unnecessary treatment. The aim of the study was to assess the impact of Specialist Palliative Care (SPC) review on reducing polypharmacy and prescribing anticipatory symptom control medication in inpatients at the end of life.

Methodology Adult inpatient deaths between July 2018 and February 2019 in an acute London Hospital were identified. Deaths in Intensive Care Unit and within 24 hours of admission were excluded. Demographic data, medication name and number on admission, at death and which were discontinued, were collected. Evidence of a SPC review and prescription for anticipatory medication were recorded. Using SPSS software, Chi Squared and Mann Whitney U tests were performed to identify statistical differences in prescribing for patients who had been reviewed by SPC.

Results 201 patients were identified. 159 patients (79%) were reviewed by SPC, a median of 5 days prior to death (interquartile range 2–11 days). Significantly more medications were discontinued in those who were reviewed by SPC (6.4 medications per patient) than those who were not reviewed (4.2 medications per patient, <0.001). 179 patients (89%) were prescribed anticipatory medications. Of those reviewed by SPC, 158 (99%) were prescribed these medications, therefore a SPC review made anticipatory medication prescription significantly more likely (<0.001).

Conclusion SPC review reduced polypharmacy at the end of life and also increased the likelihood of anticipatory medication prescription. However, this mostly occurred only a few days prior to death. There needs to be continued focus on early identification of patients nearing end of life and medication review to enable appropriate deprescribing. Further research needs to determine whether deprescribing improves quality of life.

67 WHAT ARE THE ATTITUDES OF PATIENTS RECEIVING PALLIATIVE CARE TOWARDS ASSISTED DYING?

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Research was undertaken for an MSc with the aim of gaining an idea of the attitudes of Hospice inpatients towards Assisted Dying (AD) and related subjects, in order to inform the current debate on legalising it in the UK. The study also aimed to identify whether there were associations between these attitudes and symptom and performance scores and whether or not these attitudes changed following inpatient Hospice care. This was a small pilot study using quantitative methods with a face to face questionnaire administered to Hospice inpatients soon after admission and two weeks later.

Small sample size limited statistical analysis, however it appears that a large majority of Hospice inpatients would agree with a change in the law to allow AD and many had considered measures to end their own lives in the past. Under half would have considered AD in the previous week, with lowest rates seen amongst patients nearest to death, suggesting that the 'worst case scenario' feared by many who wish to see AD legalised may not come to pass, and many find quality of life in circumstances which might not seem likely to those who are well. Links between attitudes and some symptoms and the possibility of changing views in response to symptom severity are discussed, with the suggestion that many would see AD as a reassuring future possibility rather than an option

for their current situation. Participants seemed to welcome the opportunity to discuss this topic.

68 MISSED OPPORTUNITIES TO DIE AT HOME: AN ANALYSIS OF LIVER DISEASE DEATHS IN THE VOICES SURVEY

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Background Liver disease was the 2nd most common cause of death in working age adults in 2018 with deaths increasing four-fold in the last 4 decades. Patients with advanced disease are often unaware of their prognosis and report significant unaddressed symptoms. Over 70% of deaths occur in hospital but it is unclear how avoidable admissions are and whether this reflects patients' preferences. We aimed to compare bereaved carers' perceptions of the quality of end of life care for patients with non-malignant liver disease (NMLD), malignant liver disease (MLD) and other non-malignant diseases (ONMD).

Methods We conducted an analysis of individual-level data from the VOICES National Bereavement Survey. This dataset included 110,311 completed surveys from bereaved carers, related to a stratified random sample of 246,763 deaths registered in England 2011–2015. We compared demographics, access to specialist palliative care (SPC), place of death and overall quality of care.

Results NMLD and MLD patients had greater levels of deprivation than ONMD patients. More patients with NMLD received home and hospice SPC compared with ONMD, but less than for MLD (11% vs. 7% vs. 55% respectively). A higher proportion of NMLD patients die in hospital than ONMD and MLD patients (74% vs. 53% vs. 38% respectively), despite their carers reporting 89% had expressed a preference to die at home. Comparing with ONMD and MLD, carers of NMLD patients were less likely to rate the overall quality of care in the last 3 months of life as outstanding or excellent.

Conclusions It is concerning that carers report the quality of end of life care for patients with non-malignant liver disease to be worse than with other diseases. Further research should focus on achieving integration of hepatology and community services, including SPC, to prevent unwanted hospital admissions and better facilitate care and death at home.

69 OPIATES AND SEDATIVES PRESCRIPTION IN CCC – A COMPARISON WITH BEST PRACTICE AND THE GOSPORT MEMORIAL ENQUIRY

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10.1136/spcare-2020-PCC.89

Background The Gosport Independent Panel was set up to address concerns raised by families about the initial care of their relatives in Gosport War Memorial Hospital, where discrepancies were discovered over prescription of opiates and syringe drivers. This audit was created to review opiate/sedative medications prescription in EOL patients in CCC

reviewed by Palliative Care team and compare the results with best practice guidance and the Gosport.

