complemented by a retrospective case-control, thematic analysis of electronic patient records, to examine the patient journey throughout the duration of the hospice stay.

Results LLOS admissions accounted for 23% (76) of admissions to our hospice in 2015 (2342 bed days), median stay 28 days, 55% female, median age 69 years, 96% (73 admissions) referred for symptom control. Admission outcome: 38% (29) of patients discharged, of which 59% (17) had a new care arrangement following their stay.

No significant findings when analysing the following against LLOS admissions and admission outcome: Patient age, gender, primary diagnosis, number of comorbidities, presence of formal social care support, and permanent residence.

Thematic analysis identified 4 overarching themes implicated in LLOS: Uncertainty, In-house interventions, clinical and social complexity. This analysis emphasised, in particular, the interplay between communicating and managing uncertainty and social complexity.

Conclusion Our results would suggest that there are no socio-demographic or disease factors associated with LLOS. Thematic analysis provides an alternative and successful method of service evaluation. Thematic results emphasise the need for research into managing complexity and uncertainty in addition to highlighting the fact that our growing capacity to provide in-house interventions comes, ultimately, at a cost to bed availability.

Background Recognising that people are entering the last phase of illness isn’t always straightforward, and having conversations about treatment aims and planning for future care is not easy. In light of this a Senior Clinician Development Programme was established, comprising 7 consultants in different specialties and a GP to give a community perspective, facilitated by 2 palliative medicine consultants. This ran for 18 months from October 2011.

The following audit specifically looked at oncology, assessing if there was improvement in communication between secondary and primary care.

Method All letters to GPs of patients over 18 with a Leeds postcode previously under the care of an oncologist and who died in January 2010 (n=79) and January 2014 (n=82) were included. Patients whose treatment was curative and more than 10 years before their death were excluded if they died of an unrelated cause.

The improvement plan implemented between the two audits involved an oncology consultant participating in the development programme working alongside a GP in an Action Learning Set and spending time with District Nurses to understand their roles. He then worked with colleagues to highlight the importance of communication with GPs, patients and carers.

Results There was a statistically significant improvement in all desired characteristics of the letters between 2010 and 2014. This was most marked in recommendation to add the patient to the palliative care register. There was also a major improvement in documenting discussions with patients about the palliative nature of the disease and emphasis on quality of life.

Conclusion This audit shows that educational initiatives with system change can alter consultants’ behaviour. This was a sustained effect, as funding for the development programme finished 2 years before re-auditing. Whilst other factors may contribute, it does demonstrate that long term change in consultant behaviour is possible, particularly when initiated by their peers with insight into department specific issues.

**REFERENCES**