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SPICT-4ALL – A TOOL TO HELP EVERYONE IDENTIFY PEOPLE WHO MAY NEED PALLIATIVE AND SUPPORTIVE CARE

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Background Existing palliative care identification tools focus on health professionals. This has resulted in people with frailty, long-term conditions and organ failure being under-represented on GP palliative care registers. Listening to families and staff working in social care we recognised that they could identify decline, but lacked a common language to discuss this with a health professional.

Aims To design a tool for social carers, family and patients to help them identify more people who could benefit from supportive and palliative care. To empower them by writing this tool in accessible language so they can express their concerns about unmet needs to health professionals.

Methods We identified the Supportive and Palliative Care Indicators Tool (SPICT <http://www.spict.org.uk>) as a starting point after discussions with the programme lead. SPICT is an internationally recognised, evidence-based tool that uses established clinical indicators of deteriorating health for identification. We created a new version of SPICT and circulated this to 14 public groups in Lincolnshire. These consisted of over 300 members and represented a wide variety of interest. Based on consultation and feedback over several cycles, SPICT in 'non-medical' language was developed. Only a few medical terms with no suitable equivalent remain. The SPICT programme team in Edinburgh and colleagues who are part of the online SPICT community also contributed to the final version. We now have a version acceptable to all potential users which we called SPICT-4ALL

Results SPICT-4ALL was published in June 2017. It is designed to make it easier for everyone to recognise and talk about signs that a person's overall health may be declining and consider anticipatory/advance care planning. It will improve identification of people with non-cancer illnesses in particular and empower families and carers in all settings.

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HOSPICE CARE FOR DEPRIVED AREAS – A LOCAL REVIEW OF THE EQUITY OF HOSPICE SERVICES

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Background A recent report commissioned by Marie Curie found significant inequalities at the national level in the provision of palliative care across several domains, including social deprivation. Given the national inequalities, it is important to explore local variations in service use. Our hospice accepts referrals from areas including some of the 20% most deprived in the country.

Aim To determine whether social deprivation influences service uptake at a hospice in south east England.

Method A review of computerised records was conducted for all patients (n=634) referred to the hospice inpatient unit or hospice at home service over a 12 month period (01/10/14–30/09/15). Indices of Multiple Deprivation (IMD) data were used to identify patients from the most deprived quintile.

Data collected included demographic background, diagnosis, and referrer, and median scores were compared between the overall patient population and most deprived for duration of service use, preferred and actual place of death.

Results 14% (n=107) of referred patients were from the most socially deprived IMD quintile of the population. Overall access to hospice services appeared broadly equitable between groups. For patients from the most deprived areas, median time under the care of hospice at home was lower (three vs five days). Once admitted, a stay over 21 days was more likely in the most deprived areas (25% vs 19%). Preferred place of death (PPD) was less likely to be recorded for the most deprived (68% vs. 63%) and home death was less likely (47% vs. 50%). PPD was achieved more commonly in those from deprived areas (87% vs 82%) although place of death was less likely to be recorded. Full statistical analysis to follow.

Conclusions Despite small variations, service use at our hospice appears less inequitable on the basis of social deprivation than the national picture. Investigating local audit data can provide insights regarding current variations between regions of the UK, and these findings require further investigation.

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HOSPICE CARE FOR MARGINALISED PEOPLE – THE SAFE HARBOUR APPROACH

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Background Access to palliative care nationally is inequitable (Sleeman, 2016), with recognition that marginalised people do not receive hospice care in the way that other groups do (CQC, 2016). Our hospice strategic aim is to reach unmet need and address inequality of access. Locally, groups identified to have unmet needs are: the homeless community, substance misusers, adults with enduring mental health issues, patients from minority ethnic groups, and transgender patients.

Approach The 'Safe Harbour' project was set up to address this unmet need. Those involved:

- Made themselves visible and approachable by attending homeless service drop-ins, addiction services, community network groups, beach cleans, food banks and health forums.
- Listened to our local community, service users, community groups and voluntary organisations, and carried out a detailed needs assessment. This demonstrated that we were prepared to talk openly about what we already do, to offer support to community members with unmet palliative and end of life care needs.
- Ensured that the hospice team were ready and competent to care for people with a wide spectrum of medical and psychosocial need.
- Worked with other key providers to ensure collaborative, effective support by those professionals best placed to care, including social care, mental health services, national and local charities.
- Case-management of the most complex marginalised palliative patients.

Outcome: We have established a service to support the marginalised population in our local area. One of the measures of the success of this service has been an increase from one to ten

people from the marginalised community, able to die away from hospital last year.

