Destiny) approach to design, test and produce a local community development workshop 'toolkit' for anyone, not just professionals to use. The project, led by Hospice UK and commissioned by NHS England, resulted in a free online resource, a community of practice network (Source4Network) with a discussion site and a twitter community @ComDevCoP.

The co-design group for the work brought together hospices that had already begun their development journey as community engagers. The work further substantiated that each community has unique challenges and idiosyncrasies, the resulting toolkit reflecting a flexible locality driven approach with the intent to increase the connectivity across sectors, communities, neighbourhoods and social networks.

The co-design group of community engagers launched the tested tool kit in July 2019. It provides local communities an opportunity to harness the support of local interested members to provide improved community support for carers, those at the end of lives, going through a bereavement and/or lonely. The evaluation is ongoing and initial findings will be available by the Hospice UK conference in November 2019.

Acknowledgements to the hospices that supported the process are within the Hospice UK website page and community development toolkit.

0-23 LAST AID – TAKING A EUROPEAN APPROACH TO AID DEVELOPMENT OF COMPASSIONATE COMMUNITIES IN HIGHLAND

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10.1136/bmjspcare-2019-HUKNC.23

Background Death and dying continues to be a taboo subject in our society. We tend not to plan for our own death or know how to discuss topics of death and dying with our nearest and dearest (Peacock, 2014). With an ageing demographic in the Highlands of Scotland, along with our geographical challenges for care delivery, developing compassionate communities is crucial if we want to meet the needs of those who will be facing their own death, or the death of a relative (NHS Highland, 2017). 'Last Aid', a public education programme developed in Denmark, aims to inform and build confidence to support the care of those affected by life-shortening illness within their communities, either in the workplace or at home.

Aim To pilot an English language version of the Last Aid course and evaluate how this European course would be received by people living in Highland.

Methods Twelve individuals from the staff and volunteers of the Highland Hospice (four of which were clinical staff members) took part in a trainer's course, delivered by Dr Georg Bollig, a Consultant in Palliative Care in Denmark and the originator of Last Aid. The training format was identical to that used in Denmark and six other European countries actively delivering Last Aid Courses. After completion of training, five differing community groups were identified to pilot Last Aid courses. These included a public body organisation, a Christian community group, the general public (two open access courses were delivered) and a charity sector group. The participants each gave feedback at the end of the individual courses, employing a format identical to that used in other European courses.

This presentation will explore the impact of the piloted sessions and the ongoing work undertaken by the hospice in relation to building more robust compassionate communities.

0-24 CARE IMPROVEMENT AND END OF LIFE: A PARTNERSHIP APPROACH

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10.1136/bmjspcare-2019-HUKNC.24

There is a well-documented pressing need to improve care within settings where people with dementia are living. Providing good quality end of life care, especially for people with dementia in care homes, can prove particularly challenging. This includes enabling people to die in their own home rather than in acute hospitals, which is still the experience of many.

The Care Improvement and End of Life service is a collaboration between St Giles Hospice, Pathways4Life and Walsall CCG. It was created in response to the challenge of people with dementia dying in hospital. The aim of the service is to reduce unnecessary hospital admissions for people with dementia who are living in care settings in Walsall.

The core service consists of community-based Dementia Support Workers (DSWs) who work with care homes in order to provide expertise, insight and knowledge to further improve dementia and end of life care. The service also runs a monthly Carers Course to provide support and education for family carers. The DSWs strive to empower care home staff, people with dementia and their families through development sessions, support and guidance, along with a strong partnership working ethic.

The DSWs use a range of evidence-based tools, including the 'Namaste Care' approach, to advance a more holistic approach to dementia and care. This involves helping to create safe and relaxing spaces, and providing a broad spectrum of meaningful person-centred activities, some suitable for using with individuals even at the very end stages of their lives.

The service has improved understanding of dementia for staff in care homes and has improved confidence and well-being for family carers. The service was previously a finalist in the National Dementia Care awards in 2017 and in 2018 won an award for Best Innovation under the Accord Great People Awards.

Poster Presentations

Communication and Conversations

P-1 THE ELEPHANT IN THE ROOM. PROMOTING ADVANCE CARE PLANNING IN NORTH EAST ESSEX

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10.1136/bmjspcare-2019-HUKNC.25

Background In 2008 an end of life care government strategy cited research which showed that people don't want to spend their last year or last days in hospital but this often occurred due to poorly coordinated crisis driven care. In response to this in 2013 the My Care Choices Register (MCCR) was

launched to record end of life care choices for those living in north east Essex with an incurable illness, dementia and frailty.

