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ABSTRACT WITHDRAWN.

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**IMPROVING END OF LIFE CARE FOR PATIENTS WITH COPD AN EVALUATION OF A SERVICE INNOVATION USING THE "WOULD YOU BE SURPRISED? QUESTION**

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**Background** The National End of Life Strategy initiative "*would you be surprised if this person died within the next 6–12*

*months?*"<sup>1</sup> formed basis of a protocol to identify COPD patients with a prognosis of <12 months using a modified BODE score and clinical experience. GPs were notified to place patients on GP Palliative Care Registers. Discussions with patients were supported by communication prompts.

**Method** Patients identified in a 14 month period had case note review. GPs were asked via letter about palliative care register and patient benefit.

**Results** 14 patients, 9 had died at the time of evaluation. 8 died in hospital, 1 at home. GP notification to death 2–16 months median 7 months, Mean 7 months. 8/9 had died within 12 months of notification.

5 patients alive had a range of 4–13 months since notification, mean 7 months, median 5 months.

Only (14%) patients had remained or remain alive for >12 months.

Admission rate pre and post notification remained the same

#### **GP Responses**

71% GPs responded

100% practices have GP Palliative Care Register

100% agreed information from secondary care helpful.

8/10 patients had been placed on GP register.

3/8 on register had been put on by GP prior to CHEST team notification

GP free text response was extremely positive.

"Anything that helps initiate the discussion is most welcome"

"Allows them to be discussed monthly so they are in our minds. Helpful"

With a simple protocol, decision aid (modified BODE) and communication prompts the CHEST team have developed a proactive approach to improving EOLC for patients with COPD

Prognostication was good. Fears concerning patient distress, lack of GP engagement and patients not receiving hospital care during exacerbations have not been borne out. GP comments suggest better community support. These numbers are very small, further work is necessary to identify more patients.