SPC were aged 85+, while 20% male/27% female overall deaths were aged 85+.

Place of birth on death certification compared with SPC users' ethnicity showed similar proportions from Bangladeshi/other Asian groups (20%/19.6%) and Black groups (5%/5%). Fewer White British groups used SPC (53.5%) compared to the proportion of deaths of people born in the UK and Ireland (65.6%).

55% of SPC users had cancer, which caused 30% of all deaths. There was low use amongst people with circulatory (3%) and respiratory disease (5%) although these combined cause 40% of deaths. Data was not routinely recorded for groups for whom there is evidence of poor quality palliative care (learning disability, mental illness, homelessness and substance misuse).

These findings suggest the hospice has a reasonable reach across ethnic groups, although may be under-accessing the oldest old. People who died from cancer were more likely to have accessed SPC. Joint working with non-cancer specialist services is currently underway to try to address this. The hospice's information team are exploring routine recording of protected characteristics such as learning disability and homelessness so that these can be part of future health equity audits.

P-47 TACKLING INEQUALITIES IN END OF LIFE CARE FOR SPECIFIC MINORITY GROUPS

¹Melanie Hodson, ²Simon Jones, ³Shaun Walsh, ³James Cooper, ⁴Paula Reid, ⁵Paul Roberts OBE, ⁶Zoe Matthews, ¹Jonathan Ellis. ¹Hospice UK, London, UK; ²Marie Curie, London, UK; ³Together for Short Lives, Bristol, UK; ⁴Homeless Link, London, UK; ⁵LGBT Consortium, UK; ⁶Friends, Families and Travellers, UK

10.1136/bmjspcare-2018-hospiceabs.72

Background In 2016 the Care Quality Commission published a review of end of life care which heard from people who may be less likely to receive good care – whether because of diagnosis, age, ethnic background, sexual orientation, gender identity, disability or social circumstances – and found that this may be because their specific needs are not always understood or fully considered by providers and commissioners. Later in 2016 the Government announced six commitments to end variation in end of life care in England by 2020 (Department of Health, 2016).

Aim/s This project explored what the six point commitment on end of life care means for three groups identified by the CQC's review; Gypsies and Travellers, LGBT people and people experiencing homelessness. It sought to understand the particular needs of these groups in making the commitments a reality and to share evidence and personalised end of life care examples.

Methods The project was guided by an advisory steering group and informed by a literature review plus focus group and stakeholder consultation. Case studies of emerging practice and innovation were sought through the group's networks and wider communication channels.

Results Five principles for delivering personalised end of life care for children, young people and adults were identified; including enabling strategic level partnership working; good communication to support informed decision making;

workforce training and support. A practical guide has been produced for commissioners, service providers and care professionals.

Conclusions In identifying work to improve personalised end of life care for the three groups, the project also found a need for more evidence and research. Equitable end of life care needs to be a local priority and better data about needs and access to services is required.

This project was funded as part of the national Voluntary Community and Social Enterprise Health and Wellbeing Alliance.

P-48 DEATH: A SOCIAL DISADVANTAGE? SUPPORTING UNDER-REPRESENTED GROUPS IN END OF LIFE CARE

Caroline Hodgson, Clare Lawrance, Maddy Cox. *Woking and Sam Beare Hospices, Woking, UK*

10.1136/bmjspcare-2018-hospiceabs.73

Woking and Sam Beare Hospices provide specialist palliative care services to North West Surrey; an ethnically diverse population. With a substantial Muslim community, 10.1% of people in Woking report English as second language. Supporting an aging population, there was an 18% increase in people over 60 between 2001 and 2011 (Joint Strategic Needs Assessment, 2018). There are 36 000 carers; with incidence of dementia expected to rise by 25% by 2025. The catchment area has two prisons, with homelessness estimated to have quadrupled in the last five years.

With this in mind and the launch of a new five year hospice strategy, an Equalities Steering Group was established to promote an improved organisation-wide approach to understanding the cultural and societal differences in accepting and accessing hospice care, plus identify and remove barriers to supporting our community.

Aims (i) Establish closer working relationships through hospice representation and involvement with local community groups, agencies and organisations (ii) Raise awareness of hospice services to under-represented groups and enhance access to care.

Method Over three years the programme of work identifies priority areas, exploring the intersectionality between groups and embedding the approach into practice. Year 1 focused on dementia, learning disability and carers; Year 2 – LGBTQ+, Gypsy Romany Traveller Community and BAME; Year 3 – Homelessness, Prisoners and Ex-offenders.

Initial actions identified hospice champions to promote awareness among staff and sit on local action groups (Dementia Action Alliance, Action for Carers Surrey and Learning Disabilities partnership board).

Delivered programme of events with national awareness weeks, including in-house training, access to e-learning and social media publications.

Expected results Year 1 will culminate in an 'equality' themed conference; hospice teams and stakeholders will come together to share progress, identify further needs and celebrate successes, establishing the foundations upon which future events will be held, opening up hospice services for all.