Results We have 114 facilitators engaged in using Real Talk; 67% clinicians (n=76; 52 doctors, 12 nurse specialists, 8 allied health, 4 nurses) and 33% educators (n=38; 16 faculty, 13 hospice, 10 end of life facilitators). Table of diversity of interprofessional groups and settings.

Conclusions Our findings show a growing number of Real Talk facilitators are clinicians embedded in practice, shifting delivery from educators. Emerging themes from our evaluation are that the resource is user friendly, very impactful in embedding communication skills in practice, is adaptable as a resource to use in a range of learning events, and is relevant to the inter-professional audience. Facilitators and learners alike appreciate the authentic nature, and value the video clips in demonstrating the softer skills and nuances of communication. Bridging the evidence to practice gap by naming the skills, can build confidence to engage patients in end of life talk. Next steps will be formalising impacts in practice over time.

End of life care | posters 46 – 91

Sam H Ahmedzai, Shamaila Anwar. *National Institute for Health Research Clinical Research Network – Cancer Cluster*

Background The Neuberger Commission (2013) and NICE guidelines (2015, 2019) have emphasised the paucity of good quality evidence for palliative and end of life care. In the UK, hospices have a significant role in determining standard of care. We sought to quantify the extent to which hospices contribute to nationally impactful research.

Methods We analysed the NIHR portfolio of clinical and service delivery research, for studies in which hospices actively recruited patients, from 2015/16 to 2018/19. All relevant clinical specialties were searched.

Results The NIHR portfolio contained 172 studies in the 2015/16 to 2018/19 period which are relevant to hospice and end of life care. 65 out of 253 registered hospices were identified as participating in 42 studies. Hospices recruited 4418 patients to national portfolio studies, 3817 of these with cancer. Specialties contributing to this recruitment included: Cancer 19 studies; Health Services Research 11; Dementia & Neurodegeneration 6; Primary Care 3; Neurological Disorders 1; Respiratory 1; Children 1.

These figures underestimate the true contribution of hospices because in many sites recruitment is attributed to an acute trust (an established process which sees trusts providing governance in return for recruitment accrual). Moreover, we missed studies which are locally funded, single centre or related to higher educational research. We are working with hospice organisations and local clinical research networks to rectify these data gaps. The NIHR's expansion project, which extended recognition of research into health and social care research taking place in non-NHS settings, will support this.

Conclusions We found that only a small minority of UK hospices are active in nationally impactful research. However, together they make a significant contribution to the NIHR portfolio. The NIHR & Charities Consortium for Hospice and Community Research, which funded the study, is working with the hospice sector to increase UK-wide research participation.

Richard Alleyne, Maya Patel, Corlyn Lee. *Dudley Group NHSFT*

Background Hospital discharge letters for End of Life Care patients are often poor. The lack of communication from the hospital to community teams regarding essential issues which is needed for community teams to plan care, can lead to poor care including avoidable re-admission to hospital.

Methods Standards for discharge letters from Russells Hall Hospital in Dudley for End of Life Care patients were designed. The mnemonic GREAT was used to remind those writing discharge letters to update community teams about: GSF Needs code/Resuscitation status/End of life medications/Advance Care Planning/Treatment Escalation Planning. An audit was conducted looking at discharge letters for End of Life Care patients to see whether GREAT was used and whether or not this made any difference to the care of the patient. Re-audit done 12 months later looked at whether or not there was sustained use of GREAT and improved care.

Results GREAT has become the gold standard of information required on discharge letters for End of Life Care patients in Dudley. The results showed that in both years, patients who died at home had higher quality discharge letters (use of GREAT), and patients who had been discharged from hospital, but readmitted and died within 12 weeks, had poorer quality discharge letters.

Conclusions GREAT reminds discharge letter writers to include information that is essential to pass on to community staff caring for End of Life Care patients. Embedding GREAT as the gold standard of content has led to an improvement in the quality of discharge letters.

Stella P Arthur-Quarm, Tracey Skyrme, Paul J Frost. *Cardiff University, Cardiff and Vale UHB*

Introduction Sudden and unexpected, in-hospital deaths are a common occurrence. Currently, there are no national guidelines to assist staff with the management of these events and, providing optimal end-of-life-care in these circumstances is challenging. We designed a questionnaire to explore the experiences of relatives who had been bereaved in this way.

Methods Over 17 weeks, a questionnaire was offered to recently, bereaved relatives who attended the Bereavement office at the University Hospital of Wales. The questionnaire explored how, who, where and when the death was disclosed; whether sufficient privacy was afforded, full explanation offered, time for questions allowed, and whether the communication was empathetic and caring. Other questions asked if relatives had been allowed to view the deceased, whether religious and cultural observances had been facilitated, tissue donation discussed, and explanation for coronial referral offered.

Results Questionnaire response rate: 69/487=14%. Sudden, unexpected deaths: 33/69=48%.

Sudden deaths communicated in face-to-face meetings: 28/33=85%. By telephone: 5/33=15%.