Conclusion Taking time to gain the confidence of people, who traditionally have not trusted those in authority, has meant that this service is now being used by the most marginalised of our population. The model could be used as a template for other hospices.

P-59 **COULD IMPLICIT BIAS AT THE POINT OF REFERRAL TO HOSPICE SERVICES BE ATTRIBUTING TO INEQUALITIES?**

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Background In reviewing health inequalities it is not sufficient to simply focus on those most affected, instead there should be a whole systems approach to have the maximum effect upon the population (Marmot, 2010). Within such an approach 'the mechanisms giving rise to inequalities are still imperfectly understood' (Woodward & Kawachi, 2000). Further it has been suggested that evidence remains to be gathered on the effectiveness of interventions to reduce inequalities (Gottfredson, 2004), particularly within end of life care (EOLC) (Care Quality Commission, 2016).

Methodology To understand the mechanisms giving rise to inequalities in EOLC we utilised an adapted process map of the EOLC journey (Trebble et al., 2010). Within this map we highlighted pinpoints. Pinpoints are places within the journey where a clinician decides whether there is a referral to another service. At each pinpoint a patient profile was taken looking at their basic demographics (including disease and place of death) and index of multiple deprivation score.

Results The initial data review illustrated similarities across all the pinpoints with the exception of hospice care services that showed a significant increase in the number of patients classified within the 7–10 on the index of multiple deprivation and cancer diagnosis.

Further Research At present statistical analysis is on going into the differences between the pinpoints. At the same time a literature review sought to analyse if there was evidence of a similar anomaly within another healthcare setting; in which it was identified that implicit bias was a potential cause (Fitzgerald & Hurst, 2017). The next phase of the research looks to test, using an Implicit Association Test method, whether implicit bias is present in the EOLC journey and develop an intervention to remove it.

P-60 **ACTS OF KINDNESS AWARDS – A REWARD SCHEME TO INTRODUCE CHILDREN TO LATER AND END OF LIFE CARE**

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'Public health approaches aim to be inclusive for all people and for all ages' (Abel et al., 2016).

Engaging with children can embed the idea of a compassionate community for later and end of life care from a young age thereby boosting emotional resilience and empowering the youngest members of the community to care for others in need. Many of the ideas for compassionate

community development with children and young people set out in Abel et al. (2016) focus on work to support schools and youth groups supporting bereaved children and young people. Ideas are also described for directly working with bereaved children. However, little is written about ways to engage with children who have not yet been affected by illness or bereavement directly. To address this, the Acts of Kindness award scheme has been piloted in a primary school class with children aged 7–9 years old. The children were tasked with completing 10 activities covering five areas:

- Understanding loss
- Supporting older people
- Helping someone who is ill
- Acting kindly
- Giving to their community.

The children choose their challenges.

On completion of 10 relevant activities, the children are awarded a certificate to show their achievement. This project encourages children to take action to further develop their understanding of loss and become compassionate engaged citizens. Selected challenges so far have included collecting food for the local food bank, visiting a care home to meet residents, writing a letter to someone that had recently lost a relative, and placing flowers on a grave. Evaluation will be qualitative, for example analysing the chosen activities and teacher reports, and quantitative, for example, the number of children completing the award. Ongoing, the intention is to expand the project to other primary schools in the area. Teachers have also shown an interest in younger children participating in the scheme.

P-61 **#MYLASTORDERS – 'DEATH CAFES' TO BUILD COMMUNITY AWARENESS OF END OF LIFE ISSUES**

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Background As a reflection on how life, death and palliative care are perceived by the wider public, the chaplaincy department at UHMBT began experimenting with the idea of a 'death café' in late 2015. In early 2016 this became the central theme for the Trust for Dying Matters Week.

Aims This was to build on the results of the initial research, engage more widely with the public and see what further insights and lessons could be learnt.

Methods The project title was both memorable and social media friendly -#MyLastOrders. It then set about creating café settings in neutral venues, supplying of free coffee and cake and using questions from a project called Grave Talk. There was a fixed start and finish time, limited professional presence. People were seated in small groups in café style layout and given a set of cards with one question per card, told when to turn over the first card and then allowed to talk without further input from professionals.

Results The indirect nature of the questions combined with a neutral setting and the revived popularity of coffee shops as a relaxing place to go created the space in which profound and animated conversation took place. Many people made resolutions to engage families and other groups in the conversation that had started for them. New opportunities were opened up and it has now been extended to local 6th forms.