Conclusions Constructive change was reported for all the areas measured. The study showed that when needed, bereavement interventions may have direct positive effects for children. It is important that every bereaved child has access to support as and when they need it.

Caregivers and the family | Posters 3–7

3 THE ACCEPTABILITY OF HAVING CONVERSATIONS ABOUT POOR PROGNOSIS WITH THE PATIENT WITH FRAILTY OR DEMENTIA AND THEIR RELATIVES

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10.1136/bmjspcare-2018-ASFPabstracts.30

Objective In an attempt to address the findings of the CQC report ‘A different ending – addressing inequalities in end of life care’, we interviewed family members of patients on Care of the Elderly wards in our trust. Our aim was to ascertain their views about hearing prognostic information.

Method We interviewed family members who had told ward staff they were happy to speak to us. We used vignettes to aid discussion and explained we did not know the details of any ward patients. We wrote copious notes which were then analysed to produce a summary of participants’ views, supported by verbatim quotes.

Results We spoke to 9 relatives (three wives, three siblings, two sons and one son-in-law) and one patient. Key themes identified were: families welcome prognostic information since it allows them to feel prepared and prioritise their time – some would feel relieved to hear that time could be short; relatives have strong feelings about the appropriateness of medical treatments and do not always hope for active treatment, but are mostly guided by medical staff; given the choice relatives would wish the patient to be given the opportunity to receive end of life care at home.

Conclusions Relatives (and one patient) told us they would welcome a pro active approach to the recognition of a patient approaching the end of life. They would also wish information regarding prognosis to be shared with the GP, even if it was not information the patients themselves wished to have. No funding was obtained for this study.

4 WELLBEING OF INFORMAL CAREGIVERS

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10.1136/bmjspcare-2018-ASFPabstracts.31

Background Informal (unpaid) caregivers provide care that goes beyond customary and normative support, and endure ‘silent suffering’ often unrecognised by healthcare providers. Understanding factors that contribute to the wellbeing of informal caregivers can further the capacity of healthcare workers to promote caregivers’ wellbeing.

Methods We performed a qualitative study of semi-structured face-to-face interviews in Malaysia. Transcripts were read repeatedly for familiarisation, followed by coding and thematic analysis. NVivo11 software was used to analyse data.

Results The five main themes shown to promote the wellbeing of informal caregivers are: acceptance, appreciation, hope, happiness and support.

- Finding acceptance mirrors the seven stages of grief – shock, denial, anger, bargaining, depression, testing and acceptance – and seems to be born out of having no other choice. This lack of choice is rationalised in three non-mutually exclusive ways: understanding that death is an inevitability of life, trust in the sovereignty of a higher power or god, and seeing death as the ultimate freedom from suffering.
- Caregivers were appreciative of healthcare providers, the time they had with their loved ones, the opportunity to give back to their loved ones, and were also grateful to god. Of note, skills traditionally seen as ‘soft’ by medical practitioners, were most appreciated – professionalism, providing education, responsiveness to requests and humanity.
- The hope seen in preserving wellbeing is built on having accepted their situation and shapes hope for realistic goals. Without acceptance, unrealistic hope would only frustrate and be detrimental to their wellbeing.
- Happiness is protective against negative rumination and is derived from the patients themselves, relationships and moments of respite.
- Support systems comprised spiritual or religious groups, family and friends, each catering to slightly different needs.

Conclusion Awareness of these five factors that promote caregiver wellbeing should inform clinical practice and holistic care.

5 ‘HAVE YOU GOT THE DRUGS?’ A SURVEY OF CUSTOMERS ACCESSING PALLIATIVE MEDICINES FROM COMMUNITY PHARMACIES IN SHEFFIELD

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Background Prompt availability of Palliative Medicines (PMs) towards the end of life supports symptom management however little is known about patients’ and carers’ experience in accessing PMs from community pharmacies.

Aim To investigate urgency, availability and referral pathways for accessing PMs according to community pharmacy customers.

Methods A customer survey was developed based on the Community Pharmacy Patient Questionnaire (CPPQ) and piloted in one pharmacy and a hospice day unit. The survey collected non-confidential information on pharmacy usage, whether prescription items were urgent, available and other descriptive data. Pharmacy staff from a purposive sample of five pharmacies in Sheffield, including two participating in a Locally Commissioned Service (LCS) providing access to PMs, distributed the survey to customers collecting PMs between May-October 2016. Survey data were analysed using SPSS v23. Ethical approval was obtained from the University of Bradford.

