

prescribers working remotely or on call can now complete Drug Instruction Charts in a timely way, improving experience for patients, families and staff.

#### P-143 DEVELOPMENT OF PALLIATIVE CARE SAFE PRESCRIBING RESOURCES FOR PRIMARY CARE

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**Background** Anecdotal evidence from community pharmacies (CPs) and care homes indicate palliative care medicines are often incorrectly prescribed due to lack of knowledge of CD (controlled drugs) regulations and of doses/formulations used. These incidents did not lead to patient harm but changes to prescriptions cause unnecessary delays to symptom management for patients and additional stress for carers collecting medicines.

**Aims** The aims of the project were to produce resources for primary care teams to help support safe prescribing and supply of these medicines and to raise awareness of the Community Pharmacy Palliative Care Network. The network pharmacies keep an agreed stock list of palliative medicines and receive annual generalist palliative care training. We also wanted to challenge CPs' awareness of the issues families face when trying to access palliative medicines and support them to improve their service.

#### Methods

- Baseline surveys to gain feedback from community pharmacy staff, GP practice staff and district nurses (DN) on issues with prescribing and supply of palliative care medicines.
- Developed resources with key safe prescribing messages and distributed to all CPs and GP clinical pharmacists, GP practices, district nurses and care homes, with copies of the Scottish Palliative Care Guideline handbooks and Palliative Care Network leaflet.
- Presented to local conferences and team meetings about project and distributed resources.
- Improve awareness of 40 Palliative Care Network Pharmacies and how they can help support palliative patients.

#### Outcomes

- The baseline survey showed 78% of survey respondents were aware of the Palliative Care Network Pharmacies, repeated survey showed this had increased to 92%.
- 'What influences your choice of community pharmacy?'- the response, '*Good relationship with community pharmacy*' increased from 18% to 52%.
- Repeated requests for more resources.

#### P-144 THE ROLE OF NON-MEDICAL PRESCRIBERS

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Within our hospice we have a team of four senior nurses working as Non-Medical Prescribers (NMP). The role was being developed prior to the pandemic, however, was initiated during lockdown when some of the medical team were shielding. With the doctors now fully available the aim is still to

bridge the gaps in medical cover such as extended hours over the weekends and to facilitate annual leave/training or cover sickness.

We also work to support the nursing team for training, medication queries and as a mediator for discussions with the medical team, where needed. We work to assist with discharge planning, external referrals, gathering information and equipment loans. We work to support all areas of the hospice as part of the multi-disciplinary team including adult inpatient unit, wellbeing centre, out-of-hours advice line, accepting referrals at weekends and palliative care support workers.

Moving forward the hope is to expand the nurse-led clinics that are supported by the NMP role. We currently run a 'Looking forward' clinic for patients with liver disease and plan to offer similar clinics for cardiac and respiratory diseases. As we are able to open up our services further we plan to reinstate access to the Wellbeing Centre for patient assessments such as complex symptom management and discharge follow ups.

As advanced practitioners we have an awareness of our own limitations, and each of us has our own experience and expertise from previous roles, which brings value to the team as a whole. It is still a developing role and we are one of the few hospices to have a NMP team in post. With good communication, a broad skill mix, regular sharing of opinions and ongoing education this helps us to be an effective service for supporting all areas of the hospice.

#### P-145 POST FALLS MANAGEMENT

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**Background** We became aware, following an audit, that there were a number of patient falls in which the post falls assessment would have benefited from being more comprehensive. There is a risk that if someone is moved without being fully assessed for potential fractures or neurological damage, they may sustain further injury. Therefore, we embarked on a quality improvement project, with the aim of improving our post falls assessment.

#### Aim(s)

- For all staff to be aware of the correct procedure to follow after a patient falls.
- To increase staff knowledge around their role in post fall management.
- Reduce the risk of any harm.

#### Methods

- The post falls assessment process was laid out using NICE guidelines.
- Baseline measures were taken:
  - Doctors and nurses were given three scenarios and asked a set of questions
  - Documentation of previous falls was audited.
- Post Falls Pathway was developed, introduced and placed in each room.
- Bite size education was delivered.
- Baseline measure was repeated, with the documentation of falls following the introduction of the pathway being audited.