

Conclusion This paper identifies the evidence base for the CSNAT intervention and lessons learnt about delivery of comprehensive, person-centred carer assessment and support for family carers.

P-80 USING PROJECT ECHO™ TO SUPPORT COMPREHENSIVE PERSON-CENTRED CARER ASSESSMENT AND SUPPORT IN HOSPICES

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Background Barriers and facilitators to implementation of comprehensive person-centred assessment and support within palliative care have been identified (Ewing & Grande, 2018). To address the challenges, an online toolkit was developed to provide organisations with structured implementation guidance for the Carer Support Needs Assessment Tool (CSNAT) intervention. However, feedback from practitioners undertaking previous face-to-face CSNAT intervention training and from online toolkit participants highlighted the benefits from follow-up support calls with the opportunity to ask questions and problem solve with their peers, the opportunity to build networks with other organisations completing the training, and having a point of contact to ask questions (Diffin, Ewing, Rowland, Grande, 2018). Currently there is no method for providing this additional support. Project ECHO™ (Extension for Community Healthcare Outcomes) is a tele-mentoring programme which uses video-conferencing to deliver best practice guidance and education from specialists, and case-based learning with opportunities for questions and discussion with peers, and therefore could overcome this gap.

Aim To identify if Project ECHO™ could be used to establish a community of practice and support implementation of the CSNAT intervention.

Methods and results We will draw on the CSNAT implementation evidence base to illustrate the importance of supporting practitioners to gain knowledge about how to use the CSNAT in practice, and enhance their confidence in carrying out assessments. In addition, we will reflect on the implementation support needed at an organisational level, to include practical guidance and opportunities for peer support. In turn, we will highlight how Project ECHO™ could be used to help overcome identified gaps in support through reflection on the core benefits of this methodology to include a curriculum identified by the network participants themselves, case-based learning, and the ability to join remotely.

Conclusion This paper identifies how Project ECHO™ could be utilised to establish a community of practice to support implementation and embedding of comprehensive person-centred assessment and support for family carers into everyday practice.

P-81 SUPPORT NEEDS OF INFORMAL CARERS OF PATIENTS WITH COPD AND IMPLICATIONS FOR IMPROVING CARER SUPPORT

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Introduction Informal carers play a key supportive role for patients with Chronic Obstructive Pulmonary Disease. The care they provide also plays a vital role in relieving pressure on health and social services. However, caring can have a considerable impact on health and wellbeing and carers may have unidentified support needs that could be a target for intervention. Literature on the support needs of these carers has not been fully synthesized, and our knowledge of the comprehensiveness of the Carer Support Needs Assessment Tool (CSNAT) for these carers is limited.

Methods English language studies published between 1997–2017 were identified against predetermined inclusion/exclusion criteria through searches of MEDLINE, CINAHL, EMBASE, CDSR, ASSIA, PsycINFO and Scopus. Further studies were identified through searching reference lists and citations of included papers. Papers were critically appraised and data extracted and synthesised by two reviewers. Identified needs were mapped to CSNAT items.

Results 24 studies were included. Results suggest that carers have support needs in a range of domains including physical, social, psychological and spiritual. Many of these needs are unmet. Particular areas of concern relate to: prolonged social isolation, accessing services, emotional support and information needs.

Findings also suggest additional CSNAT items may be required in order to encompass the full range of needs of this group, particularly relating to difficulties within patient-carer relationships and carer-clinician relationships.

Conclusion Based on this review, there is evidence to suggest that COPD carers would benefit from identification and response to their support needs by healthcare professionals but to enable this the CSNAT requires additional items. Future planned work will develop these items with COPD carers.

P-82 WHAT CARERS OF PEOPLE LIVING WITH BREATHLESSNESS WANT TO LEARN ABOUT 'WHAT TO EXPECT IN THE FUTURE'

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Introduction Breathlessness is distressing and disabling, and common in advanced cancer and non-cancer conditions. Informal carers (family members/friends) provide unpaid support, but many lack knowledge and confidence in caring, experiencing anxiety, uncertainty, and helplessness when faced with breathlessness. The Learning about Breathlessness programme (LaB) is addressing this.

LaB1 identified six topics carers want to learn about breathlessness (Farquhar, Penfold, Benson, Lovick *et al.*, 2017). LaB2 is working with carers, patients and healthcare professionals to co-develop and test a prototype web-based educational intervention for carers on breathlessness. Content for five of the six topics was developed, but additional work was needed for the sixth topic, 'What to expect in the future', to ensure utility and sensitivity.

