P-41 WHAT THE MEN SAY: MEN'S SPACE: DEVELOPING A GROUP FOR MEN, RUN BY MEN

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Engaging in group work is challenging. Men with a palliative diagnosis can be reticent to accept group support. This abstract introduces a group of men with a palliative diagnosis who want to tell their story. The group meets at their local hospice's, 'Men's Space'.

It was slow to start but they developed a close bond, an ethos of care, support and a sense of fun. They wanted to break down barriers and expel myths to encourage other men to join. The group planned and held a day to encourage new members. As numbers grew, they engaged in gardening, painting and other activities. They welcomed speakers including a Para-Olympian. Supported by the family support and hospice nursing teams they toured local factories, met with a premier-ship rugby team and a National League basket-ball team. They are currently engaged in developing a calendar of their experiences together to raise funds for the hospice. Local businesses provided them with a summer house to meet in, and a green-house in which they produce vegetables for the hospice kitchen, for themselves and their families.

It is difficult when group members die, but the group has developed ways of remembering each other, they talk openly about what they want from each other as their own deaths approach. This self-directed group is passionate and articulate, willing to speak at national level to ensure longevity for the men who come after them. They have made videos for the hospice website. Met with the local commissioning group and talked to external hospital groups to encourage others to join Men's Space or to set up something similar.

What the men say:

'I love to sit and listen to the banter around the table.'

'It gives me the confidence to keep going when things are looking bleak.'

P-42 AN INNOVATIVE APPROACH TO TRANSFORM END OF LIFE CARE IN A PRISON SETTING

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Since the End of Life Care Strategy (Department of Health, 2008) stated that high quality services should be available in all locations, including prisons, there has been recognition of the increasing demand for end of life care within UK prisons as their population ages, presenting both practical and emotional care challenges (Turner, 2018). Inequities in palliative care provision for prisoners as opposed to the general population have been highlighted (Fletcher, Payne, Waterman *et al.*, 2013; Prisons and Probation Ombudsman, 2017).

Despite hospice clinical nurse specialist (CNS) involvement in providing end of life care within the local category C prison, joint working between the hospice CNS and the prison matron identified the need to improve access to and choice in end of life care. Referral rates for palliative care support were low and restricted to those with cancer, minimal

advance care planning (ACP) and support was in place and prisoners were being transferred to another prison with palliative care beds for last days of life care. Burdett funding was obtained for a one-year project to address this.

Through a process of consultation and dialogue with prison management and healthcare staff, specific changes were made to end of life care provision within the prison including an end of life education programme for prison staff, monthly multi-disciplinary meetings to identify those at end of life, introduction of in-reach clinics and cell visits and improved access to out-of-hours teams, end of life services and as needed medication for symptom control.

In the year following completion of the project, referrals to the palliative care team doubled and included non-malignant conditions such as end stage respiratory disease. Prison staff reported more compassionate and positive attitudes and understanding of end of life care issues amongst staff and inmates, with ACP and identification of preferred place of care becoming embedded within the culture of the prison. This has allowed individuals to receive last days of life care within the prison.

P-43 PALLIATIVE CARE FOR PRISONERS: A PARTNERSHIP APPROACH

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Background Supporting our hospice Widening Access agenda, we have developed a partnership with our local prison, HMP Edinburgh. With one of the highest populations of older, long term prisoners in Scotland, there are specific challenges to ensure high quality palliative and end of life care for this group. Barriers include: Identification of prisoners with palliative care needs; Lack of 24/7 health care; Timely access to medication; Prison environment and regime; Staff confidence and competence; Some high risk offenders may not be eligible for compassionate release.

Aim To transform the experience of palliative care for prisoners through a partnership approach with prison, health and palliative care staff, by:

- Proactive identification of those with palliative care needs
- Appropriate assessment and management plans
- Planning ahead to ensure palliative care needs can be safely and effectively met in the hospice or the prison
- Support for staff
- Address barriers to providing end of life care
- Access to medication
- Out of hours health and social care support.

Approaches Clinical: Hospice clinical nurse specialist attendance at monthly prison healthcare meetings; Individualised review and plans for each prisoner with palliative care needs.

Educational: Hospice staff delivery of 'toolbox' talks for prison staff; Identification of link staff at each site.

Cultural shift: Build relationships and nurture understanding in both hospice and prison setting; Hospice staff visits to prison with reflective learning sessions; Quarterly strategic meetings with hospice, Marie Curie Nursing Service, NHS and Scottish Prison Service to continue partnership working.