patients and their family are: reduced dietary intake, conflict over food, lack of information, lack of understanding and knowledge, and perceived neglect from Healthcare Professionals (HCPs). Therefore, there is a need from the patient and family for psychosocial and educational support from the HCP. However, this review demonstrated that the HCP also requires educational support around cachexia to be able to provide support. A theme was identified, that if a conversation began around cachexia that this would then lead onto more difficult conversations relating to death and dying, and the HCP did not feel capable of this. In summary, those HCP who routinely work within specialist palliative care appear to be more able to provide this support, whereas, for others in disciplines related to palliative care there appears to be a need for development.

**P-120 DEVELOPING EXCELLENT END OF LIFE DEMENTIA CARE**

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**Background** There is a variation both in access to high quality end of life care for people with dementia (Department of Health, 2015) and how proactive hospices are in meeting their needs (Care Quality Commission, 2016). Partnership working with dementia experts is best practice (NICE, 2018; Department of Health, 2009; National Council for Palliative Care, 2009). We identified gaps in training and wrote a two-year strategy outlining how we would improve our dementia care and support.

**Aim** To enable staff to provide excellent individualised end of life care and support to patients with dementia, and their families. To promote equity of access to all hospice services for people with dementia.

**Methods** Formed internal dementia working group. Scoped, reviewed observations tools that aid assessment of pain and distress in people with dementia. Researched and wrote three e-learning packages for employed staff. Designed and delivered end of life dementia care study day/workshop for health/social care staff (external and internal). Initiated regular Dementia Friends sessions for staff and volunteers. Developed partnerships with dementia teams at local acute hospitals. Established strong links with local CCG commissioned community dementia service and dementia action alliance.

**Results thus far** Two observation tools implemented within hospice. Over 80 attendees at study day/workshop, well evaluated. Over 100 attendees of dementia friends’ sessions including our hospice shop managers. A memory box now in use on the inpatient unit. Evaluation of staff knowledge and confidence planned. Delivered end of life care training to community dementia service and advised on their end of life care pathway which now incorporates the hospice 24hr advice line and referral process. Invitation from local hospital to deliver an End of Life Dementia Care session at their annual dementia champions study day, over 50 staff in attendance. Partnership meeting planned for acute trust dementia leads, community dementia service team manager and hospice dementia lead.

**Conclusions** Impact of e-learning planned, however excellent verbal feedback from staff, stating feeling more enabled. Staff report benefit of observation tools in improving assessment.