

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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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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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.

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

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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

in a variety of ways. The tool should increase staff knowledge of specific medications, increase confidence, provide staff with the ability to challenge or recommend such medications in order to provide person-centred care and be available for continuing professional development and revalidation. It should be easily accessible, 'bite-size' to encourage use and available via various sources – email, notice boards, face to face delivery.

Methods Drugs were identified through drug incidents and staff feedback. From this newsletters were generated in a standard one-sided A4 format to provide information.

Results To date 6 newsletters have been produced to include; Ketamine, Phenobarbital, Ketorolac, NOACs, Dexamethasone and Levetiracetam. All follow the same format listing indications, doses, side-effects, contra-indications, interactions, administration advice and supply issues. The newsletter also include feedback and updates regarding medicines management, stock information and short quizzes to increase cost-effective use of medicines.

Conclusion all members of the team have found the newsletter beneficial, in particular knowledge and confidence in the use of Phenobarbital has increased. To increase awareness newsletters will be presented in medical and nursing inductions. We will continue to seek feedback for future drugs on concerns and challenges faced and pre-empt new drugs on the market. The Medicines Management champions will take ownership and develop future newsletters in conjunction with the pharmacist. A questionnaire will be circulated to identify what improvements can be made to the newsletter.

9 IN HOUSE TEACHING OF COMMUNICATION SKILLS USING EXPERIENTIAL TRAINING FOR HOSPICE STAFF AT A HOSPICE IN BIRMINGHAM

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Project aim To provide a safe space for the experiential learning and practising of communication skills for hospice professionals.

Method A series of one hour workshops for up to 10 trained health care professionals were carried out at the hospice over a 7 month period (March to September 2017) facilitated by the hospice consultant and consultant nurse. Using a modified version of the 'fish bowl technique', a Clinical Nurse Specialist in palliative care was used as the actress. For each workshop, the participants discussed from their experiences and decided on their own challenging topic to practice their skills. Communication was discussed as the consultation progressed with both the facilitators and the actress giving feedback. Participants were encouraged to reflect on what they had heard from others. Participant written feedback was sought immediately after the workshop and in addition delayed feedback to determine the usefulness of the sessions to staff practice after the event.

Results 16 Health Care professionals attended the sessions including a doctor, nurses from the inpatient unit, the community and day hospice. In addition, a visiting medical

student and 2 student nurses participated. Topics included Advance Care Planning, CPR discussions, talking with a very depressed patient, answering 'Am I dying?' Several staff attended more than one workshop, in these the facilitators saw definite improvements in their communication skills. Feedback, both immediate and delayed was extremely positive. All participants, ranging from students to experienced practitioners requested further opportunities to practice in this manner. The majority in each workshop stated they were more likely to broach the difficult topic and had learned skills to assist them.

Conclusion This simple method of teaching is a highly appreciated, successful method of training hospice staff in honing their communication skills and is suitable for professionals with a range of professional experience.

10 DEVELOPING GUIDELINES FOR OPIOID PRESCRIBING AND ADJUSTMENT IN RENAL IMPAIRMENT IN AN ACUTE MEDICAL ADMISSIONS UNIT

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Background Incorrect opioid prescribing can significantly impact patient care and safety, resulting in poor pain control or risk of opioid toxicity. Renal failure often means adjustment of opioid doses is needed. Local audit demonstrated incorrect prescribing in acute medical admissions, particularly in patients with renal impairment, and a survey showed low confidence amongst junior doctors in prescribing opioids.

Methods Local specific guidelines were developed for opioid prescribing and adjustment in Acute Kidney Injury (AKI) and for initiating opioids in patients with a reduced eGFR on the medical admissions unit. These were in line with the North of England Cancer Network Palliative Care Guidelines and were reviewed by the Trust's Palliative Care team. Teaching was conducted with the junior doctors working in acute medicine about the guidelines and practicing using them with example cases. Questionnaires were completed before and after the teaching to assess confidence in prescribing opioids. The guidelines were downloaded on the doctors' work phones and laminated on the wards.

Results Junior doctors were not confident in opioid prescribing and adjusting in AKI and Chronic Kidney Disease (CKD) prior to the teaching and availability of new guidelines. Confidence increased after the teaching for prescribing opioids, particularly in patients with renal impairment. For example, confidence in initiating opioids in patients with AKI was on average 5.63 out of 10 before the teaching (1 not confident and 10 very confident) and 7.93 afterwards.

Conclusions The availability of specific guidelines for prescribing and adjusting opioids in acute medical admissions for patients with renal impairment significantly increased junior doctors' confidence in this. A repeat audit will now be conducted to determine if this has impacted on the prescribing of opioids in practice. Results of this will be available at the conference.