are given; not all teams follow this practice. Agreement on how frequent doses should be given and suitable maximum daily ranges would be beneficial. Some teams give more advice relating to renal failure. Few teams routinely give a Patient Information leaflet to benefit.

**INPATIENTS WITH PALLIATIVE CARE NEEDS ANTICIPATORY PRESCRIBING REVIEW – UNIVERSITY HOSPITAL HAIRMYRES, NHS LANARKSHIRE**

Michaela Watt, Nicola McCann, Gillian Thomson, Karen Harvie. NHS Lanarkshire

10.1136/spcare-2020-PCC.109

**Background** The Scottish Palliative Care Guidelines published in 2014 outline best-practice to support clinicians with end of life care. These guidelines include recommendations on anticipatory prescribing for patients nearing the end of life to allow these people to have timely access to injectable symptom control medication.

**Aim** To improve anticipatory prescribing in Hairmyres Hospital in line with Scottish national guidelines through evaluation of current practice and an educational programme for prescribers.

**Method** Inpatient medication prescription charts were reviewed and data analysed retrospectively. Inpatients referred to the hospital palliative care team for whom anticipatory prescribing was appropriate, over a four week period (n=20) were included. Data about patient demographics, anticipatory prescribing and subcutaneous infusions was collected. A teaching session on anticipatory prescribing was arranged for medical staff along with on-going case-by-case feedback and education from the palliative care team. Data was then collected in a further quality improvement cycle (n=12).

**Results** 60% (n=12/20) of patients were prescribed all recommended anticipatory medications. Of these, 77% of prescriptions were in accordance with the national guidelines (n=15/19). 71% of continuous subcutaneous infusions were prescribed correctly (n=7/10). Following the education programme, 67% (n=8/12) were prescribed all recommended anticipatory medications and of these, 86% of medications were prescribed in accordance with the guidelines (n=32/37). 100% of continuous subcutaneous infusions were prescribed correctly (n=6/6).

**Conclusion** This education programme improved the rate and accuracy of prescribing of anticipatory medication for patients nearing the end of life. More work is required to ensure awareness amongst prescribers of how and when to prescribe these medications with the aim of full compliance with the Scottish National Palliative Care Guidelines.

**ARE WE READY?**

N Wright, S Dargan, C Clackson, C Morgan, F Power, J Samarasinghe, S Henderson, C Smith. Ashford and St Peter’s NHS Foundation Trust

10.1136/spcare-2020-PCC.111

**Introduction** Annually at Ashford and St Peter’s Hospital (ASPH) we hold an event to promote dying matters week. This aims to remove the stigma of talking about death and dying within our community. In 2019, dying matters week theme was ‘Are we ready?’

**Methods** The Specialist Palliative care team (SPCT) designed a survey to gauge if the ASPH community were ready. We asked questions including: have you cared for someone who was dying?, did you feel ready?, have you thought about future wishes? i.e. medical treatment, how would you like to be cared for?, where you would like to be cared for?, most importantly have you discussed these wishes with those important to you? The survey was distributed to all areas of the hospital.

**Results** 80 surveys were returned: 56 (70%) Staff, 1 (1%) patient, 4 (5%) Carer/family member, 3 (4%) Visitor, 16 (20%) not completed. 86% were aged 20–60 which is representative of the ASPH community. Of the respondents 57% felt ready to care for someone who was dying. However only 45% had thought about how they would like to be medically treated at the end of life (EOL) and 38% knew where they would like to be cared for at the EOL. Only 50% of respondents had discussed this with those important to them.