

Conclusions In conclusion, deprivation status does not significantly impact on referral or treatment patterns within ICPS. Findings suggest patients had equitable access to the service and deprivation status did not affect the likelihood of receiving an intervention.

103 EXTENDING THE HOSPICE WALLS: DEVELOPMENT OF A SERVICE TO REACH NEWCASTLE'S HOMELESS POPULATION

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Background Across Britain 227,000 households experience the worst forms of homelessness. The national prognosis for a homeless person is 45 years of age. In Newcastle it is just 42. Marie Curie acknowledges the inadequacies of end of life care outside of those we reach directly, and the team at Marie Curie Newcastle decided to focus on expanding the boundaries of the hospice. As a consequence the team developed an outpatient service to address the needs of this often overlooked population.

Method Individuals identified for inclusion in the service were: homeless adults and those with a relevant past medical history. Homeless persons could also be included if they are considered to have a life expectancy of 6 months or less in the absence of diagnosed conditions. The service narrowed its focus further to those in hostel environments focusing on 7 in Newcastle City Centre.

Results The team enrolled 14 people appropriate to access the service. 3 suffered from cancer or suspected cancer, 9 suffered from other chronic health conditions, 1 had a strong history of sudden cardiac death, and 7 had multiple comorbidities. Service development focused initially on building rapport, and now provides psychological support around historical and current trauma, grief and substance misuse. Practical support included using the hospice outpatient setting for blood tests, ECGs and provision of a home nebuliser machine to reduce hospital admissions. Finally the service has provided the opportunity to engage in ACP discussions as well as to move two people from the hostel to care facilities.

Conclusion The service has faced many barriers in its development, including a lack of trust in institutions, nomadic lifestyles and the taboo of the hospice environment. As a result, at present the service mostly functions by visiting individuals in the community. In the future we hope that the service will be able to reach more people and help to begin to address the health inadequacies in our region.

104 CORNEAL DONATION IN A HOSPICE IN-PATIENT WARD

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Background Unlike organ donation, most people are eligible to donate their corneas when they die. The organ tissue donation and transplantation activity report 2021–2022 demonstrated an increase of 27% in the number of corneas retrieved, however, there remains a significant shortage.

The NHS Blood and Transplant for 2021/22 highlighted that almost 1 in 10 people who joined the organ donation register, opted out of corneal donation. However, encouragingly, when people were educated on the benefits, 51% of people who initially said that they would be least likely to donate their corneas, said that they would be willing to donate.

Methods Between the 01/01/21 to 31/03/21 87 patients were admitted to a specialist adult inpatient palliative care unit. 60 patients were identified as potentially eligible for corneal donation after death with the remaining 27 ineligible. Data was collected on the frequency of discussions, the timing of discussion and which health care professional (HCP) led the discussion. The overall outcomes were also analysed.

Results Within the group of eligible patients, in 67% there was no documentation regarding this discussion nor any reason for this not being discussed. Discussions commonly occurred after death (45%) and were undertaken by staff of various disciplines. Of the 18 eligible patients with whom donation was discussed, 10 patients expressed a wish to donate their corneas after death and 9 went on to have a successful harvesting.

Conclusion Compared to previous data the number of successful corneal donations has increased but there is still significant room for improvement. An increase in knowledge and awareness can change public attitude towards corneal donation, therefore we should be aiming to make all eligible patients aware. Targeted education for HCP surrounding corneal donation will increase confidence and proactivity around discussion. This should help address the current national shortage of corneal donors.

105 AN AUDIT OF THE CONTINUOUS SUBCUTANEOUS INFUSION PRACTICE AT THE LEICESTER ROYAL INFIRMARY (LRI)

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Background Continuous subcutaneous infusions (CSCI) are a corner stone of symptom management in palliative care, delivering consistent drug levels to patients where the oral route is not available or reliable (1). To achieve good symptom control it is important that CSCI are started and replenished promptly. It was noted that CSCI were frequently not being set up in accordance with the University Hospital Leicester (UHL) guidelines, whereby CSCI should be administered within 2 hours from recommendation if medication is ward stock or 4 hours if not. There were also delays in CSCI replenishment and monitoring.

Methods 50 patients with CSCI prescriptions were identified randomly from the LRI palliative care inpatient list. Demographic data, recommendation, prescription, and replenishment times plus monitoring data was collected prospectively over a 3-month period from electronic drug charts, medical and nursing notes. A standard of 100% compliance with UHL guidelines was set. Re-audit was undertaken 6 months later following intervention.

Results Whilst the standard was not met in either cycle, the percentage of CSCI containing ward stock medication administered within 2 hours of recommendation increased from