

**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.<sup>1</sup> 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.<sup>2</sup> 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

1. Haringey Integrated Palliative Care Service (2021). Haringey Integrated Community Palliative Care Service Annual Report 2020–2021.
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