weeks of April and May 2019 and were over 18 years old were included.

Results The care after death checklist was used in 27 out of the 30 patient notes audited. There was documentation of care after death in 100% of patients using the checklist compared to 67% in the cases without using the checklist. There was superior quality of information documented when the checklist was used compared to when it was not used across multiple domains. For example, in 100% of cases where the checklist was used there was documentation of explanation of the procedure for collecting the death certificate to relatives, compared to 0% when the checklist was not used.

Conclusion The use of a standardised checklist improves the quality and breadth of documentation of care after death provided in a hospital setting.

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81 USE OF STEROIDS IN PALLIATIVE CARE

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Background Steroids are frequently prescribed in palliative care for several indications, often concurrently. Identifying the original indication and thus a safe withdrawal regimen is, however, not straightforward as patients transition across different clinical settings. We conducted this Quality Improvement Project to assess current practice of steroid prescribing and titration in dying patients on an NHS Palliative Care Unit in Northumbria Healthcare NHS FT.

Methods All patients who were prescribed steroids between January and April 2019 were included in the study, and followed through until discharge or death. Details of the indication, dose, and the documented plan for dose reduction and cessation were collected.

Results 43 patients were prescribed steroids: all of these were given dexamethasone. 17 patients died in the period under study; the remainder were discharged. While 48% had a plan for reduction of steroids documented, this was inconsistent and highly variable.

The mean number of days patients remained on dexamethasone was 19.2 (range 3–54 days). The most common reason for stopping steroids was patient deterioration or death (40%). 88% of patients who died, were given dexamethasone subcutaneously in the last days of life.

Discussion Steroid use can lead to significant morbidity, with adverse effects reported in up to 63% of prescriptions. Adrenal suppression can occur when steroids are used for over 3 weeks. It is critical to be able to establish the indication for and the duration of steroid use, in order to prevent unnecessary harm by the continuation of a subcutaneous injection even into the last days of life. This is the start of a plan, do, study, act cycle. The next iteration of this introduces mandatory documentation of the indication for use within electronic prescribing modules.

82 ANTICIPATORY PRESCRIBING IN COMMUNITY END OF LIFE CARE IN THE UK: A MIXED-METHODS STUDY OF HEALTHCARE PROFESSIONALS' VIEWS CONCERNING BEST PRACTICE AND AREAS IN NEED OF IMPROVEMENT

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Introduction Anticipatory prescribing (AP), the supply of injectable medication to a patient in advance of need, is well-established practice in the UK although there is currently limited evidence and guidance to support best practice. With a view to developing guidance, we explored the views of UK healthcare professionals (HCPs) about best practice and areas in need of improvement in AP.

Methods Two day workshops were held in London and Cambridge, attended by 89 delegates. Participants completed an initial survey and then participated in two focus groups at the end of which they wrote down 3 'top-tips' for:

1. achieving best practice and
2. areas in need of improvement concerning AP. Analysis involved descriptive statistics of survey responses and thematic analysis of free–text 'top–tips'.

Results 71/89 (80%) of participants completed the survey: 25 (35%) palliative care nurses, 24 (33%) palliative medicine consultants, 22 (30%) 'other' (GPs, community nurses, pharmacists). 76% had >10 years of experience and 75% were involved in AP a few times each week. On a rating scale of 1–5 (1=low, 5=high), 38% were confident (rating 4) that AP is done well [median: 3(IQR: 3–4)] and 20% were concerned (rating 4) about unsafe practice in AP [median=3 (IQR: 2–3)]. 89% agreed (score 4) that more guidance is needed to support AP [median=4 (IQR: 4–5)]. Top-tips for improving AP were: 1) improving communication with patients and families and between HCPs, 2) increasing out-of-hours access to medications, 3) supporting staff with training, education and guidance, and 4) reducing cross-system complexity by unifying documents and IT systems.

Conclusions There is a high demand amongst HCPs for unified guidance and documentation to support AP. A national guideline development group is being formed in response to this and at the request of NHS England. In-depth analysis of focus group transcripts is underway.

83 IT'S HIGH TIME FOR STRAIGHT ANSWERS ABOUT CANNABIS: RESULTS FROM A SURVEY OF HEALTHCARE PROFESSIONALS WORKING IN ONCOLOGY AND HAEMATOLOGY IN A UNIVERSITY HOSPITAL IN ENGLAND

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Introduction Since 2018 the prescription of unlicensed cannabis-based products (CBPs) has been legal in the UK in certain indications by certain medical professionals. Despite NHS England guidance it is not generally known how often Healthcare