

people did not know if cultural/religious/ spiritual needs were met during EoLC. 58% believed that end of life care for older people should have equal priority for the NHS. 43% of respondents did not know where to get the support if someone close to him/her were to die. Only 41% believed that people could take part in decision-making around EoLC though 85% of respondents felt confident to get involved in EoLC decision-making. 82% thought that their preference should take priority over wishes of others, 61% considered that involving others in the EoLC decision making of using life-supporting technology would place extra burden on them whereas 27% considered that this would limit their privacy.

Conclusions Understanding public attitudes is essential to understanding changing contexts of care. Developing a need-based EoLC model will be innovative and enhances an effective service delivery.

0-25 LIGHTS, CAMERA, ACTION – THE STORY BEHIND THE SCENES OF ‘THE HOSPICE’

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Background Promoting the work of hospices is challenging, partly due to the nature of society’s taboos around death and dying (Dying Matters Coalition, 2016). One TV company approached hospices to offer a ground-breaking opportunity of developing a documentary. 17 hospices were contacted prior to shooting a short ‘taster’ film, which was used to commission a full 13 week series.

Aims

- Open up public dialogue on end of life
- Celebrate the work of hospices
- Showcase all aspects of hospice care, across all ages
- Increase hospices’ profile on a local, regional and national level.

Methods Both the Head of Communications and Head of Quality and Clinical Governance were dedicated to the project during filming, ensuring continuity for the crew and hospice team. Staff engagement was crucial. Weekly planning across clinical and communications teams ensured a full range of stories were identified and handled sensitively. The crew followed patients, families, staff and volunteers within the hospice, care homes and the community. A communications and press plan, alongside the TV channel and partners, focused on local, regional and national levels, and a multi-channel communications approach maximised on and offline, with a dedicated Just Giving page. Regular staff briefings were essential as part of communications risk management to ensure careful messaging and timing.

Results

- Millions of people reached nationally
- Extensive press coverage – Daily Mail, Sunday Express, Metro
- Outdoor billboards in prominent positions
- Viewing figures of 30 k in the first weeks. Aim to reach 100 k

- Significant increase in traffic to hospice website and social media, including Facebook and six-fold increase in Twitter followers within three weeks
- Increased dialogue with supporters and peers; increased staff engagement and morale
- Greater engagement and networking with new influential audiences
- No complaints or negative publicity.

Conclusion The TV series is the most significant opening up of the hospice sector in recent years.

Poster presentations

Bereavement, loss and grief

P-1 BEREAVEMENT CAFÉ: MORE WITH LESS IN BEREAVEMENT SUPPORT

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10.1136/bmjspcare-2018-hospiceabs.26

Background Bereavement support is well-established within palliative care. The need for good quality bereavement support is exponential but the ability of hospices to address this need is limited. The Commission into the Future of Hospice Care identified the need to develop collaborative partnerships in order to extend hospice care (Calanzani, Higginson & Gomes, 2013). Partnering with volunteer community/faith groups suggests an opportunity to extend bereavement support beyond what a hospice might hope to achieve alone. It also furthers the goal of building compassionate communities (Kellehear, 2005).

Aim To extend the hospice’s bereavement support to more people across its care area by building a network of collaborative partnerships between the hospice and community/faith groups.

Methods Three community/faith groups expressed interest in providing bereavement support by setting up a Bereavement Café. Each group provided a venue, volunteers to staff the Bereavement Café and modest refreshments. The hospice provided a two-day training course, publicity materials, guidance on setting up and running the Café and ongoing support and mentoring through the first year.

Results Initial meetings were held in March 2016 and a two-day training course delivered in June. The first two Cafés opened on a once-monthly basis in October 2016. The Cafés open at different times on different days of the week for up to 90 min. They welcome any bereaved person (regardless of previous hospice involvement). Average attendance is 4–8 people per session. The hospice provides regular supervision for Café volunteers through a debrief when the Café has closed. The partnerships require no financial commitment from the community/faith groups.

Conclusions Currently, five Cafés are operating, with five more planned in 2018. The model has proved replicable and sustainable and is achieving the hospice’s ambition of expanding its bereavement support to more people across its area of care.