were the preferred methodology, whereas only half of patients would want further investigations or additional medications and fewer still wanted to participate in online activities, lifestyle change or group activities.
Conclusions Palliative care inpatients welcome the opportunity to be involved in research and should not be excluded on the grounds of advanced disease, poor prognosis and low performance status. Research into end-of-life care should incorporate study designs that would be acceptable and tolerable to patients with advanced disease, rather than exclude them.

63 GOLD STANDARDS FRAMEWORK IMPLEMENTATION AT DUDLEY GROUP AND APPROACHES TO IMPROVING IDENTIFICATION

Joanne Bowen, Kate Hall, Lisa Harding. *The Dudley Group NHS Foundation Trust*

10.1136/spcare-2023-PCC.83

Introduction A third of hospital patients are in their last year of life and almost 50% of people die in hospital. At Dudley Group NHS Foundation Trust (DGFT) we have implemented the Gold Standards Framework (GSF) and we are able to record the GSF status on our hospital electronic patient record (EPR). From this we produce a monthly report with regards to several metrics including% of patients identified as GSF. Therefore, the number of patients with a DNACPR but no GSF status identified were reviewed as a high proportion of these would likely be suitable for GSF.
Methods An end of life care document is completed for patients identified as GSF on the EPR used at DGFT and the DNACPR is also recorded on the EPR. Therefore, on the 8th June 2022 we reviewed all adult wards to see the number of patients with a DNACPR but no GSF document.
Results The results demonstrated that on the 8th June 120 adult inpatients had a DNACPR but no GSF document. This was broken down by wards and shared with the wards to support discussions/education by the specialist palliative care team with regards to GSF implementation.
Conclusion The GSF implementation across DGFT aims to improve the identification of people in the last year of life and the development of an individual plan of care. Working together with the deteriorating patient group we have now developed a prompt that when a DNACPR discussion has been had and a document completed on the EPR for the doctor to consider if GSF is appropriate. We plan to complete this review of DNACPR in 6 months.

64 GOLD STANDARDS FRAMEWORK IMPLEMENTATION TO IMPROVE INDIVIDUAL PLAN OF CARE FOR PATIENTS IN THE LAST YEAR OF LIFE

Joanne Bowen, Kate Hall, Michele Hickey. *The Dudley Group NHS Foundation Trust*

10.1136/spcare-2023-PCC.84

Introduction A third of hospital patients are in their last year of life and almost 50% of people die in hospital. At Dudley Group NHS Foundation Trust (DGFT) we have implemented the Gold Standards Framework (GSF) to support identification of patients in the last year of life and development of individual plan of care.
Method A GSF document is completed on the hospital electronic patient record following identification and there is one document per admission which is used to record if advance care planning has been offered, commencement of priorities for care and preferred place of care documented.
Results From previous audits completed in the Trust we have confirmed approximately 30% of patients at anyone time are in the last year of life and this can also be reported by ward to support individual wards. The percentage of patients identified as GSF is increasing and as of June 2022 this was 14% and the percentage of GSF red patients with Priorities for care communication document has improved to 49% and the target is 70%.
Discussion A number of initiatives are being used to improve identification of patients in the last year of life including introduction of level 2 priority training and also working with Deteriorating patient group on a bespoke 12 week course to support wards with the timely identification and appropriate management of deteriorating patients.

65 RAPID RESPONSE SERVICE MODELS IN END OF LIFE CARE: WHAT WORKS, FOR WHOM AND IN WHICH CIRCUMSTANCES?

Kathryn McEwan, Joanne Atkinson, Angela Bate, Amanda Clarke, Sonia Dalkin, Melissa Girling, Caroline Jeffery, Paul Paes. *University of Northumbria at Newcastle, Newcastle University*

10.1136/spcare-2023-PCC.85

Background Community palliative and end of life care services, such as Rapid Response Services (RRS), facilitate death at home, where that is the patient's choice. Providing specialist palliative care, they aim to cut the risk of unplanned hospital admissions, minimise delayed discharges, and provide specialist palliative care. Yet, there is little evidence about the impact, and outcomes of different RRS models. This presentation draws on an on-going realist economic evaluation of two discrete RRS in England, designed to evidence who services work for, how, and why.
Methods Realist evaluation is a theory-driven approach. Through 3 research phases, early suppositions were drawn through literature reviewing and stakeholder discussions. These were then tested and revised through iterative data collection and analysis. Qualitative data collected included semi-structured interviews with RRS staff, external Health and Social Care Practitioners, carers, and patients from both sites (n='up to' 55). Quantitative data was concurrently collected to assess the costs and benefits of the different service models.
Results Data collection and analysis are due to complete Dec-Jan 2023. Preliminary findings demonstrate we will present data of the impact and influence of communication, service values, diagnosis/prognosis, 'being known', staff competencies, and hours of service offered. The final quantitative and qualitative data will be combined and presented as final programme theories (PTs) of what works, for who, how, and why.
Conclusion Final programme theories of what works, for who, in what circumstances, alongside examples of supportive data, will be shared. Also, our recommendations and implications for service design and delivery, developed from research evidence.