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A SPACE TO BREATHE; A HOSPICE BASED, MULTIDISCIPLINARY, PALLIATIVE CARE PROGRAMME FOR PEOPLE WITH SEVERE COPD

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Background People with severe COPD have a burden of symptoms, often greater than those with lung cancer and have unmet need (Gore and Brophy 2000). A local palliative care needs analysis was conducted across primary and secondary care. Gaps were identified in the management of anxiety, breathlessness, social isolation, advance planning and carer support. Patients had high comparative admission rate and length of stay.

A team, including a psychologist, OT, palliative and respiratory medicine and physiotherapy and a palliative care CNS, developed and delivered the programme.

The focus of the programme was behavioural change through psycho-education, exercise and relaxation, underpinned by CBT. **Method** Referral was from acute respiratory service for those with at least 2 acute admissions in the previous 6 months, FEV1 of <50% predicted and symptoms of anxiety, fatigue and breathlessness. They attended the hospice programme for 5 weeks with transport provided.

Two programmes were completed with a total of 12 patients and 3 carers

HADS and CATS were taken at week 1 and week 6.

6 month pre and post course admission data was collected.

Results Patients described; improvement in confidence and quality of life and improved management of their exacerbations. HADS and CATS remained unchanged. Initial data from programme 1 demonstrated reduction in total admissions from 7 to 4 and reduction in total bed days from 47 to 20, over a 6 month period.

Conclusions Patient evaluated improvement in function and quality of life and reduction in hospital bed days would suggested continuation of the programme with a change in quality of life measurement.

REFERENCE

- 1 Gore JM, Brophy CJ, Greenstone MA. How well do we care for patients with end stage chronic obstructive pulmonary disease? *Thorax* 2000; 55:1000.