

conversation analysis. Data from semistructured interviews were analysed using thematic analysis.

Results In Part A, 60 visits were recorded, and 37 patient participants reported fatigue. Talk connected with fatigue occurred in 82% of consultations and was often sequentially linked with discussions around goals of care and end of life issues. Resistance to treatment recommendations for fatigue was recurrently observed. In Part B, 22 patients were interviewed. The overarching theme ‘interconnectedness’ demonstrated how participants coped with fatigue through an array of interrelated strategies and influences. In Part C, nine oncologists were interviewed. The overarching theme ‘fatigue is perceived as different’ described how fatigue was challenging to assess and challenged the role of the oncologist.

Conclusions The findings showed how fatigue is a complex phenomenon and how it can be integral to the decision-making surrounding palliative cancer treatments. For patients, fatigue is seen as an acceptable trade-off for the prolongation of life, and this was acutely observed when resistance to proposals to adjust cancer treatments occurred. Cancer clinicians may need to consistently reassure patients that alterations to palliative cancer treatments to lessen the burden of fatigue would not reduce survival.

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4 THE PROMOTION OF SUCCESSFUL ADVANCE CARE PLANNING (ACP) FOR CARE HOME RESIDENTS DURING THE COVID-19 PANDEMIC

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Background Developing ACPs requires timely and skilful communication and if done badly can risk discrimination in a frail population.¹ Our report aims to demonstrate the impact of a Frailty Collaborative Initiative to support ACP for care home residents in Shropshire which was accelerated during the Covid-19 crisis.

Methods Care homes were identified by high rates of non-elective admissions (NELs). Two doctors experienced in ACP visited the residents, reviewed their care plans and talked with carers and relatives. ReSPECT forms and symptom-specific ACPs were written. NELs, average length of hospital stay (LOS), A&E and Inpatient cost data were compared between care homes which had received ACP intervention (Scheme homes) and those that had not (Non-scheme homes).

Results 20 care homes were visited between 1st April and 1st July 2020. 385/585 residents (66%) required a ReSPECT form. 59 (15%) had a further anticipatory care plan for specific symptoms. 353 (92%) were not for resuscitation and 206 (54%) were not for escalation of care to hospital. Scheme homes saw a 56% reduction in emergency spells, 59% reduction in A&E costs and 52% reduction in inpatient costs cf. 44%, 3% and 9% reductions respectively in Non-scheme homes. Scheme homes showed a 29% decrease in average LOS compared to a 20% increase in Non-scheme homes.

Conclusion Timely ACP can have a significant impact in a frail population. Most residents were not for resuscitation but were still for active treatment, highlighting the fact that careful ACP does not deny medical care in this population. There was a high level of engagement with residents, carers and relatives together with a reduction in length of hospital stays and a cost benefit to the admitting hospital trust.

REFERENCE

1. <https://spcare.bmj.com/content/early/2020/08/20/bmjspcare-2020-002612>

5 PRIMARY CARE DELIVERS PALLIATIVE CARE DURING COVID-19: A NATIONAL UK SURVEY OF GP'S AND COMMUNITY NURSES

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Background Rapid, dramatic changes in primary healthcare services occurred during the COVID-19 pandemic. More palliative and end-of-life care (PEOLC) in the community and care homes needed delivered in new ways. This study sought General Practitioner (GP) and community nursing views about changes related to PEOLC during the COVID-19 pandemic.

Methods A national online survey was developed from current literature, patient, public and key stakeholder involvement and disseminated to GPs and community nurses between 01.09.2020 and 16.10.2020. Fixed response and open free text questions addressed demographics, PEOLC provision, changes, challenges and exemplars of good practice.

Results There were 559 responses (387 (71.3%) community nurses; 156 (28.7%) GPs; 6 ‘role not specified’) from all UK countries. Over half (296, 53.1%) cared for patients dying with ‘confirmed’ COVID-19 and provided PEOLC ‘a lot more’ or ‘a bit more than usual’ to non-COVID patients (322, 58.2%).

All respondents reported increased need to provide family support (339, 60.9% providing ‘a lot’/‘a bit more than usual’); a larger proportion of community nurses (252, 66.0%) reported this role change compared with doctors (75, 48.1%, $p=0.01$). Over forty percent of all respondents reported they were undertaking more advance care planning (266, 53.0%), anticipatory prescribing (227, 56.4%), symptom management (275, 51.1%), death verification (222, 47.8%) and bereavement support (237, 44.6%). Over three-quarters (211, 77.0%) of community nurses had conducted ‘more’/‘a lot more’ face-to-face visits, whereas 53 (34.0%) of GPs had done ‘less’ or ‘a lot less’ (<0.0001).

Qualitative free-text themes relate to increasing end-of-life care workload; changing roles and models of consultation; and emotional impact.

Conclusions Contrasting and potentially conflicting roles emerged between GPs and community nurses concerning their response to the increased demand and complexity of PEOLC during the pandemic. The significant emotional impact, especially for community nurses, needs addressing alongside rebuilding trusting and supportive team dynamics.