patients' wishes. This session is now part of ongoing end of life training locally.

P-116 TO FEED OR NOT TO FEED

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Background It is well known that swallowing problems are a common symptom in palliative care patients (Bogaardt et al., 2015). The emotional, physiological and psychological impact of swallowing problems cannot be underestimated on the patient, their families and carers.

Aims To reduce the impact of swallowing difficulties by ensuring patients can eat and drink safely, efficiently and nutritiously.

To develop and roll out a training programme for healthcare professionals involved in the preparation, formation and delivery of modified diets/fluids.

Method A collaborative working party including Speech and Language Therapy (SLT), Dietetics, Catering and Housekeeping was set up to review and improve the modified diets and fluids that are offered to our patients with swallowing difficulties. The review included patient and staff feedback and focused on consistency, appearance, taste and texture. As a multi-disciplinary team, each discipline provided a different knowledge base: SLT focusing on swallowing safety, Dietician focusing on nutritional content, Catering with the preparation and cooking of the food and Housekeeping with food presentation.

Results A new puree menu has been developed with standardised texture and consistency with the use of puree moulds to improve appearance. A daily smoothie round is now offered to our inpatients and day hospice. A formal evaluation is in progress. Initial feedback from patients and staff has been positive. 'It looked like chicken and even tasted like chicken. This is the first puree meal I have actually enjoyed!'

A training programme on modified diets was developed and is being delivered on a rolling basis.

Conclusions We believe by evaluating and improving our modified diets and fluids that are offered to patients with swallowing difficulties, these patients can continue to eat and drink safely and nutritiously through the development of an innovative new modified diet menu thus reducing the distress that can be caused by the impact of these difficulties.

P-117 PLANT: 'PALLIATIVE LIFE-STATE & NUTRITION TOOL'© – A PROTOTYPE TOOL

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Background Previous work by the author and, in collaboration with the Food and Nutrition Group at Hospice UK and the Department of Nutrition at the University of Surrey, highlighted the need for a specialist nutrition tool in palliative care. Nutrition can be influenced by disease and treatment-related factors as well as emotional, social and cultural factors. In addition, food allergies/intolerances and preferences should be taken into account when offering food or dietary advice.

Last but not least, weight and nutritional changes can be a useful adjunct to the prognostic algorithm.

Aim The PLANT tool has been designed to explore a number of symptoms that can affect the nutritional status of palliative patients.

Methods The prototype PLANT was designed and developed in the last two years with the feedback of patients, doctors, nurses and dietitians. It has two parts: a patient questionnaire and a clinical assessment. It has been used in different settings.

Results PLANT is a practical tool that can be used in the hospice, community and outpatient settings. It can:

- identify potentially reversible causes (such as pain, nausea, constipation etc) which can influence the patient's food intake and nutritional status
- highlight specific food and nutritional needs that can be translated into care plans
- facilitate communication between multidisciplinary team members
- assist healthcare professionals in estimating survival of patient.

Conclusions Nutritional and wellbeing status should be assessed, except if patients are within the last days of life ('dying' phase of illness). The PLANT tool, by taking into account aspects of life-state and food and nutrition, supports healthcare professionals in their history-taking and decision-making, to provide better care. There are a number of challenges for its use, such as changing practice, introducing yet another tool but, most importantly providing education and training on nutritional and lifestyle care.

P-118 JOINT WORKING WITH ANAESTHETICS: AN INTERVENTIONAL PAIN MANAGEMENT SERVICE FOR COMPLEX CANCER PAIN

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Background A small number of cancer patients' pain syndromes remain inadequately controlled despite applying the principles of the World Health Organization Analgesic Ladder. These patients often have neuropathic pain and experience severe symptoms. They may also experience medication side effects which limit dose escalation. NICE guidelines recommend that specialist palliative care teams should have access to pain management specialists with nerve blocking and neuro-modulation expertise. A recent paper concluded that patient care and outcomes will be enhanced by establishing more formal relationships between pain services and palliative medicine. There is evidence of under-referral for advanced pain management procedures and a lack of integrated services nationally. Interventional pain management has been a long-standing gap in the commissioning of cancer services in our locality.

Aims To improve the care of patients with complex cancer pain by establishing a collaborative hospice-based service with a chronic pain management anaesthetist.

Methods A service-level agreement was established between the hospice and the local hospital trust to commission input from a chronic pain anaesthetist in January 2017. Fortnightly sessions were established to review hospice inpatients and to