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PROVIDING HOSPICE CARE AT HOME FOR PEOPLE WHO DON'T LIVE IN A TRADITIONAL 'HOME' OR WHO ARE HOMELESS

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Last year Prospect Hospice supported around 450 people with life-limiting illnesses at home through our Hospice at Home service, but what if you don't live in a traditional 'home'? How do you access end-of-life care in the place *you* call home? We recognise that home can mean a shared supported house for people who are vulnerable, a care home, a hostel, a B and B, or even a local park. This is where the people most important to them are, where they have lived and felt safe for many years. Our priority is to ensure excellent end-of-life care for everyone, no matter where home is.

We have improved care for the most vulnerable in their place of choice by:

- Identifying people that do not have access to traditional Hospice at Home services. Initially this has included people living in care homes, people living in supported housing with learning disabilities and people who are homeless.
- Working with staff at these organisations to ensure everyone can access the care they need in the place they call 'home'
- Identifying barriers blocking the delivery of care.
- Designing training (some with formal NCFC qualifications) enhancing the knowledge and skills of staff to support their clients' needs.
- Creating recognised links to the hospice to improve on-going care.
- Securing local recognition of the lack of end-of-life care for people who are homeless
- Improving patient care across all three client groups by supporting 33 care homes or other organisations and training 214 of their staff.
- Increasing referrals as a result of our training for people who homeless and for dedicated CNS care home referrals from people living shared living accommodation.
- Improving confidence of frontline staff in delivering care for residents in the setting of their choice through support and training. Our care home support has just won a national Charity Civil Society Award for Healthcare.

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BRIDGING THE GAP BETWEEN LEARNING DISABILITIES AND PALLIATIVE CARE

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Background People with learning disabilities (PLD) are approximately 2% of the UK population (Tuffrey-Wijne et al., 2016). Improved health and social care means people live longer, resulting in increased need for palliative care services for all. Current research demonstrates multiple inequalities in palliative care for PLD (Heslop et al., 2013; Tuffrey-Wijne & McLaughlin, 2015). As an experienced Clinical Nurse Specialist in palliative care, whilst reflecting on the needs of PLD, I found knowledge gaps in the hospice workforce and

complexity about end-of-life care delivery. Working with learning disability health professionals, there was little knowledge of palliative care services and poor understanding of collaborative support and co-ordination at end of life.

Aim To reduce the knowledge gap of hospice and community nursing staff with reference to palliative care for PLD and facilitate co-ordination and collaboration.

Method Delivered an educational day called 'Bridging the Gap between Learning Disabilities and Palliative Care' for hospice and community staff working with PLD. Material used was adapted from the East of England ABC programme and national learning disabilities documents (National End of Life Care Programme, 2011). Advertised through a hospice education programme and supported by a learning-disabilities lead nurse.

The Day Covered Definitions of learning disabilities and inequalities. Communication skills, Advance Care Planning and awareness of easy-read documentation. Complex drug management and symptom control at end of life, including epilepsy and enteral feeding. Collaboration and co-ordination with local programmes to engage hospices in becoming learning-disability-friendly organisations (Hertfordshire County Council, 2013).

Results

- 14 people attended from the community and three different hospices.
- Average satisfaction score for the day was 9.5 out of 10.
- Confidence levels, from 1 Low to 5 high, were measured against seven objectives, pre- and post- education. Average confidence rose from 3 pre to 4.7 post.
- All hospices are keen to become learning-disabilities-friendly organisations.

Conclusion There are clear gaps in knowledge of both learning disability and hospice staff. Education is vital to filling these gaps and hospices are key to facilitating co-ordinated and collaborative care.

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WORKING TOGETHER TO IMPROVE ACCESS FOR PATIENTS WITH A LEARNING DISABILITY

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Background The palliative care needs of people with a learning disability have been recognised (The keys to life strategy recommendations, 2013; Redall, 2010; Tuffrey-Wijne, 2003). There is a need for accessible information and joint working by learning disability and palliative care teams. There may be particular challenges around assessment of capacity, communication, delayed diagnosis and thorough assessment of symptoms.

Aim The project describes the service currently provided by specialist palliative care to patients with a learning disability in order that we can continue to improve access and service for this group of patients.

Method Following a significant event analysis involving the two teams, a retrospective case note review was undertaken to identify themes which would help inform further service development. All patients with a learning disability who were

known to the specialist palliative care team or who died during a six-month period were included.

