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Improving Psychological Support by District Nurses in Palliative Home Care: A Pilot Study of a Communication Skills Tool

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Background: District Nurses (DNs) provide support visits over many months to cancer patients before the end of life to assess and monitor them, and provide psychological support. From the literature we know that many cancer patients have unmet psychological needs, and that DN's find psychological support difficult. DN's are reluctant to ask about patients' emotional concerns as they doubt their ability to deal with them, and are apprehensive about time constraints. SAGE & THYME is an evidence based communication skills tool that addresses concerns about ability and time. It has been piloted in secondary care but has not previously been evaluated in the home care setting.

Aims: To train DN's in SAGE & THYME and pilot its use in palliative home care to reflect on its utility in this setting.

Methods: 30 DN's will receive training in SAGE & THYME. Focus groups will be conducted with three groups of DN's prior to the training to discuss challenges with meeting psychological needs and the potential of SAGE & THYME to improve communication skills, and the same three groups two months after the training to reflect on what they have learned and their use of SAGE & THYME in practice.

Analysis: Transcripts will be fully transcribed and data analysed thematically using NVivo.

Results: Data collection and analysis will be completed by June 2012. We will report findings on DN's experiences and challenges of meeting cancer patients' psychological concerns, and DN's reflections on the utility and feasibility of using SAGE & THYME with cancer patients in the home.

Conclusion: SAGE & THYME has the potential to improve the provision of psychological support to cancer patients in the home. This study will provide important understanding of the process of improving communication skills in generalist primary care practitioners. The study also provides essential preparatory work for a future trial to evaluate the effectiveness of SAGE & THYME in improving support for cancer patients by DN's.

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Palliative Care Services in Portugal: What We Need, what We Have and what We Still Need

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Aim: To identify the current palliative care services needs.

Methods:

- We used the data by National Institute of Statistics and by the National Health Department for 2011 (September). We used also, the requirements by the EAPC in your last White Paper and by Gómez-Batiste et al;
- We analyse 18 districts, Azores and Madeira

Results:

- Home Palliative Care Teams: the estimate is 106-158 (mean: 106); we have 10 (in only 6 districts); so we still need 96-148 (mean: 122); 12 districts and the 2 regions don't have any HPCT
- Hospital Palliative Care Support Team: the estimate is 96; we have 18 (in only 6 districts); so we still need 78; 12 districts and the 2 regions don't have any HPCST
- Palliative Care Beds, in total: the estimate is 844-1056 (mean: 950); we have 236 (in 13 districts); so we still need 608-820 (mean: 714); 5 districts and the 2 regions don't have any PCB
- Palliative Care Beds, in acute care settings: the estimate is 253-317 (mean: 285); we have 56 (in only 4 districts); so we still need 197-261 (mean: 229); 14 districts and the 2 regions don't have any of these beds
- Palliative Care Beds, in non-acute care settings: the estimate is 591-739 (mean: 665); we have 180 (in 12 districts); so we still need 411-559 (mean: 485); 6 districts and the 2 regions don't have any of these beds.

Conclusions: In order to ensure the accessibility to all Portuguese people, we need, as soon as possible, to deliver and to develop palliative care resources as close as possible the patients who need them.

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Basic Quality Indicators for Palliative Care Services in Portugal: 1st Step - A Systematic Review

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Aim: To identify basic quality indicators for palliative care services to submit at the 1st round of Delphi technique with palliative care experts.

Methods:

- We searched studies in computerized bibliographic databases (Medline, PsycINFO and CINAHL) with the follow strategy: (((("Palliative Care" [MESH])