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 experience 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

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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
established that there was poor access to hospice support for vulnerable people.

Aims To enable vulnerable people in North East Essex to live well with their life limiting illness and die with dignity in a place of their choice.

Methods A three-year project, funded by Macmillan was set up to facilitate the services needed to enable the aims to be reached. The focus was on those from the local homeless community, those living in areas of deprivation and those identified through the lung cancer early diagnosis scheme. As referrals increase from these groups, the future aim is to focus on networking with other support groups and improve hospice care for patients with mental illness, learning disabilities, LGBTQ+ groups and refugees.

Results
1. Successful liaisons with homeless support groups, neighbourhood schemes and services for vulnerable people in North East Essex;
2. Joint working between lung oncology services and hospice to improve the uptake of palliative support for patients with lung cancer;
3. A Macmillan information hub, staffed by volunteers, providing information to patients;
4. Referrals have increased by 51% in areas of deprivation due to improved communication/liaison with local support groups;
5. Patients have included homeless, drug and alcohol users, hoarders, patients with learning disabilities, mental health issues and those from ethnic minority groups.

Conclusion By providing information about the hospice services to the support groups and neighbourhood schemes local knowledge has improved. The service and referrals to the hospice for the most marginalised of our population have grown.

P-29 COMMUNITY REPRESENTATION AND CULTURAL DIVERSITY OF THE MODERN-DAY HOSPICE
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Background National guidance advocates that patients living with life limiting illnesses have access to individualised palliative care (General Medical Council, 2010). Evidence suggests that Black and Asian Minority Ethnic (BAME) groups are less likely than White patients to access palliative services (Markham, Islam & Faull, 2014; Tackling Inequalities in End of Life Care for Minority Groups VCSE Health and Wellbeing Alliance Project Group, 2018). Negative consequences of this include patients experiencing symptoms and being denied the opportunity to consider advance care planning.

Aims The aim of this service evaluation was to establish the extent to which the documented ethnicity of patients referred to our hospice inpatient (IPU) and day therapies units (DTU) compare to the ethnic diversity of our local community (taken from the 2011 electoral ward census data).

Methods Documented ethnicity data of all patients admitted to the IPU or accepted onto the DTU caseload between November 2017 and December 2018 were retrospectively collected from SystmOne. Census data (2011) for the hospice electoral ward were obtained from the Office for National Statistics.

Results The populations of our IPU and DTU were not representative of the ethnic make-up of our locality during the study period. 47% of our local community identify as ethnicities other than White. In contrast, 90% of IPU admissions were White (2% Asian/Asian British, 1% Black/African/Caribbean/Black British and 7% not recorded). Similarly, 91% of people attending our DTU were White (2% Asian/Asian British and 7% not recorded).

Conclusion The documented ethnicity of our service users does not reflect the ethnic diversity of our local populace. It is impossible to conclude from this project why ethnicities other than White are underrepresented. Potential barriers need to be investigated but might include a lack of awareness of the services we provide.

Since these data were collected, hospice staff have met with local religious leaders to demystify palliative care and establish if hospice services need to adapt to better serve our community.