**151** FRAILTY SCORING FOR INPATIENTS OVER 65 YEARS ON AN ONCOLOGY WARD

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10.1136/spcare-2023-PCC.171

**Background** Population ageing is leading to more cancer diagnoses in individuals aged over 65, including those with concomitant frailty. Individuals with frailty have been shown to have palliative care needs, whilst frailty is also associated with need for adapted chemotherapy regimens or supportive care in patients with cancer. Older adults with cancer diagnoses are recommended to receive holistic assessment, such as comprehensive geriatric assessment, to evaluate unaddressed problems including frailty and palliative care needs. The aim of this audit was to assess whether frailty scoring was being completed for inpatients on an oncology ward, and to research the extent of frailty and discharge outcomes for this cohort.

**Method** Retrospective data collection for all inpatients ≥65 years on an oncology unit in North-West England over 4-months. Data collection included frailty score completion, degree of frailty, length of stay and changes in care/home circumstances on discharge.

**Results** 54% of patients admitted were ≥65 years of age. 69% of these patients had a frailty score completed on admission. 84% of patients ≥65 had at least mild frailty (clinical frailty score [CFS] of ≥4). Mean length of stay was 13 days for those with a CFS ≥4 compared to 7 days for those with a CFS <4. In total 42% of patients with a CFS ≥4 were discharged with additional care or change of discharge destination. No patients ≥65 years with a CFS <4 had a change in discharge circumstances.

**Conclusions** Frailty is prevalent in this inpatient oncology cohort and is associated with longer inpatient stays and changes in care/discharge destination circumstances. This indicates that holistic assessment of these patients, including review of palliative care needs, is both feasible (due to longer stays) and likely to be required (due to evidence of higher burden of care needs).

**152** THE RESPONSES STUDY – A QUALITATIVE EXPLORATION INTO PSYCHOLOGICAL RESPONSES TO, AND POTENTIAL INFLUENCES OF, ADVANCE CARE PLANNING DISCUSSIONS FOR PEOPLE LIVING WITH ADVANCED ILLNESS

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10.1136/spcare-2023-PCC.172

**Background** This abstract is taken from an article that was under review by International Journal of Palliative Nursing which was accepted for publication in late November 2022. At present, the article is in press. Integration of care between palliative care and oncology offers improvement in patient outcome and is increasingly recommended. There is evidence of improved patient and healthcare outcomes including quality of life, tolerability of systemic anticancer treatment in the last year of life and reduced healthcare cost. Alongside discussions of early palliative care integration, supportive care and its integration into oncology care has also come into focus. Supportive care is the prevention and management of the adverse effects of cancer and its treatment, including management of physical and psychological symptoms associated with cancer, its treatment and associated post-treatment care. Enhanced Supportive Care (ESC), led and delivered by palliative care clinical nurse specialists is a potential model to achieve this but is currently unevienced.

**Aim** To investigate the impact of a nurse-led integrated ESC model within the hepatopancreatobiliary (HPB) cancer care setting.