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.

**CULTURAL RESPONSES TO PROSTATE CANCER IN GHANA: MASCULINITY AND STIGMA**

Yakubu Salifu, Kathryn Almack, Glenys Caswell, University of Nottingham, University of Hertfordshire

10.1136/bmjspcare-2019-ASP.108

**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 social status. 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.

**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**

Ian Jones, Dylan Harris, Glyn Ebwy Surgery – Ebbw Vale, University of UK

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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.

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

Jennifer Palfrey, Craig Gannon, Princess Alice Hospice

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.