

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.

Conclusion By streamlining via an SPA to the ESC services, it is possible to show the positive effect this has on admission avoidance because of more timely review of patients, which also likely improves patient experience. Most patients fall within the 'palliative - incurable but treatable' category; this reflects new and emerging cancer treatments extending patients' lives. It is reasonable to assume that this cohort will increase in coming years, necessitating the expansion of ESC outpatient services at The Christie.

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REACHING THOSE IN NEED OF END OF LIFE CARE: INSIGHTS FROM A COMMUNITY PALLIATIVE CARE IN-REACH SERVICE PILOT AT NORTH MIDDLESEX UNIVERSITY HOSPITAL

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Introduction Many people in the UK do not have access to the right support at the end of life. This is reflected in Haringey, north London, where the community palliative team has only been able to reach 50% of patients estimated to be in their last year of life.¹ Around 1 in 4 patients aged over 75 in acute hospital beds are in the last year of life, yet few referrals to community palliative services come from this setting.² We hypothesized that providing a community palliative in-reach service to emergency and medical admissions units could help identify and reach more people in need of end of life care.

Methods A community palliative care in-reach service was provided through once or twice weekly attendance of a designated in-reach doctor to the emergency department and 2 acute admissions wards over a 4-month period to seek direct and indirect referrals. Data collected included the number of patients identified as suitable and referred and outcomes of contact with the service.

Results Over 25 attendances to 3 acute units, 29 patients were identified as suitable for palliative input. 8 of these could not be contacted. Reasons for this included that the patient was too clinically unwell or not available for assessment. Of 21 patients that were contacted; 7 declined input and 14 received input including holistic assessment, advanced care planning and creation of a CMC record. Of these 14, 7 required ongoing community support after discharge.

Conclusions Our pilot demonstrates that a significant number of people in need of community palliative care support can be found in acute hospital units. The fact that only around half of patients identified as suitable received input reflects the challenges of providing holistic palliative assessment and advanced care planning in the acute inpatient or emergency environment. Further work is needed to explore ways of best reaching patients in need of palliative care support in the acute hospital setting.

REFERENCES

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2. Public Health England (2020). Older people's hospital admissions in the last year of life.

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PATIENTS RECEIVING CHIMERIC ANTIGEN RECEPTOR T-CELL THERAPY HAVE CONSIDERABLE SUPPORTIVE CARE NEEDS: A QUALITATIVE EXPLORATION OF PATIENT AND CAREGIVER EXPERIENCES, RECOMMENDATIONS FOR SERVICE DEVELOPMENT AND IMPLICATIONS FOR PALLIATIVE CARE TEAMS

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Background Chimeric Antigen-Receptor-T-cell (CAR-T) therapy is a potentially life-saving treatment for refractory haematological malignancies. Internationally, CAR-T services are undergoing rapid development. Despite this, research on the lived experiences of patients receiving novel immunotherapies is limited. Little is known about their supportive care needs. Consequently, dedicated palliative and supportive care services may not be considered.

Aim To explore the patient and caregiver experience of CAR-T therapy and identify unmet needs to inform service development.

Design A qualitative longitudinal interview study. Sixteen interviews were carried out between December 2020-March 2021 with patients (n=10) and family caregivers (n=4). Thematic analysis was underpinned by an interpretative, phenomenological approach.

Setting/Participants All patients and caregivers attending a UK centre for CAR-T therapy were eligible. Semi-structured interviews were conducted at specific time points: prior to infusion, one month after infusion and follow-up post-treatment (5–18 months).

Results Identified themes described the unique challenges of CAR-T therapy. From the point of referral patients had a wide range of supportive care needs. Initially, this was attributed to prior receipt of multiple failed treatments. Subsequently, CAR-T side-effects impacted on quality-of-life and social functioning. Significant psychological morbidity from prognostic uncertainty was described throughout. Patients and caregivers reported that a dedicated nurse specialist - an expert, consistent point of contact - was essential.

Conclusion Patients and caregivers would benefit from early and ongoing support from palliative care, allied-health-professionals and psychology. As indications for CAR-T therapy expand, there is an urgent need for multi-centre studies incorporating patient-reported outcome data to ensure patient-centred service delivery.

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ROLE OF CLINICAL NURSE SPECIALISTS IN MEETING PALLIATIVE CARE NEEDS: A MIXED METHODS STUDY IN MESOTHELIOMA

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Introduction In the UK, clinical nurse specialists working across a variety of disciplines are key providers of generalist palliative care. However, the CNS contribution to palliative care is often unacknowledged and little is known about the palliative care skills and expertise of the CNS workforce. The