK as they consider end of life?’ Only when the answers to this important question are understood, will the problem of homeless people dying without adequate support and with very little dignity or choice begin to be addressed.

Aim of Study The aim or purpose of this interpretive phenomenological study is therefore to explore the end of life priorities of a sample of homeless adults in the United Kingdom.

Methodology This qualitative PhD project is a phenomenological study underpinned by the philosophy of French phenomenologist, Maurice Merleau-Ponty. Data are being collected through in-depth, semi-structured, audio-recorded 1:1 interviews with homeless adults across several UK counties. Interviews are taking place at staffed centres providing services for older homeless adults. Data are being analysed iteratively using thematic analysis.

Results This PhD is a work in progress. Early findings will be shared.

Conclusion It is not yet possible to draw full conclusions from preliminary data. However, it is hoped that a deeper understanding of preferences and priorities will assist commissioners and healthcare professionals to plan and provide relevant palliative care services that genuinely meet the needs of the dying homeless.

The Florence Nightingale Foundation have part-funded this research.

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PALLIATIVE CARE SUPPORT FOR THE HOMELESS: THE RIGHT WAY, AT THE RIGHT TIME, IN THE RIGHT PLACE

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Background The CQC report ‘A different ending: addressing inequalities in end of life care’ highlighted that homeless people are not accessing palliative care and homeless staff are not equipped to deal with high levels of health and care needs. With a grant from the Albert Hunt Trust we developed training –without IT – that we can take to homeless organisations to equip staff to recognise signs that someone is in the palliative phase of their life, to know what to do, who to contact and how to access help.

Aims

- To increase access to hospice expertise.
- To increase understanding about palliative care by delivering a 1½ hour session to hostel staff, keyworkers, drug and alcohol teams, housing staff, food bank staff and volunteers.
- To provide practical support with our Health and Well-being Hub (the Hub) – a drop-in service staffed by a nurse – to the same venue as the training a month later.

Methods We consulted with other hospices, a homeless GP practice, and homeless charities. We piloted the training with a homeless team and then took bookings from homeless organisations across our locality. Over a six-month period we will record the number of: referrals/contacts from homeless organisations compared to baseline figures staff we train/job

role/organisation people accessing the Hub. We will evaluate: the training from feedback and case studies the Hub support from feedback and a record of any onward referrals/signposting.

Conclusions There is an inequality in end of life care that needs addressing. From the pilot, the next steps to provide support to both staff and the homeless are: a further, more in depth, training programme to equip staff with better knowledge to improve the end of homeless peoples’ lives to set up a combined clinic in a homeless GP practice with a Specialist Palliative Care Nurse.

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WORKING WITH TABOOS – THE DYING AND THE HOMELESS

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Background An identified unmet need for people who are homeless in Torbay to access end of life care services and hospice provision. Also identifying the end of life training needs of the workforce supporting homeless people across Torbay.

Aim To connect with homeless workforces to enable them to identify those individuals who would benefit from access to end of life care services and support.

Methods To identify the workforce across the private, statutory and voluntary sectors. To identify their learning needs and plan and deliver a programme of education. Participants completed a pre-and-post course evaluation of their knowledge and confidence. We received timely funding from HEE to enable this project.

Results

- 18 people working with homeless people attended two and half days bespoke end of life care training in 2016
- Participants recorded increased confidence and knowledge upon completion
- Greater connexion between hospice and homeless workforce and ongoing working relationships
- Improved recognition of the deterioration in this patient/client population
- Increased confidence in leading discussions about future care needs with their clients and professional colleagues
- Received first referral to Rowcroft Hospice
- Course participants produced a locally mapped document of agencies supporting the homeless population for distribution
- Course participants undertook advance care planning discussions within their own families and across their community
- The local hostel committed to improving mechanisms for both support and supervision for their staff similar to the hospice model.

Conclusion The course became a vehicle for connecting local services involved with the homeless population of Torbay to make a change for the better. Participants felt enabled to recognise deterioration earlier, offer opportunities to discuss with patients/clients their thoughts and views about their future needs and care wishes. The course enabled us to build better joint working relationships, and increased engagement with the hospice services.