36 FAMILY CARERS' EXPERIENCES DURING THE END OF LIFE CARE IN A RESOURCE POOR SETTING

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Background Palliative and end of life care is an international issue but is receiving very little formal attention in Sub-Saharan Africa in general and Nigeria in particular, there is inadequate information and lack of accessibility to care. Research to inform adequate end of life care in Africa is at an early stage and many research areas need to be explored. Previous studies were carried out in western countries, but the information is culturally in-congruent and not transferable to poor resource context like Nigeria. This means that the information exists will not necessarily be helpful because of the cultural sensitivity, values, and beliefs attached to end of life care in Nigeria and other Sub-Saharan African countries. The study explored the experiences of family carers during the end of life care.

Method An ethnographic case study approach was used to explore family carers' experiences during the end of life care in the medical unit of a Nigerian University Teaching hospital. Interviews and participant observations were used as the tools for data collection.

Results Fourteen family carers were interviewed separately, and each interview was preceded by a week of observations. Preliminary analysis identified five overarching themes: Challenges/barriers to end of life care, Family carers experiences, Educational needs and support, Family carers roles and Family carers' perception about end of life care.

Conclusion Majority of the family carers described their end of life care experiences as unpleasant, there was lack of support generally and a wide communication gap between carers and healthcare professionals. The study generates evidence-based clinical and health services data to inform policy, practice and future research. At the same time to ensure that end of life care service provision in Nigeria is effective, appropriate, acceptable, ethical and culturally competent.

37 A PILOT AUDIT TO ASSESS ACHIEVEMENT OF 'PREFERRED PLACE OF DEATH' (PPD) FOR CANCER AND NON-CANCER PATIENTS

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Background Achievement of 'preferred place of death' (PPD) has been adopted as a key performance indicator for quality in end of life care. Approximately 60%–70% of people report they wish to die at home, however, evidence shows that place of death is actually only 7th on the list of priorities for 'a good death'. The aim of this audit was to evaluate the proportion of patients who achieved their PPD; and if not, why this was not attainable. It also assessed if diagnosis made an impact on the achievement of PPD.

Methods Retrospective case note review of the last 50 cancer and 50 non-cancer deaths prior to 1 st October 2015 where a PPD was documented in the hospice electronic record. Information regarding the events and care prior to death was

sourced from hospice, GP, hospital and district nursing records.

Results 67/100 (67%) of patients stated home as their PPD. 35/50 (70%) cancer and 40/50 (80%) non-cancer patients achieved their PPD. Of the 25 patients who did not achieve their PPD, there were 3 categories of reasons for this:

- Unforeseen circumstances (68%) e.g. uncontrolled care or symptom needs, rapid deterioration preventing transfer, ongoing active treatment;
- System limitations (24%) e.g. bed or care package unavailability;
- Missed opportunities for implementation of anticipatory measures (8%) e.g. no 'just in case' box, poor communication between care settings.

Conclusions 3 out of 4 patients achieved their PPD. Diagnosis did not appear to significantly impact whether PPD was achieved. Where PPD was not achieved, unforeseen circumstances was the most common reason.

Recommendations

- Discussions about PPD should include exploration of unforeseen circumstances.
- Patients' overall priorities for care should be identified in conjunction with PPD discussions.
- PPD achievement should be avoided as a marker of quality care.

38 COMMUNICATION AND ADVANCED CARE PLANNING IN A GENERAL PRACTICE SETTING

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Aims To investigate the effective undertaking and recording of end of life conversations within a busy urban general practice. These included important areas such as physical, psychological, social, spiritual and financial concerns as well as DNAR decisions and preferred place of care.

Methods Utilising EMIS database, all deaths between the 1 st January 2016 and 31 st December 2016 of patients registered at Newington Road Surgery, Ramsgate were identified. The electronic notes and records were accessed and reviewed. A total of 63 deaths were recorded.

Results In 54% of deaths in the practice, end of life discussions would have been appropriate because of evidence of general decline, end stage cancer or frailty. Despite this only 38% of these patients had end of life discussions.

Out of these discussions 62% focused on physical symptoms with only 38% recording psychological, social, financial or spiritual discussions.

Most surprisingly only 9% of patients had a saved and accessible care plan and none of those plans recorded had any information regarding patient's preferred place of care, preferred place of death or an escalation plan regarding hospital admissions.

Conclusions This project concluded that many factors are involved when contributing to discussions had by GPs towards the end of patient's lives. These included time pressures and the need for additional input from hospital, oncology and palliative care teams.

However, this project highlighted the importance in identifying patients towards the end of their life in the community