

improve patients' experience by encouraging early intervention for best symptom management.

**Methods** An audit of referrals was conducted during 22/05/2017 to 26/07/2017. This was achieved by logging all referrals, locality, referrer name and designation. This was to map what GP practices, community/secondary services were referring and identify gaps in areas across the city to ascertain engagement and training needs.

A survey was undertaken through SurveyMonkey to measure stakeholders' knowledge of the service, time limit 15/08/2017 – 30/08/2017. Five questions were identified, the name of the organisation was requested and job role but anonymity was respected.

**Outcome** From the audit 92 referrals were received during the time period from a combination of primary and secondary services clearly showing gaps in areas across the city. 200 surveys were sent out and 65 responses received. Key findings were:

- 98% of people had heard of Compton Lymphoedema Care but knowledge and understanding of the services offered differed
- 28% of professionals weren't aware of the support group
- 25% were unsure how or who could refer.

**Conclusion** The project was successful in identifying a snapshot of demographic data across the city that has clearly identified gaps. Furthermore, the survey has identified a need for increased community engagement, improved communication, marketing strategies and education. Early intervention supports best patient management and reduces risks associated with long term swelling (British Lymphoedema Society, 2010).

**P-96 TO LOCALLY IMPLEMENT A LYMPHOEDEMA AND HOSPICE AWARENESS EDUCATION PROGRAMME**

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**Background** A dedicated lymphoedema specialist clinic in a hospice setting has provided lymphoedema treatment for more than 14 years for people living with a cancer diagnosis (PLWCD). Despite this, many people referred to the service were not aware of lymphoedema, the risk factors or the role of Hospicecare.

**Aims** To implement an education programme. To provide knowledge and skills through an education programme for healthcare professionals (HCPs) to identify lymphoedema and how to refer to the service. To empower PLWCD on how to reduce the risks of developing lymphoedema and to recognise when to seek early intervention and a referral to the clinic. To demonstrate how hospice and palliative care services are changing and adapting.

**Method** In addition to formal training days, and an acknowledgement that 'one size doesn't fit all', alternative education sessions were incorporated within nurse leadership programmes, GP training and Primary Healthcare trust lunchtime sessions. Also education for cancer support groups and post cancer treatment 'Moving forward groups'.

**Results** Since March 2017, a total of 260 HCPs, 40 students and more than 100 PLWCD have received education and are now better informed about lymphoedema. Changing the concept of the role of the hospice.

**Conclusion** Responding to overwhelming positive feedback and recommendations received, all previous education sessions for HCPs will continue with additional specific sessions for other disciplines. An evening seminar will also be introduced. One awareness session for PLWCD has resulted in four appropriate referrals to the service for treatment, who without this education programme would not now be receiving specialist care.

**P-97 LEANING IN – MENTAL ILLNESS, PALLIATIVE AND END OF LIFE CARE – THE VIEWS OF PATIENTS AND CARERS**

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**Background** Research which concerns the experiences and expectations of people with mental illnesses and terminal conditions is extremely limited both in the UK and internationally. What is known is that people with mental ill health experience higher rates of many physical health issues, later diagnosis and poorer prognosis than the general population (Royal College of Psychiatrists, 2013). People with mental illness experience many barriers when trying to access palliative and end of life care services and are poorly supported following terminal diagnosis by mental health services (Jerwood, Phimister, Ward *et al.*, 2018).

**Aim** The aim of this research was to conduct interviews with patients with histories of mental illness and terminal physical conditions, and their carers, to better understand their experiences and expectations of palliative and end of life care, and how more effective support and care could be provided by palliative, end of life and mental health care services.

**Method** Eight semi-structured interviews were carried out with patients and carers. Interviews were transcribed and a thematic analysis (Braun & Clarke, 2006) carried out. Key themes were drawn from the interview data. These themes were used to inform a co-design process to develop a resource to improve care.

**Findings** This is the first research study which explores the views of patients (and their carers) with mental illnesses and terminal conditions about their end of life care needs, experiences and expectations. Key themes from the interviews will be presented with implications for clinical practice explored.

NB – The findings are being written up at the time of submitting this abstract so this will be completed work by the time of the conference.

**P-98 REVIEW OF THE PALLIATIVE CARE NEEDS OF PEOPLE WITH MOTOR NEURONE DISEASE AND INFORMAL CAREGIVERS**

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**Introduction** Despite being a terminal neurodegenerative disease, the role of palliative care is less recognised for motor neurone disease (MND) than for conditions such as cancer. The palliative care needs of patients and carers must be understood in order to best configure policy and health care services for this population.