

initiated ACP. ACHD clinicians did the majority of ACP with our cohort, which seems to be generally preferred by ACHD patients.⁴ Palliative care referral rates were low in our population, however their needs are complex. ACHD and palliative care clinicians could benefit from increased collaboration to better support this patient group.

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PALLIATIVE CARE FOR PATIENTS WITH PARKINSON'S DISEASE: A UK-BASED FOCUS GROUP STUDY

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Background Parkinson's disease (PD) is a common life-limiting neurodegenerative condition. As far as we are aware, no study to date has looked holistically at how palliative and end of life care is delivered for patients with PD in the UK from the perspective of healthcare professionals. To address this knowledge gap, a focus group of experts in the fields of palliative care and Parkinson's disease was held to determine the current landscape of care and areas where care could be improved.

Methods An exploratory qualitative focus group took place online in December 2020 with twelve clinicians comprising physicians, nurses and a pharmacist from a range of speciality backgrounds and geographical areas. The focus group was recorded and transcribed verbatim. Analysis was conducted using an iterative approach based on inductive coding by two independent reviewers to categorise the data into themes and sub-themes.

Results Four major themes were identified: i) Patient centred care - clinicians felt that lack of personalised care meant that assessment and management of symptoms was sub-optimal ii) Navigating advance care plans - clinicians expressed difficulty in initiating and engaging in ACP discussions, as well as facilitating patient adaptability iii) Uncertainty - uncertainty of both the clinician and the patient was felt to be a barrier to the delivery of quality care iv) Strengthening care across different settings - clinicians stressed the importance of strengthening support in community and primary care settings, with the role of a coordinating keyworker being advocated

Conclusion Meaningful relationships between patients and healthcare professionals, as well as services and settings, are the foundation of providing high quality care. New ways of delivering care due to the COVID-19 pandemic have been continued, such as video consultations. This focus group provided a rich discussion and has been used as springboard to develop a Delphi study to develop gold standards in palliative care for patients with PD.

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SAINT FRANCIS HOSPICE HOMELESSNESS PROJECT: BUILDING COMMUNITY LINKS TO IMPROVE ACCESS TO SERVICES. A PROGRESS REPORT

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Background Persons experiencing homelessness face inequalities in accessing palliative care. Saint Francis Hospice in Havering had supported only three such patients in three years and had weak links with external organisations supporting this vulnerable population. This project aims to enable better access by those experiencing homelessness and their care providers in three London boroughs.

Method Apply for charitable funding to: promote our project at a stakeholder event, develop relationships between our hospice and external organisations, host a virtual educational programme for internal and external staff and develop a hospice homelessness referral pathway and guideline.

Results Our hospice successfully gained charitable funding for this 18-month project, which commenced in January 2021. A homelessness referral pathway and guideline were developed for use by hospice staff. The project was promoted to forty stakeholders at the launch event and the first education programme successfully provided 12 hours of teaching. An experienced palliative care nurse dedicates one day a week to the project and has successfully built relationships between our hospice and two hostels, one supported living service, three local authorities, two religious organisations, four community healthcare teams, one hospital team and two homelessness charities. These are now better aware of when and how to make referrals. This work has yielded one referral, four patient encounters and seven advice encounters.

Conclusion Good groundwork has been achieved through developing hospice guidelines, an education programme, and the cultivation of links and advice encounters with external organisations supporting persons experiencing homelessness. Lower than anticipated referral rates demonstrate the extraordinary challenge in tackling the inequalities in access faced by this population and highlights the need to take this service further into the community. This solid start provides the foundation necessary to promote referrals going forward and future work includes hospice nurse drop-ins at hostels and an ongoing education programme.

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A RETROSPECTIVE STUDY OF MULTI-DISCIPLINARY MANAGEMENT OF BOWEL OBSTRUCTION IN PATIENTS WITH GYNAECOLOGICAL MALIGNANCY IN A SIX-MONTH PERIOD COMPARED AGAINST LOCAL GUIDELINES

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Background Malignant Bowel Obstruction (MBO) secondary to gynaecological malignancy is a common reason for admission to our tertiary referral cancer centre. Patients present with challenging symptoms that require complex management, involving a wide MDT of gynae-oncology, surgery, palliative