

P-260 DEVELOPING AN ON-LINE TOOLKIT TO SUPPORT END OF LIFE CARE

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Background When the LCP was removed, a range of materials and guidance required review; furthermore, revised practice needed a platform in order to be shared. We recognised that a new approach might be supported by a novel on-line resource.

Methods A suite of tools that could be used by different providers across Derbyshire at different stages in a patient's end of life journey were collected together. Initially, these documents were held on a webpage hosted by a local community healthcare provider. An accompanying webpage contained details of upcoming educational events and contacts. In the first six months these pages had approximately 6500 hits, with each visit lasting on average 2.5 min. However, feedback stated the pages were not easily accessible to all staff and were clumsy to use. Funding was obtained to build a more 'user friendly' resource. An improved platform was launched in October 2015.

Results In the period 1 October 2016 to 30 September 2017, 9862 sessions were conducted on our website by 5842 users. The average number of pages viewed per session was 3.6 with an average session duration being 3'34'. More than 50% of users in this period were new to the website and our low bounce rate suggests that people who come to us find what they are looking for. The most popular resource is symptom management guidance. Most activity still comes from desktop computers but users do access the website via mobile devices. It is now possible to create an individualised learning portfolio using the toolkit. This can be linked to existing accredited resources (eELCA) as well as signposting to local face-to-face events.

Conclusions This novel website is a well-used platform for a suite of resources, as well as a means of educational support for those engaging in end of life care.

P-261 ASSESSING THE IMPACT OF INTERVENTIONS TO PROMOTE CLINICAL EFFECTIVENESS IN A PALLIATIVE CARE SERVICE

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Background Clinical effectiveness is a major component of clinical governance and integral to the successful operation of a palliative care service (PCS). Our PCS delivers regular internal educational programmes to share recent developments and latest knowledge and thereby promote high standards of care. Educational theory would suggest that different approaches might suit particular staff groups but it is not clear which approaches are best.

Aims To assess the most effective method to disseminate new learning throughout the PCS. To explore whether professional group is relevant to structure of learning event.

Method Delivery of the same material (highly relevant published paper, pertinent to specialists' practice) using two different approaches.

Session 1: CNS group. Paper distributed to all participants; read before the teaching session. Each allocated a section; presented findings at small group session. Researchers (two doctors) present to facilitate discussion.

Session 2: Doctors of all grades; researchers (same two doctors) presented the paper, reflecting on pertinent points. Structured questions throughout; highly interactive session.

Identical short survey sent before and after intervention to compare clinicians' baseline and post-teaching knowledge; a proxy measure of the effectiveness of said intervention.

Results • Both groups had improved knowledge post-intervention.

• Baseline knowledge of CNSs was better than doctors (53% v. 40% correct).

• CNSs demonstrated better post-teaching knowledge than doctors (95% v. 78%).

Conclusion This work highlights the importance of evaluating the impact of interventions to promote clinical effectiveness and seems to show that one form of intervention may be superior to the other. Future work should now focus on whether this 'more effective' approach is effective for doctors. Due to small numbers of learners, the team plan to continually assess these approaches over a number of topics. Further study to see whether this learning has a positive impact on practice and the outcomes for patients.

P-262 TEN RECOMMENDATIONS FOR ORGANISATIONAL CHANGE TO BETTER SUPPORT CARERS AT END OF LIFE

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Background Carers play a vital role in supporting patients at end of life (EOL). EOL care policy promotes comprehensive person-centred assessment/support for carers, but without a clear implementation strategy this will only remain an aspiration.

Aim To develop recommendations for organisational structures/processes required for implementation of comprehensive person-centred assessment/support for carers in EOL practice.

Methods 1) Secondary analysis of qualitative data on implementation in 36 services to identify factors facilitating/hindering implementation. 2) Expert consultation (focus groups with 19 lead practitioners/hospice managers) to review Stage1 findings and develop draft recommendations. 3) Wider stakeholder consultation – two professional workshops (23 participants: hospice, hospital, community, policy and academics), online survey (62 participants) and two carer workshops (nine participants) to finalise recommendations.

Results Comprehensive, person-centred carer assessment/support requires whole-systems change; a cultural shift at practitioner and organisational level. Ten recommendations identify key structures and processes not normally met by current provision:

- Consistent identification of carers within the care setting
- Demographic and contextual data on who the carer is and their situation
- A method/protocol for assessing carers and responding to assessment
- A recording system for carer information (separate from patient data)

- A process for training staff about carer assessment/support
- Available time/workload capacity for carer assessment/support
- Support from senior managers
- Role models/champions
- Pathways for communication about carer assessment/support
- Procedures for monitoring/auditing processes and outcomes of carer assessment/support.

