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.

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

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10.1136/spcare-2023-PCC.123

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.

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

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10.1136/spcare-2023-PCC.125

Background Continuous subcutaneous infusions (CSCI) are a cornerstone 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 with in 2 hours of recommendation increased from
cycle 1 (30%) to cycle 2 (55%). Additionally, there was a decrease in the mean length of time from recommendation to administration (213 minutes 1st cycle and 172 minutes 2nd cycle).

Conclusion Initial interventions including educating ward staff and palliative care link nurses, plus the introduction of syringe driver board magnets to highlight patients with CSCI may have had some impact on CSCI practice at LRI. Continued work is needed to maintain the momentum of this project and sustain change. Incorporating CSCI alerts and reminders into the hospital electronic system represents an important next step, along with empowering and supporting wards to monitor their own practice routinely. The work is due to be replicated at other UHL sites.

NOT ANOTHER BLOODY AUDIT

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Background Red blood cell transfusion has historically been used to treat the symptoms of anaemia in palliative care. However, it has been demonstrated that investigation of anaemia and alternative treatments may improve symptoms without the risk of transfusion associated complications.\(^1\)

Aims To evaluate blood transfusion practice in Marie Curie Hospice Bradford and compare this to National Institute for Health and Care Excellence Guidelines,\(^2\) and Recommendations for Palliative Care Practice from a National Comparative Audit in red blood cell transfusion.\(^1\)

Method A retrospective analysis of electronic notes for the period 2018–2020 was undertaken to identify all patients referred for red cell transfusion. Notes were reviewed in detail to establish the clinical information around each transfusion.

Results Out of a total of 38 patients referred for consideration of transfusion, 35 (92%) went on to receive red cells. Only 47% of patients had haematinsics checked prior to transfusion. 74% of patients received 2 units of blood in one treatment episode but only 14% had their weight assessed. A TACO risk assessment was documented in 66%. Discussions with the medical team identified that patients referred to the service had the expectation of receiving a blood transfusion prior to the completion of a medical assessment at the hospice, and that these expectations impacted upon the decision to offer transfusion.

Conclusions An ‘Anaemia Assessment Clinic’ was developed. An electronic template now prompts clinicians to ensure patients have haematinsics investigated and managed, a weight recorded and a discussion about the evidence based risks and benefits of transfusion. Guidance was written for both the outpatient and inpatient settings to ensure a restrictive transfusion threshold is used and to reduce the risks of transfusion associated circulatory overload.

REFERENCES

AMBITIONS FOR PALLIATIVE AND END OF LIFE CARE: FINDINGS FROM A MAPPING SURVEY ABOUT THE USE OF THE NATIONAL FRAMEWORK

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Introduction The Ambitions for Palliative and End of Life Care: a national framework for local action (2015) and relaunched in 2021 for an additional five years. Developed through partnership, the Framework provides a vision for action focused on six ambitions underpinned by eight foundations.

Methods An online survey to map usages of the Framework comprised of closed and open questions. Survey questions sought information on: primary Ambition(s) guiding the work; how the Framework was understood to enable this work; and, perceived challenges to use of the Framework. Responses were accepted between 30th November 2021 and 31st January 2022 via the JISC online survey platform; only full responses were recorded minimising missing data. Data for closed questions were analysed for frequency. Answers to the question about policy context were coded by content to produce a quantitative overview. Other qualitative free-text comments were analysed to identify recurring themes.

Results A total of 45 examples were collected covering all geographical areas. Most examples came from hospice and/or specialist palliative care settings. Each person is seen as an individual (Ambition 1) was most frequently identified as a primary focus for services. Each community is prepared to help (Ambition 6) was least frequently identified as a primary focus for services. The Framework is most frequently being used to provide guiding principles and to support education and training. Survey respondents perceive the Ambitions Framework to be providing a shared language about what matters in palliative and end of life care.

Conclusion Our findings suggest that there is appetite for further education and knowledge exchange about the Framework and how people have used it. We identified current gaps in the implementation of the Framework and suggestions on how to use the Ambitions document. A full report is available (Borgstrom et al. 2022).\(^1\)

REFERENCE

SERVICE EVALUATION REGARDING THE IMPLEMENTATION OF THE NATIONAL EARLY WARNING SCORE 2 (NEWS2) IN PALLIATIVE CARE

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Introduction NEWS2 has been shown to improve outcomes in areas including mortality and serious adverse events.\(^1,2\) Little is known about its use in palliative care. A CQC review recommended NEWS2 be implemented at Barnsley Hospice to aid identification of deteriorating patients. This raised concerns whether this would impact on individualised holistic hospice care. Our neighbouring hospice St Gemma’s kindly shared