P-173 FAMILIES ADMINISTERING MEDICATIONS AT END OF LIFE AT HOME: THE USE OF A SINGLE CARD BOOKLET TO HOUSE EVERY NECESSARY DOCUMENT. SIMPLIFYING AND STREAMLINING CARE THROUGH SENSIBLE STATIONERY

Sarah Mollart, Amanda Keighley, Daisy Jacobs. St Nicholas Hospice Care, Bury St Edmunds, UK; West Suffolk NHS Foundation Trust, Bury St Edmunds, UK

In many areas of the UK, informal and family carers are being offered training to give subcutaneous medications at the end of life, to support good symptom control for those dying at home. A variety of different programmes are used, in different geographical regions. Policies, consent forms, information leaflets, training competencies and documentation charts are usually in place. In Suffolk, we have developed a single booklet, containing all the paperwork both staff and families could need, for our FAM programme (Families Administering Medications). The writing of this was supported by an MDT and lay volunteers. Everything is written in a user-friendly style, and is all held together in one place. This ensures no part of the process gets missed or lost, and is instantly accessible to family and professionals at all times. Families document their administration of each medication in the same booklet as their training competencies are documented, for ease of repeated review of the administration process.

All booklets contain a family and staff feedback form with prepaid envelopes. Evaluation of feedback received has been very positive about the booklet, which is described as being very clear. Evaluation has also allowed real-time feedback about useful edits for version 2, which were able to be rapidly incorporated.

The process was initially agreed for the county of Suffolk, but presentation of the process to the newly-formed Suffolk and NE Essex ICB was very positively received, with NE Essex staff preferring the streamlined Suffolk booklet. This has led to vital collaboration, with the combination of the processes across the two areas, as a new ICB-wide process is agreed. The wider reach of the process will benefit patients and families (particularly those in border areas), and enable the pooling of resources for implementation of the process, to maximise those to whom it is made available.

P-174 IMPROVING ASSESSMENTS OF FAMILY CAREGIVERS: IMPACT OF STAFF EDUCATION IN A HOSPICE AT HOME SERVICE

Julie Davidson, Helen Birch, Barbara Jack, Jane Hough, Karen Groves. Queenscourt Hospice, Southport, UK; Edge Hill University, Ormskirk, UK

Background In an ageing population, complex health needs, reduced health and social care resources result in an increased reliance on families to provide care at end-of-life. Family caregivers are reported to have increasing challenges to their own health and wellbeing especially as the patient requires more support. National policies recommend family caregivers be identified, and needs addressed separately. Yet routine assessment is not regularly undertaken. Issues include a lack of staff awareness of the assessment process and experience in undertaking them.

Aims To review the assessment of family caregivers within a Hospice at Home (HatH) service and assess clinical staff on their knowledge and experience of the process.

Methods (1) Retrospective audit of HatH referrals (January-March 2022) using data from clinical records collected against agreed standards for caregivers’ assessment and 18 staff surveyed for knowledge and experience. (2) Education intervention for staff on caregivers’ needs and assessment, and repeat survey. Audit repeated – September-November 2022.

Results Cycle 1: 88 records examined, 63 included (25 excluded). Documentation included:
- 30(48%) main family caregiver’s name/relationship.
- 27(43%) main contact details.
- 12(2%) caregiver’s assessment.
- 0(0%) caregiver’s action plan.

Staff Survey 1: demonstrated some knowledge 12(67%) of family caregivers’ assessment, but 11(61%) had no assessment experience.

Cycle 2: 98 records examined, 72 included (26 excluded). Documentation included:
- 67(93%) main family caregiver’s name/relationship.
- 62(86%) main contact details.
- 61(85%) caregiver’s assessment.
- 57(79%) caregiver’s action plan.

Staff Survey 2: Post educational intervention, all 18(100%) had improved knowledge and 16(89%) had gained experience.

Conclusion A targeted educational intervention on the impact of caregiving and importance of undertaking an assessment resulted in improved knowledge and subsequent experience of staff in the assessment process. This helped ensure family caregivers are known to the HatH service, have their own needs assessed and, where required, a targeted caregiver’s action plan developed.

