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.

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.
symptom of limb weakness. We set out to review and strengthen the assessment of hospice inpatients with lower limb neurological deficits and identify if this was a contributing factor to falls.

**Methods** Retrospective case-note review of patients admitted over a 4-month period to a hospice inpatient unit (IPU) to identify patients who have a neurological assessment as part of their admission and following an inpatient fall. Data was collected in 2021 and repeated in 2022.

**Results** 30% (15/47) patients admitted in 2021 had known spinal cord, nerve root or peripheral nerve involvement. 25% patients were identified to have a neurological deficit on admission to the IPU. 28% patients had a lower limb neurological deficit on examination during admission. 7/10 falls incidents involved a patient with a background of known neurological deficit with 2/10 falls incidents identifying neurological deficit as a contributing factor. The percentage of falls incidents reports with neurological assessments improved from 0% in 2021 to 50% in 2022.

**Conclusion** Hospice patients are more likely to present with widespread disease burden including involvement of the spinal cord with neurological deficit to the lower limbs increasing the risk of inpatient falls. This review has highlighted the importance of a neurological assessment in patients who have inpatient falls in the hospice setting. Increased awareness amongst staff on importance of neurological assessment and effective documentation on falls incidents is an important role in interdisciplinary approach to falls prevention.

**157** ACCEPTANCE OF A MOLECULAR PROGNOSTIC PANEL FOR PERITONEAL CARCINOMATOSIS (PC): EXPECTATIONS AND PERSPECTIVES OF PATIENTS AND CAREGIVERS

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**Introduction** Peritoneal carcinomatosis (PC) is a late-stage manifestation of abdominopelvic malignancies. Our team recently demonstrated the prognostic relevance of key paracrine factors in the PC fluid microenvironment that can be inferred via a point-of-care biomarker panel. This study aimed to evaluate that the results may influence their initial decisions to undergo palliative surgery. 70% of patients and 93.3% of caregivers gave a score of 3 or more on a scale of 5 when asked about the importance of learning about the panel results, based on the confidence it would provide them to pursue palliative surgery. This was understandable as 95% of respondents will undergo a medium to high-risk surgery and preferred additional assurance to stand by their decisions. 83.3% of respondents were adverse towards taking a chance with surgery despite the possibility of receiving poor panel results (poor overall survival outcome), with 61.6% of respondents affirming their wish to be well-informed regardless of the outcome. Cost and emotional stress could prevent the panel’s use. 40% were keen to pay ≤S$300 while 48.3% preferred not to pay. 23% resonated that they may be predisposed to emotional issues should they know too much, even if it enlists better decision-making and care management.

**Conclusion** Our study suggests a synchronous care plan with sound translational research such that PC patients’ and caregivers’ expectations and needs are appropriately addressed prior to the implementation of molecular prognostic testing in the context of palliative surgery.