Results There were 30 TTA prescriptions between August-December 2016. 11 were handwritten and 19 were electronic. The average time to complete the process of a TTA was 20 (19–21) minutes for handwritten and 14 (12–16) minutes for a typed electronic version. The average number of items prescribed was equivocal between the groups. There were 8 enquires raised by the pharmacy team, equating to an additional 4 min average of extra processing time per TTA. For the first two months there were 5 enquiries raised, 4 were related to legibility. A further 3 enquiries were raised up to December and these were related to prescribing practices.
Conclusion The time taken to process TTAs has been reduced with the introduction of an electronic printed version. By learning from this cycle, we hope to continue our improvement in the discharge process by preventing delays. By using the model for improvement, small changes can help improve patient care.

P-124 TO AVOID READMISSION, PATIENTS AGED 65 AND OVER ADMITTED TO HOSPITAL WITH A CARE QUALITY COMMISSION AVOIDABLE CONDITION SHOULD BE EXAMINED FOR LIFE LIMITING ILLNESSES AND CONSIDERATION GIVEN TO ADVANCE CARE PLANNING

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Background The Care Quality Commission (CQC) published the State of Care report in 2013. This highlighted the increasing number of persons aged 65 and over who had had potentially avoidable admissions to hospital with conditions such as! > pneumonia and urinary infections.
Aim To investigate whether the CQC's criteria can aid admission avoidance in those with life limiting illnesses or who have multiple co-morbidities where Advance Care Planning (ACP) is appropriate.
Method Two series took place between October 2014 and August 2016. The first at Tameside Hospital reviewing deaths of those aged 65 and over. The second included those transferred to Willow Wood Hospice for end of life care.
Results

Status	Series 1 (%) n=31	Series 2 (%) n=153
CQC avoidable admission condition	12.9	9.2
	n=4	n=14
ACP appropriate - pre-existing life limiting illness or	22.3	18.3
comorbidities	n=7	n=28
Both a CQC avoidable admission condition and ACP	16.1	15.7
appropriate	n=5	n=24
Unavoidable	48.4	56.9
	n=15	n=87

Discussion There was often a lack of agreement in cases, reflecting the complexity of admission avoidance.

Using the CQC criteria alone, between 9.2% and 12.9% of admissions could have been avoided, we disagreed and felt they were unavoidable. However, combined with those who are also appropriate for an ACP this could reduce admissions on average by 15.9%.

Our aim is for a practitioner to offer ACP to inpatients at Tameside Hospital to reduce readmissions.

P-125 IS AN EMERGENCY REALLY AN EMERGENCY? A FOLLOW UP STUDY OF AN EVALUATION OF URGENT ADMISSION REQUESTS TO A HOSPICE

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Introduction Delivering 24/7 specialist palliative care is a national priority. A previous study looking at the urgent requests to the hospice, over 3 months, showed that over ¾ of appropriate admissions were admitted within 24 hours.
Aim To describe the characteristics of patients who were admitted following a request for emergency admission over a 3 month period.
Methodology This was a retrospective case note review of data for the 12 months prior to emergency admission, describing the events leading up to and the outcome of the admission.
Results Twenty-nine patients were included in the analysis. Of the 29 patients included, 34% were from the most deprived quintile. Ninety percent of emergency referrals and 100% of admissions had a malignant diagnosis. Forty-one percent of emergency admissions were for end-of-life care (EOLC). Sixty-six percent had a DNACPR before admission and 90% had an electronic key information summary. Seventy-five percent had at least 1 hospital admission in the previous year but only 1 patient was admitted from hospital. Patients being admitted for EOLC or by their GP had a shorter length of admission. Seventy-two percent died during the admission and 28% were discharged home and later died at home or in the hospice. No patients died in hospital.
Conclusion The emergency admissions to the hospice over these 3 months were genuine emergencies. Most of the patients were living in deprivation, meaning they are more likely to have multiple co-morbidities and social complexities. These emergency admissions to the hospice prevented admission to hospital and furthermore any of these patients dying in hospital. Anticipatory care planning was evident but further work needs done to explore the impact of deprivation, the reasons behind the lack of emergency requests for patients with non-malignant conditions and pathways for direct hospice transfer of acute front door hospital admissions where appropriate.

P-126 EFFECTIVENESS OF GABAPENTIN AND PREGABALIN FOR CANCER-INDUCED BONE PAIN: A SYSTEMATIC REVIEW

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Background Managing cancer-induced bone pain (CIBP) is challenging as background pain combined with more severe incident pain on movement makes balancing analgesia and side effects difficult. Pregabalin and gabapentin are indicated for neuropathic pain and pre-clinical studies suggest these drugs could modulate CIBP.