

have received a red cell transfusion. Data is entered onto an online proforma and reported back in a format that allows each hospice to compare its own performance against national results. The reports act as a benchmark, allowing hospices to evaluate their performance against pre-determined standards.

Results Results from other, similar national comparative audits have shown that there is room for improvement in compliance with evidence based patient blood management practise, particularly in respect of testing for anaemia and in the area of patient safety. We expect this audit to produce similar results.

Conclusion The audit will demonstrate areas of practice which are amenable to change, particularly in the spheres of anaemia investigation and management, as well as patient safety. These include being sure of the reason for transfusion and the benefits the patient will derive, making the patients aware of the risks and alternatives to transfusion and ensuring that patients are adequately monitored especially with the increasing awareness of the prevalence of Transfusion Associated Circulatory Overload.

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WAS IT WORTH IT? INTRATHECAL ANALGESIA FOR CANCER PAIN; THE VIEWS OF CARERS

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Background Intrathecal Drug Delivery (ITDD) is known to reduce pain in patients where conventional systemic analgesia has been ineffective or intolerable. However more information about how this intervention affects quality of life (QOL) and function in those with advanced incurable cancer is required.

Aim To explore the views of bereaved carers regarding the physical and psychosocial effects of ITDD in patients with advanced incurable cancer.

Methods Qualitative interviews were undertaken with carers of deceased individuals who received ITDD (percutaneous, external system) as part of their pain management. Interviews were analysed using thematic analysis.

Results Eleven interviews were conducted in two United Kingdom centres with established ITDD services. The themes were: (1) 'making the decision to have the ITDD', family carers described very severe pain and/or sedation, in which the suffering individual would try anything; (2) 'timing and knowing they were having the best', ITDD and the associated increased access to pain and palliative care services, meant relatives felt everything possible was being done, making the situation more bearable; (3) 'was it worth it?', the perceived benefits were weighed up against the inconveniences and side effects of the ITDD; family carers judged the ITDD to be of overall benefit, despite side effects, where it had enabled the individual to be themselves through their final illness and dying phase.

Conclusion ITDD was perceived to be of greatest value when it improved QOL for patients by reducing pain and systemic side effects, thus enabling individuals to be themselves for as long as possible; under these circumstances significant side effects were judged to be acceptable. The family carers conveyed comfort in knowing that the patient was receiving what

they felt was the best available management, support and specialist care. These findings should inform discussions between patients, physicians and palliative care teams around the management of severe uncontrolled pain in advanced malignancy.

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HIGH FIDELITY SIMULATION TRAINING IN END OF LIFE CARE; ONE CHANCE TO GET IT RIGHT

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Background High fidelity simulation uses technologically-advanced manikins to simulate complex clinical situations to train professionals in technical skills and human factors in a multidisciplinary group. We have expanded the use of simulation training (SIM) to educate about end of life care (EOLC). **Aims** To evaluate the impact SIM training at Epsom and St Helier University Hospitals NHS Trust (ESTH) has on participant confidence, understanding and skills in EOLC and their perception of their role in end of life care.

Methods A 1 day end of life care course was initially designed by The Simulation and Interactive Learning Centre at Guy's and St Thomas' Hospital and subsequently delivered twice at ESTH. The ESTH Team adapted the scenarios and held a further 6 courses from January 2015 to June 2016. Five scenarios covered subjects including the 5 priorities for care of the dying person, individualised care planning, cultural beliefs, the Mental Capacity Act, compassion and communication.

The courses took place in the Simulation Centre, allowing a realistic ward or home setting, utilising a professional actor to enhance the scenarios.

Participants were given pre and post course questionnaires with free text sections. Information from these was used to identify themes.

Results 63 nurses and doctors of varying seniority attended the courses. Over half of the participants had worked in the NHS for at least a decade. Analysis of the data revealed that high fidelity simulation had a significant impact on the participants' confidence, understanding and skills in EOLC and their perception of their role in EOLC.

Additionally, the free text sections identified learning in patient centred care, communications skills, honesty and the importance of cultural factors.

Conclusion Use of high fidelity simulation to teach EOLC had a positive impact on the participants. We are now looking to expand the course into community settings.

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FAST TRACK DISCHARGE TO PREFERRED PLACE OF CARE – IDENTIFYING MODIFIABLE DELAYS

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Background The need to facilitate dying patients spending time in their preferred place of care (PPC) was highlighted in the Department of Health's Review of Choice in End of Life Care (2015). The Fast Track process (FT) ensures patients with a rapidly deteriorating condition can be discharged to their PPC in a timely manner with the appropriate support.

