was undertaken in week 1 and 5 of a 5 week breathlessness programme.

**Results** A Total of 55 patients attended 161 session out of a potential 275, resulting in combined total of 44 separate goals been set using the GAS Light template.

All goals were reviewed and were categorized from 3 options namely, ‘a little better’; ‘same’ or ‘worse’. 30 Goals were achieved with patients identifying them as ‘a little better’. 15 goals were not achieved of those 11 remained the ‘same’ and 4 had got ‘worse’.

23 patients did not set or complete goal setting activity due to not completing the course, declining to participate in goal setting or not returning/record data. This is reflective of both the attendance figures and the challenges of implementing a new outcome measure in a MDT.

**Conclusions** Following a 5 week breathlessness programme some participants achieved and partially achieved goals important to them. Further evaluation is required.

---

**IMPROVEMENT IN PALLIATIVE CARE PRESCRIBING**

B Bonelli, D MORRIS. The Clatterbridge Cancer Centre

10.1136/spcare-2020-PCC.202

**Background** It was recognised that junior doctors in Clatterbridge Cancer Centre were unfamiliar with regional palliative care guidelines and therefore the management of common presentations of oncological and palliative care patients, resulting in delayed prescriptions, particularly out of hours.

The aim of the project was to improve knowledge of, and confidence with, the management of the most frequent palliative care issues and to improve the quality of prescribing prior to initial review by the palliative care team.

**Methods** Junior doctors completed a questionnaire to assess confidence in symptoms management. As baseline audit, palliative care referrals for December 2018 were reviewed retrospectively, with focus on: reasons for referral, actions carried out prior to referral and whether the interventions were appropriate and in accordance with regional guidance. These guidelines were made available on all computer desktops in March 2019, accompanied by training and communication at ward level to ensure awareness. For the post intervention measure, referrals in March 2019 were reviewed. Identical criteria were used to assess whether ready access to guidelines had improved initial patient management.

**Results** In December 2018, 31 out of 182 patients were referred to palliative care. Of these, 12 required review by palliative care directly for complex issues, inpatient follow-up, social/psychological support or because they were approaching end of life. Of the remaining 19 patients, 10 (52.6%) had appropriate therapy initiated by junior doctors prior to palliative care review. In March 2019, 41 out of 169 patients were referred to palliative care. Of the 15 qualifying patients, 12 (80%) were started on appropriate treatment. The percentage of referrals to palliative care for non-complex physical symptoms control dropped from 61% in December 2018 to 36% in March 2019.

**Conclusions** Overall, digital access to guidelines and training in their use resulted in an improvement in symptom management in inpatients.