

Results Postcode of the patients home address; the data showed a spread across the deciles with a mean in the centre of 5th decile with 1st, 2nd and 10th deciles having greatest numbers. Primary diagnosis was malignant in 70% of patients and non-malignant in 30%

Religion 62% of patients were documented as having a religion, these were Christianity (57%), Hinduism (1%), Jewish (1%), Sikhism (2%) and others (1%).

Ethnicity 68% were White British, 6% were from a BAME background. 26% did not have an ethnicity recorded.

Conclusions St Oswald's is providing increased access to non-malignant conditions including; neurological, respiratory and cardiac conditions. The patient population served appears diverse in relation to socioeconomic status. Some ethnic groups and religions remain underrepresented, this has provided areas to consider for our equality, diversity and inclusion steering group.

130

MIXED-METHODS STUDY TO UNDERSTAND AND IMPROVE THE VALUE OF DIGITAL PALLIATIVE CARE MULTI-DISCIPLINARY TEAM MEETINGS (MDTMs) IN A TERTIARY ONCOLOGY CENTRE

Phoebe Wright, Talha Niaz, Joanne Dronney, Angela Halley. *Royal Marsden Hospital*

10.1136/spcare-2023-PCC.150

Background Despite minimal evidence regarding utility, and no national guidelines, MDTMs are embedded within palliative care. However they are costly so efficiency must be maximised (De Leso et al, 2013).² The function of MDTMs includes coordinating care for complex patients (Borgstrom et al, 2021).¹ This project aimed to review completeness of local electronic MDTM documentation and assess staff's views of the meeting's purpose and associated documentation.

Methods

Mixed methods project 1) Retrospective data analysis of completeness of digital data entries in palliative care MDTMs over a 6-month period at a tertiary referral cancer centre. 2) Survey of MDTM members to understand what they felt the role of the MDTM was, what it should be, and how to best capture the data electronically.

Results MDTM entries from 329 patients were reviewed. While some domains were completed for the majority of patients eg. Phase of Illness and Performance Status (>95% of patients), other domains were poorly completed, eg. estimated prognosis (33%) and preferred place of death (24%).

The survey was completed by 27 MDTM members from 7 disciplines. Members felt that the sharing and receiving of information was the purpose of the MDT – both currently and ideally. However while members felt that allowing shared decision making was important in their ideal MDT, they didn't feel the current MDT fulfilled that purpose as strongly. In addition while members reported feeling comfortable contributing to discussion, some members thought there should be more discussion from different disciplines.

Conclusions MDTM members felt that the main purpose of the meetings was to discuss complexity, and that meetings had a positive impact overall, with more of a positive impact on MDTM members than patients. MDTM members value the MDT but feel that there could be more discussion amongst members to avoid it feeling like a 'box-ticking' exercise.

REFERENCES

1. Borgstrom E, Cohn S, Driessen A, et al. 'Multidisciplinary team meetings in palliative care: an ethnographic study'. *BMJ Supportive & Palliative Care*. 2021 [Online] Available at: <https://spcare.bmj.com/content/early/2021/09/29/bmjspcare-2021-003267> (Accessed 14th September 2022)
2. De Leso PB, Coward JI, Letsa U, Schick U, Nandhabalan M, Frentzas S, Gore ME. 'A study of the decision outcomes and financial costs of multidisciplinary team meetings (MDMs) in oncology'. *British Journal of Cancer*, 2013;**109**:2295–2300

131

A FRESH APPROACH TO EMBED OACC OUTCOME ASSESSMENTS INTO PRACTICE

Pia Amsler (on behalf of the OACC Task & Finish Group), Charlotte Brigden. *Pilgrims Hospices, East Kent*

10.1136/spcare-2023-PCC.151

Background The Outcome Assessment and Complexity Collaborative (OACC) is a suite of measures designed to assess patient related clinical outcomes. It now guides service development of virtually all palliative care services in the UK. Pilgrims Hospices in East Kent, implemented three of the six OACC measures of in 2016 (AKPS, POI, IPOS). However, there has been limited training since and further development hampered by the geographical challenges of the service. The hospice were keen to support their clinical strategy with clearly defined targets and clinical outcomes, promoting service and staff development. The employment of a new Consultant led to a review of current practices around OACC which identified shortcomings.

Methods A 'Task and Finish' group agreed an implementation program with new Key Performance Indicators to demonstrate clear outcomes, reflecting the clinical work, and caseload complexity. Standard Operating procedures were agreed. Consultant-led Mandatory training for all clinical staff was provided and extended to administrative staff and the Board of Trustees.

All six OACC measures were introduced.

Enthusiastic individuals formed the 'Group of OACC Champions' providing a 'bottom up' approach. A brooch on their work uniform allows easy identification. This group meets regularly to reflect on the agreed standards; discuss outcome reports and how to share them; and decide how to develop OACC further.

Results Early reports have shown an increased uptake of OACC measures (admission IPOS up from 78% to 92.2% between 2021–22), better understanding of the measures and the ability to demonstrate positive patient outcomes as the result of hospice input.

Conclusion This project shows how an organisation can redefine their clinical strategy over ten months. Support from senior leads with a clear and shared vision is vital to allow a bottom up approach by the workforce. An inclusive and constructive approach is vital which should be led by interested individuals.

132

IMPROVING ADVANCED CARE PLANNING IN SEVERE FRAILTY

Prianca Sawney, Habib Rehman, Saleh Ali, Dula Alicehajic-becic, Elise Clarke, Khulsuma Khan, Kyle Roughneen, Ellena Leigh. *Ageing, Complex Medicine and Stroke, Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust; Histopathology, Liverpool University Hospitals NHS Foundation Trust; Edge Hill University Medical School*

10.1136/spcare-2023-PCC.152