

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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10.1136/bmjspcare-2017-00133.57

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 (NPCLCP 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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10.1136/bmjspcare-2017-00133.58

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