Results Surveys were completed for 73.3% (55/75) patients with PM prescriptions. Non-completion related to care home and home delivery prescriptions. 21.8% (12/55) of customers were referred to the pharmacy by a healthcare professional. For 20% (11/55) of customers at least one PM was not

available; 54.5% (6/11) being urgent and not available. Customers had to go to more than one pharmacy to get PMs in 20% of surveys. Descriptive data suggests pharmacies were found to be friendly and helpful.

Conclusions Despite the small sample, geographical restriction and study limitations the customer survey appeared acceptable. Our findings suggest further improvements should be made to enable access to PMs from community pharmacies even when commissioned services exist. Further research is needed to explore factors that facilitate or inhibit timely access to PMs from community pharmacies.

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6 THE HIDDEN CO-WORKER: RESEARCH REVEALING UNMET SUPPORT NEEDS IN CARERS OF PEOPLE WITH DEMENTIA WHO RECEIVE CANCER TREATMENT

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10.1136/bmjspcare-2018-ASPabstracts.33

Background Internationally there is a growing population of elderly people. Cancer and dementia are diseases primarily of old age. An increasing number of people will face the challenge of comorbid dementia and cancer.

Patients with dementia are diagnosed with cancer at a later stage of disease, receive less treatment and have poor survival compared to patients without dementia. The reasons are unknown. In part, because there has been no research investigating how the cancer team manage the support needs of people with dementia.

Method Our research was of case study design. Data was collected using ethnographic methods. Observation was of the clinical management of 33 people with dementia and/or memory problems in four clinics at a cancer centre. A sub-set of ten clinical consultations were recorded and seven patients were interviewed, six accompanied by a carer. This paper will report cross-case thematic analysis of findings relating to dementia carers.

Results Clinicians rely on patient/carer disclosure to identify patients with memory problems, as memory health is not documented in cancer records. Carers facilitate communication between cancer clinician and patient. They typically elect not to disclose memory problems. This has implications for safe and effective treatment. The education and support needs of carers go unrecognised, with just one example in our data of a clinician talking with the carer about how to manage the behavioural and psychological symptoms of dementia if exacerbated by a new pain medication.

Conclusion This is the first research to evidence dementia carers are hidden coworkers in the cancer team. They facilitate successful cancer management, yet their support needs are largely unrecognised. Training in dementia care is available to cancer clinicians. This should include advice on how to identify and support individuals with memory problems during treatment and recognise then respond to the needs of their carer.

7 EXPLORING CAREGIVERS' EXPERIENCES OF CARING FOR MEN WITH ADVANCED PROSTATE CANCER IN A RESOURCE-POOR SETTING: A QUALITATIVE SERIAL INTERVIEW STUDY

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10.1136/bmjspcare-2018-ASPabstracts.34

Background Family caregivers who assume the responsibility of care for patients living with advanced diseases could have challenges especially in resource-poor settings. The bulk and responsibility for care are predominantly provided by the family caregivers within the informal sector. The family caregivers, therefore, could be described as the 'general practitioners' of the patients at home. Using a qualitative study, the experiences of the family caregivers caring for men with advanced prostate cancer were explored.

Methods Using serial qualitative approach, 23 in-depth individual and dyad interviews were conducted. Patients and their caregivers participated in repeat interviews approximately 2 months apart, across a period of up to 6 months. Transcribed interviews were analysed using thematic analysis.

Findings This paper focuses on the experiences of family caregivers in the light of inadequate resources for care. Two main themes emerged from the data: Challenges and burden of care, and the support and coping strategies adopted. The family caregivers expressed the overburden nature of the care, 'feeling of being alone in the middle of a deep sea', disruption of their lives, and unhappiness and the fear of an unknown future. On the other hand, they rely on the support of the social network of the extended family, their faith in God, and the positive aspect of living helped to mitigate some of the challenges. The belief in reciprocity and 'giving back' through caring for their loved ones were highlighted by participants.

Conclusion Generally, the informal social network helped in the care at home. However, the magnitude of the adverse changes in their lives and challenges associated with the caring role was dependent on factors such as the level of care required, financial and other resources available, and the coping mechanisms in place. Efforts to enhance existing social support systems are recommended.

Education and training | Posters 8–33

8 DRUG OF THE MONTH – A SNAPSHOT TRAINING TOOL AND QUICK REFERENCE GUIDE

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10.1136/bmjspcare-2018-ASPabstracts.35

Background Gaps in the knowledge of various professionals within the hospice were identified regarding medications for various reasons including, new drugs available, new uses or routes for existing drugs, unlicensed drugs as well as new members of staff unfamiliar with palliative care.

Aim To provide a training tool that would cater for all members of the multidisciplinary team and be able to be delivered