

presence of prominent longstanding personal values, often relating to independence, supported stability of preferences.

Conclusions The stability of care preferences is influenced by experience, evolving awareness and family considerations, but is less influenced by time or health changes in this population. By exploring health awareness and care experiences with patients, clinicians may be better able to elicit preferences and deliver care responsive to preferences following acute illness.

85

CULTURAL RESPONSES TO PROSTATE CANCER IN GHANA: MASCULINITY AND STIGMA

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Background Almost two-thirds of cancer deaths occur in developing countries. In resource-poor countries where there are no well-developed institutional-based palliative care services or where those facilities are in limited supply, family home-based care is a critical element of providing comforting care for patients whose prostate cancer has spread to other parts of the body (advanced). One in 8 men in the UK develops prostate cancer.

Method The study adopted a qualitative repeat in-depth interview approach to explore the complexity of viewpoints. A total of 23 patients with advanced prostate cancer (APC), 23 family caregivers, and 12 health care professional yielded 68 interviews to get a holistic understanding of such care. Patients and their caregiver(s) participated in two interviews either individually or as joints across a period of up to 6 months. The interviews were transcribed and an inductive thematic analysis approach was used to explore relevant content and contexts of commonly recurring themes regarding the experiences stigma and how prostate cancer impacts on men's masculinity.

Findings Physical changes, impotence, incontinence, and loss of social status impacts on what means to be a real man. APC affects masculinity results in changed identity that affect the masculine role as leaders, breadwinners, and head of households. This together with impotence made the men felt 'not man enough' and 'living dead' thereby impacting on their social statuses. APC is stigmatised as a promiscuous disease. The cultural response to prostate cancer should guide any self-management services for men living with prostate cancer.

Conclusion This study has identified the cultural response to prostate cancer and how it influences their quality of life and dignity. This study provides rich experiences about living with prostate cancer issues around cultural responses that may hinder health-seeking and quality of care.

Service Development | Posters 86 – 128

86

MOVING TOWARDS AN ENHANCED COMMUNITY PALLIATIVE SUPPORT SERVICE (ENCOMPASS): IMPACT OF USING MOBILE TECHNOLOGY TO SUPPORT DELIVERY OF COMMUNITY PALLIATIVE CARE

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Background Models of community palliative care delivery are typically dependent on specialist nursing and medical staff acting independently. This study, part of the EnComPaSS project, appraises the impact of eShift, a technological system created by Sensory Technologies. eShift supports a delegated model of care, facilitating visiting staff to remain in ongoing contact with senior team members, and supporting systematic MDT recording.

Methods This was a service evaluation conducted at a Specialist Palliative Care service in the North of England, part of a real-world evaluation of a complex intervention. Prior data was collected from October 2014 to September 2015, transition to the new model began in October 2015, with data collection continuing to September 2016. Outcomes were based on prior hypotheses, including absolute numbers of patient contacts, grade of professional, number and route of hospital admissions and associated economic impact. Further evaluations over a longer time period are ongoing.

Results In comparing the pre-intervention period with the follow-up period, the total number of patients on the case-load remained relatively stable (1521 vs 1501). There was a reduction in total visits (3725 vs 3285), number of consultant visits (105 vs 48) and number of senior nurse visits (3361 vs 2730). There was an increase in the number of band 5 nurse (0 vs 208) and registrar visits (89 vs 170). Furthermore, number of patients admitted to hospital reduced (1238 vs 1156), as did overall admissions (5571 vs 4548) and average length of stay in days (6.23 vs 5.99). The reduction in hospital bed-days translates to a cost saving of £2.7 m per year, based on costs during the study period.

Conclusion This service evaluation supports the successful implementation of a technological solution to improving efficiency and delivery of community palliative care, with associated reductions in visits, hospital stays and service costs.

87

WHAT FACTORS ULTIMATELY INFLUENCE THE PLACE OF DEATH OF CARE HOME RESIDENTS? A QUALITATIVE STUDY OF THE INTERACTION BETWEEN CARE HOMES AND GENERAL PRACTITIONERS IN THE SOUTH WALES VALLEYS

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Background In Wales, over 50% of care home patients at end of life die in hospital. Initiatives such as advance care planning aim to reduce hospital admissions from care homes at end of life, but improvements have been slow. This study explores why some care home patients are admitted to hospital at end of life, and why similar patients are looked after in their care homes.

Methods The study is a retrospective, thematic analysis of interviews with General Practitioners (GPs) and care home staff. The interviews were based on care home deaths occurring in 6 GP surgeries, 6 nursing homes and 6 residential homes in the South Wales valleys between 01/09/2016 and 31/08/2017.

Results Fifty-seven hospital deaths were discussed, along with a similar number of care home deaths. Overall, 78% of patients overall died an expected death in their care homes.

