Methods Retrospective data analysis over a 12-month period for in-patients receiving care in a hospital palliative care unit. The primary outcome of this project was to determine the change in frequency of spontaneous bowel movements in the week following the use of naloxegol.
Results Naloxegol was used in 13 people. Nine males (69%) and 4 females (31%), mean age 58 (range 47–56). Twelve (93%) had cancer, 1 (7%) patient had a diagnosis of COPD. The majority (n=11, 84%) received two or more laxatives prior to commence naloxegol. Naloxegol was effective in 8 (62%) of people, which was demonstrated by an increase in spontaneous bowel movements. There were no side effects documented for 12 (92%) individuals. One person (8%) developed diarrhoea, which resolved with a dose reduction.
Conclusion Naloxegol was well tolerated and effective in the management of OIC in the majority of this palliative care cohort. This will inform further development of regional guidelines for the management of OIC. Future work is needed to evaluate efficacy and to better understand how naloxegol affects quality of life for people with serious illness.

135 DEVELOPMENT OF A MORBIDITY AND MORTALITY PROCESS IN A HOSPITAL SPECIALIST PALLIATIVE CARE TEAM

Kathryn Lockwood, Laura Pal, Jeanna Strutinsky-Mason. *University Hospitals of Leicester*

10.1136/spcare-2020-PCC.155

Background Morbidity and mortality (M&M) meetings are a recognised tool for improving quality of care. We have developed an M&M process within the HSPCT at University Hospitals of Leicester (UHL). Before this the HSPCT contributed to other specialty M&Ms but did not independently review team involvement in cases using Structured Judgement Review (SJR) methodology.
Aim The aim was to develop our own practice within the team, and to identify areas to improve end of life care across the Trust, by providing feedback into the local Learning from Deaths framework at Trust level.
Methods A quarterly meeting was established with Palliative Medicine Consultant and CNS leads. Referrals were to an electronic mailbox and the leads jointly completed the Structured Judgement Reviews using the Trust template. Cases were presented by the leads who facilitated discussion, concluding with agreed judgements and actions. The finalised SJRs were used as minutes.
Results Over the first three meetings 10 patients were discussed. Referrals increased with 2, 3 and 5 cases discussed in the first, second and third meeting respectively. Referrals were from a variety of sources: 2 from Medical Examiners, 5 by other speciality M&M leads or consultants and 3 from HSPCT consultants or CNSs. Learning identified was varied and has been grouped into themes: improving outward communication from the HSPCT to specialty teams, areas for changes to current Trust guidelines/policies, areas for education and development.
Conclusions The M&M has provided a formal way to report back, with case-based evidence, at Trust level and allowed greater communication with other specialities. Doctors and specialist nurses value the time to reflect on clinical aspects of their work. Prioritising protected time for the meeting and enabling clear plans to improve care were key. The meeting has become an established part of the team culture.

136 A 12-MONTH TRANSFORMATION OF SEVERN HOSPICE DAY UNIT INTO AN ESTABLISHED LIVING WELL DAY SERVICES

K Maw, R Richardson, D Willis. *Severn Hospice*

10.1136/spcare-2020-PCC.156

Introduction As people live longer with multidimensional health and end of life care needs, palliative care provision is becoming increasingly complex. Demands on our Services are changing; therefore, as new models of care emerge, enabling patients to live well becomes Severn Hospice's focus.
Method At the beginning of 2018 Day Services were restructured to secure leadership and maintain momentum taking this important initiative forward. Several Hospices across England were scoped, observational studies began and attendance at the APDS over consecutive years maintained in order to network and benchmark progress. Feedback was collated from staff, referrers and patients to establish if services were fit for purpose. Several patient case studies were completed leading to the restructure and rebranding of services.
Results A phased approach towards new structures of care was applied over a 12-month period. This incorporated a triage system with an 8-week assessment programme, a drop-in networking coffee morning and an education programme. This structure was supplemented by craft workshops, complementary therapy, guest visitors, music workshops, Look Good Feel Better, voluntary agencies, specialist nurses and the Multi-disciplinary team. The overhaul of our literature and promotion was essential in raising the profile of these services and the overall success of this project. The focus remained on patient engagement, enablement and self-care throughout. Staff were supported during the transition with additional training, project days and team away days. All team members tackled complex, unknown territory, receiving outstanding patient feedback in return.
Conclusion From 2019 Day Services continue to successfully coordinate these services and are always looking for ways to increase accessibility and choice for our local population. Referral rates and contacts continue to increase. Joint working with other agencies has improved making the transition between services more.

137 WHAT IS THE VIRTUE OF VIRTUAL REALITY

K Maw, R Richardson, D Willis. *Severn Hospice*

10.1136/spcare-2020-PCC.157

Introduction Our approach to care is to enable those who need our help to live as well as they can within the constraints of a life-limiting illness. How we care for them is personal and ensures we take account of someone's whole well-being. The virtual reality project forms a novel yet integral part of our service delivery.
Method The grant from APDS, enabled Severn Hospice to introduce regular VR sessions to patients attending our services. Sessions focused on the needs of the individual within the defined, safe boundaries of Greener Games App - Nature

Treks. We started our VR working group in 2017 and included complementary therapist, psychologist, medical consultant, social worker, nurses, HCA's, IT support and creative therapist, ensuring a holistic approach to its application. Staff visited other hospices and VR conferences collating information. There was anxiety from staff about the content of what we were to show patients and how emotive that may be - how would we vet the content before application without watching it all first? How would we screen patients? How would we collate feedback? How do we keep this safe for patients? etc. Contact was made with Greener Games - they gifted us 2 lightweight headsets, supported us with training and helped to develop a screening tool. A project lead and 2 IPADS were funded by the APDS grant.

