Background There is wide inequity in specialist palliative care provision across settings. The absence of any standard way to group by case complexity is a barrier to addressing these inequities.

Aim We therefore aimed to develop a casemix classification for UK specialist palliative care across settings, by identifying/grouping patient-level attributes at the start of an episode of care that predict costs of care provision within that episode.

Design Cohort study with prospective collection of patient demographic and clinical variables, potential complexity and casemix criteria, and patient-level resource use.

Results 2,469 participants were recruited (mean age 71.6, 51% male, 75% with cancer), receiving 2,968 episodes of care, from 14 specialist palliative organisations across England. Episodes of care lasted: median (range) 8 days (1–402) in hospital advisory palliative care, 12 days (1–140) in inpatient palliative units, 30 days (1–313) in community palliative care. Median cost per day (interquartile range) were: £56 (£31–100) in hospital advisory, £365 (£176–£698) within inpatient, and £21 (£6–£49) in community care. Seven hospital advisory, six inpatient, six community casemix classes for specialist palliative care, based on seven casemix variables (pain, other physical symptoms, psychological symptoms, functional status, palliative Phase of Illness, living alone, and family distress) predict per-diem costs.

Conclusions The casemix classes show cost weight variations by up to 60% (in hospital advisory palliative care), up to 4.5-fold (in inpatient hospices), and approaching 3-fold (in community-based palliative care). Seven hospital advisory, six inpatient, six community casemix classes for specialist palliative care, based on seven casemix variables (pain, other physical symptoms, psychological symptoms, functional status, palliative Phase of Illness, living alone, and family distress) predict per-diem costs.

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### Abstracts

### DEMONSTRATING THE IMPACT OF PALLIATIVE CARE: A SECONDARY ANALYSIS OF ROUTINELY-COLLECTED PERSON-CENTRED OUTCOMES DATA AMONG PATIENTS RECEIVING COMMUNITY PALLIATIVE CARE

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Background The aim of this study is to describe the characteristics of patients receiving community palliative care and the impact of community palliative care on their symptoms and concerns using routinely-collected patient-level outcomes data.

Methods Secondary analysis of routinely-collected clinical and outcomes data (patients’ demographics, episodes of care, palliative Phase of Illness, and symptoms/concerns using the Integrated Palliative care Outcome Scale; IPOS) from all community patients cared for in the community by one hospice, between June - November 2019. We described the characteristic of patients, their episode of care, and their Phase of Illness at first contact with the community service. We compared community patients based on their episode outcome (alive versus died, at end of episode) and the impact of community palliative care over the first Phase of Illness. Calkidic Guardian approval was received for analysis of this anonymized data.

Results 881 patients received 916 complete episodes of community-based palliative care between June-November 2019. For 916 episodes of care, the median age of community patients was 79 years with IQR (69 “ 87); 66% had cancer. Palliative Phase of Illness was stable (17%), unstable (28%), deteriorating (41%) and dying (14%) at the start of episode of care. By the first Phase change; mean ‘pain’ score reduced from 1.3 to 1.2 (30% of 158 patients with moderate/severe/overwhelming pain improved); mean ‘breathlessness’ score reduced from 0.8 to 0.7, (with 39% of 87 patients with moderate/severe/overwhelming breathlessness improved); mean ‘anxiety’ score reduced from 1.2 to 1.0 (with 31% of 84 patients with moderate/severe/overwhelming anxiety improved); and mean ‘feeling depressed’ score reduced from 0.7 to 0.6 (with 42% of 45 patients with moderate/severe/overwhelming depressed mood improved).

Conclusions This analysis demonstrates, for the first time in the UK, how community palliative care teams can systematically use routinely-collected outcomes data to demonstrate the positive impact of the care they provide.

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10 ENGAGING YOUNG PEOPLE IN KEY ISSUES SURROUNDING END OF LIFE CARE THROUGH THE DEVELOPMENT OF CURRICULUM RESOURCES FOR SECONDARY SCHOOLS

Kerry Waterfield, Dawn Orr. Gateshead NHS Foundation Trust

Introduction The Ambitions for Palliative and End of Life Care Partnership (2015) established a national framework with six ambitions, one of which recognises the importance of engaging local communities including schools. Over the past two years, Gateshead NHS Foundation Trust has established a schools engagement project which involves all local secondary schools. This project demonstrated the value of listening to young people and thus providing an opportunity for them to share their understanding and experiences. The second phase of the project then sought to address gaps in understanding identified through the development of a resource that could be embedded into the personal development curriculum of any school wishing to engage with this important subject.

Methods Initial meetings with senior leaders in partner schools were used for information gathering about what is currently taught in relation to this area and the broader personal development curriculum. An assessment of possible curriculum content and an outline proposal was developed by the Specialist Palliative Care Team in collaboration with one of the link schools. This school also agreed to participate in a delivery pilot of these materials as well as shape the resources to ensure that they were age appropriate and aligned to the broader aims of the personal development curriculum.

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