of training for those who are going to lead the programme in their home, including training for the managers to ensure it is well-led throughout the home, and then there are in-house sessions for the individual homes to inform the whole team.

**Results** Currently there have been 16 homes recruited and trained to implement the Namaste Care Programme. All homes are at varying degrees of the implementation phase due to individual circumstances of that home. There are some homes that have very early results that are showing both qualitative and quantitative improvements in individuals’ quality of life within their homes.

**Conclusion** We plan to review progress and publish results in March 2019.

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**P-90** **COMPARING PLACE OF DEATH OF PATIENTS SUPPORTED BY A SPECIALIST DEMENTIA SERVICE WITH NATIONAL DATA**

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10.1136/bmjspcare-2018-hospiceabs.115

**Background** Dementia is the leading cause of death in the United Kingdom. Specialists in end of life care need to adapt to the needs of the increasingly older population which it serves. There is pressure on the National Health Service to provide cost effective, evidence-based care and to avoid unnecessary hospital admissions at the end of life. Recent national data shows that 32% of people with dementia die in hospital.

**Aim** To understand whether a hospice-led dementia team influences the number of hospital and home deaths in patients with dementia, compared with national data.

**Methods** A sample of patients who were supported by the specialist dementia team was selected retrospectively, to include all deaths between 1st June 2017 and 31st May 2018 (n=39). We have counted all the deaths using Excel spreadsheet and separated deaths into four different categories: Home, Hospice, Hospital and Care Home.

**Results** There were 39 deaths of patients with dementia that received support from the Dementia Nurse Specialists.

Of these patients 69% of them achieved their preferred place of death.

**Conclusion** Receiving care from a hospice-based dementia nurse specialist team was associated with a much higher home death rate of 49%, compared with the national figure of 8%. It was also associated with a lower rate of hospital deaths – 18% compared with 32%.

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**P-91** **DEMENTIA CARER SUPPORT IN A HOSPICE – AUDIT AGAINST NICE GUIDANCE**

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**Background** Much research has been conducted on the psychological implications of caring for family members with dementia (Watson, Tantangelo, McCabe, 2018). Support for carers may enhance the quality of care they provide and may reduce their distress (Abreu, Rodrigues, Sequeira et al., 2018). The National Institute for Health and Care Excellence (NICE) identifies assessment of carers’ psychological needs and interventions to address these needs as important aspects of care provision for people with dementia (NICE, 2010).

**Aims** To evaluate our hospice’s compliance with NICE Guidelines on support for carers of dementia patients.

**Methods** We examined the Integrated Palliative Outcomes Scales (iPOS) of all patients on our inpatient and community caseloads with a primary diagnosis of ‘dementia’ to assess how many had a score completed for the ‘family anxiety’ question and whether those who had severe or overwhelming anxiety had an offer of formal support.

**Results** Only 33% of patients had an iPOS ‘family anxiety’ score completed. Only those with severe or overwhelming anxiety, 78% were offered formal support.

**Conclusion** Evaluation of our practice shows that while we offered support to the majority of those who were identified as needing it, only a third of carers’ needs were assessed at the outset using the iPOS. It may be that a higher proportion of carers had their needs assessed informally as part of Multi-Disciplinary Team assessments and this was not captured in the audit data. To ensure carer’s needs are assessed consistently, we plan to educate staff regarding the importance of completing the ‘family anxiety’ question on iPOS, and are going on to complete a more detailed carers’ assessment and offer of formal support if needed.

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**P-92** **GETTING IT RIGHT: HEPATIC FAILURE AND PALLIATIVE CARE**

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10.1136/bmjspcare-2018-hospiceabs.117

**Background** National work identifies that people with liver disease are less likely to receive palliative care, more likely to die in hospital, less likely to be satisfied with co-ordination of care (Kendrick, 2013) and more likely to be young, deprived and socially isolated (Public Health England – Liver disease profiles). Locally palliative care and hepatology services were struggling to connect.

**Aims** To audit local hospice and hospital outcomes for people with liver disease against the 2013 NHS report ‘Getting it right: improving end of life care for liver disease’ (Kendrick, 2013).

**Methods** Review of notes of people with a primary diagnosis of liver disease referred to the local hospice services or hospital palliative care team, 2015–2017.