areas of need identified, we worked with a training provider to develop a bespoke training course on supporting people with dementia in palliative care. The course was delivered to 41 staff within a hospice, and the impact assessed. Prior to training, 30% of staff reported they were 'not at all confident' in caring for people with dementia. Post-training all staff reported feeling 'fairly' or 'very' confident. Staff reported that the training:

- Helped them recognise dementia as a terminal condition and how palliative care can support people with dementia
- Improved understanding of 'challenging' behaviours and managing these
- Taught them enabling approaches to care provision which they felt would improve their practice.

Staff trainers across both settings are integrating this into core curriculum. The positive response represents a culture change. Staff better understand the value of palliative care for people with dementia and are motivated to explore how care practices can be improved for people with dementia. The organisation recognises this work as best practice and are exploring its potential as a national training standard.

| 14 | STARTING A COLLABORATIVE RESEARCH IMPACT ASSESSMENT: A TALE OF TWO RESEARCH FUNDERS |

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The National Institute for Health Research (NIHR) and Marie Curie are the two largest funders of end of life care research in the UK. NIHR and Marie Curie enable and support research at different times of the translational pathway, or by co-funding research. Undertaking a research impact assessment (RIA) on our combined investment is important to make the case for continued investment research and to be accountable to our stakeholders (Morgan Jones and Grant, 2013). RIA is a developing field (Adam et al., 2018). To ensure our approach is relevant, we have involved people with experience of end of life care. We hope that by undertaking this process together, we will gain a better understanding of the research funding landscape and its interdependencies in this area, identify gaps and opportunities, and learn from and support each other. We believe that our project marks the first time that a collaborative RIA of this kind has been undertaken by research funders. We hope that by exchanging, reflecting and sharing our experiences, lessons learned and approach, it will aid discussion, promote shared learning and transparency around funders' impact assessment processes and may help future collaborative projects. Our learning so far:

- Appropriate oversight, governance and data sharing is a must
- Identify organisational risks up front
- Review organisational factors including resource which may impact on capacity to deliver
- Use of similar tools for data collection enables joint analysis and efficient of data
- collection

- A clear and shared understanding of the project scope is important

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| 15 | A 'GOOD' DEATH IN THE EMERGENCY DEPARTMENT? IDENTIFYING PATIENTS NEARING THE END OF LIFE IN THE ED |

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An important aspect of end of life (EOL) care is identifying patients entering this stage, thus enabling clinicians to make plans and referrals. Despite many patients wishing to die at home, a significant proportion will attend the ED. Hence it is important that ED doctors identify and support these individuals. Given the nature of work in ED, this is challenging. The Supportive and Palliative Care Indicators Tool (SPICT™) can help with patient identification.

A sample of 30 patients aged ≥60 attending the Whittington Hospital ED were assessed using the SPICT™ criteria. For patients who met EOL criteria, it was documented what action was taken, including Advanced Care Planning, DNACPR, referral to Palliative Care or discussion about preferred place of care and of death.

10 met the criteria. Action was taken in 40% of these, most commonly Advanced Care Planning and DNACPR discussion. Use of the SPICT™, in poster or app format, could help ED doctors to identify EOL patients, thus prompting them to take action.

Further ways to improve the identification of EOL patients in the ED include use of tools such as the 3 triggers outlined by the GSF Prognostic Indicator Guide for GPs. Other ideas include an alert system to flag patients known to Palliative Care. Rapid discharge pathways for patients who wish to die at home is also an important initiative which relies on rapid identification and close working with community teams.

| 16 | IMPROVING CARE FOR PEOPLE LIVING AND DYING WITH DEMENTIA THROUGH ADVANCE CARE PLANNING |

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The number of people living and dying with dementia is forecast to increase by 270% over the next 20 years. Current practices to encourage advance care planning do not meet the needs of people with a dementia diagnosis as they don't engage people early enough in the dementia journey.

We undertook a literature review of international evaluated models of ACP for people with dementia, focusing on its impact on care received, and mapped existing provision across a rural health board area. The work was facilitated by interviews with health and social care professionals (n=50), focus groups and interviews with people living with dementia and carers (n=17).

Our findings

- ACP is an intervention which can reduce unnecessary hospital admissions and healthcare costs, without negatively impacting