

**Methods** Semi-structured interviews with people with MBO, their caregivers and healthcare professionals who manage this condition. Data were analysed using thematic analysis.

**Results** Eight people with MBO, two caregivers and 19 healthcare professionals were interviewed. Five themes were generated: 1. Symptom and treatment burden; 2. Psychological, social and functional implications; 3. Complexities and challenges of care (variability and uncertainty of management outcomes); 4. Collaborative care and communication; and 5. Nature and trajectory of MBO. The interviews highlight the devastating impact of symptoms of MBO, and side effects of treatment. MBO affected psychological, social and functional aspects of patients' quality of life. Healthcare professionals described the complex challenges of managing MBO, from uncertain guidelines to the variability of each individual case and the difficulties surrounding communication of a diagnosis of MBO, and its impact.

**Conclusions** These findings highlight the challenges posed for healthcare professionals managing MBO, and the high burden of symptoms on patients and caregivers, including psychological and social impact on patients' quality of life. Patient-relevant goals of care should be collaboratively explored and understood by practitioners, patients and caregivers.

**Impact** Outcomes from these interviews have been used to inform a core outcome set for inoperable MBO, focused on prioritising patient-relevant outcomes that should be measured in research and clinical practice.

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#### MAKING ACP WORK FOR PEOPLE IN PRACTICE: IMPLEMENTATION OF A STRUCTURED ADVANCE/ANTICIPATORY CARE PLANNING INTERVENTION IN SCOTTISH PRIMARY CARE (4ACP)

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**Introduction** Advance/Anticipatory Care Planning (ACP) for people with terminal illnesses helps deliver personalised care, support wellbeing, and reduce healthcare crises. Patient and family acceptability/engagement, timely approaches from professionals, and sensitive communication are key. Four ACP steps use nationally recommended interventions; 'AnticiPal' primary care electronic record search (READ code-based screening), GP review (identification and assessment); ACP public information from NHS Inform (<https://www.nhsinform.scot/acp>) plus professional education (REDMAP framework for ACP discussions – <https://ihub.scot/acp>), and electronic care planning records (Key Information Summary care coordination system).

**Aims** To implement and evaluation integrated ACP in Scottish primary care using the 'Four Actions ACP' process.

**Methods** A mixed-method, healthcare implementation study following StaRI guidelines. National primary care datasets from approximately 5,800,000 GP-registered patients screened using AnticiPal conducted before and after ACP implementation case studies with 16 diverse GP practices in four Scottish Health Boards lasting 12 weeks each (study population approximately 100,000). Practice case study data include; AnticiPal screening outputs, GP 'Thinking Aloud' interviews of AnticiPal list assessments, patient-carer and linked GP

interviews following ACP conversations, ACP plans recorded, AnticiPal cohort outcomes.

**Results** Approximately 0.6% of GP registered patients in Scotland screened positive for ACP review/planning discussions (pre-excluded if on palliative care register). Of these, 61.6% had no Key Information Summary or documented ACP. Practices found 4ACP straightforward to implement with potential to improve ACP for significant numbers of deteriorating patients known to clinicians but not identified for ACP or palliative care. Ongoing qualitative interviews with patients, families and GPs, and ACP outcomes data will be available for presentation.

**Conclusions** Effective ACP depends on implementation into routine practice of a feasible intervention acceptable to patients, families, and professionals alike. 4ACP provides robust evaluation of national ACP programmes in Scotland and informs refinement and implementation at scale of the AnticiPal search tool and outputs for GP practices.

**Impact** National (Scottish) data provides key public health information about the unmet need for anticipatory care planning. Implementation of screening in 16 diverse GP practices provides a systematic process for identification of ACP needs in practice, impact ca 100 K patients. Use of NHS Inform/REDMAP tools for clinicians will directly impact all patients undertaking ACP in the case study practices. Robust evaluation of the implementation impacts policy about and provision of ACP in Scotland and, through our contacts in England and Northern Ireland, at a UK level.

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#### CHANGING NEEDS AND GEOGRAPHICAL VARIATION IN PALLIATIVE CARE FOR LUNG CANCER

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**Introduction** 26,935 people died from lung cancer (2020) in England. 1 year survival remains low, so palliative care remains a critical part of care for lung cancer patients.

**Aims** To use national linked Office for National Statistics mortality and hospital episode statistics (ONS-HES) to describe variation in geographical need and opportunities for improving palliative care (PC) for lung cancer patients.

**Methods** A sub-set of an ONS-HES linked mortality dataset for England with people who died with lung cancer as the underlying cause (ICD-10 C33–34) was analysed for: age at death, gender, need for early PC (1-year survival), and proxy indicators of quality: place of death, >3 emergency admissions in last 90 days (3+EAs), seen by Palliative Care Team (PCT) in final admission.

**Results** Provisional results. 51% of people dying from lung cancer in 2020 were aged >75 years and 47% female. Both age at death and % females have increased significantly over the past 2 decades. One year survival (2019) varied across CCGs from 40.2–57.7%. The % of lung cancer patients dying at home in England jumped from 33.3% (2019) to 44.0% (2020), home becoming the commonest place for the first time. However, this varied 31.6–57.2% across CCGs. 3+EAs dropped from 12.6% (2019) to 10.5% (2020) but significant variation persistent across NHS Regions 9.5–12.0%. The % seen by (PCT) in final hospital episode increased from 33.2% (2012) to 45.5% (2019), varying 21.3–62.1% across CCGs.