Conclusions Comprehensive, person-centred carer support requires radical change, at different organisational levels. Carers' fit within service provision also urgently needs clarification. Our ten recommendations outline necessary building blocks to achieve this change.

P-263 EXPLORING THE EXPERIENCE OF CARERS OF PALLIATIVE AND END OF LIFE PATIENTS

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Background Informal carers are vital in caring for palliative and end of life care (EoLC) patients and need to be adequately supported. Hospice Isle of Man sought to understand the unique carer experience and identify areas for service development.

Aims To identify the support carers access and value; the factors that assist or hinder accessing support; and to understand carer wellbeing.

Methods Using a mixed methods study design, a survey was developed based on carer reported outcome measures (Michekls *et al.*, 2016). Data were collected on demographics and domains of the carer experience. Surveys were distributed by clinical staff to carers of patients on their case-loads between November 2017 and February 2018. We calculated frequencies for multiple-choice questions and conducted thematic analyses on qualitative responses.

Results A total of 44 carers returned the survey. The average age of carers was 58.0±17.1 years, ranging between 7 to 84 years and 66% were female. A large proportion (68%) felt 'out of control' since their loved one's illness. Qualitative analyses highlighted themes of feeling 'dictated to by the illness' and having 'no free time'. Half of carers received 'some' or 'little' support from their family and friends. Services provided 'some' assistance to 61% of the sample, 'a lot' to 32% and 'a little' to 7%. Carers valued responsiveness, access to out of hours, information and reassurance. Analyses revealed difficulties in asking family for support and found practical support from external agencies to be vital. Despite these challenges, 57% of carers described the role as fulfilling.

Conclusion Carers primarily rely on services, and not families, for support. Service strategies need to recognise that although carers face challenges, they also find fulfilment and they need to support carers in ways to mitigate the feelings of loss of control.

P-264 MEDICAL REVALIDATION PROCESSES IN A UK HOSPICE: EXPERIENCE FROM PHYLLIS TUCKWELL HOSPICE CARE

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Introduction Phyllis Tuckwell Hospice Care (PTHC) is an independent hospice and a Designated Body (DB) for medical revalidation. We will outline the approaches taken at PTHC to assure and improve the quality of the medical appraisal process in a voluntary hospice.

Quality assurance processes Individual appraisals

- The Responsible Officer (RO) reads every doctor's appraisal in its entirety. The RO also works closely with the Director of Patient Services who reviews all complaints and incidents. Feedback and learning is shared by the Director of Patient Services and incorporated into medical appraisal, providing further oversight of doctor's practice.

Appraiser support

- The work of the appraisers is supported by a clear job description
- All appraisees provide feedback on their appraiser which is collated by the RO and fed back as part of appraiser development
- PTHC appraisers also undertake appraisals for doctors from a local NHS Trust. This arrangement maintains and enhances the skills of the appraisers.

Organisational oversight and external review

- An appraisal quality audit was undertaken in 2017. The results demonstrated good compliance with appraisal requirements supported by evidence of reflection from the doctor and the appraiser
- Prior to revalidation, appraisal paperwork is reviewed by a Revalidation Decision Making group. This provides assurance for robust revalidation recommendations
- The appraisal system was externally assessed through a Higher Level Responsible Officer Quality Review in January 2018. The report highlighted a range of examples of good practice including strong support from the CEO and Board of Trustees.

Conclusion The model of medical appraisal developed at PTHC demonstrates that a voluntary-funded hospice can deliver a robust revalidation process within a supportive appraisal environment. The quality assurance process has been developed and implemented without an expensive electronic database or extensive team of staff, which is essential for a cost-conscious charitable organisation.

P-265 TRANSFORMING HOSPICES AND PREPARING NURSES: HOW DO THEY 'FIT' TOGETHER?

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Recent publications demonstrate that pre-registration nurses are currently insufficiently prepared for end of life care (Croxon, Deravin, Anderson, 2018). Although it can be assumed that hospice nurses *feel* prepared, little is currently known about *how* they have become prepared (National Council for Palliative Care, 2016).

Aim To investigate hospice nurses' experiences of how they have become prepared for end of life care.

Method A classic Grounded Theory method was used, ensuring that no pre-conceptions influenced the findings (Glaser &