launched to record end of life care choices for those living in north east Essex with an incurable illness, dementia and frailty.

Aims A marketing campaign was commissioned by the North East Essex Health and Wellbeing Alliance in October 2018 with a budget of £50,000 with the aim to:

- Raise public awareness in north east Essex amongst local people about the MCCR;
- Enable potentially difficult conversations with loved ones;
- Enable more people to access the My Care Choices Register.

Method An 'elephant in the room' campaign, with the elephant representing the conversation about future care including death and dying. The elephant appeared on backs of buses, bus tickets, bus stops, petrol nozzles, pharmacy bags, village publications, pens, mouse mats and key rings. We covered a diverse range of options to ensure we targeted as many people as possible. Segmenting this market was particularly difficult. The key promotional tool was an animation entitled 'The elephant in the room'. Produced as a modest, yet sophisticated old style cartoon to appeal to all ages. It has the ability to be a 'white label' film to be used by other organisations wishing to promote advance care planning.

Results 1083 new register entries were created between 1 October 2018 and 31 March 2019, a 22% increase in new entries from the same period in 2017/18.

Conclusion A good budget and a simple idea can be very effective in promoting a sensitive and taboo subject, encouraging choice for people living with life limiting illness.

P-2 GROWING IN CONFIDENCE: IMPACT OF NEW ONE-DAY ADVANCE CARE PLANNING COURSE ON FRONTLINE CLINICAL STAFF

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10.1136/bmjspcare-2019-HUKNC.26

Background Advance care planning (ACP) is a central part of UK and international end of life care policies. Yet studies have shown barriers exist with staff reporting concerns about undertaking advance care planning conversations.

A one day advance care planning course was developed for frontline health and care staff and an advance care planning 'train the trainer' course was developed to train facilitators who subsequently delivered it. We report an independent evaluation of this training.

Aim To explore frontline staff views of the impact of a one-day Advance Care Planning course on their confidence and knowledge of advance care planning.

Methods All frontline staff in the first cohort (August 2017–June 2018) were invited to complete a confidential 5-item survey online or in hard copy after the end of their training. Quantitative data was analysed using descriptive statistics. Qualitative responses to the free text question, on what one thing from the course would be taken back to practice, were analysed using content analysis.

Results 248 staff responded. The quantitative data indicated 94% of respondents agreed their knowledge of advance care planning had increased, 95% agreed that they were more confident about undertaking advance care planning

in their role. Over 95% responded positively about the course structure and how it was easy to follow. Four themes were identified in the open text responses including; the importance of ACP, confident communication, recording and documenting advance care planning and being an ACP advocate. The most frequently identified theme was confident communication.

Conclusions Staff who undertake training in advance care planning are more confident incorporating ACP into their everyday practice. The key aspect frontline staff perceive as important to their role is confidence in communicating with patients and families.

Funded by Health Education England via the Cheshire and Merseyside Palliative & End of Life Care Clinical Network & Greater Manchester & Cheshire Strategic Clinical Network.

P-3 DEVELOPING SKILLS TO PLAN FOR THE FUTURE

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10.1136/bmjspcare-2019-HUKNC.27

Background Research suggests that Advance Care Planning (ACP) improves quality of life and leads to better outcomes for both patients and their families. However, evidence suggests that these sensitive conversations often do not occur (Cottingham, Beck-Coon, Bernat, Helft *et al.*, 2019).

Healthcare professionals require support and training around advance care planning to enable them to feel confident engaging in such discussions (Barnes, Barlow, Harrington, Orndel *et al.*, 2011).

Aim Our aim was to improve the opportunities for hospice patients to participate in advance care planning conversations.

Methods Two members of the nursing team were trained locally in the delivery of advance care planning teaching sessions, which aim to prepare staff when entering into these sensitive conversations. We then developed a focus group of multi-disciplinary team (MDT) members to discuss barriers to advance care planning, and how we could best improve the frequency of these conversations within the hospice. Documentation was reviewed within the group, and a process of monitoring the use and effectiveness of this documentation was agreed. Discussions around embedding advance care planning into the admissions process and weekly MDT meetings are underway. Posters were developed for patient areas to encourage patients and caregivers to ask about advance care planning.

Results So far results have been positive. Hospice staff have reported finding teaching sessions useful, and a new feeling of confidence towards approaching advance care planning conversations. We have seen evidence of more advance care planning conversations taking place throughout the hospice. Developing a focus group has allowed us to work at standardising practice throughout the hospice (both inpatient and outpatient units), and to feedback on progress.

Conclusions Our work has demonstrated that by educating and supporting our staff, use of advance care planning documentation within the hospice has started to increase. So far feedback from patients has been positive. Work is ongoing. We hope that by developing the skills and confidence of our staff we will provide hospice patients with greater opportunity to discuss their plans for the future.