

24 **RESPECT (RECOMMENDED SUMMARY PLAN FOR EMERGENCY CARE AND TREATMENT) IN A PANDEMIC: THE IMPACT OF COVID-19 ON ADVANCE CARE PLANNING IN A UK UNIVERSITY HOSPITAL CARDIOLOGY DEPARTMENT**

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Background Acute hospital clinicians play a key role in initiating discussions around advance care planning (ACP). Despite a widespread agreement that ACP is beneficial and facilitates patient-centred decision making, ACP prevalence in the acute hospital setting can be sporadic. COVID-19 created a heightened awareness of the need for early decision-making, in order to ensure patients received appropriate treatments, based on their general health, personal values and individual wishes.

Methods A retrospective study of patients admitted to a tertiary UK hospital Cardiology department during two discrete time periods; December 2019 and April 2020. Data was collected from electronic records and compared for significant differences between groups. This included the completion of ReSPECT forms, age, co-morbidities, frailty score and discharge diagnosis.

Results The study included 164 patients in total. There was no significant difference in age, co-morbidities or frailty between the groups. ReSPECT form completion significantly increased from December 2019 to April 2020 (9/84 (11%) vs 39/80 (49%); $p < 0.0001$). 25/26 (94%) of COVID-19 positive patients had evidence of ReSPECT form discussion. For individuals with non-COVID-19 diagnoses, 14/54 (26%) had evidence of ReSPECT form discussions.

Conclusions There was a statistically significant improvement in ACP during the first wave of COVID-19. Factors influencing this are likely to include heightened public and professional awareness of healthcare resources, an acknowledgement for rapid deterioration in patients with COVID-19, increased media coverage around the necessity for early decision-making, and a subsequent increase in patient expectation to discuss ACP. COVID-19 provides the opportunity to better establish meaningful ACP into acute hospital practice in the future. Further work is needed to assess the quality of the ACP process and individual patient experience. Increased familiarity with ACP, at both a public and professional level, could lead to enduring improvements in the facilitation of conversations and patient-centred decisions.

25 **TREATMENT ESCALATION PLANS IN CANCER CARE DURING THE COVID-19 PANDEMIC**

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Introduction Treatment escalation plans (TEP) enable the documentation of senior clinician-led and patient-centred advance care planning. The COVID-19 pandemic highlighted the importance of early decision-making regarding treatment escalation and early palliative care involvement. At the Royal

Marsden Hospital, a TEP form was created collaboratively by Palliative Care and Acute Oncology teams in response to the pandemic. It detailed current issues including cancer diagnosis, possible clinical interventions and prognosis.

Methods A retrospective study was performed of TEP completion in non-elective admissions from 6th-27th April 2020. We reviewed patient factors including prognosis, DNACPR status, palliative care involvement and patient outcomes using electronic patient records and TEP forms. A survey was emailed to all clinical staff for feedback on the TEP forms and their impact.

Results Of the 197 non-elective admissions, 105 (53.3%) had a TEP completed. Compared to those without a TEP, patients who had a TEP completed were more likely to be on a non-curative than curative treatment pathway (91/105 (86.6%) vs 50/92 (54.3%); $p < 0.001$ \ddagger), have a documented DNACPR status (78.1% vs 18.5%; $p < 0.001$ \ddagger), have palliative care input (55.2% vs 25%; $p < 0.001$ \ddagger) or died (18.1% vs 6.5%; $p = 0.015$ \ddagger) during admission. Suspected or confirmed COVID-19 infection did not impact upon TEP completion in this cohort. The online survey was completed by 59 staff members including 30 consultants. 74.5% respondents felt that the TEP form had a positive impact on patient care, with comments on possible refinements and improvements given.

Conclusions In a specialist cancer centre rates of completion of TEP forms were higher in non-curative patients receiving increased levels of palliative care input. The TEP form had a perceived positive impact on patient care amongst clinicians, although overall uptake was disappointing. We plan to update the TEP form in response to feedback, and re-audit after 6 months.

26 **THE END-OF-LIFE EXPERIENCES FOR CANCER PATIENTS WITH COVID-19; REFLECTIONS FROM 2 UK CANCER CENTRES**

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Background The COVID-19 pandemic has seen a wealth of research examining the features of the disease. While large multicentre studies have detailed the implications of a cancer diagnosis and systemic anti-cancer therapy on mortality, little has been published regarding the end-of-life experiences for cancer patients dying COVID-19.

Aims To review the end-of-life care (EOLC) for patients with COVID-19 at 2 UK cancer centres.

Methods Prescriptions of anticipatory medications, opioids and continuous subcutaneous infusions of all non-ventilated inpatient deaths, $n = 28$.

Results The mean age was 67 (45–89), most patients were male and white British (18). 10 patients had recognised risk factors of cardiovascular disease and diabetes. 18 patients had metastatic disease and 23 were receiving palliative treatment. The most commonly recorded tumour type was GI (8). 12 patients were referred to palliative care (PC) for symptom control, while 10 were referred for EOLC. The mean number of PC reviews was 3.29 (range 0–10). Baseline