Background Sialorrhoea is a common symptom of progressive neurological conditions, causing a significant burden for patients and their care givers. A previous survey showed healthcare professionals felt drug interventions provided insufficient control. This symptom benefits from holistic and multidisciplinary assessment and management. This work aims to identify the key components of a clinical assessment, from a multidisciplinary perspective, with the intention of supporting delivery of personalised and effective care of this symptom.

Methods Motivated by poor outcomes of management of this symptom, a regional specialist working party was convened. These multidisciplinary professionals, with expertise in sialorrhoea management, completed a survey to identify which factors enhanced assessment of issues related to sialorrhoea and how management is impacted. Responses were compared against established saliva assessment tools.

Results Twelve professionals completed the survey. Responses were analysed and grouped into 5 themes. No theme was unanimously identified by all responders. The most common (83%) was assessing response to previous strategies. 75% focused on the saliva itself, 67% on functioning, 50% on psychosocial impact and 50% on physical assessment. Qualitative responses were collected on the above themes and their impact on management, notably highlighting the benefit of more detailed psychosocial and functional assessment.

The themes were not routinely covered in available tools. Where overlap exists, such as functioning and psychosocial impact, the survey responses exceeded elements within the tools.

Conclusion The results show each theme identified was not covered by all professional groups, indicating benefit from multidisciplinary assessment. A standardised approach, encompassing all that has been discovered in this work would streamline assessment, minimising burden to patients. This would support professionals to develop wider skills in assessment from their multidisciplinary colleagues. The working group will now develop this resource to guide professionals with the optimal assessment and then evaluate the impact on patient outcomes regionally.

Poster Nos 174–177: Transition

174 MAKING THE LETTER BETTER: A REVIEW OF QUALITY OF DISCHARGE LETTERS FOR PATIENTS WITH PALLIATIVE CARE NEEDS AT THE ROYAL DERBY HOSPITAL

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Background Limited local and national evidence demonstrates the quality of information in discharge letters for patients with palliative care needs is poor.1,2 We aimed to evaluate discharge letters for patients at the Royal Derby Hospital seen by the hospital palliative care team (HPCT), and hopefully improve the standard of letters for these patients. We know it is important to get this right first time, as for some of this patient group there is only one chance.

Methods Traffic light criteria were established between authors, with red as essential, amber as important and green as nice to know information. 25 sets of HPCT patient notes and electronic discharge summaries were then retrospectively compared against criteria, and data recorded using Excel. This was manually analysed and included qualitative data collection. Interventions following initial data collection included use of a ‘prompt’ sticker and postgraduate education.

Results Against ‘red’ criteria, medication changes were documented well (84%), however Fast Track status was not recorded accurately for 64% and details of the ReSPECT discussion were lacking for 61% of patients. Although 100% of patients were seen by HPCT, only 68% of letters documented this, and most concerning, preferred place of care (PPC) and preferred place of death (PPD) were documented in 8% and 4% of letters respectively. Against ‘green’ criteria, functional status was documented in 16% of letters, whilst spiritual needs was documented in 4%. Trial of a ‘prompt’ sticker placed in the notes by HPCT was ultimately unsuccessful due to an increase in volume of workload and staff shortages. Education is in progress in Autumn 2022.

Discussion Initial data collection demonstrates that although HPCT gather a wealth of information relating to this patient