Understanding and Accessibility of Mental Health - Comparing Our Unmet Needs as Part of Multi Site Audit for Specialist Palliative Care Services

Emre 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.

Methods 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.

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

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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.

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...