

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**

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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 manage 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**

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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 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**

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