

felt additional training would be valuable. These included greeting and interacting with relatives, communication skills, cultural competence and the symptoms and signs of advanced illness. There was some disagreement about how training contributed to professionalisation and the extent of what education should be provided with respect to role boundaries. Volunteers advocated a mixed-methods approach to training, with an emphasis on scenario-based teaching and on-the-job mentoring and support.

Conclusion This study suggests areas of training that inpatient hospice volunteers perceive as worthwhile. It will inform local practice, shaping the education and support of future volunteers, and add to the wider evidence-base surrounding the development of this crucial group within the hospice workforce.

0-15 A SHARED CARE PATHWAY FOR PEOPLE WITH ADVANCED LIVER DISEASE (ALD); INNOVATION OR IDEALISTIC?

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10.1136/bmjspcare-2017-hospice.15

Background People with ALD have complex end-of-life needs. Palliative care provision or clear national guidance is limited. An innovative, unique joint hepatology/specialist palliative care project exploring a parallel planning approach has been established between the hospice and secondary care, which will lead the learning for hospices around ALD and non-malignant conditions.

Aims To explore the impact of this shared care approach on patient and carer outcomes and experience.

Methods Patients were recruited by the hospice Specialist Nurse Practitioner (SNP) from hepatology hospital clinics. The SNP offered holistic needs assessment, opportunities to discuss advance care planning and access to supportive care at the hospice whilst patients remained under hepatology management. Patients were reassessed four to eight weekly using OACC measures and the Short Form Liver Disease Quality of Life Assessment. Carers were assessed using CSNAT. In addition to analysis of patient data, hospital admission, A and E and GP visit avoidance was evaluated to assess health economics and quality of life.

Results A total of 38 patients were registered. At baseline our sample (n=36) had a mean I-POS of 27.4 (range 4–64) and a mean AKPS score of 68.3(range 50.90). At the four month assessment, the sample (n=23) had a mean I-POS of 19.7 (range 1–42) and a mean AKPS score of 77.0 (range 50–90). Preliminary analysis suggests that patients receiving early hospice intervention have reduced symptom burden and improved performance status. This was further supported by focus group feedback which highlighted continuity of care and open communication as contributing to improved well-being.

Conclusions Final data will be presented at the conference demonstrating key learning points from this collaborative and innovative approach which will lead and inform future service provision across hospices. Early and timely introduction to hospice services is beneficial to this marginalised group and this model is replicable for people with other non-malignant conditions.

0-16 IMPROVING END OF LIFE CARE FOR ADULTS WITH SEVERE MENTAL ILLNESS AND LIFE-LIMITING CONDITIONS

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Background People with mental illness experience higher rates of many life-limiting conditions and die on average twenty years earlier than the general population. A literature review was carried out which revealed limited understanding of the end of life needs of this patient group. The role of clinical staff was highlighted as a key factor, yet their views were not reflected in the published research.

Aims The aim of this research was to conduct an exploratory study to develop further understanding of how to improve end of life care for people with severe mental illness through exploring the views and experiences of clinical staff working in both mental health and end of life services.

Methods Four focus groups with clinicians were conducted, using the CUbe method (Magee, Fielden, & Moody, 2015), across a large Mental Health Trust and a hospice. 23 participants from a range of professional backgrounds attended and shared their experiences and perceptions of the barriers to delivering good end of life care to people with mental illnesses. The data was analysed using the Framework Method (Gale, Heath, Cameron, Rashid, & Redwood, 2013) and themes and explanatory concepts were drawn.

Findings The findings of the study were clustered into five themes: Structure of The System, Presentation of the Patient, Confidence of the Clinician and the Problem of Partnership. Implications for practice were drawn from the themes which can be used to inform improvements to clinical practice.

Conclusions The barriers to providing good end of life care were described within the literature, which largely originated outside the UK. The findings of the analysis found many similarities and some new findings. Recommendations were made which include improvements to partnership working, involvement of patients, carers and clinical staff in improving care and the need to develop the confidence and knowledge of clinical staff from mental health and end of life services.

Parallel sessions 5

Reaching out: primary care, care homes and ambulance services

0-17 GPs' EXPERIENCES AND PERCEPTIONS OF A HOSPICE SERVICE: A QUALITATIVE EVALUATION

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Background Most palliative and end of life care (PEOLC) is provided in primary care with referral to specialist palliative care (SPC) services for patients with more complex problems. Collaboration between general practitioners (GPs) and hospices