Main themes around hospital admissions were emergency ambulance requests by care homes (33%), arranged admissions by GPs (21%), and family request (14%). Variation was found in the way care homes and GPs managed frail and declining patients, and residents were sometimes admitted to hospital against the wishes of care home staff and families. Other issues identified were difficulties in accessing services, lack of reflection, and conflicting roles.

Conclusions Service provision was fragmented. The author suggests that GPs, Intermediate Care, Ambulance Services, GP Out of Hours, palliative care teams and care homes work together closely to address the issues. Also suggested are regional groups to co-ordinate and monitor end of life care in care homes. National accreditation should be introduced for end of life care in care homes, and regulatory bodies (such as Care Inspectorate Wales) should inspect care homes accordingly.

This research fills a gap in our knowledge, and its findings can be applied internationally.

88 A PROJECT TO EXPLORE THE POTENTIAL USE OF DIGITAL TECHNOLOGY TO AID HOSPICE CARE; FOCUSING ON REMOTE CONSULTING

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Background Princess Alice Hospice's current strategy promotes exploring different ways of working to increase end-of-life care and support, in more sustainable ways. This includes the potential to integrate digital technology into hospice care. This project aimed to assess the willingness and capability of patients and families, and healthcare professionals to engage with new technologies for consultations in an end-of-life care setting. It sought to identify opportunities for improved, efficient communication and highlight any potential barriers to the use of telemedicine.

Method A mixed methods approach was used, first focusing on established technology users in order to understand their needs and preferences before expanding to users who were less digitally connected. Data was collected in: questionnaires, feedback and collaboration workshops with patients/carers, internal and external professionals, trial sessions of telemedicine. A thematic analysis was then conducted.

Results

- Greater than 66% participants had access to internet enabled devices
- 80% people use the internet on a daily basis
- 63% participants used Skype or equivalent before; 47% of these were using it either daily or weekly.

'[I'm] very comfortable using video calls. I would happily swap some visits for a video call on Skype or FaceTime.'

'[Using video calls] would be fine if I felt comfortable with the technology and I knew the person I was talking to and already had a relationship with them.'

Conclusions Telemedicine is acceptable to many people who use the hospice services. Indeed, patients described telemedicine as having some logistical advantages over home visits. However, 1st consultations should continue to be face-to-face in order to establish a relationship, do an environmental assessment and consider whether telemedicine would be appropriate for future contacts.

89 SPECIALIST PALLIATIVE CARE CNS SUPPORT SERVICE FOR CARE HOMES IN SOUTH TEES – DEVELOPMENT AND REVIEW

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10.1136/bmjspcare-2019-ASP.112

Background Middlesbrough Redcar Cleveland has a population of approximately 300 000 with >130 registered care homes. MRC Community SPCT receives around 1300 referrals/year of which around 8% come directly from care homes. Across the locality in 2017/8 22.9% of deaths occurred in care homes. An existing single-handed CNS for care homes had identified areas for development but was unable to progress this due to limited capacity.

In 2016, funding accessed via the Better Care Fund secured an additional Specialist Palliative Care CNS within the Community SPCT to support the existing post-holder and with a remit to extend and develop training and support within the Care Home setting, with particular emphasis on verification of expected death, syringe driver training and advance care planning.

Results Between January and August 2018 an education programme delivered syringe driver updates to >100 staff, and verification of death training to >80 staff. A level 1 programme (consisting of a single broad-reaching introductory education session) for support staff has been introduced and rolled out to more than 40 care homes. Pre and post-course analysis shows significant improvements in knowledge levels and confidence.

In 2017/18 17% of patients dying whilst on the caseload of the community SPCT died in a care home. Between April 2018 and September 2018 this had risen to 32%.

Nurse verification of death within the care homes represents a shift in work which was previously undertaken by the OOH service.

Direct advance care planning including discussion and implementation of treatment escalation and DNACPR orders, and provision of anticipatory end of life medications for symptom management has taken place in >40 individuals.

Conclusions Targeted interventions within care home settings can empower staff and improve outcomes in care at the end of life.

90 EXPLORING CLINICIAN ATTITUDES TO RESPECT AT CHESTERFIELD ROYAL HOSPITAL

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Background ReSPECT is a joint venture between professional bodies in the UK led by the Resuscitation Council to standardise documentation of DNAR decisions and patients' preferences for care. ReSPECT was introduced in Chesterfield Royal Hospital (CRH), Derbyshire in June 2018.

Aims The aims of this project were: 1) Evaluate hospital clinicians' views on ReSPECT and 2) Highlight which aspects of the form clinicians are finding difficult. This information should help to improve the ReSPECT process and guide future training.

Methods We conducted a survey of ten questions on Survey Monkey, collecting a mix of qualitative and