

**Method** One-hundred and one patients with HPB cancer were supported by integrated ESC delivered within a co-located clinic structure. Data relating to symptoms and quality of life were collected prospectively. Survival data and chemotherapy usage was retrospectively analysed following minimum follow-up, utilising a matched control technique.

**Results** ESC patients illustrated improvements in certain key symptoms including pain, nausea, vomiting and mood over time. Patients also had less aggressive treatment towards the end of life amounting to 31% less chemotherapy than controls with comparable survival.

**Conclusion** An integrated nurse-led ESC model can be effective in improving outcomes for patients with HPB cancer. This model resulted in improved quality of life and a reduction in the amount of chemotherapy administered in the last year of life with comparable survival.

#### 154 DEPRESCRIBING: A QUALITY IMPROVEMENT PROJECT IN COMMUNITY PALLIATIVE CARE

Vanessa Brain. *Somerset Foundation Trust, Symphony Health Services*

10.1136/spcare-2023-PCC.174

**Background** Deprescribing is a positive, patient-centred, safe, effective, and cost-efficient process. It takes time, skill, confidence, and teamwork. It is an established part of good holistic care therefore suitable for quality improvement.

**Study Aim and Methods** This Quality Improvement Project was conducted at the interface of community palliative care and General practice in Southwest England. The aim was 'For 100% of patients on the palliative care registers in South Somerset West Primary Care Network to have the opportunity of a deprescribing conversation with a skilled healthcare professional between diagnosis and death'. Four GP surgeries under one management participated (patient population 37,107). Background data collection evidenced the problem and highlighted that the register numbers did not reflect the national expected prevalence (Gold Standard Framework estimate prevalence at 1%). This had to be addressed to make the project equitable. Process mapping and discussion of primary and secondary drivers informed initial interventions including re-establishing regular multidisciplinary team meetings, creating a coded template to improve their structure and aid documentation and data collection and education. Eleven Plan Do Study Act cycles ensued over eight months.

**Results** The percentage of patients on the palliative care registers having the opportunity of a deprescribing conversation increased from 0% to 33%. This process measure proved more responsive to change than the outcome measure. The register size increased from 0.2% to 0.39% of the practice population. The most successful interventions were education ( $p > 95\%$  causative) and ensuring key professionals were available, highlighting the need for cultural change and the impact of human factors. Simple IT interventions were also effective.

**Conclusion** The aim was unrealistic in the timeframe because deprescribing could not be isolated from improvement in holistic care (benefit acknowledged, future research needed). Limitations included lack of staff cover. Continued work at these sites plus local expansion is planned.

#### 155 'AN INTEGRAL PART OF TREATMENT': WHAT ONCOLOGISTS THINK ABOUT EARLY INTEGRATION OF PALLIATIVE CARE INTO ONCOLOGY CLINICS

Y Kano, J Want, K Elliot, AM Stevens, J Droney, L Kamal, A Halley, J Wood, A Tweddle. *The Royal Marsden NHS Foundation Trust London UK*

10.1136/spcare-2023-PCC.175

**Background** The Integrated Symptom Control and Palliative Care 'Triggers' service was developed to support oncology outpatients to live as well as possible throughout their cancer journey.

The aim of this survey was to evaluate the views of oncology clinicians about the 'Triggers' service in a tertiary referral oncology centre 6 years after the service was initially established.

**Methods** A brief anonymous staff feedback questionnaire was developed with PPI input comprised of four questions with structured answers and one free text question. The survey was carried out in 2018 and repeated in 2022. All oncology staff working in clinics where the 'Triggers' service was invited to participate. Descriptive analysis was carried out on the structured questions and thematic analysis on the free text question. This service evaluation was approved by the local Committee for Clinical Research.

**Result** Feedback forms were received from 42 staff members in 2018 and 52 in 2022. 49/52 (94%) rated the value of the service for patients and families as very positive. (69% in 2018). 50/52 (96%) thought the service had a very positive impact on patients. (69% in 2018). 96% (50/52) felt it had a positive effect on the running of the clinic. (76% in 2018). Three strong themes were identified from the 2022 free text responses. The 'Triggers' service provides urgent and prompt access to the palliative care team for management of patients with complex needs. The oncology teams felt that the 'Triggers' service was helpful to the clinics and staff working in them. Finally, they recognised that the 'Triggers' service is integrated and routinised into the oncology clinics.

**Conclusions** As the 'Triggers' early palliative care service has become embedded and integrated into the oncology outpatient clinics over time, oncology clinicians have become increasingly aware of the associated benefits for patients and staff.

### Poster Nos 156–158: Survivorship and Rehabilitation

#### 156 FALLS PREVENTION: THE IMPORTANCE OF LOWER LIMB NEUROLOGICAL EXAMINATION ON HOSPICE ADMISSION AND INPATIENT FALLS

Abdullah Garewal, Emma Mujic, Matthew Wheatley, Isae Kilonzo. *St Michael's Hospice, St Leonards on Sea*

10.1136/spcare-2023-PCC.176

**Background** Multiple factors contribute to inpatient falls. Spinal metastases occur in 3–5% of all cancer patients, with incidence up to 19% in breast, prostate and lung cancer patients. Median survival following diagnosis of metastatic spinal cord compression (MSCC) is reported to be 2–3 months. Back pain occurs in 95% of these patients with second most common