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EARLY INTEGRATION OF PALLIATIVE CARE IN ONCOLOGY – WHAT DO STAFF AND PATIENTS THINK?

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10.1136/spcare-2020-PCC.188

Background Trials have proved the benefits of early Palliative Care involvement in Oncology care, such as improved quality of life, better understanding of disease and better symptom control. Based on these we have introduced a new model of Integrated Palliative Care at the Royal Marsden - the 'Triggers' service since March 2017. It involves the use of a palliative care referral 'Triggers' tool to triage patients' palliative care needs. This tool was designed by the London Cancer Alliance Palliative Care and End of Life Care Pathway Group, now RM Partners.

Methods A feedback questionnaire was devised with patient input to assess the impact of the service for patients and staff in the clinics offering the Integrated Symptom Control and Palliative Care Service (ISCPC). The results are used as part of the continuous service quality improvement process. Descriptive analysis of the questionnaire responses and thematic analyses of the free text comments was carried out. This project was approved as a service evaluation by the Hospital Committee for Clinical Research.

Results Feedback collected from 42 staff and 88 patients in the Gynaecology, Renal, Gastro-Intestinal and Lung Oncology clinics currently using the ISCPC service.

- 93% staff felt positive about the value of this service for patients and families.
- 93% staff felt the service had a positive impact on patients.
- 90% patients felt positive about meeting the ISCPC team during their clinic appointment.
- 91% patients found the service helpful in improving their care experience.
- Themes emerging on initial free text comment analyses include an improved care and support experience for the patients and an increasing demand for early integration of palliative care into oncology services.

Conclusions Staff and patient feedback about the ISCPC service in Oncology Clinics was largely positive. They felt that the ISCPC service had improved their overall care experience.

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ACCEPTABILITY AND EXPERIENCE OF A NEW INTEGRATED ONCOLOGY AND PALLIATIVE CARE 'TRIGGERS' SERVICE FOR CANCER PATIENTS: A QUALITATIVE STUDY

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10.1136/spcare-2020-PCC.189

Background Clinical trials demonstrate that early referral to specialist palliative care improves patient outcomes in terms of quality of life and symptom control. This qualitative research study is part of a mixed methods evaluation of a novel early integrated Palliative Care ('Triggers') service for cancer patients. The Triggers service involves the use of a palliative care referral 'Triggers' tool for healthcare professionals to

proactively identify patients who should be referred to palliative care.

Aims To explore the acceptability of the 'Triggers' service and experiences of early palliative care for healthcare professionals using this service.

Methodology This study has extensive Patient and Public Involvement input and was approved by the hospital Committee for Clinical Research and the Research and Ethics Committee. Using the Grounded theory approach, qualitative in-depth semi-structured interviews were carried out with eleven healthcare professionals who work in the oncology outpatient clinics, where the 'Triggers' clinical service is taking place.

Results The use of a palliative care referral 'Triggers' tool to underpin an early integrated palliative care service is acceptable. Emergent themes were:

1. What's in a name?—The effect of the name and its associated connotations with death and dying.
2. A rose by any other name—Thoughts about changing to an alternate name.
3. Timing is everything—Observations about the timing of the 'Triggers' service in clinic.
4. All you need is more—Resource limitations and an ideal scenario of a joint approach to delivering care.
5. Constantly redefining the future—Uncertainties about the future with new cancer treatments, associated symptoms and changing prognoses.

Conclusion An early integrated palliative care service is acceptable to healthcare professionals. Considerations for future care include the benefits of re-marketing and defining the optimal time for introducing palliative care to oncology patients.

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RESPECT (RECOMMENDED SUMMARY PLAN FOR EMERGENCY CARE AND TREATMENT): AN AUDIT IN COMMUNITY CARE HOMES IN COVENTRY AND WARWICKSHIRE

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10.1136/spcare-2020-PCC.190

Background ReSPECT is a process that creates personalised recommendations for clinical care in a future emergency when unable to express choice. It encompasses cardio-pulmonary resuscitation decision making and supports broader individualised conversations. The process is endorsed by the Resuscitation Council (UK) with Coventry and Warwickshire an early implementer in 2017. This is the first known community audit.

Methods 5 GP practices with care home responsibility were identified. Consent was sought from each practice and care homes were informed. Data was collected by a Macmillan GP or Care Home Lead Nurse on behalf of GP practices (April-June 2019). The proforma was based on a tool used by local acute NHS Trusts.

Results In 224 residents, 114 ReSPECT forms were completed (64%; range 54–96%). In 2 care homes old DNACPR forms were found. 59% were completed in the community with 79% (range 19–100%) completed by a doctor. Demographics were well completed. 28% recorded other Advance Care Planning documents were in place. The goal of care was completed in 48%; of these 96% stated symptom control. Detailed clinical recommendations were recorded in 65% (range 28–81%). The