**Abstracts**

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

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**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 (ISCP). 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 ISCP 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 ISCP 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 ISCP service in Oncology Clinics was largely positive. They felt that the ISCP service had improved their overall care experience.

**169 ACCEPTABILITY AND EXPERIENCE OF A NEW INTEGRATED ONCOLOGY AND PALLIATIVE CARE ‘TRIGGERS’ SERVICE FOR CANCER PATIENTS: A QUALITATIVE STUDY**

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**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.
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.

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

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**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 involved input and was approved by the hospital 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** 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...
1 SPECIALTY 3 SETTINGS: THE INFLUENCE OF COMBINED ONCOLOGY AND PALLIATIVE CARE CLINICS (COPC) ON CONTACTS WITH PALLIATIVE CARE IN HOSPITAL, COMMUNITY AND HOSPICE IN CORNWALL

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Background Evidence suggests early palliative care involvement alongside oncology care improves quality of life, planning and communication for advanced cancer patients. However, little information exists about the impact of such intervention on contacts with specialists. This study examines the influence of COPC versus Standard Oncology Clinics (SOC) on palliative care contacts in hospital, community and hospice settings.

Methods Fifty-nine COPC patients were compared with fifty-nine SOC clinic patients, all with lung malignancies. 56/59 COPC patients and 59/59 SOC patients were first seen within 2017–2018. Data about involvement of community and hospice palliative care services was collected for 12 months from first contact with palliative medicine oncology consultant respectively. Hospital palliative care involvement was measured from 1 month before to 12 months after first consultant contact (thereby including those first diagnosed during a hospital admission).

Results Hospital palliative care services provided 28 care episodes in 20/59 (34%) COPC patients, compared to 19 in 14/59 (24%) SOC patients. Patients were already known to community palliative care teams in 15/59 patients attending COPC increasing to 46/59 within next 12 months. In SO the figures were 8/59 increasing to 24/59. Although higher numbers in the COPC group, the rate of increase is similar (approximately 300% increase over 12 months in each group) 7/59 (11%) of COPC compared with 3/59 (5%) of SO patients were admitted to a local hospice in 12 months from first contact.

Conclusions Review in COPC compared to SOC appears to increase access to hospital, community and hospice specialist palliative care services. This study involves a relatively small number of patients with lung malignancies, and larger studies, including patients with other types of malignancy, should expand the information available. Further data is also needed to evidence whether access to these services improves outcomes for patients and families.