

1st October 2019. Patients were subsequently asked about driving, where appropriate, and the junior medical team provided education on the national drug driving guidance.

**Results** All 18 patients:

- Had prescriptions of medications listed in the drug driving guidance
- There was no knowledge or documentation of whether a patient was a vehicle driver

5 patients admitted for end of life care were therefore excluded from further analysis. When the 13 patients were asked:

- 10 patients were not vehicle drivers
- 3 patients were vehicle drivers

The drug driving guidance was discussed within the department's service improvement meeting. An addendum on the clerking proforma was made to include whether the patient was a vehicle driver or not. If a patient was a vehicle driver it was highlighted on the joint MDT handover list, and if prescribed medication listed in the drug driving guidance, they were counselled on this. This was also communicated on the discharge summary for ongoing continuity of care.

**Conclusion** This project enabled joint collaborative work between doctors and the pharmacy team. It also highlighted the importance of not making assumptions about palliative care patients not driving a vehicle. Discussing the drug driving guidance with the medical team ensured that a patient was aware of the government guidance and ensuring public safety. A re-audit is planned in 2020 to ensure that this change in practice remains embedded.

### 110 RECRUITING MND PATIENT RESEARCH PARTICIPANTS: I THOUGHT WE WOULD HAVE MORE

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10.1136/spcare-2020-PCC.130

**Introduction** LOROS Hospice provides a service to all people with MND in Leicester, Leicestershire and Rutland from the point of their diagnosis and research is an integrated aspect of the services. We wished to offer patients the opportunity to participate in the COMMEND study, a randomised controlled study of commitment and acceptance therapy. Despite a first stage feasibility study no guidance was available to inform the likely number of eligible participants.

The aim of this work was to identify the potential number of patients that could be approached about the study and understand the differences between the total population and this sample and its implication for study feasibility assessments.

**Methods** The notes of all patients with MND who were registered at the Hospice were identified and mapped to the inclusion and exclusion criteria of the COMMEND study.

**Results** 70 patients were identified of whom only 19 (27%) were eligible for the COMMEND study. The largest number (33%) were excluded because of receiving nutritional and/or ventilator support. A further 20% were excluded because of cognitive issues and 6% did not speak English as a first language.

**Conclusions** That less than a third of patients were eligible for this relatively straightforward interventional study was a

surprise to us. It is a well known aphorism that potential participants disappear as soon as a study opens. This work provides a screening analysis which informs realistic feasibility assessment and more nuanced understanding of the MND patient population. As LOROS provides care to all patients in the geographical area these findings should be generalizable.

### 111 ONE HOSPITAL CLINIC – ACHIEVING DEATH AT HOME AND HOSPICE FOR PATIENTS WITH PULMONARY FIBROSIS

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**Background** Pulmonary fibrosis is a chronic respiratory condition with a poor prognosis and significant symptom burden, yet has traditionally been managed purely by respiratory physicians. It was the experience in the Greater Manchester town of Wigan that many patients with pulmonary fibrosis were not recognised to be in the last year of life and often presented to and ultimately died in hospital during their final illness. There were missed opportunities for improving symptom control, advance care planning (ACP) and achievement of preferred place of death (PPD).

**Methods** A new service was established where a Palliative Medicine Consultant and clinical nurse specialist reviewed patients in a dedicated clinic running alongside the respiratory clinic. The monthly face to face clinic was complemented with a fortnightly telephone follow up clinic in-between. Symptom issues were addressed guided by Integrated Palliative care Outcome Scale (IPOS) completion, hand-held fans given out to help manage breathlessness, referrals considered to the local AHP-run palliative care out-patient centre and ACP and PPD discussed and recorded.

**Results** Since December 2017, to date 36 patients with Pulmonary Fibrosis have been referred to the clinic. Three patients died prior to review. Of the 33 who have been assessed, 9 remain under active follow-up, 6 have been discharged to community palliative care services, 1 back to GP and 17 have died. Advance care planning was initiated in 26 patients (79%) and completed in 18 (55%). Of the 17 patients that died, all but two died out of hospital (88%), 11 in their own home/nursing home and 4 in hospice, significantly greater than national averages for non-malignant conditions.

**Conclusion** The development of a hospital-based dedicated palliative medicine clinic for patients with Pulmonary Fibrosis has resulted in a majority of out-of-hospital deaths for this group of patients.

### 112 SURVEYING THE USERS OF AN OPEN-ACCESS SUPPORT SERVICE FOR PEOPLE AFFECTED BY AN ILLNESS THAT HAS NO CURE

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**Background** In the UK, palliative care is a growing specialty; however, national inequalities in access to services persist. Those who are male, older, more deprived, belong to ethnic minority groups and have non-malignant disease are relatively

under-represented in clinical services. An open-access service in the North of England provides a breadth of support to people affected by palliative diagnoses, without requiring clinical referral, with dedicated support to address some of these inequalities. We report on an evaluation of this service.

