

- 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

Hollie Quaye, Giovanna Cruz. *Hospice Isle of Man, Strang, Isle of Man*

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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

Nick Dando, Cate Seton-Jones. *Phyllis Tuckwell Hospice Care, Farnham, UK*

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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?

Sue Griffith. *Farleigh Hospice, Chelmsford, UK*

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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 &