Aim To identify and evaluate delays in the FT process at Epsom and St Helier University Hospitals NHS Trust (ESTH). **Method** A previous FT audit from April 2014-March 2015 identified 61 patients who died before being discharged to their PPC. Their clinical notes were obtained and data was collected on modifiable delays.

Results Forty-seven complete sets of notes were obtained. The most significant delay was in completing and sending FT paperwork (30/47). Paperwork was not started for 3 patients and incomplete for 7 patients without explanation. Paperwork took 2–4 days to complete for 5 patients, 5–7 days for 12 patients and >8 days for 2 patients.

Despite healthcare professionals identifying a patient was dying or deteriorating, a delay in decision to commence FT affected 20/47 patients. The decision to FT took 1–2 days for 3 patients, 3–4 days for 8 patients, and >8 days for 9 patients.

Sudden unexpected death or deterioration was a factor in 8 patients. Family/patient indecision affected 8 patients. Delays within community services after funding was approved affected 5 patients. One patient had funding initially declined but agreed subsequently.

Conclusion The most significant modifiable delays were in completing FT paperwork and in decision-making concerning FT. To reduce these delays, FT paperwork on the intranet has been reorganised, new prompts in the form of a sticker have been introduced and there is continuing education of clinical teams on decision making and FT discharge.

P-57 PATIENT EXPERIENCE: THE REAL STORIES

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Background ‘Person Centred’ care has been promoted in End of Life Care since 2008 (DH 2008). National frameworks recommend that the views of service users should inform ongoing service improvement (NPELCP 2015). Therefore, a study was undertaken in one acute hospital in the North West, to explore the views and experience of recent hospital in patients, who also received direct input from the HSPCT.

Aim of this presentation Provide an overview of the project and present the main findings from this study.

Method Phenomenological approach adopted utilising:

- Narrative Interviews with 20 recently discharged palliative patients; Thematic Analysis undertaken.
- Case note review - key elements regarding recent in-patient episode.

Results Case Note Review: ‘Medicalised picture’ of the patient journey observed; when HSPCT involved, ‘holistic’ accounts were evident.

Narrative Interviews: Data collected highlighted the ‘richness’ of the patient experience, and the value of conducting this type of research. Five ‘themes’ were identified:

Institutional Cultures

- The ‘simple things’ matter to patients; smile, touch, compassion

Communication

- Modes of communication; impact on perceptions of care experience.
- Involvement of the HSPCT
- Initial anxiety about referral to HSPCT; fearing death was imminent.
- Therapeutic impact; focus on holistic well-being and the person as an individual.
- Loss of Control and Loss of Self
- Coming to terms with a life limiting illness; impact on sense of identity.
- Hospital provided a ‘secure’ and ‘supportive’ environment for some; once discharged some patients felt ‘alone’.
- Burden of Symptoms and Treatment
- In-patient stay for some was characterised by their experience of pain.
- Challenges for patients; choices and decisions regarding treatment options.

Conclusion Findings increase knowledge of care delivery from the perspective of palliative care in-patients, and has provided information directly to the acute trust to support local change and improvements to patient care experience.

P-58 THE PALLIATIVE ACADEMIC CLINICAL TRAINEES SOCIETY: DESCRIPTION AND CAREER OUTCOMES OF A NOVEL PEER SUPPORT PROGRAMME FOR ACADEMIC TRAINEES IN PALLIATIVE MEDICINE

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Background The UK Integrated Academic Training (IAT) pathway exists to promote the development of clinical researchers. The National Institute of Health Research (NIHR), alongside other funders, supports pre-doctoral Academic Clinical Fellow (ACF) and post-doctoral Clinical Lecturer posts for trainees across all specialties. In palliative medicine, low numbers of IATs (14 palliative medicine ACFs 2009 - 2014 compared to 114 oncology) and geographical spread mean that trainees can feel isolated. The Palliative Academic-Clinical Trainees Society (PACTs) was formed in 2012 to provide peer support and networking opportunities for this group. All palliative medicine IATs are invited to join PACTs. Annual meetings focus on peer-support/mentoring, and addressing clinical and academic training needs.

Aim To describe PACTs membership and outcomes of training for members.

Methods Evaluation of IAT career outcomes, based on an online database of PACTs membership, and comparison with national data.

Results Since inception, 23 IATs, including 17 ACFs and 6 CLs have been PACTs members. 6/9 (67%) completed ACFs have progressed to PhD posts, compared to 60% of ACFs across all specialties up to 2014. 2/9 ACFs returned to clinical training and 1/9 has a clinical consultant post. 1/3 completed CLs has gained an NIHR Clinician Scientist Fellowship, one