be varied including very positive and very negative reactions. There was widespread individual engagement online and off-line and also endorsement by organisations such as Marie Curie and Health Improvement Scotland. The Guide for COVID-19 had 2,545 unique page reviews with users spending on average 2 minutes 50 seconds on the page. Analysis of Twitter data demonstrated a wide level of engagement with the content of both guides, and discussions occurring across a diverse range of individuals.

Conclusions There has been widespread uptake. Public reception, as evaluated in the content analysis, will guide future research to explore the Guide's impact.

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16 HOW COVID19 CHANGED DYING IN MILTON KEYNES UNIVERSITY HOSPITAL

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10.1136/spcare-2021-PCC.16

Introduction The Coronavirus pandemic (COVID19) brought unprecedented challenges to healthcare, and changed how we interact with patients. Recognising the dying patient is essential to deliver compassionate End of Life Care; allowing patients and loved ones to prepare for death, and facilitates opportunities for comfort and dignity. We have reviewed how COVID19 has influenced our approach to the dying patient.

Method We reviewed the electronic notes of all hospital inpatients who died at Milton Keynes University Hospital between 30/03/2020–31/05/2020 and compared key areas to the same period in 2019.

Results In 2020 there were more deaths (207 vs 143) and more occurred within 48 hours of admission (24% vs 18%). In 2020 more treatment escalation plans were completed (98% vs 85%), there were fewer deaths at 'arrest calls' (2 vs 7) and more deaths were anticipated (87% vs 83%). Further analysis of expected deaths occurring >48 hours of admission have shown that in 2020 (vs 2019) dying patients were more often:

- recognised as dying (84% vs 70%)
- reviewed by the Palliative Care team (74% vs 66%)
- on a personalised care plan for the dying patient (89% vs 82%)
- prescribed a syringe driver (50% vs 31%)/anticipatory medications (84–91% vs 79–85%)

However, patients:

- less frequently had visitors (44% vs 93%)
- less often discussed their preferred place of death (27% vs 43%).

Discussion We have reviewed how the pandemic changed our management of dying inpatients. Despite the increased number of deaths there were positive changes in our approach. Possible influencing factors are the perceived increased burden on ITU and encouragement of early discussion about escalation. Challenges like facilitating visitors have also been identified. It is vital that we learn from this experience to ensure our dying patients are managed compassionately, irrespective of the ongoing global crisis.

17 ADVANCE CARE PLANNING FOR ADOLESCENTS AND YOUNG ADULTS WITH CANCER: A RETROSPECTIVE BASELINE AUDIT FROM A PRINCIPAL TREATMENT CENTRE IN THE UK

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10.1136/spcare-2021-PCC.17

Introduction and aims Patient experiences at life's end remain poor, especially with regards to discussing and planning death.¹ Adolescent and Young Adult (AYA) cancer patients represent an important demographic with unique needs. Unfortunately, little is known about the extent of Advance Care Planning (ACP) within this group.² The aims of this study were to determine what, if any, ACP occurred with AYA patients and whether preferences for care/death were met.

Methods A retrospective case note audit was conducted of all AYA cancer patients known to the Principal Treatment Centre in Birmingham, UK, who died between 2013 and 2019. Patients whose care was provided by children's services were excluded. Case notes were scrutinised for evidence of ACP, involvement of palliative care services, and place of death. Data were entered into an Excel spreadsheet for analysis.

Results 84 AYA patients (64% male) met the inclusion criteria. 57% of primary diagnoses were oncological; 43% haematological. Evidence of ACP was recorded in the notes of 67% of patients. ACP discussions were facilitated by oncology/haematology doctors in 61% of cases and by palliative care specialists in 23%. 29% of patients died on a dedicated AYA cancer unit within a specialist tertiary care centre, 26% died at home, and 12% died in hospice. Place of death reflected a patient's ACP in 42% of cases.

Discussion and conclusions Our results demonstrate inconsistent ACP amongst AYA cancer patients. Many patients died in their preferred setting, but almost one third of case notes showed no evidence of ACP. The reasons for this are not clear. Nor is it appreciated whether the topics of death and dying were broached at all in this patient group. Further research is urgently called for to help AYA patients feel more empowered and understood as they approach the close of life.

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18 CONTINUOUS SUBCUTANEOUS INFUSIONS IN DYING PATIENTS: A CASE NOTE COMPARISON OF HOSPITAL AND HOSPICE SETTINGS

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10.1136/spcare-2021-PCC.18

Background In the light of the Gosport Independent Panel Report (June 2018), we conducted a comparison of continuous subcutaneous infusions (CSCI) at end of life in hospital and hospice settings.