**Method** This study was conducted as a secondary data analysis of an annual service evaluation. Characteristic data of service users was collected through an anonymous cross-sectional survey. One-hundred and fifteen responses were acquired via convenience sampling over the period of one week. Data was compared against the characteristics of local specialist palliative care services, local census data and historical MDS data through descriptive and inferential techniques (chi-squared test).

**Findings** The open-access service was found to have a significantly higher proportion of non-cancer patients (75%) compared with clinical services (27%) and MDS data (24%), highlighting that this is a potentially valuable approach to improving access for this under-represented group ( $p < 0.05$ ). Conversely, attendees were more likely to be female ( $< 0.001$ ), under 75 ( $< 0.001$ ), live in the local area ( $< 0.001$ ) and have religious beliefs ( $< 0.01$ ), highlighting areas for further development.

**Conclusion** This service evaluation has highlighted a potential approach for improving access to specialist support for people with non-malignant disease and members of minority ethnic groups; formal research evaluation is recommended. Outstanding challenges include broadening access for men, older people, non-religious people and the wider area.

### 113 INTRODUCING A LEARNING FROM DEATHS MEETING IN A HOSPICE

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10.1136/spcare-2020-PCC.133

**Introduction** 'Learning from deaths' is a monthly meeting open to all clinical staff from across hospice services. It is a forum to discuss, reflect on and learn from the deaths of our patients.

**Method** The meeting was established as there was no formal forum to discuss deaths in the hospice and a positive experience attending a similar event gave the forward momentum and inspiration to create this meeting. Suggestions of deaths to be discussed can be made by any clinician and may include deaths which have been challenging or traumatic as well as deaths which have been examples of good practice. An overview of the case is presented including what happened, what went well and what could be improved. Senior clinicians are present to guide the discussion, ensuring a positive focus is maintained and assisting with identifying the learning for the future.

**Results** This meeting was launched in July 2019. There has been an encouraging turnout with an average of 22 attendees and positive feedback has been given. Particular comment has been made regarding the tone of the meeting and it being a safe, reflective non-judgmental space. Another strength is noted as learning being focused on improving future practice and care. A learning log is gathered during the meetings to ensure that discussion is put into action. For example following one discussion a series of educational sessions were organised about the withdrawal of non-invasive ventilation.

**Conclusion** Learning from deaths is now considered a vital part of clinical practice, support for staff and an opportunity

for learning. In the future invitations to attend the meeting could be extended to clinicians from outside the hospice who were involved in the individual's care e.g. General Practitioners, District Nurses.

### 114 APPROACHING THE END OF LIFE: ARE REFERRALS TO HOSPITAL SPECIALIST PALLIATIVE CARE TEAM ARRIVING TOO LATE?

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10.1136/spcare-2020-PCC.134

**Introduction** Late referrals to specialist palliative care teams (SPCT) limit the ability of and time for SPCTs to improve symptoms and reduce distress for patients and their families. We aimed to identify all patients referred to the hospital SPCT who died before being seen during 2018 to:

1. Assess if uncontrolled symptoms were present
2. Ensure SPCT responded rapidly
3. Identify ways to support wards with timely referrals and reduce late referrals.

**Methods** Design: Audit with case-notes review

Part 1: we identified all hospital patients referred to SPCT who died before being seen, and assessed the hospitals/wards/patient characteristics to identify patterns. We reviewed referral time and our response times/telephone advice.

Part 2: Detailed case-notes review of 15% (randomly selected) patients who died before being seen by the SPCT to assess recognition of dying, see if these dying patients had specialist palliative care needs and if symptoms/distress were controlled or not.

**Results** Part 1: In 2018, the SPCT reviewed 1520 patients across the acute trust. 87 (5.6%) patients died before being seen by the SPCT. Of those, 19 patients (21%) were referred and died outside SPCT working hours. Referrals came from 25 different wards. 42 (37%) patients died within 6 hours of referral. Telephone advice was given to healthcare professionals for 37 patients (42%). Most patients were over 65 years old; the common causes of death were pneumonia and cancer.

Part 2: 15 case-notes had a detailed review. Median length of stay was 9 days (range 2–40days). Most patients were documented as dying only in the last 2 days. 5 patients had no SPC needs whilst 10 patients had uncontrolled symptoms.

**Conclusion** Promoting earlier recognition of dying and a more integrated approach of palliative care alongside active interventions could optimise symptom management and reduce distress towards end of life for patients dying in hospitals.

### 115 COMPASSIONATE CARE BED IN PARTNERSHIP WITH INTERMEDIATE CARE SERVICES – NORTH MANCHESTER

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**Background** The North Manchester Palliative Care Support Service (MMSPCSNL) was introduced in April 2016 with a significant remodelling of the previous provision. The service