

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- may benefit.

89 **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=53/68). 71% of continuous subcutaneous infusions were prescribed correctly (n=5/7). 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.

90 **RETROSPECTIVE AUDIT OF THE PRESCRIPTION OF
OPIOIDS AT THE END OF LIFE IN A HOSPICE AND
HOSPITAL SETTING IN THE WAKE OF THE GOSPORT
INQUIRY**

Phoebe Wright, Christopher Nobbs. *Meadow House Hospice*

10.1136/spcare-2020-PCC.110

Background The Gosport Inquiry (GI) found that unsafe opioid use led to around 450 excess deaths over 14 years. We compared their findings to local, current use in a hospice and hospital setting.

Methods Notes were reviewed retrospectively for inpatient deaths in January 2019 at Ealing Hospital and Meadow House Hospice. We collected the same data as was analysed in the GI, using notes and drug charts. We focused on indications, doses and routes of administration of opioids.

Results At the hospice, 92% (24/26) of patients received regular opioids. 100% (26/26) had appropriate indications documented. The mean initial dose was 30 mg oral morphine equivalent per day; the mean final dose was 35 mg. 62% of patients (16/26) were switched to continuous subcutaneous opioid administration prior to death. At the hospital, 42% (26/62) of patients received opioids. 23% (14/62) received regular opioids, and of these 93% (13/14) had appropriate indications documented. The mean initial dose was 20 mg oral morphine equivalent per day; the mean final dose was 24 mg. Of total deaths, 5% (3/62) received opioids via continuous subcutaneous infusion, 18% (11/62) were reviewed by palliative care. The narrative in the notes suggested a lack of confidence in prescribing opioids and diagnosing dying.

Conclusions It is reassuring that opioid use at both sites appears safe. In contrast to the GI, opioid doses used were low and indications well documented. The proportion of patients receiving opioids was lower at the hospital than the hospice, with an apparent preference for low dose, immediate release rather than background opioids. The size of the difference could represent truly different patient populations, or could be under-utilisation of opioids as a result of lack of confidence or education. This signposts possibilities for future investigation as to why this might be, and potential improvements to clinical practice.

91 **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.