frailty scores were highest in the Avoidable and lowest in the Unavoidable categories.

In Borderline and Avoidable groups:

Advance Care Plans (ACP) were completed pre-admission with wishes to die at home in 1/5 Borderline, and 4/4 Avoidable cases. RESPECT forms completed in 77%. Dying was only identified pre-attendance in 2 patients – both categorised as Avoidable. One patient was conveyed because care could not be sourced quickly enough and one because despite care the family felt unable to cope. The remainder were admitted due to possible reversibility of and/or unexpected nature of deterioration.

ACP was not completed in 3/5 Borderline cases, despite opportunities, but may have prevented admission in just one. 55% of patients had only virtual assessments from GP/Community Palliative Care prior to conveyance to hospital.

Discussion Most attendances were Unavoidable. For patients dying in the community, timely availability of adequate support is important to enable people to remain at home. ACP and RESPECT forms were often available but did not prevent admissions when it was not apparent the patient’s deterioration represented a terminal event, highlighting the importance of senior clinician availability in the community. Further understanding of the impact of virtual working on clinical decision making, particularly for patients wishing to die at home.

Conclusions The practice of anticipatory continuous subcutaneous infusion prescribing and administration can be safe in the community non-specialist setting when supported by clinical guidelines, specialist advice and ongoing multi-professional education.

P-70 ANTICIPATORY CSCI PRESCRIBING AND ADMINISTRATION IN THE COMMUNITY – IS IT SAFE?

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Background The anticipatory prescribing of PRN medications and continuous subcutaneous infusion (CSCI) medication is essential for the timely management of symptomatic patients at the end of life. There is no evidence to support the safety or appropriateness of anticipatory CSCIs. In 2013, in response to safety concerns about end of life prescribing in the community, we designed an educational intervention to improve prescribing practices among non-specialist prescribers in this area.

Methods We performed a safety-focused retrospective cohort analysis of end of life community prescriptions of anticipatory continuous subcutaneous infusions over a 12 month period, 5 years after creating clinical guidelines and embedding a multi-professional rolling education programme. Medications prescribed and administered for symptom control at the end of life are compared between specialist and non-specialist prescribed and administered in terms of their adherence to best practice guidance.

Results Medications prescribed were not universally administered and more commonly not administered without specialist input. Prescriptions of higher doses of opioids and benzodiazepines beyond those recommended by guidance were significantly greater within the cohort of patients receiving specialist oversight. The prescription of a dose range did not result in excessive dose escalation. For patients not receiving specialist palliative care, median morphine and midazolam doses did not escalate at all once a CSCI was commenced. All midazolam administrations were safe.

P-71 ACCEPTANCE AND COMMITMENT THERAPY (ACT) FOR PEOPLE WITH PALLIATIVE CARE NEEDS, THEIR CAREGIVERS AND STAFF INVOLVED IN THEIR CARE: A SYSTEMATIC SCOPING REVIEW

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Background/Introduction People with advanced progressive illness are likely to develop psychological co-morbidities, such as fear of dying, being a burden to others, and existential distress. Acceptance and Commitment Therapy is a mindfulness-based behavioural therapy aimed at improving wellbeing and promoting values-based living and acceptance. There is evidence for its effectiveness for people with a range of psychiatric disorders and health problems. Evidence in palliative care settings is emerging.

Objectives To explore evidence for Acceptance and Commitment Therapy for people with palliative care needs, their informal caregivers, and staff involved in their care.

Methods A systematic scoping review was undertaken using four databases (Medline, PsychInfo, Embase and Amed), with relevant MeSH terms and key words from January 1999 to June 2021. Three research registries were also searched.

Results 1622 records were identified, 85 articles underwent full text review and 20 were included in the final set. Thirteen studies examined ACT for patients and showed a reduction in anxiety and depressive symptoms, fatigue interference, pain interference and improvements in physical status post ACT intervention. Four studies examined ACT for informal caregivers and showed a reduction in anxiety and depressive symptoms, and improvements in valued living and grief. One study focused on formal caregivers of people with dementia, reported reductions in anxiety, depressive symptoms and burnout following an ACT intervention. Two studies involving bereaved people found that increased acceptance led to valued living and reductions in anticipatory grief.

Conclusion Preliminary evidence suggests that Acceptance and Commitment Therapy can improve anxiety, depression, sleep, physical symptoms and quality of life for people with advanced progressive illness; and is beneficial for informal caregivers and professionals. Future research is needed to strengthen the evidence base using larger samples, involving a control group and including outcomes that assess effectiveness over time.

P-72 EVALUATION OF A MEDICAL EXAMINER SERVICE IN AN ACUTE TRUST WITHIN NHS ENGLAND

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Background Medical Examiner services have been introduced in England and Wales by the Department of Health and Social