P-175 EVALUATION OF AWARENESS OF MALIGNANT SPINAL CORD COMPRESSION (MSCC) AND RED FLAG SIGNS IN HOSPICE PATIENTS AT HIGH RISK

Sharon Chadwick, Caroline Wheeldon, Gabrielle Gascogne. Hospice of St Francis, Berkhamsted, UK

Malignant Spinal Cord Compression (MSCC) is an oncological emergency (Mitera, Loblaw. Radiother Oncol. 2003;69(Suppl 1):Abstr. 141) affecting patients with cancers that have metastasised to the spine. This is most common in breast, lung and prostate cancers and haematological malignancies (National Institute for Health and Care Excellence. Metastatic spinal cord compression: diagnosis and management of patients at risk of or with metastatic spinal cord compression. [CG75.], 2008). The NICE Quality Statement regarding management of Metastatic Spinal Cord Compression requires that ‘Adults at high risk of developing MSCC, and their families or carers (as appropriate), are given information that describes the symptoms of MSCC and what to do if they develop symptoms’ (National Institute for Health and Care Excellence. Metastatic spinal cord compression in adults. [Q56.], 2014).

Aims To evaluate the proportion of patients at risk of MSCC given information regarding the risk and red flag signs. If this
**P-176** ABSTRACT WITHDRAWN

**P-177** PALLIATIVE CARE FOR PATIENTS WITH A FAILING FONTAN CIRCULATION – DEVELOPING A COLLABORATIVE APPROACH

1Nicky Baker, 2Hazel Coop, 3Jon Tomas, 4Dawn Adamson. 1Myton Hospice, Coventry, UK; 2University Hospital Coventry and Warwickshire, UK

Background The Fontan operation is a palliative procedure which increases the survival of patients born with an anatomical or functional univentricular circulation. The majority of individuals who have undergone Fontan palliation are now living into adulthood. More than 80% will survive 20 years beyond surgery. However, failure of the Fontan circulation is inevitable, and over time complications develop involving multiple organ systems.

Aims To identify the unique needs of this patient group and suggest potential models of collaborative working that could improve access to and delivery of supportive or end of life care.

Methods We present a review of the available literature and two in-depth case studies which emphasise the complexity of end of life care delivery and potential opportunities for improved management.

Results The literature suggests that adults with a Fontan circulation experience a significant burden of physical symptoms and a range of psychosocial issues, which negatively impact their quality of life. Many would welcome open discussions about end of life issues and express a wish for this to be initiated early. Despite this, healthcare resource use towards the end of life is high, with hospitalisation increasing dramatically in the last month. Input from specialist palliative care services is rare. A major challenge is balancing active treatment alongside discussions about end of life. Both cases we describe benefited from ongoing holistic assessment by the cardiology team, early introduction to specialist palliative care services, and timely admission to the hospice, at a point where ongoing active management could be integrated into a symptom focused approach.

Conclusion The population living with a Fontan circulation is increasing rapidly. Over time, many of these patients will have significant supportive care needs which are currently not being met. The cases presented suggest models of collaborative care delivery that may help to address this gap.

**P-178** THERAPEUTIC AND EARLY INTERVENTIONS IMPACT FOR PATIENTS SUFFERING WITH CONGESTIVE HEART FAILURE

Georgina Lestini, Claire Dudbridge. ellenor, Northfleet, UK

Background Heart failure, also known as congestive heart failure (CHF) is becoming a pressing health priority across all four nations of the UK. Those with the condition in addition to medical treatments benefit from holistic care which can be provided by a range of health and social care professionals working collaboratively.

Aims In Gravesham key partners came together to form a Task and Finish Group to agree a year-long pilot funded by contributions from across the system in response to this priority. ellenor formed part of this group to help provide a stronger focus on multi-disciplinary led care and the pilot started in January 2022.

Method The Therapy Team at ellenor recognised the benefit of providing early interventions with heart failure patients for their wellbeing and health promotion. Providing exercises classes, fatigue management and breathlessness groups, carer support and advance care planning. There was also the option to join other therapeutic activity groups such as mindfulness and music therapy.

Results Providing therapeutic input for patients earlier on in their heart failure journey supported patients to improve their quality of life, empowered them to manage their symptoms and maintain their independence. The emotional and psychological support they received from attending groups was very beneficial. For the first time they were able to explore how their diagnosis had impacted them emotionally and were able to share these feelings in a safe space. Their views of what a hospice is and does were also dramatically changed as they realised it is not just about dying but the focus at ellenor is very much about living and living well.

Conclusion The pilot is now finished, and the heart failure pathway is continuing long term. Due to the success of this pathway, ellenor is establishing itself within other pathways such as respiratory and frailty.

**P-179** ADMINISTRATION OF INTRAVENOUS (IV) IRON TO HEART FAILURE (HF) PATIENTS IN HOSPICE DAY CARE

Sharon Chadwick, Megan Porter. Julia Davison. Hospice of St Francis, Berkhamsted, UK

Background The prevalence of iron deficiency in heart failure (HF) is high (Okonko, Mandal, Missouris et al. J. Am. Coll. Cardiol. 2011;58:1241–1251) and found in patients with/