Methods Two disease-specific focus groups and six interviews were conducted with bereaved carers of people with breathlessness due to cancer or chronic obstructive pulmonary disease (COPD) (n=12). Data were sought on what

carers would have liked to have learnt about the topic, and sensitive ways to present this for potentially co-present patients. Transcripts were analysed using content analysis, and 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 resulting draft webpages on this topic for utility and sensitivity.

Results Carers learning preferences for 'What to expect in the future' included support with: coping with symptom changes as a patient's condition worsened, discussing 'the future' with others, accessing care and support, administrative tasks (e.g. death registration), and bereavement. Findings were validated by the CAG and SAG. Current carers and patients provided valuable feedback on drafted webpages.

Conclusion Co-developed webpages on the topic of 'What to expect in the future' covered subjects bereaved carers identified as important to learn about. Their utility and sensitivity was confirmed by current carers and patients. Follow-on work is testing the prototype website with carers, patients and health care professionals to enable refinement.

P-83 CARRY ON CARING: STRUCTURED CARER SUPPORT

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Background The multi-professional team identified the need to provide a more structured programme of support for carers.

Aim To provide a bespoke programme of support and advice to carers of patients from any services provided across the organisation, based on requirements following individual holistic assessment. This would be delivered either in a group setting or individually as appropriate.

Methods Carers were identified and the carers programme was explained to them with an invitation to attend for a personal carer's assessment. The programme is co-ordinated by the Day Services Sister.

A five-week programme is implemented, with approximately six carers attending one day a week for five consecutive weeks. Carers from patients on the inpatient unit were often unable to complete the programme but were encouraged to attend when possible. Carers accessed therapy services, social worker was available for support and advice, catering staff provided information about nourishing the whole person. Hand massage and anxiety management sessions were provided as is lunch. Care shifts were provided for patients at home by Queenscourt at Home thus enabling the carers to attend.

Conclusion Evaluations have exceeded expectations. We expected carers to be disappointed when the programme ended, however, many of them have formed support groups of their own and arranged to meet regularly. Carers feel empowered with more knowledge and skills, and many realise that taking time out for themselves should be seen as a necessity and not a guilty pleasure. Other comments include 'don't feel so alone any more' and 'I feel well cared for myself'. We will continue to run the programme and adapt it as necessary according to evaluations.

P-84 THE EXPERIENCE OF HOME CARE WORKERS – A HERMENEUTIC REVIEW

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Background The systematic review examined what is the experience of home care workers caring for people with palliative and end of life care needs living at home.

Methods The review was conducted using a hermeneutic approach. The databases CINAHL, PUBMED, Social Care Online and Social Services Abstracts were searched, literature searching completed in September 2018. 1636 papers were screened by title, 424 screened by abstract with 21 studies meeting the inclusion and exclusion criteria. All included studies were appraised for quality using a critical appraisal tool.

Results Ten themes arose from the synthesis. This workforce is largely female, and financially vulnerable with a lack of employment benefits. Their working environment can be extremely challenging due to limited time to deliver care to patients and families with complex and changing needs. Management and organisational support is limited. Grief and burn-out is also experienced by home care workers. There is also a lack of access to education, the literature provides no clarity in the type of education and training that is required or how this could be better accessed by home care workers. Despite this, home care workers perspective on their role demonstrates a strong sense of reward in delivering personal care and emotional support.

Conclusion This hermeneutic review demonstrates there is a need to further understand what the education and support needs of home care workers caring for people with palliative care needs in the community are.

P-85 MENTAL HEALTH FIRST AID FOR HOSPICE EMPLOYEES

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Background One in three of the UK workforce have been diagnosed with a mental health condition at some point in their lives with around 10 million people experiencing a mental health issue each year in the UK. Confidence in employees to discuss mental health difficulties within the workplace is low and staff need avenues to feel confident to discuss their mental health. This is compounded by the known emotional burden that hospice staff face in their work.

Aim To provide hospice staff with a named mental health first aider to support staff in identifying and discussing mental health issues bringing balance between physical and mental health.

Method Dedicated mental health first aider within the hospice workplace who is available to provide mental health first aid support through a dedicated email contact and one-to-one sessions, for all staff to attend.

Results In the first nine months since the introduction of a mental first aider within a hospice setting, a number of staff have reached out for support. Verbal feedback in all cases has been in a positive response to having the opportunity to discuss mental health issues within the workplace.