Location of disclosure: at bedside 22/28=79%, private room 6/28=21%. Communication by: consultant 18/33=55%; nurses 8/33=24%; trainee doctor 1/33=3%; others 6/33=18%.

Communication empathetic and caring 33/33=100%. Time of disclosure: immediately on arrival 17/33=52%; within 30 minutes 7/33=21%; within 1 hour 2/33=6%; within 1–2 hours 2/33=6%; > 2 hours after arrival 2/33=6% and present at `death 3/33=9%. Full explanation of the cause of death offered 32/33=97%. Sufficient time for questions 32/33=97%. Allowed to view deceased: 32/33=97%.

Explanation for referral to Coroner: 14/21=67%. Religious and cultural observances facilitated: 16/33=48%. Organ and tissue donation discussed 7/33=21%.

Conclusion In general, the process of disclosing unexpected hospital deaths to relatives is done well. Improvements could be made by expediting family meetings, prioritising privacy, discussing tissue donation and facilitating religious and cultural observances. A national guideline would be useful.

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49 UNDERSTANDING CURRENT PRACTICE IN PRESCRIBING AND USING ANTICIPATORY MEDICINES AT THE END OF LIFE

Ben Bowers, Kristian Pollock, Stephen Barclay. *University of Cambridge, University of Nottingham*

Background Anticipatory medications (AMs) are injectable drugs prescribed to a named patient, ahead of likely clinical need, for administration by visiting General Practitioners (GPs) and Community Nurses if symptoms arise in the final days of life. While the prescribing of AMs is recommended best practice in the UK, little is known about how they are used in primary care.

Aim To investigate primary care practice in issuing and using AMs for patients approaching the end of life.

Methods Retrospective review of the GP and Community Nursing records of 240 sequential patient deaths in eight GP practices in two UK counties (30 deaths per practice). Analysis used descriptive statistics and constant comparison between patient cases.

Results 132/240 (55%) of deceased patients were issued AMs, between 695 and 0 days before death (median 17 days across all eight practices, range of median 38 days to 6 days in individual GP practices). AMs were often issued alongside completion of a DNACPR form: documented discussions centred on patients expressing preferences to stay at home and avoid hospital admission.

79/132 (60%) of the patients issued AMs went on to have them administered, almost exclusively by Community Nurses. Drugs were first used between 586 and 0 days before death (median 3 days). AMs were typically used when patients were identified as dying and unable to swallow oral medications. However, for 10/79 (13%) of patient where AMs were used, they were started more than 2 months before death for reversible conditions and/or not at the end of life.

Conclusions The issuing and use of AMs were commonplace in all the GP practices, with considerable variation in timing between GP practices and community nursing teams. The findings highlight the challenges in diagnosing dying and the risks involved in prescribing AMs far in advance of likely need.

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50 SYSTEMATIC REVIEW LOOKING AT HOW EFFECTIVE CLINICIANS ARE AT PROGNOSTICATION AT THE END OF LIFE – TEMPORAL AND PROBABILISTIC

C Campion, J Grant, N Shah, J Riley, J Droney. *Royal Marsden NHS Trust – Coordinate my Care*

Background Clinician's estimation of patient survival can influence decisions regarding treatment, enable patients to make plans, improve quality of life and increase meeting preferred place of care and death. The two survival predictors frequently used are temporal and probabilistic. Temporal-the patient is predicted to live a certain amount of time, probabilistic-the chance of a person surviving to a certain time.

Aims Describe the published evidence, relating to the effectiveness and accuracy of clinicians at predicting clinical survival in patients with cancer and non-cancer.

Methodology The databases Embase, Cinahl, Medline and Emcare were searched using the terms 'prognosis', 'prognostication', 'surprise question' and 'advanced care planning'. Duplicates were removed. 127 papers were identified, 40 papers were selected as relevant to clinical effectiveness of prognostication at end of life. Literature was reviewed using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses principles.

Results Clinicians are overly optimistic in their estimated survival predictions (studies found by at least 50%). Recent systematic reviews of clinician's survival predictions suggest that they were correct in only 25% of cancer patients by within a week. This accuracy of predictions increased to 70% when patients were in the last days to weeks of life. Predictions utilizing probabilistic measures over the temporal approach have been found to be significantly more accurate. A large meta-analysis looking at the accuracy of the 'surprise question' and outcomes in 22 studies showed that 75% of clinicians accurately predicted if a patient would die within 12 months.

Conclusion Clinician's prognostication predictions are complex and evidence shows that clinicians are often over optimistic in their estimated survival predictions. Clinicians are significantly more accurate in prognosticating survival with use of probabilistic measures than temporal approach.

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51 REHABILITATIVE PALLIATIVE CARE AS A HEALTH PROMOTING APPROACH: A PARTICIPATORY ACTION RESEARCH STUDY

Karen L Clarke. *St Michael's Hospice*

Background Health promoting palliative care (HPPC) considers dying and death as a social phenomenon where communities play an integral role. The dominant interpretation of HPPC in the UK has been through community engagement activities