cancer or chronic obstructive pulmonary disease (n=12) identified what carers would have liked to have learnt, and sensitive ways to present this for potentially copresent patients. Transcripts analysed using content analysis; validation sought from the Carer Advisory Group (CAG) and Study Advisory Group (SAG: includes clinical experts). Follow-on workshops with current carers and patients reviewed resultant draft webpages for utility and sensitivity.

Results Regarding ‘the future’, carers wanted to learn about: coping with symptom deterioration, ‘future’ discussions with others, accessing care/support, administrative tasks (e.g. death registration), and bereavement. Findings were CAG and SAG validated. Current carers and patients provided valuable feedback on drafted webpages.

Conclusion Co-developed webpages on ‘What to expect in the future’ included subjects bereaved carers identified as key; current carers and patients confirmed utility and sensitivity. Follow-on work is testing the full prototype website with carers, patients and clinicians to enable refinement.

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23 IMPLEMENTING THE SUPPORT NEEDS APPROACH FOR PATIENTS (SNAP): PATIENT EXPERIENCES

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Introduction The Support Needs Approach for Patients (SNAP) is a complex intervention designed to enable person-centred care for patients with progressive non-malignant conditions, such as chronic obstructive pulmonary disease (COPD).

SNAP consists of:

1. the validated SNAP tool: designed for purpose, comprising 15 evidence-based questions to help patients consider areas where they may need more support.
2. the SNAP approach: a needs-led conversation between the patient and healthcare professional (HCP) to express, prioritise and address unmet support needs identified through the patient-completed tool.

Understanding patients’ experiences of the intervention is crucial.

Aim To explore patient experiences of SNAP within a pilot implementation study.

Methods SNAP-trained HCPs implemented SNAP with patients with COPD across three care settings (primary, community and secondary) in the East of England over four months (n=56). Topic-guided qualitative interviews were conducted with a purposive sample of patients (n=20) focusing on their experiences. Interview transcripts were analysed using thematic analysis.

Results SNAP helped patients recognise their unmet support needs and gave them ‘permission’ to discuss these needs with HCPs. Patients described being active participants in SNAP discussions and were positive about how identified

support needs were addressed. Patients without current support needs identified SNAP’s potential future utility. Patients who reported less gains were unclear about the purpose of the SNAP tool and could not recall a SNAP conversation.

Discussion Patients with COPD described a range of benefits from SNAP. Simultaneously collected HCP data is currently being analysed to enable further understanding of why some patients reported less gains.

24 WHAT INFORMATION SHOULD HOSPICES COLLECT RELATING TO THE IMPLEMENTATION OF BEREAVEMENT SERVICES? RESULTS FROM A DELPHI SURVEY

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Background A recent Marie Curie funded study identified two core outcomes for evaluating the impact of bereavement support on adult service users in adult palliative care. This project involved a systematic review, consensus days and a two round Delphi Survey with expert stakeholders (Harrop et al. 2018). Whilst the primary focus of the study was on establishing stakeholder agreement on service user outcomes, discussions that took place during the first consensus day also identified interest in what implementation and demographic data should be collected. The DELPHI questionnaire directed at researchers and service providers therefore also included a section around service implementation.

Methods Researcher and Service Provider respondents to the Delphi Survey were asked to rate the importance of recording information about: how the service was implemented; users’ sociodemographic information; unintended negative impacts and costs and value for money. The respondents answered a five-point Likert scale. Answers were grouped into categories of low and high importance. Low importance included ‘Not-important’, ‘Slightly important’ and ‘Moderately important’ answers. The high importance category comprised the answers ‘Important’ and ‘Very important’.

Results A total of 106 participants were classified as service providers. Over 80% of service providers thought it important or very important to collect information about: Accessibility of service/intervention (94%), details around the service provided/intervention (88%), knowledge and competency of staff/volunteers (93%), supportive relationships (83%), unintended negative impact of the service (83%) and users’ satisfaction with the service (93%). Opinion was more divided around the importance of collecting information around value for money and the environment.

In terms of user demographics respondents felt that it was very important or important to collect information about relationship to the deceased (86%) and caring role (81%), whereas they thought that collating information around age, gender, religion, ethnicity and socio-economic status was not paramount.

Conclusions Whilst a large percentage of respondents agree on the importance of collecting certain information, opinion is quite divided on other items, in particular socio-demographic