

initiated ACP. ACHD clinicians did the majority of ACP with our cohort, which seems to be generally preferred by ACHD patients.<sup>4</sup> 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.

## REFERENCES

1. Brida M, Diller GP, Gatzoulis MA. Systemic right ventricle in adults with congenital heart disease. *Circulation* 2018;**137**:508–518.
2. Schwerzmann M, et al. Recommendations for advance care planning in adults with congenital heart disease: a position paper from the ESC working group of adult congenital heart disease, the association of cardiovascular nursing and allied professions (ACNAP), the European association for palliative care (EAPC), and the international society for adult congenital heart disease (ISACHD). *European Heart Journal* 2020;**41**(43):4200–4210.
3. Jaarsma T, et al. Advanced heart failure study group of the HFA of the ESC. Palliative care in heart failure: a position statement from the palliative care workshop of the Heart Failure Association of the European Society of Cardiology. *Eur J Heart Fail* 2009;**11**(5):433–43.
4. Tobler D, et al. Knowledge and preference for advance care planning by adults with congenital heart disease. *Am J Cardiol* 2012;**109**:1797–1800.

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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

care and dieticians. As such, there is a risk of inconsistent practice. Hospital guidelines exist to help standardise treatment and ensure good quality care.

**Methods** Using coding data and manual review of notes, we identified 17 patients (with 23 admissions) admitted over a six-month period (August 2020-January 2021) who had MBO secondary to gynaecological malignancy recorded on their discharge notification. Through retrospective analysis of medical records, we compared care received against 8 key audit standards identified from our guidelines. Our target for each audit standard was 80%.

**Results** We met our target for 5 of 8 audit standards: a prompt gynae-oncology review and surgical decision was made in 87% and 82% of patients respectively. Where possible 100% of surgeries were performed on a routine list and above 80% of patients had a documented decision on steroid treatment and NG tube placement. Only 52% of patients were referred to palliative care within 24 hours of admission and under 80% of patients had a documented decision on further systemic anti-cancer treatment (SACT) and need for parenteral nutrition (PN). Median time from MBO diagnosis to death was 54.5 days with 43% of deaths occurring in hospital.

**Conclusions** We identified three key areas of care including: earlier palliative care referral, individual assessment for SACT and decision making around the need for PN which required improvement. The results indicate that MBO is an indicator of poor prognosis and therefore earlier palliative care involvement is vital. We aim to improve concordance with the guidelines through education and training and ensure written guidance is easily available.

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#### HOW DOES LENGTH OF STAY DIFFER FOR DISCHARGE OUTCOMES IN THE ACADEMIC PALLIATIVE CARE UNIT (APCU) IN THE LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST: A SERVICE EVALUATION

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**Background** The APCU is a hospital in-patient palliative care unit which specialises in caring for patients with complex life limiting conditions. There is a gap in the research base of hospital based specialist palliative care inpatient units regarding the quality and benefits of such services for patients and their families.

**Aims** The main aim of this study is to look at the length of stay (LOS) of patients admitted to the APCU and compare this to different discharge outcomes. Secondary aims include whether LOS differs in patients admitted to APCU from emergency assessment units compared to non-emergency areas of the hospital and if there is a link between LOS prior to APCU admission and LOS on APCU.

**Method** Data was collected regarding LOS of 859 patients admitted on APCU from April 2018 to March 2020 using Hospital Episodic Data. Excel and SPSS software used for data analysis.

**Results** • LOS based on discharge outcome in days (difference between outcomes significant at  $p < 0.001$  using Kruskal-Wallis statistical test)-

New Care home = 30.0

Hospital ward = 19.2

Usual care home = 15.2

Home = 12.3

Hospice = 9.9

Death = 6.8

• LOS on APCU depending on admission location in days (difference significant at  $p < 0.001$  using the Mann-Whitney statistical test)-

Emergency unit = 7.8

Non-emergency = 10.6

• Positive correlation between LOS prior to APCU and bed days on APCU significant at  $p < 0.045$  using ANOVA statistical test

**Conclusion** Results for the primary aim show a significant variation in length of stay for different discharge outcomes which identifies the need for more research regarding why this may be, perhaps by looking into transfer processes and whether this affects how efficiently patients can be discharged. Results have identified factors that affect length of stay such as long length of stay on wards prior to being admitted on APCU and admission from a non-emergency department.

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#### A REVIEW OF OUTPATIENT ENHANCED SUPPORTIVE CARE SERVICES

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**Introduction** The ESC Team at The Christie is unique in that it offers supportive care for patients across the whole continuum of cancer (including curable, incurable but treatable and survivor cohorts). Historically there has been no single point of access (SPA) referral method to these services. This caused inconsistencies in referrals, which posed a greater challenge in triaging referrals and hence there was potential for a negative impact on emergency hospital admissions. This necessitated the creation of an SPA referral system to outpatient ESC services.

**Method** An SPA electronic referral proforma was created and a platform was used to collate data from 3 months' worth of referrals, which included:

- Urgency of referral;
- Disease type;
- Treatment intent;
- Reason for referral.

**Results** 28 patients were included in the results. 32% of referrals were deemed urgent and 82% were managed in accordance with the triage algorithm. The treatment demographics of patients referred were:

- 71% were deemed 'palliative – incurable but treatable';
- 11% were for best supportive care only and;
- 18% were being treated with curative intent.
- Symptom control was the main cause for referral, with pain management (89%) being the most common symptom.
- Review by the service caused admission avoidance of 36%, while 18% required admission to The Christie hospital and 3% required admission to another NHS trust.