Results Patients attending our day care sessions were offered a way to achieve life goals that they may not have thought possible because of their illness. A new tool is now available for nursing staff to help patients to relax and cope with anxieties and symptoms. Patients reported feeling physically calmer after VR sessions. Staff witnessed reduced respiratory rate in 5 out of 13 patients. No side effects of using VR were reported.

138 UNDERSTANDING AND ACCESSIBILITY OF MENTAL HEALTH -COMPARING OUR UNMET NEEDS AS PART OF MULTI SITE AUDIT FOR SPECIALIST PALLIATIVE CARE SERVICES

Emer McKenna, Rebecca Chubb, Sarah Yardley. *Douglas Macmillan Hospice, North Staffordshire Combined Healthcare Trust, Central and North West London Trust*

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Background Palliative care patients have significant mental health needs and there is no national standard for community-based care when patients have significant mental health needs in context of unstable or progressive life limiting illness. Invitation to be part of multisite audit to compare findings in Central and North west London mirrored other areas nationally.

Aim To establish levels of need for liaison psychiatric services or alternative innovative services by conducting a baseline analysis of current needs in new and current referrals.

Method Agreement through clinical governance channels to partake in multi-site audit. Prospective audit over 3 month period. Assessment of whether these patients have suitable access to existing mental health services and specialist palliative care staff are able to engage these services in shared care. To determine the number of these patients who are open or have in the last one year been open to MH services.

Results Dementia patients were excluded if needs met by full hospice team including admiral nurse support. 22 patients identified over 3 month period through inpatient, day therapy MDT and complex discussions with community PCNS. 10 were new patients, 16 formal mental health diagnosis. Of the other 6–5 had been diagnosed with Dementia and had needed mental health support including being under section 3. Main diagnosis was depression and or anxiety. Majority treated with SSRI and Benzodiazepines. 1/3rd had ongoing CPN input.

Discussion 9% of our current referrals are for dementia. We have 2 Admiral nurses at our hospice who are able to mange this population making referral to traditional MH services less likely.

We are working collaboratively with local mental health trust identification of unmet need and recommendations for raising staff awareness and for a shared care pathway as part of a joint Quality improvement project.

139 GLUCOSE MONITORING AND PREVENTION OF ADRENAL CRISIS IN PATIENTS PRESCRIBED HIGH-DOSE STEROIDS IN A SPECIALIST PALLIATIVE CARE UNIT AND SPECIALIST ONCOLOGY UNIT

Erin Mercer, Timothy George, Eleanor M Smith. *Sheffield Teaching Hospitals NHS Foundation Trust*

10.1136/spcare-2020-PCC.159

Background Corticosteroids are frequently prescribed in Palliative Care to improve symptoms from various conditions. However, they can affect glucose homeostasis and may cause steroid-induced adrenal insufficiency if patients become acutely unwell. Anecdotally, practice within hospital settings is varied.

Aims To audit prescriptions and management against Trust guidelines and then identify areas for improvement.

Methods Patients prescribed corticosteroids 10 mg prednisolone (or equivalent) for 5 days in Weston Park Hospital (WPH) and Macmillan Palliative Care Unit (MPCU) were included. Data was collected from notes and Trust IT systems (Lorenzo and ICE) between 1st – 31st March, 2019. Findings were recorded using Survey Monkey.

Results Thirty patients were identified at WPH; eight at MPCU. Doses were documented (100%) at both sites. Indications were less clear; 70% had documented indications at WPH (n=21) vs 25% at MPCU (n=2). Fewer had documented duration of therapy; 20% at WPH (n=6) vs 0% at MPCU.

100% of patients at MPCU had blood glucose measured daily (n=8) vs 20% at WPH (n=6). 80% identified as entering their last phase of life had steroids reviewed at MPCU (n=4) vs 25% at WPH (n=1). 100% who became acutely unwell had their steroid dose increased at MPCU (n=2) vs 0% at WPH. No patients discharged with steroids (21 patients at WPH and one at MPCU) were given 'sick-day' education or rescue steroids. Only one patient at WPH was discharged with glucose monitoring (4.8%).

Conclusions Glucose monitoring in patients taking high-dose steroids is better at MPCU than WPH, possibly due to existing interventions triggering review on consultant-led rounds; we hope to replicate this at WPH. Outpatient glucose monitoring and 'sick-day' education were universally poor, placing patients at risk of unmonitored diabetes and adrenal crisis. Further education is planned from Trust Diabetic and Endocrinology teams with a re-audit in 2020.

140 IMPROVING COLLABORATION BETWEEN RESPIRATORY AND PALLIATIVE MEDICINE, TO ADDRESS THE UNMET NEEDS OF PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IN THE LAST YEAR OF LIFE

Debra S Morris, Stephanie Stolberg, Christine Seddon, Rachael Burton. *Salford Royal NHS Foundation Trust*

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Background COPD guidelines recommend early access to palliative care together with optimal therapy for people with