

unified approach to this across primary and secondary care.

Method A working group developed the Blackpool Teaching Hospital (BTH) End Stage COPD Assessment tool incorporating nationally recognised guidelines. This allows the initiation of a BTH Respiratory EoL Care Bundle at an appropriate stage in the disease trajectory and is closely linked to the time line of the North West EoL Care Model.

Results The Respiratory team are now utilizing these documents to initiate early conversations, maximising treatment options and Advance Care Planning in a systematic manner. This information crosses the interface between primary and secondary care. Early results from the introduction of the COPD Assessment Tool will be presented.

Conclusion The BTH End Stage COPD Assessment tool prompts clinicians to identify the last year of life for patients with COPD. Used as part of the integrated acute and community COPD pathway this will ensure that this important phase of the patient's illness is considered and will improve communication of their priorities for care across all care settings.

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DEVELOPMENT OF AN INTEGRATED END OF LIFE CARE PATHWAY FOR PATIENTS WITH COPD

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10.1136/bmjspcare-2014-000654.268

Introduction Chronic Obstructive Pulmonary Disease (COPD) is a progressive disease ultimately resulting in death, usually in a secondary care setting. Historically, many of these patients have never had the opportunity to discuss their End of Life (EoL) preferences, resulting in unexpected deaths that neither patient nor family are prepared for.

Problem Patients with COPD are not prepared for the progressive nature of the disease and are dying without identifying their Preferred Place of Care.

Aim Whilst developing a COPD pathway, an identifiable gap was evident relating to discussing EoL care. National guidelines recommended asking the Surprise Question to accompany the GSF prognostic indicators. However no local assessment tools were available to prompt EoL care discussion and planning for patients with COPD reaching their last year of life. The aim was to have a