NOW to improve knowledge and access to end of life care for people with learning disabilities.

Results In partnership with SpeakEasy NOW:

- Created a bespoke easy-read hospice leaflet which has been peer reviewed by people with a learning disability;
- Filmed a video with people with learning disabilities on why and how to talk to loved ones about end of life wishes;
- Hosted a free event on growing older and end of life for people with a learning disability and their carers involving information stalls and interactive workshops;
- Exploring learning disability champions in hospice clinical teams;
- Exploring hosting conversation events across the county about end of life with people with learning disabilities.

Conclusion St Richard’s Hospice is committed to ensuring everyone who has a specialist palliative care need has access to appropriate support. In partnership with SpeakEasy NOW, we are improving access, awareness and conversations about death and dying with people with a learning disability and their loved ones.

P-24 ENSURING INCLUSIVITY FOR OUR LGBTQ+ COMMUNITY: BREAKING DOWN THE BARRIERS

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Background The LGBTQ+ communities face many difficulties and challenges in accessing health and social care. These barriers are magnified when trying to access support for palliative care, end of life care and bereavement support.

Aim Since February 2019, we at Marie Curie Hospice West Midlands are ensuring that we are a LGBTQ+ friendly organisation for patients, carers, staff and volunteers.

Method We recognised that our hospice services were not actively promoted as LGBTQ+ friendly. This led to initiatives at both regional and national level to address this.

Results Development of a hospice LGBTQ+ working group for staff, volunteers and service users. Bi-monthly meetings with our aim to ensure promotion, inclusion and equity to all our services for patients and carers identifying within the LGBTQ+ community. Also ensuring our work environment is LGBTQ+ friendly for all staff and volunteers.

Conclusion Pride offered a valuable opportunity to work collaboratively between hospices with persons working in community development roles, all dedicated to widening the reach and access of palliative and end of life care for the LGBT community. This work can be easily replicated amongst other hospices; establishing beneficial links and demonstrating a national message of hospices providing bespoke, person-centred care that meets individual needs.
CREATING A TEMPLATE TO IMPROVE RECORDING END OF LIFE DISCUSSIONS/PLANS IN A CUSTODIAL SETTING

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Background In April 2018 the Dying Well in Custody Charter was published. This Charter provides a framework to assist all prison staff supporting an individual who is preparing to die in a custodial setting. Projections indicate the number of individuals aged 50 plus held in custodial settings is increasing rapidly. There is strong evidence that this older population in prisons experiences higher burden of physical/mental health problems. Prison staff highlight that initiating discussions about end of life care/preferences in relation to place of death/care was challenging and that the recording and tracking of these discussions/plans was problematic leading to possible unnecessary hospital admissions.

Aims Design/develop an end of life template focused on the Dying Well in Custody Charter. The template to be given a designated area on the computer system (SystmOne) that all prisons use nationally. The template can be used as a passport of end of life discussions/planning if the individual moves to another location e.g. other prison, hospice, community setting. Provide multi-professional education focused on planning/recording of end of life care in prisons.

Method Collaborative working with hospice and two prison healthcare/IT teams. Staff comments/ideas gained through group discussions to develop the template.

Implementation To trial the template in two prisons and one hospice over six months. First prison has a high percentage of elderly individuals and the second prison has a health-care unit. The hospice uses the same computer system and covers both prisons.

Evaluation Discussion of the use of the template monthly and amend as appropriate until a template has been formed that meets the need of individuals and can be used nationally to improve end of life care/planning in custody.

SAFEHARBOUR: SUCCESSES AND CHALLENGES IN THREE YEARS OF OUTREACH TO UNDER-SERVED GROUPS IN NORTH EAST ESSEX

Debbie Pigeon, Karen Chumbley, Lee Welland. St Helena, Colchester, UK

Background The Safe Harbour project was set up in 2016 to address the lack of hospice support for patients from under-served groups. During its pilot phase, a feasibility study...