Approach Used A project team, consisting of children's and adult palliative care providers, researchers and the All Wales Palliative Care Transition Lead, was convened to design a purposeful and effective training. The training was specifically created such that it would be suitable for a multi-disciplinary audience which would provide a comprehensive grounding if completed, but could also be delivered piecemeal so that participants had as much flexibility as possible regarding attendance. The content was informed by previous research.
Outcomes A series of six linked study days was designed such that each day could be attended as standalone, but those attending all of the days would have a comprehensive grounding in young adult care. Each study day includes a balance of clinical, practical and psychosocial topics suitable for a multi-disciplinary audience. Training will be delivered between June 2013 and June 2014.
Application to Hospice Practice The study day series is open to all professionals working in adult hospices who may increasingly be called upon to care for young people with life-limiting conditions. By improving the knowledge and skill base of these professionals, professional confidence will increase and lead to an improvement of care for these young people.

P110 EVALUATION OF MEDICINES ADHERENCE IN DAY HOSPICE PATIENTS

Julia Greenwood. *St Gemma's Hospice, Leeds, England*

10.1136/bmjspcare-2013-000591.132

Background Central to the care of patients in Day Hospice is an understanding of their compliance with medication. The Hospice has a Medicines Management Policy in place, but had no structured approach to measuring patients' levels of concordance, from their perspective.
Aim of the Evaluation The aim of the evaluation was to develop a method by which patient compliance could be assessed, explored and improved
Method The National Institute for Clinical Excellence (NICE) produced guidance and a patient questionnaire on Medicines Adherence in 2009. The questions explore the role of the healthcare professional in supporting patient's decision making, and understanding of their medicines. An amended version of the NICE questionnaire was developed and used, for which sixteen patients were randomly selected. Verbal consent was obtained and anonymity assured.
Results It provided useful information about our effectiveness in supporting patients with their medicines adherence. We scored well in engaging patients in joint decision-making, however some other aspects such as exploration of the burdens and benefits of medication, and common side effects needed improvement.

Limitations

Some questions could be misinterpreted, and there was no facility to expand on answers given. The length and style of the questionnaire was quite difficult to implement with people who were fatigued and unwell.
Conclusions This evaluation has been important to our understanding of our effectiveness in supporting medicines adherence. We intend to inform NICE of the amendments made prior to using the questionnaire within specialist palliative day services. We aim to further develop the questionnaire to evaluate patients' experiences and concerns regarding their medication regimes, and to address the need for carer involvement (End of Life Care Strategy 2008), as they underpin concordance for many of our patients.

P111 TERMINAL OPIOID AND SEDATIVE TITRATION IN TWO HOSPICES

[1,2,3]Andrew Shuler, [1]Gail Caddell, [3]Kirsten Foster-Alexander, [1]Joey de Jager-Romero, [2,3,4]Marlise Poolman. *[1]Nightingale House Hospice, Wrexham, Wales, [2]Betsi Cadwaladr University Health Board, [3]St Davids Hospice, LLandudno, WalesBangor University, Wales, [4]Bangor University, Wales*

10.1136/bmjspcare-2013-000591.133

Introduction There was anecdotal observation by professionals working across both sites that there was a difference to practice with opioid and sedative titration at the end of life. As an extension to early work at one of the hospices, it was decided to consider practice across the region, so a second hospice was invited to participate.
Aims To quantitively assess practice of sedative use in relation to the EAPC recommended framework for the use of sedation in palliative care.

To quantitively assess practice of opioid use in the terminal phase.

To assess whether practice differs between hospices in North Wales, and to consider any potential reasons for the difference and implications for practice.
Methods A retrospective case-note review of patients who died in the two units. Data collected included drugs, doses and increments, and proxy assessment of symptoms in the last week of life (MSAS-GDI).
Results Groups were comparable in terms of background and demographics.

Practice differed with one unit using Midazolam and Levomepromazine more frequently and at higher starting doses.

There was no difference to symptom burden between sites.
Discussion All doses used were within the limits described in the EAPC framework.

At subsequent focus group discussion potential reasons were discussed including differences in anti-secretory medication use and its impact on sedative use.

These findings have precipitated further work on both sites.

P112 MORPHINE AND OTHER OPIOID PAINKILLERS FOR MODERATE TO SEVERE PAIN: A NICE GUIDANCE COMPLIANT PATIENT INFORMATION LEAFLET

[1,2]Ray Bunn, [2]Amanda Gregory. *[1]Kamson's Pharmacy, Crawley, UK, [2]St. Catherine's Hospice, Crawley, UK*

10.1136/bmjspcare-2013-000591.134

The Medicines Management Group (a multidisciplinary team comprising of medical, nursing and pharmacy representation) at an independent hospice has developed a patient information leaflet (PIL) on strong opioids. This decision was made in response to the recent National Institute for Health and Clinical Excellence (NICE) guidance on 'Opioids in palliative care: safe and effective prescribing of strong opioids for pain in palliative care of adults'(1) which recommends that verbal communication between healthcare professionals and patients about their medicines should be supported by evidence based, written information. The aim was to produce a PIL which was NICE guidance