Results Five patients were identified.

- The age of the patients ranged from 37 to 66 years (mean 53.8 years)
- Four of the patients had metastatic malignancy; one patient had a metabolic disorder
- The patients were referred with predominantly physical symptoms including pain, breathlessness and fatigue
- Social isolation and a need for advance care planning were identified once the patients were reviewed
- In four of the patients there was evidence of joint working by the two specialist teams.

Discussion We have recognised that there is a need to improve access to our services for patients with learning disabilities and have developed formal links with the learning disability team. Communication and access for staff and patients have been improved through joint working to develop a better understanding of each other's roles and a new patient information leaflet about palliative care developed with user involvement. Palliative care involvement highlighted unrecognised need, helped ensure patients' wishes for future care were elicited and that they were more involved in decision-making.

P-54 DEVELOPING ACCESSIBLE AND INCLUSIVE PALLIATIVE CARE FOR LGBTQI PATIENTS AND THEIR CARERS

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Background The Care Quality Commission's report 'A different ending' (2016) highlighted the health inequalities that LGBTQI (lesbian, gay, bisexual, transgender, questioning and intersex) patients, and their carers, experience with end of life care. The hospice values accessibility, so a group was set up to determine whether our services are accessible and inclusive to LGBTQI patients and their carers.

Aim(s) To understand the issues facing LGBTQI patients, and their carers, at the end of life. To recognise their experience of using the hospice's services and explore service development ideas with staff and external stakeholders.

Methods A multidisciplinary working group was set up, which included medical and nursing staff, the communications manager, volunteer chaplain and external representation from the local LGBTQI community. The group used a service audit tool (LGBT Age 2015) to discuss the current services and generate ideas. A literature review was conducted to understand LGBTQI issues at the end of life and a staff survey performed to understand their knowledge and attitudes about LGBTQI issues. Expert advice was sought from Marie Curie, Macmillan, other hospices and a local LGBTQI healthcare professional group.

Results The hospice will increase its visibility to the LGBTQI population and service users by promoting the project through local and social media, attending the local Pride festival and displaying the synonymous rainbow flag in reception. Hospice policies, monitoring form and leaflets have been reviewed and

will be made public, which include clear confidentiality and anti-discriminatory statements. Education sessions for staff will be designed and members of the working group will become LGBTQI champions.

Conclusions By increasing the hospice's visibility to the LGBTQI community, understanding their needs and making it clear that we are an accessible and safe service to use, our LGBTQI patients, and their carers, will have a better end of life care experience at the hospice.

P-55 A STRATEGY TO ADDRESS INEQUALITY IN PALLIATIVE CARE

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10.1136/bmjspcare-2017-hospice.82

Background Palliative care is inequitably distributed in our society according to diagnosis, age, postcode, wealth and social group (Sleeman, 2016; Dixon & King, 2015; Gomes et al., 2006; Care Quality Commission, 2016; Gao et al., 2013). **Aim** Hospice strategic development addressing local inequality in palliative care provision.

Method We evaluated the equality of local service provision in relation to postcode, diagnosis and deprivation indices. We also examined the access equity to the local electronic palliative care coordination system (EPaCCs). We identified an inequality in access to hospice services, particularly inpatient beds, dependant on postcode. Only 3% of people who died from the coastal area died in the hospice, compared to 6% who live locally. The majority of those accessing hospice services had a diagnosis of cancer. Numbers of people accessing hospice services with a primary diagnosis of dementia were low. Only 1% of people on the local electronic palliative care register lived in a care home despite 25% of deaths occurring there.

The hospice developed an action plan to address these inequalities:

- Partnership working with the local mental health team to improve palliative care for those with dementia
- GP Associate roles to promote timely identification of those approaching the end of life.
- Increased multidisciplinary work with renal, respiratory, heart failure and neurology teams.
- A joint project with Macmillan to outreach to marginalised groups.
- Care home education to promote access to EPaCCs.
- A business plan for hospice beds in the coastal area is under development.

Results Over the last two years the number of people with a primary diagnosis of dementia or frailty accessing hospice care has quadrupled, the proportion of hospice patients with non-cancer diagnoses has increased from 21% to 33% and the proportion of people on the EPaCCs system living in a care home has increased from 1% to 12%.

Conclusion Hospices strategy can address the inequalities in palliative care provision.