

27 IMPLEMENTING AND SUSTAINING THE DELIVERY OF QUALITY END-OF-LIFE CARE IN CARE HOMES: THE IMPORTANCE OF PAYING ATTENTION TO THREE LAYERS OF LEARNING

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Background Implementation of organisational change is recognised to be challenging. This is particularly true in a care home where organisational, financial and care barriers are known to exist. Early research demonstrated that education in palliative care alone did not achieve organisational change. Recently, 'high facilitation' of end-of-life care programmes, alongside a multi-layered approach to learning, has been identified as a research-based model to support organisational change in this setting. With growing numbers of people dying in care homes providing care to meet this need is now essential.

Methods A Care Home Project Team (CHPT) was commissioned to deliver an end-of-life care programme within nursing care homes (NCHs) in 2008. The CHPT provides 'face to face' high facilitation to NCHs to implement and then sustain the programme in practice. Both implementation and sustainability is based on facilitating individual learning (a single person), organisational learning (the NCH staff and external professionals) and appreciative learning systems (learning across NCHs).

Results All 74 NCHs and all commissioners have remained engaged with the programme. Currently 27 NCHs are implementing and 45 sustaining an end-of-life care programme (the remaining two NCHs have closed). Monthly audit data show clear improvement with 75% residents dying in the 74 NCHs in 2015/2016 compared to 57% in the 19 NCHs at the outset in 2007/8. Over time the delivery of this initiative has varied; from a practice development model, to one incorporating clinical care: vocational qualifications and more recently piloting the use of information technology. What has remained core within the sustainability initiative is the multi-layered approach to learning regardless of its format.

Conclusion Within a NCH the on-going provision of multi-layered learning offers the potential to develop and sustain the delivery of high quality end-of-life care that is now required within this care setting.

Poster presentations

Bereavement | Posters 1–2

1 A NOVEL RECRUITMENT METHOD FOR A STUDY OF RECENTLY BEREAVED PEOPLE IN THE COMMUNITY

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Background NICE guidelines state that 'everyone should be given bereavement support according to their needs and preferences'. The few existing studies on the bereaved persons perspective of Primary Care bereavement support are often limited by recruitment biases, low participant numbers and

recall bias. We assessed the feasibility and acceptability of a new recruitment method for recently bereaved people in the community.

Methods Recently bereaved people were invited to take part in a questionnaire study when registering a death. Registry Officers handed out study packs over a 12 week period. On receipt of reply slip indicating interest in participation, participants were sent further study information and after 6 weeks a postal questionnaire concerning bereavement support. Questionnaires could also be completed online. Qualitative interviews with a subsample of Registry Officers (n=6) and bereaved people (n=14) investigated their views of the recruitment approach.

Results Between 25/07/2016 and 14/10/2016, 1726 deaths were registered and 1069 study packs were distributed: 72 reply slips and 6 online-questionnaires were returned (response rate 7%). Over 50% of reply slips were returned within a week of registering the death. The questionnaire response rate was 83% (60/72). Interviews highlighted that the bereaved and Registry Officers felt comfortable with the study recruitment approach. Data on reasons for refusal, collected from Registry Officers and reply slips declining participation did not reveal ethical concerns or distress caused by the recruitment approach.

Conclusions The response rate was lower than previous bereavement studies, possibly related to the early timing of recruitment. Nevertheless, novel data were obtained from early in bereavement and the recruitment timing was found to be acceptable by all consulted participants. We conclude that a sensitive recruitment approach even shortly after the death can be acceptable to the (newly) bereaved, although the low response rate calls into question the feasibility of the Registry Officers approach.

2 BEREAVEMENT SUPPORT AND CHILDREN'S WELL-BEING

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Background According to the Childhood Bereavement Network, a parent of children under 18 dies every 22 min in the UK. This kind of loss is particularly painful and it seems to play a vital role in educational underachievement, truancy, concentration difficulties, social problems and mental health difficulties. Winston's Wish supports children to recognise, understand and manage their feelings and behaviours in relation to their grief. With an onus on rigorous evaluation of a specific project with the Big Lottery, this study examined the outcomes of bereavement support for children and young people one month after the end of the intervention.

Methods The study explored if a brief support intervention after a death in the family can have immediate positive effects on children's well-being. Data was provided before the intervention and one month after its completion. Participants (n=156) completed the Strengths and Difficulties Questionnaire (SDQ).

Results The most common cause of death was accident or illness (94%). A comparison of the pre- and post-intervention scores showed a reduction for children's peer relationship difficulties, emotional difficulties, overall stress, behavioural difficulties and impact of difficulties on the child's life.