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P45 OUTCOME OF REFERRALS TO A COMMUNITY SPECIALIST PALLIATIVE CARE SERVICE, WHERE DO PATIENTS DIE?

Margred Capel,[1] Lauren Vout,[2] Terri Gazi[1] [1]*George Thomas Hospice Care, Cardiff, Wales;* [2]*Cardiff University, Cardiff, Wales*

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The majority of people would prefer to die at home, yet more than 50% of the UK population die in hospital. NHS policy and specialist palliative care services encourage the individual to choose and expect to experience end-of-life care in their preferred place. Commissioners for specialist services use place of death as a quality marker against funding provided.

Method A proforma was completed upon the death of every patient referred to the service in 2009–10. Information captured included preferred and actual place of death, aspects surrounding end-of-life care including any triggers for admission.

Results 788 patients known to the hospice died, the median number of days patients were known was 83 and mean 160.

7% of deaths were from non-malignant disease.

55% of patients specified their preferred place of death was their current place of living (home, residential or nursing home and prison). 67% of patients who expressed this preference achieved this. 14% of patients identified they would prefer to be admitted as an inpatient to the hospice for end-of-life care, 81% achieved this. New conditions and lack of social support were significant triggers for admission.

Conclusion The proportion of patients achieving their preferences for home and inpatient hospice with this community service compares favourably with results reported. Achieving preferences is a reflection of healthy community services as a whole. Despite the more unpredictable time course of non-malignant illnesses, the majority of these patients were able to achieve their preferences for end-of-life care.

This audit provided basic information for discussion with our commissioners. Breakdown by primary care team and cause

of admission enabled the service to consider targets for future education and activity by looking at triggers for acute admissions as starting points to change health behaviour and target social care.

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