completeness date of training approaching (30%). Four ideas for future research projects were submitted.

Conclusions Surveying trainees to gauge opinions on our research collaborative has shown a continued enthusiasm for developing research ideas and commitment to trainee-level leadership. WM CARES has demonstrated the value of trainee-led research with an expanding footprint in the palliative care literature.

**P-107 ENABLING DYING PATIENTS TO TAKE PART IN RESEARCH USING ADVANCED CONSENT METHODOLOGY**

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Background The need for research is a priority area in palliative care. Palliative care research is essential to establish evidence-based models of care that are required to improve outcomes for people with terminal illness (Higginson, 2016). Obtaining informed consent for participation in hospice and palliative care clinical trials is an ongoing challenge faced by researchers (Agar, Ko, Sheehan, Chapman et al., 2013; Hardy, 2000; Rees, 2001).

Aim By consenting patients in advance, we aimed to improve research opportunities in the last week of life.

Methods Advanced consent methodology was used to recruit participants to a National Institute for Health Research Portfolio study. Potential participants with capacity were given verbal and written information by a researcher outlining the aims of the study and the advanced consent process, looking to continue research into the last week of life.

A ‘Personal consultee’ was identified to act as a point of contact should the participant lose capacity to consent to further assessments.

Once recruited to the study the researcher ensured regular contact with both participant and consultee throughout their inpatient stay.

Hospice staff were regularly updated on research processes, with an aim to minimise gate keeping (Preston, Payne, Salt, Griggs et al., 2013).

Results The majority of patients agreed to provide consent in advance, leading some to have assessments in the last week of life. This is consistent with previous work reporting patients’ willingness to participate in research (Nwosu, Mayland, Mason, Varro et al., 2013; Henderson, Addington-Hall, Hotopf, 2005). Regular communication ensures that caregivers are kept informed. Feedback has been positive when performing assessments in the last week of life, with focus on improving future care.

Conclusions Our experiences have demonstrated that palliative patients want to participate in research up to and including the last week of life. Caregivers have shown great desire to support research.

These findings could encourage other palliative care settings to recruit patients to research studies using advanced consent, thus informing policy for best evidence based care at the end of life.

**P-108 A RECIPE FOR ENABLING RESEARCH IN NON-NHS ORGANISATIONS**

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Background Health and social care research has expanded beyond hospitals and GP surgeries to include hospices, charities and care homes. The NIHR has increased support for research in palliative and end of life care to support activity in this area, which includes some non-NHS organisations.
However, there are challenges in setting up and undertaking research in a non-NHS setting which can present perceived barriers to participation.

**Aim** To identify the challenges and perceived barriers and to support organisations, including non-NHS, who wish to participate in research by providing them with knowledge, skills and tools to de-mystify and simplify the process, thus supporting them in their research participation.

**Methods**

- Working with the Local Clinical Research Network to identify the challenges and potential barriers to setting up and undertaking research in organisations with little or no research experience, which includes some non-NHS organisations. This involved communications with all hospices within the East Midlands and asking them what they wanted and what would be useful to them;
- Development of a suite of research governance Host Organisation Standard Operating Procedures to include governance arrangements for the delivery of research in a non-NHS setting;
- Close collaboration with the local NHS Trust to ensure alignment of governance processes.

**Conclusions**

Although there are challenges and perceived barriers to delivering research within a non-NHS setting, none of these are insurmountable with the correct level of support. It is important that these organisations are able to participate in research if they wish to, secure in the knowledge that they are well supported and have the appropriate arrangements in place to allow the effective and safe delivery of the research. It is also important that patients, families and healthcare professionals in palliative care and end of life care organisations are offered the opportunity to participate in research if they would like to.

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**P-110 CHILDREN’S PALLIATIVE CARE: AN EXPLORATION OF THE UNMET NEEDS OF CHILDREN AND THEIR FAMILIES**

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**Background**

Understanding the needs of children with life-limiting illnesses and their families has been highlighted as a top research priority. Children’s palliative care services have been shown to have limited funding and resources to provide services which are equipped to meet the needs of families. There are, however, few studies which outline whether or not services, from the perspective of professionals and parents, meet the needs of this group.

**Aim**

This study aims to examine how children’s palliative care services can be improved to meet the needs of children and their families.

**Methods**

Phenomenological research eliciting semi-structured interviews with 29 professionals delivering care to children with life-limiting conditions were conducted. Professionals were recruited from a variety of services in the children’s palliative care pathway; hospice, hospitals, community care teams, social services, occupational therapy, spiritual services, supportive care, complementary therapy and so on. Interviews were recorded, transcribed and analysed thematically.

**Proposed importance of the findings**

These findings provide insight into the professional experiences of unmet palliative care needs. Professional experiences present necessary improvements across the sampled palliative care services. Alongside interviews with parents currently accessing services and those bereaved parents, perspectives will be triangulated to highlight the unmet need. Recommendation for policy and guidance will be made to suggest improvements to the care of families in the future.

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**P-111 MULTI-DISCIPLINARY JOURNAL CLUB TO SUPPORT A WHOLE-HOSPICE RESEARCH CULTURE**

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Research in palliative care is essential to improve outcomes for patients with terminal illness. It is important that hospices are central to research in the speciality, however, research is not always well embedded in hospice cultures. Essential to this is raising awareness amongst team members of all disciplines, both of the importance of research in general and also the role of evidence in underpinning clinical practice.

Journal clubs are a well-established way of sharing research within teams and developing critical appraisal skills.