Methods The audit cohort was consisted of all patients who died in CCC between July 2018 and December 2018. 29 deaths were identified. Electronical medical records and paper prescription charts were reviewed regarding opiates and sedatives.

Results 84% of patients reviewed was not opioid naïve on admission. 80% of patients were commenced on syringe driver during admission. Commencement of syringe driver was justified in 96%. In the remaining 4%, syringe driver use was appropriate, but it was not justified. Starting and finishing doses of opiates in syringe drivers were variable, whereas PRN opiate prescription was appropriately dosed in all cases. In 2 cases where the conversion was not according to the guidelines, rationale was given. Similar results were retrieved regarding midazolam prescription. Midazolam was prescribed in 90% cases in patients with syringe driver. Doses of midazolam in syringe driver ranged from 5 mg to 60 mg with appropriate justification of doses. There was no direct correlation between commencement of syringe driver and death. In 100% of cases, clear adherence to the clinical guidelines was shown.

Conclusion Current practice in prescribing opiates/sedatives and commencement of syringe driver is according to the clinical guidelines and dosing is appropriate. Results of this audit compared with results produced by the Gosport Independent Panel provide assurance about current use of these medications at CCC. Nevertheless, continuous training is necessary for prescribers in order to maintain the reassuring results.

70 FINDINGS FROM THE FIRST ROUND OF THE NATIONAL AUDIT OF CARE AT THE END OF LIFE (NACEL)

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NACEL is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission leading to death in acute, community hospitals and mental health inpatient providers in England and Wales. The audit, first undertaken during 2018/19, comprised:

- an Organisational Level Audit covering trusts (in England)/Health Boards (in Wales)
- a Case Note Review completed by acute and community providers only, reviewing all deaths in April 2018 (acute providers) or deaths in April – June 2018 (community providers); and
- a Quality Survey completed online, or by telephone, by the bereaved person.

Data was collected between June and October 2018. 206 trusts in England and 8 Welsh organisations took part in at least one element of the audit (97% of eligible organisations). A total of 11,034 case note reviews were included. Key findings included the following: -

- Documentation that a person may die imminently was high. For half of patients, imminent death was recognised less than one and a half days before they died, leaving a limited amount of time to discuss and implement an individual plan of care.

- People's experience of care was good, excellent or outstanding in most cases (80%), as reported by the Quality Survey. However, 20% felt that there was scope to improve the quality of care and sensitive communication with both the patient and the family/others.
- Governance of end of life care was strong.
- Improvement is required in the documentation of an individual plan of care (documented evidence of a plan for 62% of people who died). Similarly, for one third of people who died, a discussion about the plan of care, and discussions about medication, hydration and nutrition had not been recorded.

The second round of NACEL is running in 2018/19.

71 'IS THIS A CONVERSATION ABOUT DEATH?' PLANNING FOR FUTURE CARE WITH PATIENTS WITH ADVANCED CANCER: EXAMINING THE FEASIBILITY OF USING THE TRAJECTORY TOUCHPOINT TECHNIQUE FOR ADVANCE CARE PLANNING. A QUALITATIVE STUDY

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Background Advance Care Planning (ACP) enables people to make plans regarding their future healthcare and has been shown to positively impact on the quality of patient care. There are multiple barriers to engaging in the process of advance care planning. These include a lack of understanding of what ACP entails and patient, relative and healthcare professionals' anxieties in discussing potentially distressing issues. The Trajectory Touchpoint Technique (TTT) was applied to ACP discussions in order to create a visual aid to help circumvent these barriers, allowing deep and detailed discussions of potentially distressing topics.

Methods A literature review was performed to identify topics that patients may have wanted to talk about. These were ratified through a human centred design process (Design Thinking) with members of the public. ACP discussions were performed using the visual aid on an in-patient specialist palliative care unit. Qualitative enquiry was used in the form of patient, relative and clinician interviews following ACP discussions to evaluate the feasibility and benefits of using the visual aid.

Results Data was collected over a 4 week period in a single acute in-patient palliative care unit. Patients (n=4), relatives (n=2), and clinicians (n=3) participated in the study. Thematic analysis of interview transcripts showed the visual aid enabled patients to begin the conversation by talking about the ACP related issues they felt comfortable with and that were most important to them. Relatives found the visual aid helped to identify what issues can be discussed. Clinicians found the visual aid helped focus the ACP discussions.

Conclusions We have demonstrated that the visual aid was useful in facilitating ACP discussions with this cohort of patients, relatives and clinicians. Further, we suggest these findings warrant trials across primary and secondary care for patients in end-of-life to further develop this approach to ACP facilitation.