

Future directions of hospice care: IPU or ITU?

The Annual Marie Curie Palliative Care Research Conference, jointly with the Palliative Care Section of the Royal Society of Medicine

Oral Presentations

1 A HOSPICE'S APPROACH TO EQUIPPING A COMMUNITY TO LIVE WITH DYING, DEATH AND GRIEF

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Traditional hospice care frequently focuses on expensive inpatient care. However, a different strategy is required to meet more people's needs and ensure financial sustainability, relevant as more hospices face financial difficulty. A UK hospice has embarked on a strategy to deliver a service which encompasses a public health approach and was developed using feedback received from more than 40 interviews with people and professionals about their experiences of dying, death, caring and grief.

Alongside redesigning the provision of direct care this hospice has piloted a method, using an Asset Based Community Development approach, to equip a community to understand and enhance their capacity, skills and knowledge and return the ownership of dying back into the community, closer to the family network of care.

The results of this approach have shown a care home strengthening their connections to local GP surgery GSF meetings, other professionals, and their Parish Nurse. Strong connections between people themselves have been realised, even reconnecting people who went to school together. The results demonstrate how conversations with the community have improved people's death literacy. As a result, the hospice has developed new tools and procedures for working with care homes.

This method of working with a community has enabled the hospice to strengthen connections between statutory services, community groups and hospice provision and develop new ways of working with care homes. This pilot has demonstrated the impact a hospice can have by taking a public health approach to palliative care and provides a model for future practice.

2 BEFORE WE CHANGE, LET US UNDERSTAND: A PROSPECTIVE CHARACTERISATION OF HOSPICE INPATIENTS

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Hospice service redesign aims to achieve the greatest impact for the greatest number of people within limited resources.

The strategic direction within the NHS is towards care as close to home as possible, reducing avoidable admissions and improving patient experience of end of life care. However there is little published evidence describing patient use of hospice inpatient services, despite this significant resource. Our aim was to enhance understanding of why patients are admitted to two hospice inpatient units within one Health Board area, to describe the characteristics of patients admitted and explore their needs and wishes in this process.

We are conducting a prospective mixed methods evaluation. Using case note review, we are collecting data on approximately 250 hospice inpatient admissions. In addition, we are conducting up to 40 interviews with patients and carers to explore expectations and feelings around the admission; and seek feedback from the referrer and the receiving staff about appropriateness of admission and alternatives to admission.

We will present preliminary data on the reasons for referral to the hospice inpatient services, describe characteristics of patients referred including Adapted Karnofsky Performance Score, Phase of Illness and iPOS on admission; along with preliminary qualitative findings regarding patient and carer perspectives about hospice admission.

Our findings will inform our understanding of the use of hospice inpatient services and how resources can be most effectively allocated to meet patient and family needs and preferences within a locality. This will allow meaningful service redesign, ensuring the patient experience informs change.

3 LET IT ALL OUT: A SCOPING REVIEW OF EMOTIONAL DISCLOSURE-BASED PSYCHOLOGICAL INTERVENTIONS IN PALLIATIVE CARE

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Introduction Emotional disclosure (ED) is a term used to describe the therapeutic expression of emotion. There is some evidence to suggest physical and psychological benefits of ED-based interventions in palliative care settings. However, heterogeneity in intervention format, terminology and outcome measures has made it difficult to understand and thereby, explore how to develop a simple ED-based intervention more tailored for palliative care.

Aims To scope existing literature to develop a taxonomy of ED-based interventions for people with palliative-stage disease and their family carers.

Methods The review is guided by Arksey and O'Malley's (2005) five-stage scoping review framework. Six databases (including CINAHL and MEDLINE), grey literature, trial registers and conference proceedings were searched for relevant studies up to March 2019. Titles and abstracts were screened by 2 independent reviewers. Following full text review, data will be extracted. A taxonomy will be developed to categorise ED-based interventions. Categories will be mapped to mechanisms, intervention objectives, outcome measures and efficacy.