

176 **SUBSTANCE MISUSE IN PALLIATIVE CARE: AN AUDIT EXPLORING REGIONAL PRACTICE IN IDENTIFYING PATIENTS WITH SUBSTANCE MISUSE ACROSS COMMUNITY, HOSPICE AND HOSPITAL SETTINGS**

Penny Shepherd, Joanna Roberts, Kamilla Krueger, Sabine Auth, Elaine Mannering, Malcolm Cooper, Laura Chapman, Jenny Smith, Anthony Thompson. *Woodlands Hospice, Willowbrook Hospice, Merseycare, Clatterbridge Cancer Centre, Marie Curie Liverpool, Countess of Chester Hospital, St Helens and Knowsley Teaching Hospitals*

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Background Substance misuse (including alcohol) is a growing issue nationally with physical, psychological, social and spiritual consequences making it very relevant in palliative care, especially as patients often require medications for symptom control with the potential for misuse. Research and national guidance specific to palliative care is limited. It has been suggested substance misuse is under-recognised within palliative care and that patients should be routinely assessed for it.

Aims To evaluate regional practice and confidence among palliative care professionals in identifying patients with substance misuse as part of updating the 2009 regional guidelines on this topic.

Methods A retrospective multi-centre audit of palliative care professionals working across community, hospice and hospital settings in Mersey was conducted including questions on previous experience, screening and confidence in identifying patients with substance misuse.

Results 72 palliative care professionals responded (23% community, 37% hospital, 40% hospice). A wide range of substance misuse had been encountered including alcohol (96%), cannabis (80%), intravenous heroin (67%) and opioids (65%).

Routine screening for substance misuse was uncommon: 21% for alcohol and 6% for other substance misuse. Only 6% routinely used a formal screening tool.

63% of respondents felt fairly to very confident in their ability to identify substance misuse, 13% felt fairly to very unconfident. There was a high volume of responses regarding the need for general education and training relating to managing substance misuse.

Conclusions Within Mersey palliative care professionals have experienced patients presenting with a variety of types of substance misuse. Although many respondents felt confident in their ability to detect substance misuse, there was a lack of routine screening and formal screening tools were used infrequently. This could lead to under-recognition and a lack of appropriate support for patients. Clear education needs were identified and updated regional guidance is in the process of being created.

177 **EVALUATION OF THE EFFECTS OF FRAGONIA ESSENTIAL OIL ON SLEEP PATTERNS AND INSOMNIA**

Suzi Chester, Lyn Crecy, Amanda Wilkins, Kate Shorthose. *St Margaret's Hospice, Somerset*

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Background The Complementary therapy team had observed a pattern of patients commenting on improved sleep after receiving treatments with Fragonia essential oil. A literature search revealed that there is little research in this area to guide use of specific oils. The team decided to carry out an evaluation of use of the oil on a sample of patients to seek

confirmation of a pattern which then might justify further investigation.

Method Sample of 20 patients from the day centre at St Margaret's Hospice, Somerset

Patients were asked on a scale of 1–10 to score their sleep pattern, from poor/no sleep to a restful/full nights sleep. Patients were given 25 ml pots of base cream plus 5 drops fragonia, and asked to apply on the wrists before bed and then to document any changes in sleep patterns and duration of sleep. They were asked to apply the cream for a period of 7 days after which they were asked again to measure their sleep pattern on a scale of 1–10. They were also asked if they thought any other symptom had improved.

Results The results show that sleep was reported as improved among 85% patients. Other improvements were seen in tension/anxiety, pain and breathing. There was an average improvement of 3 points in the sleep scores for the 20 patients.

Comments included:

'better/longer sleep. Feel quite/more awake in the morning'

'the smell is very relaxing, slept well'

'very deep sleep until 9am from about midnight'

Conclusion This evaluation of the use of fragonia essential oil by patients in this way, appears to show a trend in improved sleep pattern. On the basis of this, the aim would be to carry out a piece of research, using validated scales and comparing cream with fragonia oil with a sample of patients with the cream alone.

178 **ENHANCED SUPPORTIVE CARE – MAKING A DIFFERENCE**

Kate Tredgett. *Gloucestershire Hospitals NHS Foundation Trust*

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Introduction Patients are often referred to palliative care at a stage when they are rapidly deteriorating and prognosis is short, meaning they receive a reactive service and have limited opportunity to benefit. The term 'palliative care' and its association with death for both professionals and patients, deters earlier referral to and engagement with the service. Palliative care can improve symptom control, quality of life and ensure patients' priorities and preferences are met. It can impact on interactions with other health care services.

Methods We developed a new service for all patients diagnosed with incurable upper gastro-intestinal cancers, delivering a proactive palliative care style of patient centred care earlier. This was delivered as the Enhanced Supportive Care (ESC) CQUIN. The ESC service was outpatient based and consultant led. Patients were identified through MDTs and rapidly offered assessment. Follow-up depended on needs. The IPOS questionnaire supported needs assessment. Patients were referred to other services as needed. Information was collected and comparison of outcomes made to data for a comparable period the preceding year.

Results Patients offered ESC or palliative care review at diagnosis increased (43%-93%)

The service was acceptable to most (85% accepted)

Symptom burden was high - 82% had at least one severe/overwhelming symptom at diagnosis

On follow-up, average severity score of 11/13 symptoms had improved