

- What criteria constitute community engagement and leadership in hospice palliative care development?
- When using a model where communities collaborate with health care providers to strengthen their hospice palliative care, what are the direct outcomes? And are these of value, and if so, in what way, and if not why not?

**Methods** The two studies use multiple research methods. Both use a case study approach and framework. Results are also generated from a systematic literature review; semi-structured key informant interviews and focus group interviews.

**Results** Results from the first study reveal significant barriers to a community planning their hospice palliative care needs, such as: a lack of provincial guidelines or funds; unforeseen workload; community expectations for a hospice building versus improved care; and an overall fear of failure. Key factors supporting their planning were: improved community awareness; putting hospice palliative 'on the map' at a provincial level; substantial donations for new services etc. Although our second, follow study to determine more concrete outcomes to community leadership and collaboration with health care providers are unknown, we imagine results will speak to the need for specific and tangible resources, infrastructure and specific policy direction.

#### OA59 DEVELOPING AN INNOVATIVE MODEL OF PALLIATIVE CARE IN THE COMMUNITY IN BRAZIL

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**Background** Despite a National Policy on Pain and Palliative Care (working since 2002) and the Family Health Strategy (primary care), Brazil does not have a strategy to integrate palliative care in primary care. The Atlas of Palliative Care in Latino America (ALCP-2013) did not find any team working with this mode: a primary care team working.

**Aim** Propose a model of palliative care in the Public Health Service of Brazil offered through the Primary Care to community.

**Method** The Pilot Project is in the city of Rio Grande, south of Brazil, covering the area 29 with 3000 persons. This area has a team with a family physician, a nurse, a technical nurse and 6 Community Agents of Health (persons of area who work directly with population). The team has 3 aims 1) care: identification of possible patients (using the tracking and opinions of community health workers and the area diagnostics) > evaluation using PIG and SPCIT > care according to needs of these patients 2) awareness and needs assessment of the local/area community with ongoing monthly meetings and community engagement 3) awareness of management institutions in the city.

**Results** The project started in November of 2014 and the first identification found 51 patients. Evaluation and assessment will begin and this number will be reduced. The first local meeting will happen in January/2015.

**Conclusion** This project seeks to provide a proposal for palliative care offered through primary care in a public health service which does not exist in Brazil.

#### OA60 PUBLIC HEALTH AND PALLIATIVE CARE MIX; A CCPmedicine APPROACH TO REVERSE THE OVERGROWING BURDEN OF NON-COMMUNICABLE DISEASES IN TANZANIA

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**Outline of the Talk:** The global prevalence of non-communicable diseases has increased persistently affecting developed and developing world. In 2008 alone 14 million premature deaths were reported globally and it is projected to reach 52 million by 2030.

Diagnosis of NCDs in many of the developing countries [including Tanzania] is often made late while the disease progression advances leaving a very limited chance for interventions to yield good health outcomes. A recent study [2011] conducted in Dar es Salaam, Tanzania on NCDs revealed that, around 16% of people admitted in referral hospitals had diabetes, and 88% had hypertension. The CCPmedicine is a community based private organisation that focuses on promoting healthy behaviour practices through prevention of non-communicable diseases in Tanzania by helping communities to take a leading role to promote their own health through health education, early detection of diseases, and facilitates timely disease interventions CCPmedicine approach to Public Health and Palliative Care mix in addressing the burden of NCDs in low resource countries like Tanzania has recently attracted policy makers, and practices to engage and support Palliative Care Services. In this paper we seek to share our experience of working with the private and public sectors to promote palliative care services in Tanzania.

## Poster Abstracts

#### PA1 AN INTERNAL AUDIT INTO THE ADEQUACY OF PAIN ASSESSMENT IN A HOSPICE SETTING

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**Background** Pain is the most common presenting symptom of patients referred to palliative services. The effective management of pain is therefore paramount to any palliative service. The SOCRATES mnemonic is a pain assessment framework that is widely used by healthcare professionals to help them to remember to ask about key questions concerning a patient's pain. The eight elements of this framework are Site, Onset, Character, Radiation, Associated Factors, Timing, Exacerbating and Relieving Factors and Severity.

**Aim** To assess whether 100% of patients admitted to the hospice in a three month period with pain as a symptom were fully assessed using all elements of the SOCRATES mnemonic. Furthermore to ensure whether these patients were written up for regular and breakthrough analgesia medication.

**Methods** New admissions from February to April were identified using SystmOne™ and their records searched for mention of