

safety), accessible both locally for palliative care teams to support service planning and bench-marking, and nationally for policy and strategy judgements.

### 17 ONE STEP AT A TIME; USING COMPASSIONATE COMMUNITIES' MODEL (COMPASS GHANA) TO IMPACT ON THE DELIVERY OF PALLIATIVE AND END-OF-LIFE CARE IN RESOURCE-POOR SETTING

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**Introduction** Access to end-of-life care is particularly challenging in resource-poor countries where palliative care is at an embryonic state. Lack of access to affordable palliative care leads to inequity at end of life with consequential financial hardship for families and communities. There are access barriers, which have direct implications on how a society views life and death and how it prioritises health and community care.

**Aims** To develop a sustainable model of end-of-life care that empowers communities, in a manner that is embedded within mainstream provision.

**Methods** A series of stakeholder consultations, supported by in-country visits resulted in the development of a culturally appropriate model called 'Compassionate Palliative Services'. The consultation included private and public health care professionals, regulatory agencies, patients and family caregivers' groups, faith-based organisations and community influencers.

**Results** A two-arm charity has been established. One, registered in the UK (Charity Reg No: 1199633) is focused on fund raising, strategy and governance; the other registered in Ghana to support the delivery. This non-westernised palliative care model has been embraced with the consent and buy in of key providers, the patients, caregivers, families, and communities.

**Conclusions** The creation of 'COMPASS Ghana', is a critical step in enabling the delivery of palliative care in a non-westernised context. It directly involves all in developing the future construct of care, in a manner that reflects government and regional health priorities, current infrastructure and community behaviours. Sustainable, reducing the financial impact (direct and indirect) to which resource-poor communities are exposed to.

**Impact** COMPASS Ghana combines innovation and best practice to improve palliative care in Ghana and the wider region. It pioneered gathering and analysing public health data to inform palliative care decision-making. Impact is delivered through advocacy around death and end-of-life care and a solution through the establishment of Mobile Multidisciplinary Palliative Care Teams (MMPCTs).

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### 18 ACCESSING BEREAVEMENT SUPPORT: A SECONDARY ANALYSIS OF UK COMMISSION ON BEREAVEMENT (UKCB) EVIDENCE

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**Introduction** There are significant social and healthcare inequalities in the provision and access to bereavement services. With the increase in deaths and experiences of bereavement, the Covid-19 pandemic accelerated the need to address this crucial area of psychological, social and healthcare support. The UKCB was set up to respond to the challenges of the pandemic by hearing about the lived experience of bereavement.

**Aims** The study aimed to draw on UKCB data to analyse the experiences of those bereaved in the last five years to explore how age, gender, ethnicity, and sexual orientation were associated with inequalities relating to access, effectiveness, satisfaction, and delivery of services.

**Methods** An in-depth qualitative thematic secondary analysis was conducted of free text data from 1119 individual and 130 organisational UKCB survey responses.

#### Results

**Age** Those over 50 reported not wanting to cause a fuss, saw seeking help as a weakness and were reluctant to access digital support. Family pressures, lack of time, and perceptions of less support available for younger people were reported in respondents under 50 years. **Ethnicity:** The value of support was compromised where there were language barriers and a lack of cultural and religious understanding. **Sexuality:** LBGTQ + respondents valued non-judgemental understanding and a feeling of belonging from support where this is lacking on a wider level. **Gender:** Men leaned toward a preference for more informal and practical support. In more formal support they found difficulties in talking with those unconnected with family and friends.

**Conclusions** Age, gender, ethnicity, or sexual orientation affected many respondents' access to formal and informal bereavement support as well as the effectiveness, satisfaction, and delivery of services.

**Impact** The study contributed recommendations which add to those of the UKCB, that can help to reduce inequalities in effective bereavement support.

### 19 LAUNCH OF THE PUBLIC INVOLVEMENT IN RESEARCH IMPACT TOOLKIT

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**Introduction** Patient and Public Involvement positively shapes research. By sharing personal experience, public contributors ensure that research is relevant to people's needs and concerns. The UK Standards for Public Involvement in Research highlights the need to assess the difference public involvement makes. Yet, there is a recognised gap in pragmatic tools to support impact planning and reporting in practice.

**Aims** To develop and test pragmatic tools to support researchers working with public contributors to: