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.

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

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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.
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

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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 MPCU 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.

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

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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 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.

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

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