Aims A marketing campaign was commissioned by the North East Essex Health and Wellbeing Alliance in October 2018 with a budget of £50,000 with the aim to:

- Raise public awareness in north east Essex amongst local people about the MCCR;
- Enable potentially difficult conversations with loved ones;
- Enable more people to access the My Care Choices Register.

Method An 'elephant in the room' campaign, with the elephant representing the conversation about future care including death and dying. The elephant appeared on backs of buses, bus tickets, bus stops, petrol nozzles, pharmacy bags, village publications, pens, mouse mats and key rings. We covered a diverse range of options to ensure we targeted as many people as possible. Segmenting this market was particularly difficult. The key promotional tool was an animation entitled 'The elephant in the room'. Produced as a modest, yet sophisticated old style cartoon to appeal to all ages. It has the ability to be a 'white label' film to be used by other organisations wishing to promote advance care planning.

Results 1083 new register entries were created between 1 October 2018 and 31 March 2019, a 22% increase in new entries from the same period in 2017/18.

Conclusion A good budget and a simple idea can be very effective in promoting a sensitive and taboo subject, encouraging choice for people living with life limiting illness.

P-2 GROWING IN CONFIDENCE: IMPACT OF NEW ONE-DAY ADVANCE CARE PLANNING COURSE ON FRONTLINE CLINICAL STAFF

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10.1136/bmjspcare-2019-HUKNC.26

Background Advance care planning (ACP) is a central part of UK and international end of life care policies. Yet studies have shown barriers exist with staff reporting concerns about undertaking advance care planning conversations.

A one day advance care planning course was developed for frontline health and care staff and an advance care planning 'train the trainer' course was developed to train facilitators who subsequently delivered it. We report an independent evaluation of this training.

Aim To explore frontline staff views of the impact of a one-day Advance Care Planning course on their confidence and knowledge of advance care planning.

Methods All frontline staff in the first cohort (August 2017–June 2018) were invited to complete a confidential 5-item survey online or in hard copy after the end of their training. Quantitative data was analysed using descriptive statistics. Qualitative responses to the free text question, on what one thing from the course would be taken back to practice, were analysed using content analysis.

Results 248 staff responded. The quantitative data indicated 94% of respondents agreed their knowledge of advance care planning had increased, 95% agreed that they were more confident about undertaking advance care planning

in their role. Over 95% responded positively about the course structure and how it was easy to follow. Four themes were identified in the open text responses including; the importance of ACP, confident communication, recording and documenting advance care planning and being an ACP advocate. The most frequently identified theme was confident communication.

Conclusions Staff who undertake training in advance care planning are more confident incorporating ACP into their everyday practice. The key aspect frontline staff perceive as important to their role is confidence in communicating with patients and families.

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P-3 DEVELOPING SKILLS TO PLAN FOR THE FUTURE

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10.1136/bmjspcare-2019-HUKNC.27

Background Research suggests that Advance Care Planning (ACP) improves quality of life and leads to better outcomes for both patients and their families. However, evidence suggests that these sensitive conversations often do not occur (Cottingham, Beck-Coon, Bernat, Helft *et al.*, 2019).

Healthcare professionals require support and training around advance care planning to enable them to feel confident engaging in such discussions (Barnes, Barlow, Harrington, Orndel *et al.*, 2011).

Aim Our aim was to improve the opportunities for hospice patients to participate in advance care planning conversations.

Methods Two members of the nursing team were trained locally in the delivery of advance care planning teaching sessions, which aim to prepare staff when entering into these sensitive conversations. We then developed a focus group of multi-disciplinary team (MDT) members to discuss barriers to advance care planning, and how we could best improve the frequency of these conversations within the hospice. Documentation was reviewed within the group, and a process of monitoring the use and effectiveness of this documentation was agreed. Discussions around embedding advance care planning into the admissions process and weekly MDT meetings are underway. Posters were developed for patient areas to encourage patients and caregivers to ask about advance care planning.

Results So far results have been positive. Hospice staff have reported finding teaching sessions useful, and a new feeling of confidence towards approaching advance care planning conversations. We have seen evidence of more advance care planning conversations taking place throughout the hospice. Developing a focus group has allowed us to work at standardising practice throughout the hospice (both inpatient and outpatient units), and to feedback on progress.

Conclusions Our work has demonstrated that by educating and supporting our staff, use of advance care planning documentation within the hospice has started to increase. So far feedback from patients has been positive. Work is ongoing. We hope that by developing the skills and confidence of our staff we will provide hospice patients with greater opportunity to discuss their plans for the future.